

SECTION 136 MENTAL HEALTH ACT (1983)
JOINT POLICY AND PROCEDURE

Document Control Summary

Ratified By and Date	Operational Leadership Group
Date of Publication:	3 March 2016
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Accountable Director:	Service Director
Date issued:	3 March 2016
Review date:	August 2018
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Target audience:	Wandsworth, Merton, Sutton, Richmond and Kingston Local Social Service Authorities; the South West London and St. Georges NHS Mental Health Trust; the Metropolitan Police Force and London Ambulance Service NHS Trust; St George's Healthcare Trust.
Department:	Lead - Wandsworth Mental Health Services
Document Reference:	

Contents

		Page
1.	Introduction	4
2.	Guiding Principles	4
3.	The Legislation	5
4.	Information about Rights	5
5.	Designated Places of Safety	6
6.	Urgent Medical Attention	7
7.	The Process	8
8.	Creating Capacity/Space	10
9	Street Triage	11
10.	Safety and Searches	12
11.	Information about Rights	12
12.	In Hours and Out of Hours	12
13.	Outcomes	13
14	Documentation, Recording and Monitoring	13
15.	Transport	14
16.	Further Guidance	15
17.	Ratification Process	16
18.	Consultation Process	16
19.	Training Needs; Training and Development	16
20.	Monitoring Compliance with the Policy	17
21 .	Equality Impact Assessment	18
22.	Complaints	18
23.	Audit and Review	18
24.	British Transport Police Inclusion for Local S136 Policies	19
25.	References	20
26.	Glossary	20
24.	Appendices	
Appendix 1	Young person under 18 years brought to place of safety (Section 136)	22
Appendix 2	St George's / Kingston and St Helier's A and E Protocol	25
Appendix 3	South West London and St George's Mental Health Trust's Section 136 Information Checklist	26

Appendix 4	Decontamination of Detained Persons and their Clothing from Incapacitant Sprays such as CS Spray	29
Appendix 5	Guidelines and examples of adaptations used in clinical practice	30

SECTION 136 MENTAL HEALTH ACT (1983 JOINT POLICY AND PROCEDURE

1. Introduction

- 1.1** The purpose of this policy is to provide a jointly agreed operational procedure between the Local Social Service Authorities (Wandsworth, Merton, Sutton, Richmond and Kingston), the South West London and St. Georges NHS Mental Health Trust, the Metropolitan Police Force and the London Ambulance Service for the use of powers under Section 136 of the Mental Health Act (1983) as amended by the Mental health Act 2007.
- 1.2** The Code of Practice (COP) of the Mental Health Act (1983) (Latest edition 2015) requires that all professionals involved in the implementation of the above orders, which allow for the detention and assessment of individuals, should adhere to this policy. It does not replicate the code of practice and it is therefore essential that professionals implementing this policy are also fully conversant with the code itself.
- 1.3** This policy should be read with reference to standard operating procedures, Policies or protocols for all agencies involved.

2. Guiding Principles (COP: 2015) [1.1-1.12]

- 2.1** There are five overarching principles which should be considered by each professional when making decisions under the Act. Although all are of equal importance the weight given to each principle in reaching a particular decision will depend on context and the nature **(COP: 1.1,)**

The five overarching principles are: (COP: 1.1-1.19)

i. Least restrictive option and maximising independence

Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

ii. Empowerment and involvement

Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

iii. Respect and dignity

Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

iv. Purpose and effectiveness

Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

v. Efficiency and equity

Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

3. The Legislation

3.1 Section 136 is an emergency power which allows for the removal of a person who is in a place to which the public have access, to a place of safety, if the person appears to a police officer to be suffering from mental disorder and to be in immediate need of care or control, if the police officer believes it necessary in the interests of that person, or for the protection of others.

The person should then receive a mental health assessment, and any necessary arrangements should be made for their on-going care. (COP 16.17)

3.2 A place to which the public have access' includes places to which members of the public have open access, access if a payment is made, or access at certain times of the day. It does not include private premises, such as the person's own place of residence or private homes belonging to others, in which case a section 135 warrant is needed.

3.3 It is not appropriate to encourage a person outside in order to use section 136 powers. Section 135 should be used if the person is in private premises.(COP16.18)

3.4 The person can be detained in a place of safety for a maximum of 72 hours under section 136 to enable the person to be examined by a Registered Medical Practitioner and an Approved Mental Health Practitioner (AMHP) so necessary arrangements can be made for the person's care or treatment.

3.5 The person detained under section 136 is entitled to legal advice regardless of which place of safety, it is the responsibility of the managers to ensure the provisions of section 132(giving of information) are complied with.

4. Information about Rights

4.1 Human rights legislation provides a framework for commissioners and providers to deliver the best possible outcomes for everyone who uses services. This means:

- putting human rights principles and standards into practice
- aiming to secure the full enjoyment of human rights for all, and ensuring rights are protected and secured.

- 4.2** (COP: 1.9) the patient's choices and views should be fully recorded. Where a decision in the care plan is contrary to the wishes of the patient or others the reasons for this should be transparent, explained to them and fully documented.
- 4.3** (COP: 1.10) Patients should be enabled to participate in decision-making as far as they are capable of doing so. Consideration should be given to what assistance or support a patient may need to participate in decision-making and any such assistance or support should be provided, to ensure maximum involvement possible. This includes being given sufficient information about their care and treatment in a format that is easily understandable to them.
- 4.4** (COP: 1.11) Patients should be encouraged and supported in involving carers (unless there are particular reasons to the contrary). Professionals should fully consider their views when making decisions.
- 4.5** (COP: 1.12) Patients should be informed of the support that an advocate can provide, including carers or, if they are eligible, an independent mental health advocate (IMHA) (or an independent mental capacity advocate (IMCA) where relevant). Local authorities should ensure that timely access to IMHAs is available and that IMHAs have appropriate training and skills t the person is entitled to have:
- help with obtaining legal advice whenever it is requested
 - information on individual rights (section 132) – the nursing staff will provide the statutory MHA leaflet on Section 136 which they must also explain. This may require repetition and must be documented on each occasion to ensure the person is given every opportunity to understand their situation and their rights.

5. Designated Places of Safety

- 5.1** (COP16.36). The locally agreed policies should contain a list of identified places of safety. The process for identifying the most appropriate place of safety to which a particular person is to be removed should be clearly outlined in the local policy. This should be a hospital or other health-based place of safety where mental health services are provided. Health-based places of safety should ensure that they have arrangements in place to cope with periods of peak demand, for example using other suitable parts of a hospital, neighbouring health-based places of safety, or alternative places of safety.
- 5.2** For the boroughs of Wandsworth, Sutton, Merton, Kingston and Richmond the designated place of safety is the Emergency Assessment suite (Section 136), Building 30, (Storey House) Ward 1, Springfield University Hospital. This applies to men and women of working age, older people as well as children and young adults under the age of 18 years. (COP 16.38) A police station should not be used as a place of safety except in exceptional circumstances, for example it may be necessary to do so because the person's behaviour would pose an unmanageably high risk to other patients, staff or other users if the person were to be detained in a healthcare setting. A police station should not be used as the automatic second choice if there is no local health-based place of safety immediately available.

- 5.3** (COP: 16.39) If, exceptionally, a police station is used, the locally agreed policy should set out the time within which the appropriate health and social care professionals will attend the police station to assess the person or to assist in arranging to transfer them to a more suitable place of safety.(COP 16.39)

Detention under 136 of the Mental Health Act (1983) lasts for a maximum of 72 hours. This 72 hour period begins from the time of arrival at the designated place of safety. However, whilst this is the legislative timeframe, our locally agreed target for the completion of an assessment under Section 136 is 4 hours in line with good practice guidance and in the best interests of the detained person.

- 5.4** (COP: 16.40) Although the Act provides a limit of 72 hours for detention under section 136, when a police station is used as a place of safety in the absence of a health-based place of safety being available, an assessment should be made as quickly as possible and made a priority by the doctor and AMHP . Alternatively, a transfer to a more appropriate place of safety should be made as soon as one becomes available unless it is clearly in the best interests of the person not to move them. Wherever practicable, detention in a police station under section 136 should not exceed a maximum period of 24 hours.
- 5.5** Within the South West London and St. George's area, if a person is detained at the police station under section 136, the assessment team should make every effort to work within the locally agreed time limit of 4 hours. When this cannot be achieved due to circumstances, the police must be kept informed and updated as to what effort is being made to complete the assessment and facilitate a transfer to an appropriate health based environment.
- 5.6** The Section 136 suite will receive service users with a broad range of needs which may include older people, those with learning disability, and autism or acquired brain injury. The nursing and medical staff undertaking triage assessment on arrival will need to consider the most appropriate assessment environment based on current risk assessment and risk history in accordance with the guiding principles of dignity, respect and least restriction. This may include a less restrictive environment available.

5.7 People with no fixed address

If the person has No Fixed Abode (NFA) or is not ordinarily resident in the borough where they were detained under Section 136, then the NFA Consultant rota (posted on the South West London & St George's NHS Mental Health Trust Intranet) should be used to identify the next consultant on the list from the borough in which the person was detained.

6. Urgent Medical Attention

- 6.1** (COP 16.42) If, in exceptional circumstances, a police officer needs to take a person to an emergency department after detaining that person under section 136, for example because emergency medical assessment or treatment is required, the emergency department should provide a safe and suitable place for immediate care for that person.

- 6.2 Metropolitan Police officers are advised to take persons who are thought to be in urgent need of medical attention directly to the local Emergency Department (ED) for treatment. Ambulance staff in attendance have a role in advising about the need for urgent medical attention. ED is not the designated place of safety.
- 6.3 However, it is expected that in some circumstances where physical health care assessment and treatment is prolonged, Liaison Psychiatry Team based at St George's hospital, Tolworth and Kingston hospital and St. Helier hospital may be able to facilitate a Mental Health Act Assessment. This would be based on initial triage to determine risk and local negotiation to ensure that Emergency Department (ED) environment is suitable and it is safe to undertake the assessment there. **People detained under section 136 should not be automatically transferred to the designated place of safety if the person is calm and poses no risk to ED staff or others.** Consideration should be given to carrying out the mental health assessment at ED rather than conveying the person to the designated place of safety. However, if the presentation of the person poses a risk to ED staff and others, on completion of medical treatment at ED the person should continue their journey to the designated place of safety if there is a space.

7. The Process

The process for the completion of an assessment under Section 136 will be as follows:

- 7.1 Prior to arrival at the Section 136 Assessment suite the police officer will have informed Ward 1 at Springfield of the estimated time of arrival of a person detained under Section 136 with details of the name, date of birth, address and GP if known of the person detained; the location of their detention and the circumstances in which this occurred. A brief summary of the behavior or crisis indicating the application of Section 136.
- 7.2 If the suite is fully occupied the nurse in charge must explain the plan to create a space as soon as possible indicating any estimated time of delays. Police officers may be asked to wait to facilitate completion of assessments and free spaces in the suite if possible and appropriate. If the assessment is likely to be delayed or deferred for whatever reason e.g. due to high alcohol level or drug or other legal reasons which may indicate that assessment is not possible at the time, the 136 nurse with assistant from the nurse in charge must ring other neighboring 136 suites to see if there is capacity. In the absence of securing other designated places of safety, the nurse in charge of the 136 should also consider the ED department if the client is considered safe and settled. The Liaison psychiatry at the ED department must be contacted and informed of the situation and advised to wait for the transfer.

The nurse must also escalate to the On-call manager via the On Site Nurse Advisor with full details of the issues and complete an incident form to this effect.

This is in line with good practice guidelines.

(Section 44 amends sections 135 and 136 of the 1983 Act to enable a

person detained at a place of safety to be transferred to another one, subject to the overall time limit for detention of 72 hours. A place of safety for this purpose is defined in section 135(6) of the 1983 Act and) includes a hospital, a care home and a police station).

7.3 If it is clear that a detained person will be arriving at the Section 136 Assessment suite, the nurse in charge of 136 must immediately inform the duty doctor who will carry out the initial assessment and documentation to determine what the issues are. If the duty doctor and the nurse in charge of the 136 consider that the client needs to be assessed under the mental health Act, then the nurse coordinating the assessment must inform the appropriate Approved Mental Health Professional (AMHP) who will co-ordinate the Mental Health Act Assessment and will inform the appropriate borough Crisis and Home Treatment Team. The nurse in charge of the suite and the duty doctor will need to indicate if there are factors impacting on the detained person's fitness to be assessed such as drugs, alcohol or urgent medical needs.

7.4 Blood levels for alcohol are not to be used as the determining factor; rather the nurse in charge and assessing doctor will determine when the patient is **sufficiently coherent to be assessed**. **The assessing AMHP must attend** but retains the right to defer assessment if not satisfied that the detained person is fit to be assessed. However, if the level of alcohol is such that there are concerns over the physical health of the client, then consideration should be given to taking the person first to ED for clearance and possibly assessment if it is safe to do so at ED. Liaison Psychiatry at ED would be expected to organise the assessment to avoid moving the client again to the DPOS.

Patients should be taken to the local E.D department if the DPOS is full. For Merton and Sutton: St. Helier, Kingston and Richmond: Tolworth Hospital, and Wandsworth: St.Georges hospital.

NOTE: It is acknowledged that these areas are not the designated places of safety within the South West London and St.Georges area however; their use is only as alternative places of safety under the terms of Code of Practice.

If it is not safe to carry out the assessment at the ED, then arrangement should be made to return the client to the DPOS as soon as possible. Patients should not be allowed to remain in the ambulance when there are alternatives paces as above.

7.5 Detention under 136 of the Mental Health Act (1983) lasts for a maximum of 72 hours. This 72 hour period begins from the time of arrival at the designated place of safety and therefore the arrival time must be recorded. 72 hours includes all transfers. All professionals involved should therefore ensure that there is no unnecessary delay in responding to a request for action. Whilst this is the legislative timeframe the locally agreed targets for the completion of an assessment under Section 136 is 4 hours in line with good practice guidance in

the best interests of the detained person. The locally agreed time limit may be extended if the detained person is under the influence of drugs or alcohol or an urgent need for medical attention takes priority. The time from admission to assessment and discharge is monitored and breaches of the target are reported weekly and monthly

7.6 On arrival at the designated place of safety the Metropolitan Police will provide a completed Form 434 containing demographic detail information available, information relevant to attendance at the local ED if applicable, details of place/location where the person was detained, the mode of transport/transfer to the DPOS, searches, details of restraint if applicable.

7.7 A new requirement is to record use of handcuffs. The nurse in charge will do so on the assessment suite admission monitoring form.

Although used infrequently, occasionally CS spray continues to be used to incapacitate an individual in order to maintain their safety and the safety of others.

Due to the confined space in the suite the 136 suite will not be able to accommodate or accept a person who has been administered with CS spray until the residual effect has worn off.

8. Creating Capacity/Space

8.1 Currently the designated Place of Safety at Springfield has a maximum capacity for two admissions at any given time.

8.2 In line with the code of practice a person detained in a place of safety can be transferred to other “places of safety” subject to the overall time limit for detention of 72 hours. In order to create capacity, following a triage assessment by the duty doctor, the 136 nurse in discussion with the on-call manager via the OSNA, a person waiting for assessment who is considered settled and can be managed safely in an open ward can be transferred to an open ward where a bed is available as organised by the Acute Care Coordination Centre. The assessment team should be informed of this so that the assessment can be carried out on the open ward.

8.3 Nursing staff must inform the duty doctor of a new admission under Section 136 so that an initial triage assessment can be conducted prior to the Section 136 assessment taking place. The triage assessment will determine immediate needs such as medical attention, risk and reference to risk history to determine the most suitable environment and whether the person can be managed appropriately in an open ward if necessary as well as fitness for Mental Health Act assessment. If the triage indicates that the person has no mental health problems warranting admission or further detention, the SpR on call should be contacted to come and assess the person with a view to discharging them as soon as possible. (COP16.51) If the duty doctor sees the person first and concludes that they have a mental disorder such

that compulsory admission to hospital is not necessary, but that they may still need treatment or care (whether in or out of hospital), the person should still be seen by an AMHP. The AMHP should consult the doctor about any arrangements that might need to be made for the person's treatment or care.

Note: Clients must not be left in the suite without completing the assessment except in cases where there is significant alcohol intoxication which may affect their ability to participate fully in the assessment process. Being disturbed and uncooperative should not be a reason for not completing an assessment. In such circumstances a section 2 may be considered or a discharge from the section if the client is deemed to have capacity.

In all cases the client's capacity must be specifically assessed and documented on Rio

- 8.4 In the event that the person agrees to an informal admission and the triage assessment agrees with this they still need to be assessed by an AMHP to complete the Section 136 assessment process
- 8.5 **The decision to discharge a person from section 136 must not be taken by the junior doctor.**

9. Street Triage

9.1 In February 2014 the Government published the Mental Health Crisis Care Concordat describing further the triage initiative in supporting the police.

(COP: 16.23). When deciding that detention may be necessary, the police may also benefit from seeking advice before using section 136 powers in cases where they are unsure that the circumstances are sufficiently serious for using these powers. Local protocols should set out how this advice can be provided and who the police should contact, including outside of normal business hours.

The aim, where possible, is to help police officers make appropriate decisions, based on a clear understanding of the background to these situations supported by a qualified mental health nurse based in the police station to respond to assessments in the community with the police officers.

The purpose of the Street Triage Nurse is to help the police to sign post people who do not require detention and assessment in a 136 suite and prevent or reduce inappropriate referrals. Also, this means that detainees placed under Section 136 are appropriate and in need of a full assessment of their needs. (Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (2014))

- (Cop: 16.21) Section 136 is not intended to be used as a way to gain access to mental health services and the person should be encouraged to take a route via primary care services, or to contact local mental health community services. A police officer may, without the use of section 136 powers, decide to escort a person who is voluntarily seeking urgent mental healthcare to an appropriate service.

- 9.2** The street triage service is now established in most of the boroughs within the South West London and St. Georges Mental Health NHS Trust. This is aimed at helping the police ensure that detentions and admission to 136 are appropriate.

10. Safety and Searches

Nursing staff must check with the escorting police officers whether the service user has been searched and if not they must initiate a search. The COP (16.68) states that a person detained under section 136 may be searched by the constable to ascertain what they have on them which could be used to harm themselves or others, damage property, or assist them to escape. The constable can hold on to anything found in the search, including clothes and personal effects, which the constable believes the person may use to cause such harm or damage or escape. If exceptionally a search has not been completed by the time the officers leave, then the nurse in charge may request support if indicated from the onsite emergency team.

11. Information about Rights

On arrival The Code of Practice requires that a person detained under Section 136 has the right to nominate someone who should be informed of their whereabouts. The detained person has a right to Section 132 Mental Health Act information. The service user will be given a leaflet informing them of their rights. An explanation of rights must also be given verbally and repeated if the person lacks capacity at the time of the admission. A record will be made on the on Rio indicating whether or not the right was given and understood or not understood by the person

12. In Hours and Out Of Hours

- 12.1** Within standard office hours if the person is known to psychiatric services then their current team must be contacted to arrange their prompt assessment by an AMHP from within the team. If it is not feasible for the team to provide a Doctor approved to conduct mental health assessments or an AMHP then the borough AMHP Duty service should be contacted.
- 12.2** If the person is not known to services then the relevant borough daytime AMHP Duty service should be contacted.
- 12.3** Out of hours the relevant borough emergency duty team AMHP should be contacted.
- 12.4** If a decision is taken to complete an application under Section 2 or 3 of the Mental Health Act (1983) this process should be completed before the person is transferred to the admission ward.
- 12.5** The nurse in charge should provide a briefing to attending AMHP's and Section 12 approved doctors and indicate where office and computer space is located. Attending staff must be provided with access to an office area and computer to access Rio notes in order to complete required documentation and refer to clinical

records. Consideration must be given to the management of risk during the assessment providing support as required for assessors and arriving at a consensus as to where the assessment should take place. For example calm and settled detained persons may be assessed in the interview room if all agree this is a safe option.

12.6 *Refer to policy at Appendix 1 for the assessment of minors in the assessment suite.*

13. Outcomes

13.1 There are 4 possible legal outcomes following assessment of a person detained under Section 136. All outcomes are dependent on the completion of a full clinical assessment including assessment of all risks. The assessment must seek to fully involve the detained person and also involve carer or friend identified by the detained person. This assessment will determine which if any inpatient facility is required as well as provides indicators for follow up in the community after discharge.

- a) The detained person if not assessed and considered not to have a mental disorder must be discharged off section 136 by the on call SPR.
- b) The detained person can be allowed to leave having considered the plan for follow up care and support in the community. Individuals attending known to mental health services must be informed that contact will be made with their local services. It may be in the public interest to inform the police (if risks indicate so) and this decision should be made as part of the assessment. Transport home will be provided unless family are able to collect.
- c) Admission to hospital can be offered and the individual can accept it voluntarily and then be admitted as an informal patient.
- d) Arrangements may have to be made to admit the person to hospital compulsorily under another more appropriate section of the Mental Health Act (1983). When this becomes necessary the following points needs to be borne in mind.

13.2 For individuals who are repeat attenders the responsible mental health team will be requested to convene a professionals meeting and may also consider virtual risk meeting to develop a crisis plan to ensure the person is receiving adequate support and to advise agencies as to how to provide support at times of crisis.

14. Documentation, Recording and Monitoring

14.1 Each professional involved in the assessment must ensure they make an entry in RiO of their contribution in the decision making during the assessment. Each professional/agency is responsible for ensuring that the appropriate records are kept of its involvement and that sufficient information is given to the other professionals. The Trust and Local Authority are responsible for recording and monitoring Section 136 including ethnicity of users entering places of safety in order to monitor any over representation for black and minority ethnic groups. The

Mental Health Act Manager for the Trust will be responsible for ensuring these records are maintained and that the documents are properly and legally valid.

- 14.2** (COP: 16.59) A record of the person's time of arrival must be made immediately when they arrive at the place of safety. As soon as detention in a place of safety under section 135(1) or 136 ends, the individual must be told that they are free to leave by those who are detaining them.
- 14.3** (COP: 16.60) Given that the maximum period of detention at a place of safety is not affected by any subsequent transfer to a different place of safety (see paragraph 16.26 above), it is very important to ensure that the time of arrival at the first place of safety is recorded clearly. This information should be shared between the transferring and receiving place of safety in the event of a transfer.
- 14.4** (COP: 16.61) When admitted to a place of safety in a hospital, a record of the admission, and of the outcome of the assessment, should be made by the hospital. Where persons who do not work for the hospital undertake the assessment, local procedures should be in place to ensure good record keeping.
- 14.5** (COP:16.62) If a person is excluded from a place of safety in a hospital and taken to a police station as a place of safety a record should be made of the decision, of who made the decision, and the reason it was made.
- 14.6** (COP 16.59) The organisation responsible for the place of safety should ensure that proper records are kept of the end of the person's detention under these sections and the time the detention ends.
- 14.7** The following are routinely collected: Assessment suite data base: Date of admission, day of week, Rio number (clinical record), name of patient, gender, date of birth, ethnicity, borough/locality, time admitted to assessment suite, time of departure, outcome and destination, MHA status, breaches in target time.
- 14.9** Form 434 provides: demographics, details in relation to circumstances of detention, capacity at time of detention, transport, arrival time at place of safety, transfers, A and E attendance, information on restraint applied. Form – (Appendix 7) SECTION 136 – Information checklist provides:
- 14.10** Guidance for staff on essential information and tasks on admission

15. Transport

- 15.1** The Metropolitan Police should request the London Ambulance Service NHS Trust (LAS) to transport the person to either the designated place of safety or alternative place of safety. In exceptional circumstances the police may assess that to transport a violent or aggressive person would place ambulance staff and the public at risk. At such times the decision to use police transport may be taken. The Metropolitan police should also take clinical advice from the attending ambulance clinicians with regards to the need to go

first to A and E. This would include people who are so intoxicated they are unable to walk and therefore may require medical attention.

15.2 In the event that the place of safety is full, the nurse in charge will call other designated places of safety to check whether there is capacity within other organizations. This will include prompt enquiry and, whenever possible, working with the On Site Nurse adviser and the on-call manager to transfer to appropriate care of the most suitable in-patient ward if there are beds available.

16. Further Guidance

16.1 When a serious offence has been committed associated with the detention of the individual, a criminal justice outcome should be considered first. The person should always be detained for the criminal matter using the Police powers to arrest.

16.2 A Mental Health Act Assessment can be requested whilst the person is in police detention. Section 44 Mental Health Act (1983) means that it is now possible to make necessary stops on the way to the designated place of safety, such as to interview and charge a person, or to visit an Emergency department. In the event of the “place of safety” being a Police Station, the Police will contact the AMHP Duty service which will arrange for the completion of the Mental Health Act Assessment.

16.3 Where the service user has been assessed in the Section 136 Assessment suite at Springfield University Hospital and found not to require detention the examining doctor should notify the Metropolitan Police of this outcome if it is thought to be in the public’s interest (subject to the limits of confidentiality).

16.4 If on arrival at the Section 136 Assessment Suite the person requires urgent treatment, this may be administered to ensure the safety of the detained person or others.

16.5 In the event that an Emergency department is used as the place of safety the Metropolitan Police may be requested to remain in attendance. It should be noted that Metropolitan Police are not legally required to remain, however if their presence may be essential to ensure the initial assessment is safely concluded and the transfer of the person to a more appropriate place of safety is achieved. This decision should be made in conjunction with Emergency Department and Liaison Psychiatry staff.

The police are only legally obliged to remain if their presence is required to prevent a crime taking place, including an actual or potential breach of the peace.

16.6 In situations where a designated place of safety refuses to accept a person due to the level of their violence, a police supervisor must negotiate with the person in charge of the place of safety, to explore other options, including alternative more secure accommodation, and requesting additional hospital staffing to manage the situation. This could be referred to the On Call

Manager for the Trust who may seek advice the Duty Consultant or On Call Director. Contact can be made by asking the hospital staff or hospital switchboard to page the On Call Manager.

16.7 In the event no designated place of safety is available within a reasonable time frame this must be reported using the Serious Untoward Incident (SUI) procedure.

16.8 It is the responsibility of neighbouring boroughs to provide AMHP staff for a statutory assessment where the service user is currently known to them. Nursing staff in the Section 136 suite should make the necessary enquiries to establish the responsible local authority. In the event that the responsible local authority refuses or is unable to provide an AMHP to conduct the Section 136 assessment the relevant AMHP service within the Mental Health Trust should be contacted. The relevant Trust equates to the location from which the service user was detained.

17. Ratification process

Key Area	Lead Director	Working Group (where appropriate)	Ratification Body
Clinical	Service Director		Operational Leadership Group

18. Consultation Process

18.1 Describe the method of consultation.

Key groups involved in the creating the operational policy.

Wandsworth, Merton, Sutton, Richmond and Kingston Local Social Service Authorities; the South West London and St. Georges NHS Mental Health Trust; the Metropolitan Police Force and London Ambulance Service NHS Trust; St George's Healthcare Trust.

19. Training Needs

19.1 The following should be included in all Trust-wide policies with training implications:

19.1.1 In order to ensure the health, safety and well-being of our service users and staff, the Trust aims to address the needs and impact of its procedural documents on its corporate, mandatory and statutory training, with a comprehensive and robust training needs analysis procedure. To this end, all Trust procedural documents which have risk management training needs for permanent staff are included in the Training and

Development Policy' as managed by the Training and Development Department. This document is available on the Trust intranet, under 'Training and Development'.

Policy Author Responsibility	To inform the Training and Development Department of amendments to policy training needs.
Management Responsibility	To ensure all permanent staff are adequately trained as appropriate to the employees' duties and work location and to follow up on refresher training needs.
Staff Responsibility	To ensure they attend all relevant training as detailed in their induction and annual development Performance Appraisal and Development Review (PADR).
Training and Development Department Responsibility	To provide access to training for all permanent staff. To maintain monitoring, reporting and review systems as per the Training and Development Policy'.

19.1.2 *An outline implementation plan, including other types of training should be included here.*

As well as the professional mandatory training for the application of Section 136 relevant to profession and role taking place within each professional group training needs to offer multi professional events, and include users and carers. It must include understanding of the policy, adherence to the Code of Practice, shared understanding of professional roles and responsibilities and updates on the implementation of safeguarding vulnerable adults and children, capacity and consent.

20 Monitoring Compliance with the Policy

20.1 *Describe the process for monitoring compliance.*

20.2 *Describe performance in terms of outcomes and performance measures.*

20.3 *Outline audit review plan.*

20.4 *Describe the process for ensuring compliance with and review of current NICE related guidance.*

20.5 *Specify the applicable and most recent NICE Guidance for this policy*

20.6 *Authors are required to complete the following table under this section to reflect how the NHSLA minimum requirements will be monitored:*

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
<p>To ensure adherence to Code of Conduct and local policy standards including safeguarding of vulnerable adults and children</p> <p>136 target assessment monitoring</p>	Operational Manager	RiO Dashboards	Group to meet bi-monthly unless service demands urgency	Directorate Performance Reviews	Wandsworth Executive (DPR)	Wandsworth Executive and DPR

21. Equality Impact Assessment

An equality impact assessment has been completed. In past audits the application of Section 136 has been disproportionately applied to people from ethnic minority groups particularly black and black African groups. Recent audits have not indicated over representation from the 5 boroughs however this continues to be routinely monitored and reviewed.

22. Complaints

All agencies are committed to the early resolution of complaints either as a result of interface issues or if received from users and carers. If informal resolution is possible, and appropriate then this will be undertaken promptly. All complaints and comments from detained persons and carers will be taken seriously and viewed as a positive means of gaining feedback from people who use our services

23. Audit and Review

23.1 The role of the local policy implementation (136 and 135) forum is:

- to ensure adherence to code of conduct and local policy standards including safeguarding of vulnerable adults and children
- to review data on detention of persons from black and minority ethnic groups
- to have an overview of activity and consider impact on available resources
- to ensure appropriate and ideally shared training events across involved agencies and including user and carer representatives with experience of Section 136

- to review breaches in target assessment times and identify solutions to minimize delays to receive reports of incidents and problems identified by any of the agencies and agree how resolution and/or learning can be achieved.

23.2 Membership to include representatives from the 5 boroughs:

- Local authority/Trust in and out of hours AMHP
- Local Authority/Trust Lead Social workers
- Police Mental Health Liaison Inspectors
- London Ambulance Service
- BME representative
- Service users
- Carers
- Commissioner
- General Manager
- Consultant expert
- Nurse Consultant expert or Modern Matron
- Mental Health Act Manager

23.3 The group meets by monthly as a minimum requirement or more frequently when service demands or changes across agencies impact on service delivery.

23.4 The PICU Modern Matron is required to undertake clinical practice audit within the suite and the service remains under review following changes to place of safety in 2015.

24. British Transport Police (BTP) Inclusion for Local S136

24.1 'British Transport Police is a national police force with responsibility for policing Britain's railways. They provide a service to rail operators, their staff and passengers across the country. They also police the London Underground, Docklands Light Railway, the Midland Metro tram system, Croydon Tramlink, Sunderland Metro, Glasgow Subway and Emirates Airline. Six million people use the rail network every day, the aim is to keep them safe and help everyone feel secure on their journey.

24.2 BTP's policing targets include safeguarding and increasing the safety of children, young people, vulnerable adults and railway staff by working closely with other forces and agencies.

24.3 BTP take safety and risk seriously and, working together with and supporting the Mental Health Codes of practice and the Crisis Care Concordat, will look at the most appropriate and safest option for those who are in crisis, suffering mental ill health and/or displaying suicidal behaviour.

24.4 BTP will always consider least restrictive methods, consulting with colleagues in health wherever possible, however many of the situations BTP deal with present officers with high risk, fast time decisions where the safety, security and welfare needs of the individual is always the priority.

24.5 BTP promote correct and appropriate use of the powers under S136 Mental Health Act 1984 and do not seek to reduce the use of this action if this is the most appropriate process for the situation, the risk level and the individual. This approach has been supported by the Minister of State for Community and Social Care (2015)

24.6 BTP should always be recognised as a separate police force by colleagues within health, BTP has NHS Psychiatric Liaison Teams who work alongside them who are skilled and professionally trained in Mental Health. Due to this reason as well as the high risk environment which provides an immediate access to lethal means, BTP officers do not always need or are able to use local force and health 'triage' processes and may request support from the appropriate Mental Health Trust and S136 facility direct. Where this occurs support should always be appropriately and promptly facilitated by health.'

24.7 BTP Contact details are:

If you are concerned that a person may harm themselves on the railway call BTP Suicide Prevention Hotline 0300 123 9101 (Not for general public use)

Force Control Room; 0800 40 50 40 or 0207 380 1400

B Division Suicide Prevention and Mental Health (London and South east England) including NHS PLT team

0900 – 2100hrs 0207 752 4136 b-spmh@btp.pnn.police.uk

C Division Suicide Prevention and MENTAL Health (Rest of England and Wales) including NHS PLT team

0900-2100hrs 0121 306 8261 c-spmh@btp.pnn.police.uk

D Division Community Safety Unit

0900-1700hrs 0141 775 5134 d-spmh@btp.pnn.police.uk

25. References

Mental Health Act 1983 and amended 2007

Code of Practice to the Mental Health Act 2008

Royal College of Psychiatry Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales) July 2011

Metropolitan Police Standard Operating procedure

26. Glossary

Approved Mental Health Professional (AMHP)

A person approved by the Secretary of State to conduct assessments for detention under the Mental Health Act (1983).

Code of Practice (COP) 2015

Non statutory guidance to the Mental Health Act (1983) which must be taken into consideration when making operational use of the Act.

Home Treatment Teams

The Home Treatment Team provide 24 hour intensive support at home as an alternative to in-patient admission to hospital. Out of hours these teams also gate keep emergency hospital admissions.

Psychiatric Intensive Care Unit (PICU)

This unit is for service users compulsorily detained, usually in conditions of low security, who are in an acutely disturbed phase of a serious mental disorder and are deemed to present as too high risk to be managed on an acute admission ward. We aim to ensure that a service user should be treated within the least restricted environment as possible subsequently the treatment phase in the PICU is as short as clinically prudent. Care and treatment offered is patient-centred, multidisciplinary, intensive, comprehensive and collaborative.

Section 12 Approved Doctor

A doctor approved by the Secretary of State to conduct assessments for detention under the Mental Health Act (1983).

Appendix 1

Young person under 18 years brought to place of safety (Section 136)

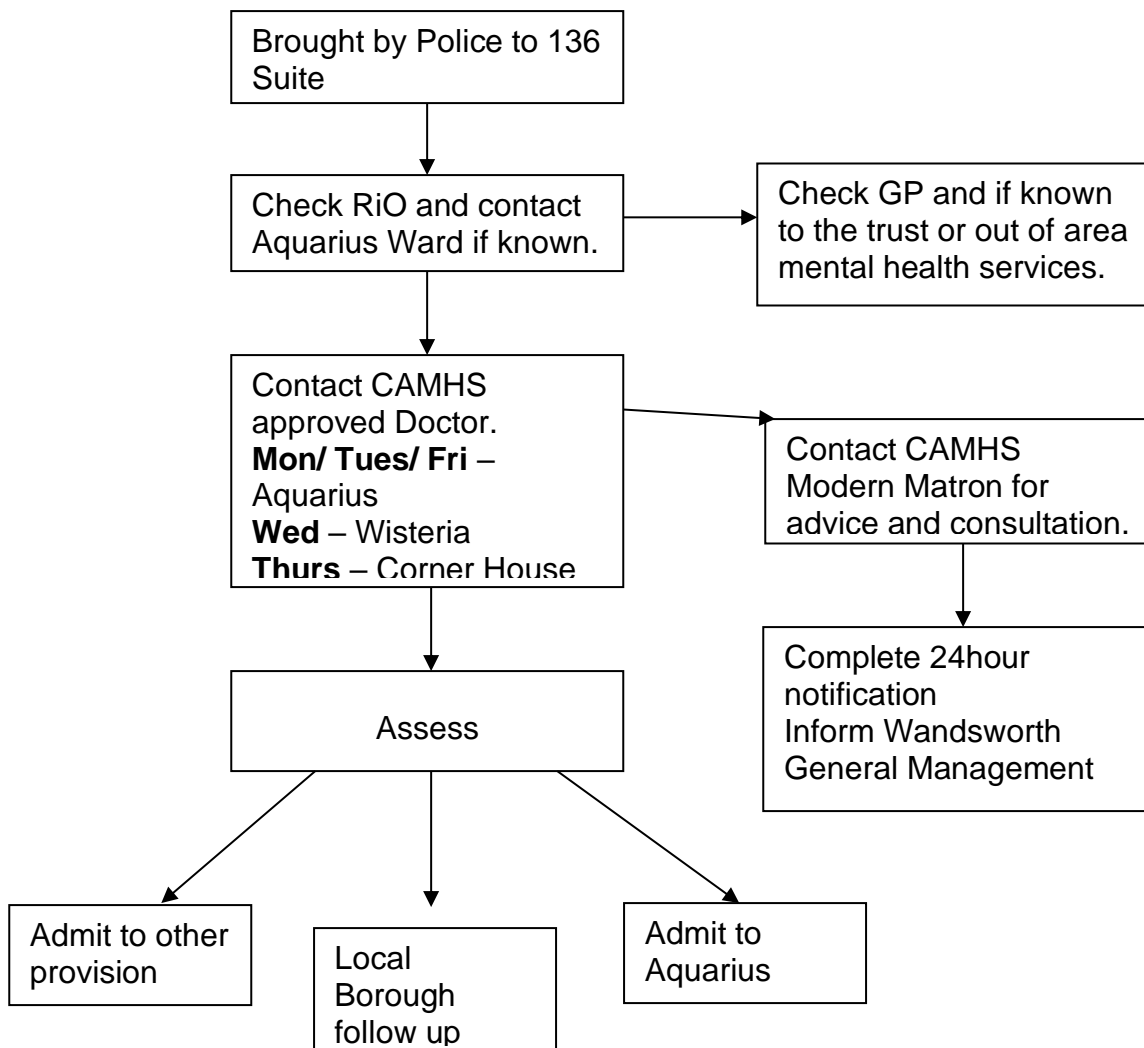
Given that an assessment in a Section 136 "place of safety" is **not an admission to hospital**, doing so does not contravene guidance regarding the admission of minors to adult wards, however good practice means that the process should be resolved as quickly and effectively as possible.

Please see Chapter 19 of the Mental Health Act Code of Practice for further guidance

DURING WORKING HOURS: Monday –Friday. (9-5)

(Flow Chart 1)

Young person brought to place of safety Within Hours (Monday to Friday, 9-5)



The nurse should try to gain the following information

- Name and address of the child/young adult if known by the police.
- Where is the person picked up from?
- What is the presentation?
- Are parents/carers contactable and is the young person consenting to this.
- Check RiO; consider Safeguarding, risk factors and risk history if known.
- If known to be in the care of a Local Authority, the emergency social worker for the borough concerned should be contacted.
- Contact the Modern Matron Aquarius for information and or advice regarding the child.

SECTION 12 DOCTORS.

During daily working hours (9-5), a section 12 approved doctor will be available for the assessment from the following CAMHS teams:

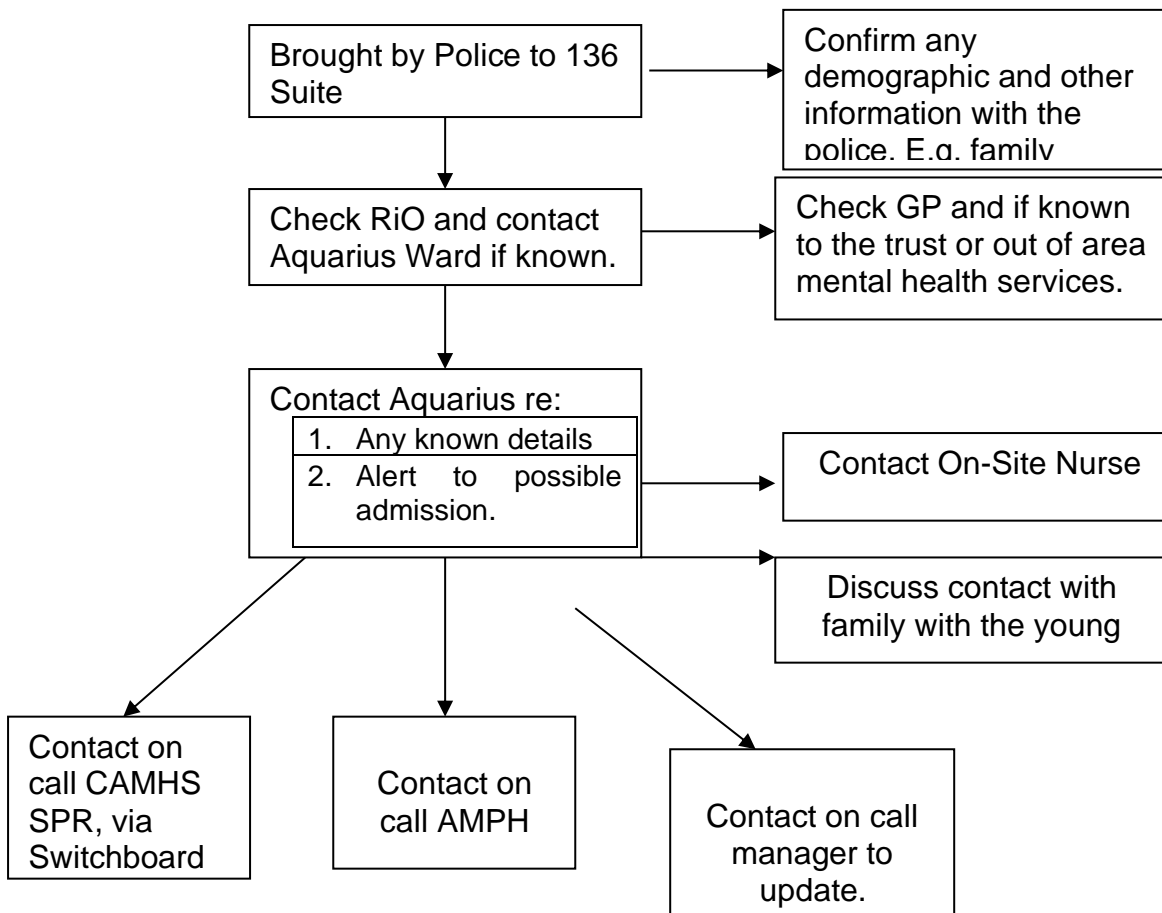
- Monday, Tuesday, Friday – Aquarius/ AAOT tel. 0203 513 5421
- Wednesday: CAMHS eating disorders 0203 513 5406
- Thursday CAMHS Deaf services 0203 513 6860

The Modern Matron for CAMHS or Adult specialist services should be contacted to support this process and provide further advice, consultation and liaison as required.

OUT OF HOURS

(Flow Chart C2)

Young person brought to place of safety Out of Hours



Contact the on-call duty SpR for CAMHs and the local duty AMHP for CAMHs who will arrange for a Section 12 doctor to attend.

This applies whether the young person is local or from outside of the trust area.

Ensure any assessment under S.136 is in the Section 136 Suite in the least restrictive environment **separated from adult patients at all times. Room 1 of the 136 is the room to be used for the child if required and must remain vacant. If this is not required the young person is allowed to sit in the lounge (if settled) with a nurse present at all times.**

All attendances for minors at the Assessment suite are to be documented on the Serious Incident form available on the intranet and circulated to Clinical Governance for monitor and review.

OUTCOMES

1. The young person can be allowed to go home with or without the offer of follow up care and support in the community according to assessed need.
For minors leaving the suite transport may be required and this must always be provided at night if no friends or family are able to provide transport.
2. Admission to hospital can be offered and the young person can accept it voluntarily and be admitted as an informal admission or be admitted formally under the Mental Health Act.
 - If assessment indicates: arrange for transfer to Aquarius or on advice from CAMHS Consultant; a private provider if appropriate.
 - Transfer to an age appropriate area or service should be organised as soon as possible, precluding an exceptional or overriding need.
 - Before a transfer is made to Aquarius ward, the 136 nurse must contact the staff on Aquarius to inform them about the transfer and agree details of the transfer before leaving the suite.
 - All items belonging to the young person/ minor must be handed over to the nurse in charge who will on receipt sign to acknowledge the items received.

In exceptional circumstance the young person or minor may also be transferred under section 136 to another place of safety (e.g. persons from neighbouring Trusts can be transferred under section 136 if appropriate) or as a requirement for business continuity.

GOOD PRACTICE AND HEALTH AND SAFETY ISSUES

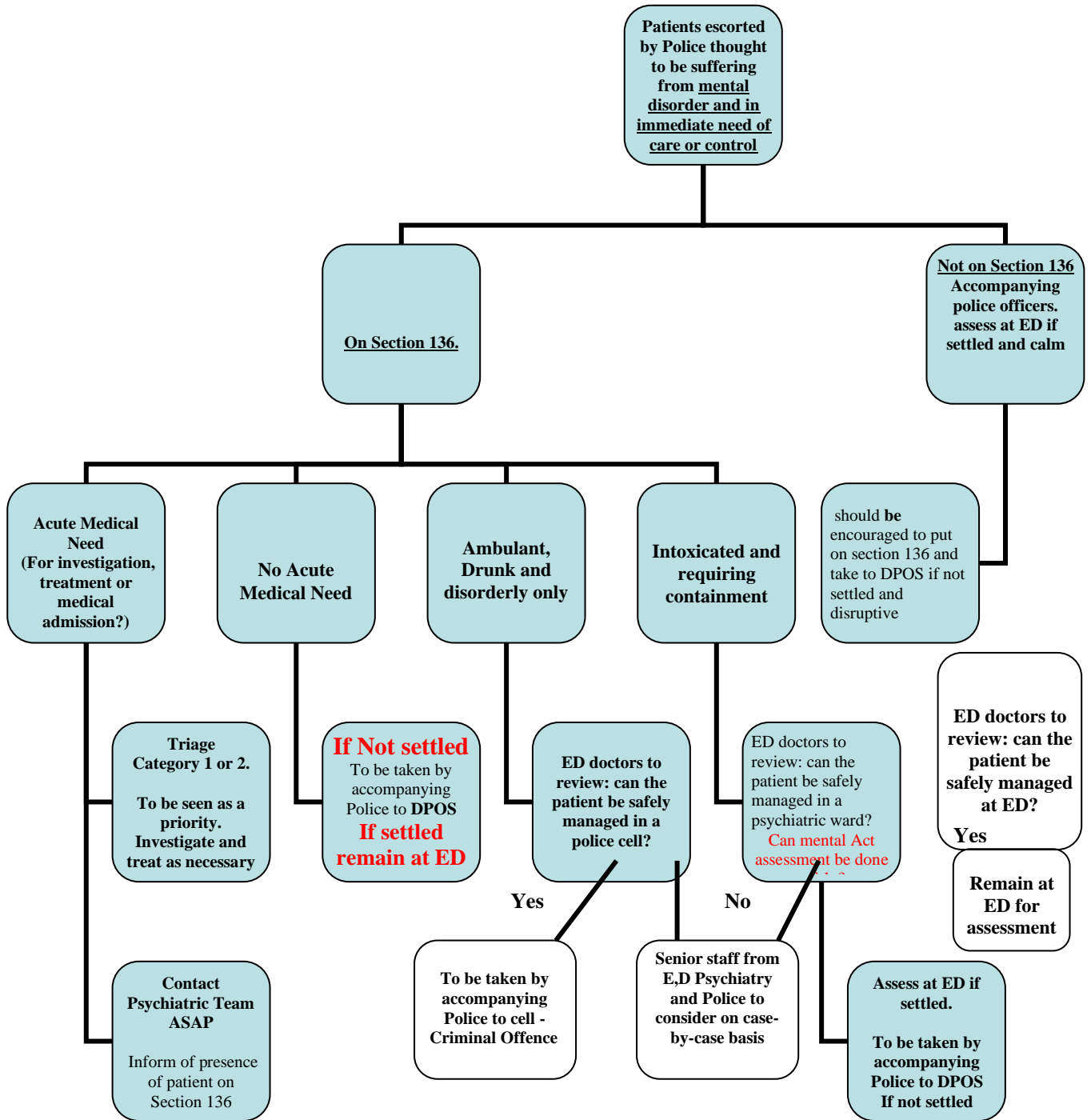
It is important to remember that minors brought in under section 136 may be frightened and distressed. Their behaviour may be difficult or challenging at times.

It is the duty of the staff to ensure that they are treated with sensitivity, respect and dignity and that explanation and reassurance is given and supportive, clear and individual boundaries are applied.

- Assist the young person to make contact with families if appropriate.
- Ensure that the physical health protocol is followed to ensure that the young person is fully screened.
- Be aware of safeguarding responsibilities and
- Seek advice and support from the appropriate professional.

Appendix 2:

St George's / Kingston and St Helier's A&E Protocol



SECTION 136 - INFORMATION CHECKLIST

RECEIVE CALLS FOR **SECTION 136 PATIENTS** FROM POLICE. RECEIVE PATIENT'S THROUGH POLICE FROM: **THE BOROUGH OF WANDSWORTH, SUTTON & MERTON, and KINGSTON & RICHMOND**

INFORMATION TO BE COLLECTED FROM POLICE

NAME OF PATIENT			
DATE OF BIRTH			
RIO NO			
ADDRESS			
GP's NAME & ADDRESS			
PLACE & TIME DETENTION TOOK PLACE	PLACE	TIME	DATE
CIRCUMSTANCES LEADING TO DETENTION [please record in detail below]			
ETA OF PATIENT'S ARRIVAL			

ON ARRIVAL	YES	NO
WAS THE CLIENT IN HANDCUFFS?		
HAVE YOU NOTED DOWN THE TIME OF POLICE / CLIENT'S ARRIVAL?		TIME
HAVE YOU RECEIVED FORM 434 FROM THE POLICE?		
HAVE YOU CONDUCTED SEARCH PROCEDURE AS PER PROTOCOL?		
HAVE YOU INFORMED THE DUTY DOCTOR OF NEED FOR ASSESSMENT?		TIME
HAVE YOU NOTIFIED THE AMPH VIA 020 8871 6000 FOR MENTAL HEALTH ASSESSMENT?		TIME
HAVE YOU CHECKED THE NFA CONSULTANT ROTA ON SWL & ST GEORGE'S NHS MENTAL HEALTH TRUST INTRANET TO IDENTIFY THE NEXT CONSULTANT ON THE LIST FROM BOROUGH IN WHICH THE CLIENT WAS DETAINED?		
HAVE YOU INFORMED THE CLIENT OF HIS RIGHT TO NOMINATE SOMEONE WHO SHOULD KNOW HIS WHEREABOUTS?		
HAVE YOU PROVIDED SECTION 132 MENTAL HEALTH ACT INFORMATION FOR THE CLIENT AND HIS RIGHTS?		

ADDITIONAL INFORMATION	
Time AHMP was contacted: Please record briefly conversation with AMHP.	
Time AHMP arrived:	
AHMP's name:	
Time of assessment by Section 12 doctor and AHMP: If more than 6 hours indicate reason for delay in the outcome.	
Time assessment completed:	
Date & time detention ended:	
OUTCOME	

REMINDER: Have baseline physical obs been recorded on RiO?	
SIGNED	
PRINT NAME	
DATE & TIME	

Please indicate which Borough has responsibility for client.
 Additional Borough information requested by General Manager

KINGSTON	MERTON	RICHMOND	SUTTON	W / WORTH	OTHER

Appendix 4

DECONTAMINATION OF DETAINED PERSONS AND THEIR CLOTHING FROM INCAPACITANT SPRAYS SUCH AS CS SPRAY (refer to Trust Policy TWC 14 under review)

1. Although used infrequently occasionally CS spray continues to be used as to incapacitate an individual in order to maintain their safety and the safety of others. For this reason all need to be aware of how to safely remove incapacitant spray from the detained person's skin and clothing.
2. Ideally the main action is to facilitate removal through air circulation and this can be done in the secure and private area outside of the assessment suite prior to coming into the suite. Police officers and staff will be in attendance
3. As soon as is practical all persons detained will receive guidance and assistance on arrival from the nurse in charge (admitting nurse) as follows:
 - Provide a tracksuit available in the suite and provided by Metropolitan police
 - Request/enable person to remove clothing
 - Provide a plastic bag and place clothing in bag and seal
 - Use protective gloves, mask and apron if clothing is to be handled
 - Showering is not recommended initially as hot water reactivates irritants.
 - Skin irritation and blistering can occur up to 72 hours after exposure. If this occurs seek medical advice
 - Be cautious in case of eye irritation, if the person is wearing lenses only the wearer or a doctor should assist in removing lenses. Specific eye irrigation if indicated should only be undertaken with medical advice.
 - Provide detained person and carers with advice leaflet provided by Metropolitan police

If adverse reaction persist treat as a medical emergency escort and arrange transfer to nearest A and E department.

Appendix 5: Guidelines and examples of adaptations used in clinical practice

NICE guidelines with relevance to Section 136:

Title	NICE Standard/ Guideline Number	Date published on NICE web-site	Link
Patient experience in adult NHS services: improving the experience of care for people using adult NHS services	CG138	01/02/12	http://www.nice.org.uk/guidance/cg138
Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services(CG136)	CG136	01/12/2011	http://www.nice.org.uk/guidance/cg136
Home care: delivering personal care and practical support to older people living in their own homes	NG21	01/09/2015	http://www.nice.org.uk/guidance/ng21
Patient experience in adult NHS services	QS15	01/02/12	http://www.nice.org.uk/guidance/qs15
Service user experience in adult mental health services	QS14	01/12/2011	http://www.nice.org.uk/guidance/qs14
Violence and aggression: short-term management in mental health, health and community settings	NG10	01/05/2015	http://www.nice.org.uk/guidance/ng10
Antenatal and postnatal mental health	QS115	01/02/16	http://www.nice.org.uk/guidance/qs115
Common mental health disorders (CG123)	CG123	25/05/2011	http://www.nice.org.uk/guidance/cg123
Psychosis and schizophrenia in children and young people: recognition and management	CG155	01/01/2013	http://www.nice.org.uk/guidance/CG155
Psychosis and schizophrenia in adults	QS80	01/02/2015	http://www.nice.org.uk/guidance/qs80

Delirium in adults	QS63	01/07/2014	http://www.nice.org.uk/guidance/qs63
Borderline personality disorder (BPD) (CG78)	CG78	28/01/2009	http://www.nice.org.uk/guidance/cg78