

Mental Health Act (MHA) Policy

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1.0 INTRODUCTION

1.1 Background

Individuals admitted to the acute hospital settings who are presenting with mental health problems will often require additional specialist input, care and support from across multi agency services.

The legal framework which Managers, Doctors, Nurses, Social Workers and the Police must follow is set out within the Mental Health Act, 1993 (amended 2007), In addition to this, implementation of this Act is carried out through the Mental Health Act (MHA) and the Code of Practice which gives guidance on how the Act should be applied in order to provide safe, effective care and treatment in a timely manner and also protects the rights and autonomy of the patients.

1.2 Scope

JPUH Trust aims to take all reasonable steps to ensure the safety and independence of all its patients, and to respect the rights of patients to make their own decisions about their care.

The purpose of this policy sets out firstly, to identify the statutory responsibilities of the Trust when admitting and treating any patient who is detained under the MHA.

All patients have a right to emergency and elective treatment for their physical health condition and notwithstanding this, the mental health needs of the patient must always be taken into consideration. This policy aims to support staff to deliver safe and effective interventions to patients currently detained or subject to short-term detention under Section 5 or Section 136 of the MHA.

1.3 Responsibilities

Trust Board – for the purpose of the Act the Trust Board acts as the “Hospital Managers” and has important statutory powers, responsibilities and duties concerning detained patients.

The following functions are delegated:

- To ensure that the grounds for admitting the patient are valid and that all relevant documents are in order
- To ensure that those formally delegated to receive documents, and those who are required to scrutinise them, have a thorough knowledge of the requirements of the MHA
- To review each patient’s detention upon renewal
- To ensure that detained patients are aware of their rights under MHA
- To ensure that any patient who wishes to apply to the Mental Health Tribunal is given the necessary assistance.
- To authorise the transfer of certain patients to the care of another hospital or set of ‘hospital managers’
- To arrange for the rectification of certain kinds of error in statutory documents.

Associate Hospital Managers – for the purposes of the Act exercise the function of “Hospital Managers” to discharge patients/renewing detention orders, they are responsible for managing a hearing when a request for such a review of their detention has been made by a patient. They must also undertake a review following the renewal/extension of a detention. This must be undertaken within other associate hospital managers who are not employed by the Trust – this service is commissioned from Norfolk & Suffolk NHS Foundation Trust (NSFT) under the terms of the agreed Service Level Agreement (SLA).

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JPUH clinical staff – Site Matrons / Operation Centre Staff

- Discharging the delegated power of accepting section papers
- Checking all documents related to the section and completing the form to accept receipt of patient or to initiate transfer
- Out of hours, all completed papers to be emailed to Silver On Call to check that all relevant documents are in order
- Informing NSFT MHA Compliance Officers of all detentions under the MHA
- Scanning and sending copies of all documentation relating to the section to the NSFT MHA Compliance Officers: NorfolkHospitalsSLA@nsft.nhs.uk as per agreed Scheme of Delegation.
- Saving copies of all documentation relating to the section in: Z:\Operational Centre\Mental Health\Completed Mental Health Forms
- Discharge the delegated power of ensuring that the patient receives all appropriate information
- Ensuring that the documents are stored in accordance with the policy
- Investigation of any incidents or complaints related to the use of the policy

Norfolk & Suffolk NHS Foundation Trust Mental Act Compliance Officers will:

- Provide scrutiny of statutory paperwork and request amendments where applicable.
- Maintain the record of all patients admitted subject to or who become subject to detention under a section of the Act.
- Discharge the delegated power of ensuring the nearest relative receives all appropriate information.
- Provide detained patients with their ongoing rights under S132 MHA.
- Provide relevant reminders to the JPUH clinical teams regarding statutory reviews.
- Provide relevant reminders to the JPUH clinical teams regarding consent to treatment.
- Administer requests for Hospital Managers hearings or Mental Health Tribunals to include requesting relevant reports

1.4 Monitoring and Review

Monitoring and review of this policy will take place through assessment of the following quality indicators:

- CQC reports.
- Analysis of QSAFE reports.
- Patient and carer feedback and evaluation.
- Complaints and compliments.
- Training evaluation.
- Safeguarding Group is responsible for monitoring the effectiveness of the document.
- All staff have responsibility to report to the document authors any shortfalls in the policy.
- Annual audit directed by the Executive lead.

1.5 Related Documents

This policy must be read in conjunction with the following JPUH policies:

- Enhanced Supervision and Engagement Policy and booklet
- Crisis SoP

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- Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DOLS) Policy
- Missing Patient Policy
- Health Records Keeping Policy
- Clinical Restraint
- Non-clinical restraint Policy
- Standard Operating Procedure for Children and Young People in a Mental health Crisis
- Restraint and De-escalation Policy (in draft)

This policy must be read in conjunction with the following:

- Mental Health Act Code of Practice

1.6 Reader Panel

The following formed the Reader Panel that reviewed this document:

Post Title

| |
|----------------------------|
| Director of Nursing |
| Deputy Director of Nursing |
| Safeguarding Group Members |

1.7 Trust Values

This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

1.8 Glossary

The following terms and abbreviations have been used within this Policy:

| Term | Definition |
|--|---|
| The Act (MHA) | Mental Health Act 1983, as amended by Mental Health Act 2007 – The Mental Health Act is the law which sets out when you can be admitted, detained and treated in hospital against your wishes. It is also known as being 'sectioned'. For this to happen, certain people must agree that a person has a mental disorder that requires a stay in hospital. |
| Approved Clinician (AC) | A mental health professional approved by the Secretary of State under Section 12, to act as an approved clinician for the purposes of the Act. Some decisions under the Act can only be taken by people who are approved clinicians. All responsible clinicians must be approved clinicians. |
| Approve Mental Health Professional (AMHP) | A social worker or other professional approved by the local social services authority to carry out a variety of functions under the Act. |
| Capacity | The ability to take a decision about a particular matter at the time the decision needs to be made. Some people may lack capacity to take a particular decision because they cannot understand, |

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| | retain, use or weigh the information relevant to the decision. A legal definition of lack of capacity for people aged 16 and over is set out in Section 2 of the Mental Capacity Act 2005. |
| Consent | 'Agreeing to allow someone else to do something to or for you', particularly consent to treatment. Valid consent requires that the person has the capacity to make the decision (or the competency to consent, if a child) and they are given the information they need to make the decision and that they are not under any duress or inappropriate pressure. |
| Hospital Managers | The Organisation that is responsible for the operation of the Mental Health Act in a particular hospital, this is the Trust Board. |
| Independent Mental Health Advocate | An advocate available to offer help to the service user under arrangements which are specifically required to be made under the Act. |
| Mental Capacity Act (MCA) | The Mental Capacity Act 2005, which governs decision making on behalf of people who lack capacity. |
| Mental Disorder | Any disorder or disability of the mind. As well as mental illness, it includes conditions like personality disorders, autistic spectrum disorders and learning disabilities (if associated with abnormally aggressive or seriously irresponsible conduct), but excludes dependence on drugs/alcohol and immoral conduct. |
| Mental Health Tribunal (MHT) | The first-tier Tribunal (Mental Health) hears applications and references for people detained under the Act. The main purpose is to review the cases of patients detained under the Act and to direct the discharge of any patients where the statutory criteria for detention are not met. |
| Nearest Relative | A person defined by Section 26 of the Act who has certain rights and powers under the Act in respect of a service user for whom they are the nearest relative. In order of hierarchy nearest relative is defined as <ul style="list-style-type: none"> • Husband/wife or civil partner • Son or daughter • Father or mother • Brother or sister • Grandparent • Grandchild • Uncle/aunt • Niece/nephew |
| Nominated Deputy | The consultant in charge of an in-patient's treatment can nominate a deputy to exercise section 5(2) powers in their absence. Only a doctor also on the staff of JPUH can be a nominated deputy. |
| Responsible Clinician (RC) | The person in overall charge of the care of an individual who is subject to the Act. This must be an Approved Clinician; this will normally be a consultant psychiatrist who will work closely with the consultant in charge of the physical treatment of the patient. |
| Section | A specific piece of legislation within the Act which pertains to the type of detention an individual, is subject to. |

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1.9 Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

DRAFT

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2.0 STATEMENT OF POLICY

JPUH Trust has a statutory obligation to ensure that its service users, who become subject to the Mental Health Act 1983 are treated lawfully.

The main purpose of the MHA is to ensure that people with mental health problems receive the care and treatment they need for their own health and safety, and/or for the protection of the other people. It sets out the criteria that must be met before compulsory measures can be taken, along with protections and safeguards for patients.

2.1 Policy Objectives

This policy sets out the roles and responsibilities of the Trust in respect of the patients who are detained under the Act.

To protect JPUH from litigation/claim for unlawful detention, breach of Human Rights Act, regulatory risk if possible non-compliance with CQC Fundamental standards, and reputational risk in the event of any of the above.

3.0 Management of Patients Presenting with Mental Health Problems

3.1 Patients detained under Section 136

Guided by the legal framework and their code of conduct empowers the Police, to make a judgement on whether to detain under a S136 if they believe a person has a mental illness, is in a public place and in need of care. The S136 provides emergency powers for the Police to deprive a person of their liberty temporarily.

There is a separate protocol available for staff to follow where patients are detained under S136 of the MHA – Appendix A.

3.2 Holding powers under S5 (2)

From time to time, in-patients of general hospitals are thought to require detention under MHA 1983. Such detentions may be short-term holding powers or longer-term detention for assessment and/or treatment.

In such a situation, whereby the patient is considered to have a mental disorder, is considered to be a risk to self or others, and will not stay voluntarily, the doctor in charge of the treatment can initiate a 72-hour 'holding' power over someone who is already an inpatient in hospital, preventing them from leaving hospital and allowing time for consideration to be given as to whether an application should be made for further detention. The power is contained in the MHA 1983, section 5(2). Form H1 [Z:\Operational Centre\Mental Health\Electronic Mental Health Forms\Form H1 section 5 2 - report on hospital in-patient \(1\).docx](#) is to be used and then passed to the Site Matron / Operation Centre Staff for receipt on behalf of the Managers.

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3.3 Emergency or Elective Inpatient Admission for a Patient Detained under MHA

Many acute hospital Trusts such as JPUH have to utilise the powers within the Mental Health Act 1983 to detain a small but significant number of patients.

Patients may be detained under Section 2 (up to 28 days for assessment) or Section 3 (up to 6 months for treatment). It will sometimes be appropriate for such admissions to be to JPUH for the purpose of ensuring the patient received required physical healthcare. In such cases JPUH becomes the detaining authority. The legal papers will need to be received by JPUH managers at the time of admission of the patient by completing a form H3 [Z:\Operational Centre\Mental Health\Electronic Mental Health Forms\Form H3 sections 2 3 and 4 - record of detention in hospital 1.docx](#). There is a requirement to ensure that such papers are completed accurately and managed appropriately.

3.4 Information about patients' rights

Those responsible for care should ensure that the patients are made aware of their rights and the effect of the Act as soon as is practicable after admission/detention. This should be delivered by Psychiatric Liaison staff or Paediatric Mental Health Clinical staff and should include information on contacting an Independent Mental Health Advocate (IMHA). Ongoing rights should be delivered by NSFT MHA Compliance team.

NSFT MHA Compliance team will notify the 'Nearest Relative' of a patient's admission under the Act as soon as possible; unless the patient requests otherwise.

Appendix A - JPUH S136 Protocol

Police to continue to attempt to secure S136 suite throughout the process

Police have a patient under S136 and all S136 suites are unavailable

Detaining officer to ring Nurse in Charge (NIC) 01493 452322 / 2319 to inform they need to use ED as an alternative place of safety

NIC to complete pre-alert form and advise Police if safe room available or alternative space can be utilized in the department.

If department full, Police and patient under section 136 may need to wait outside in ambulance/Police car and they will be booked on to EDIS and a triage category assigned (using MTS).

The Mental Health Act Assessment (MHAA) will be called on arrival by the Police. The section 136 'clock' will start on arrival to ED. This can be in place for 24 hours in total

The mental health triage tool can also be used to identify a suitable area and highlight if the patient is high, medium or low risk.

If no space is available, MHA Assessment may need to be delayed until an appropriate space is available in the department, or an alternative place of safety becomes available

If the patient has recommendations for detention under the Mental Health Act and the patient is deemed high risk and there is still no safe place for the patient to wait, the Police officers may need to remain with the patient for the full 24 hours of the section

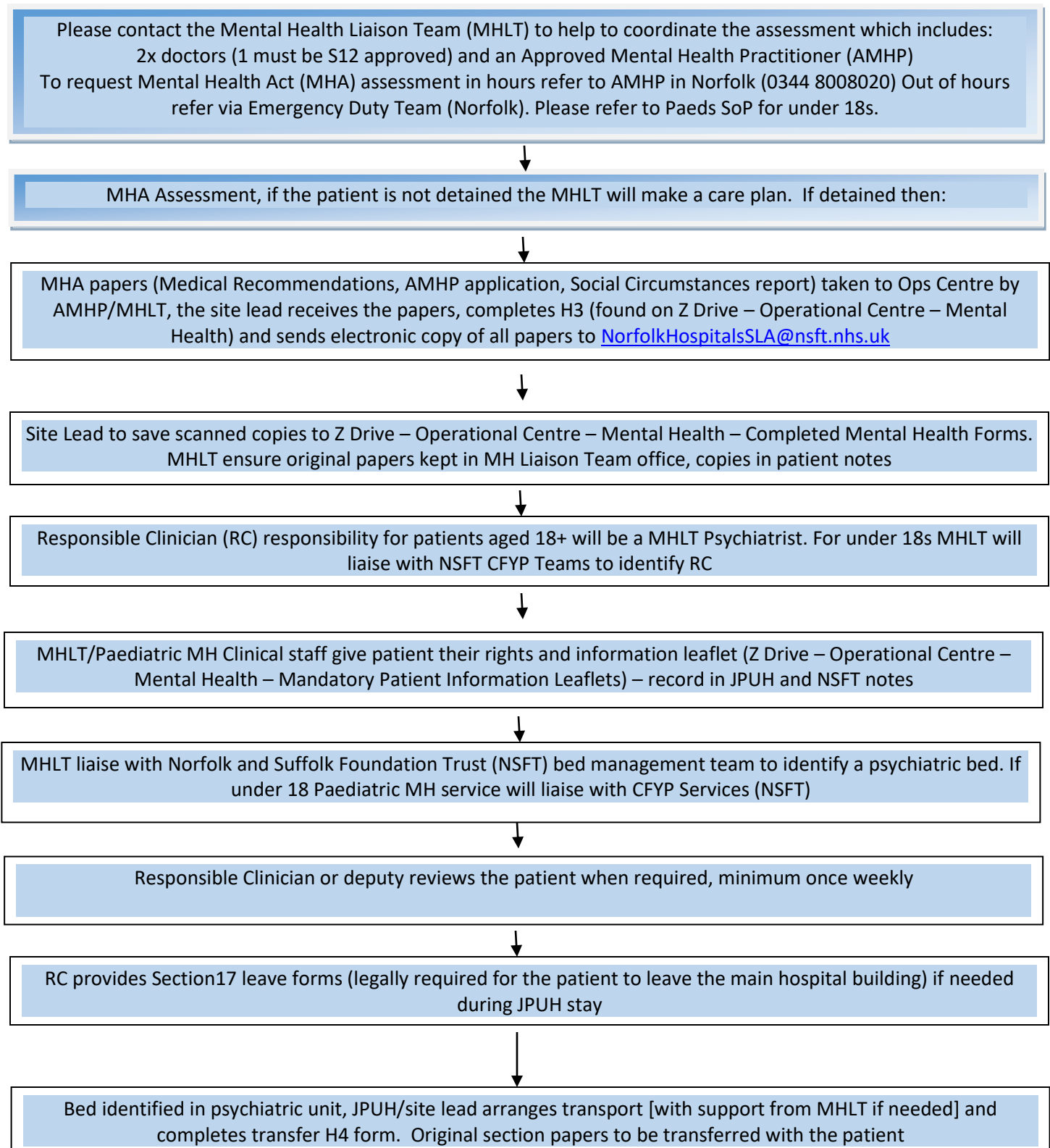
If there are any concerns in hours this should be escalated to UEC Matron, UEC Divisional Manager and MH Matron via switchboard 01493 452452 and we will liaise with;

Suffolk:
MentalHealth@suffolk.pnn.police.uk
Mental Health Coordinator: 07971 362596 or
Hannah.LODGE@suffolk.police.uk

Norfolk:
mentalhealth@norfolk.police.uk
MH & LD Team Inspector: 07901 966756 / 01953 424998 or
MH & LD Team Supervisor: 07816

Out of hours NIC in ED should contact 101 and request direct contact number for the Duty Inspector for whichever Constabulary is present

Appendix B – MHA FLOWCHART AT JPUH WHEN ADMITTED TO A WARD



Appendix C

Emergency Department: Mental Health Patient Dynamic Risk Assessment

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| Date of Creation | May 2021 |
| Subject | Dynamic Risk Assessment (DRA) of a Long-Stay Mental Health Patient within the Emergency Department (ED) of JPUH |
| Prepared by | Elizabeth Thompson, Deputy Operations Director |
| Purpose of report | To provide clinicians and managers with a dynamic risk assessment template for where to locate a long stay mental health patient, what considerations and mitigating actions need to be taken and what is expected in terms of escalation. |
| Previously considered by (Committee/Date) | SMT (Report) TTMG |
| Associated Policies | JPUH Mental Health Policy; JPUH Enhanced Supervision and Engagement Policy; MHLS NSFT JPUH Core 24 Standard Operating Procedure (2021); Psychiatric Liaison Accreditation Network (PLAN), RCP (2020). |

Version Control

| Version | Author | Description | Date |
|---------|--------------------|------------------------------------|------------|
| V.1.0 | Elizabeth Thompson | Document creation | 27/05/21 |
| V 1.1 | Laura Woodcock | Review | 22/12/2021 |
| V2 | Laura Woodcock | Review | 22/03/2022 |
| V3 | Laura Woodcock | Incorporate feedback from ED | 25/05/2022 |
| V4 | Laura Woodcock | Incorporate feedback from ED | 01/09/2022 |
| V5 | Laura Woodcock | Incorporate feedback from Division | 07/10/2022 |

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| Rationale | | 4 |
| <ul style="list-style-type: none"> • Providing a Suitable Location • Assessment Area • Observation Area • Awaiting a Mental Health Specialist Bed • Safety and Shared Care | | 5 |
| Implementation | | |
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Executive Summary

There may be occasion during a patient attendance to the Emergency Department at JPUH, where the individual is:-

- Awaiting a Mental Health Act Assessment; and/or
- Liable to detention under the Mental Health Act (MHA) and awaiting a Mental Health Specialist or Tier 4 bed to become available;
- Awaiting informal admission to a mental health bed

It is the responsibility of the Emergency Department team, with support from the Mental Health Liaison Team (MHLT) on site, to risk assess the most appropriate location for the patient and any risk mitigating actions required to keep that patient, and those around them, safe.

Introduction

Managing Risk in Mental Health Service Provision within an Acute Emergency Department

Part of the work of the Emergency Department professionals and the Mental Health Liaison Team (MHLT) professionals is to manage risk. Four areas of risk are relevant for consideration when dealing with people with mental health issues;

- **Vulnerability:** the service user can be at risk of damage or harm through personal or external factors (e.g. naiveté, low insight, family, social/community pressures, in care, poverty, homelessness or other resource or capability deficits);
- **Self-harm or suicide risk:** the service user can be at risk from self-harm, intentional injury or killing oneself, action/behaviours destructive to one's own safety or health;
- **Unpredictable behaviour:** the service user can be a risk to self or others because of fluctuating and/or unpredictable mental health function especially in relation to command hallucinations and other psychotic or disturbed phenomena;
- **Risk to others:** the service user can be at risk of causing harm or danger, or encouraging/involving others in the causing of harm or injury to others. People who pose a risk to themselves or others may have other difficulties in their lives, such as substance misuse, legal or financial problems or housing difficulties.

Risk assessment is a process which allows clinicians to support their decision making by documenting and communicating the systematic assessment of the individual. One key part of this risk assessment is ensuring the provision of a suitable, safe and dignified environment for the waiting patient.

Objective

The aim of this standard operating procedure (SOP) is to provide a reference point for managing long stay mental health patients within the JPUH Emergency Department. This document will provide clinicians and managers with a dynamic risk assessment template for where to locate the individual patient, what considerations and mitigating actions need to be taken and what is expected in terms of escalation.

Rationale

Providing a suitable environment

The middle of an Emergency Department, whether busy or quiet, can be a very stressful environment for any patient. However, if a person is feeling paranoid, psychotic, distraught or suicidal, the environment can be detrimental and potentially escalate symptoms. In addition, witnessing any of these behaviours can be upsetting for any patient witnessing the person in distress.

Assessment area

Any assessment area needs to be safe for staff, and conducive to a valid mental health assessment, and there are clear standards described in PLAN CCQI, advocated by The Royal College of Psychiatrists. There should be no ligature points, and nothing that can be used as a weapon. The room should have an alarm system and two doors that open outwards. This is a core element of providing a therapeutic and safe environment to this patient group.

Appropriate assessment areas are identified within the JPUH Emergency Department footprint:-

- Safe rooms 1 and 2

At this assessment, the MHLT complete the Lorenzo risk assessment and the summary of this assessment is included in the EDIS entry.

Observation area

A patient may be observed in a different space to where they undergo assessment by the MHLT. This space should be safe, quiet, and as calm as possible.

Appropriate observation areas within the Trust include:-

- ED safe rooms 1 and 2
- Side Room within EADU;
- Visible bay bed within EADU

Any mental health patient MUST be appropriately risk assessed and this decision noted within the relevant medical health records by the treating clinician.

Awaiting a Mental Health Specialist/Tier 4 bed (most usually under Section 2, 3 or 4)

Once a decision to admit informally and/or medical recommendations have been completed and the patient is liable to be detained, they may be required to wait for a long period of time for an appropriate Mental Health bed to become available. These patients require a spectrum of services and supports, which means that effective working between the different agencies responsible for the various aspects of care is essential.

It is important that three key things happen simultaneously when this situation occurs:-

- JPUH Emergency Department Nurse In Charge escalation of the current bed situation to the JPUH Site Management Team, who will escalate to Tactical Command / Manager On-Call, who in turn will escalate to our Strategic Command / Executive on- Call if required;
- NSFT MHLT escalation of the current bed situation to the NSFT Tactical Command / Manager On-Call, who in turn will escalate to their Strategic Command / Executive on-Call if required;

- Dynamic risk assessment to be undertaken by Emergency Department Nurse in Charge (NIC) and/or Emergency Physician in Charge (EPIC), with MHLT input, on most appropriate setting for patient to be 'held' whilst waiting. Notification of this assessment and result to be communicated early to the Site Management Team and recorded on EDIS.

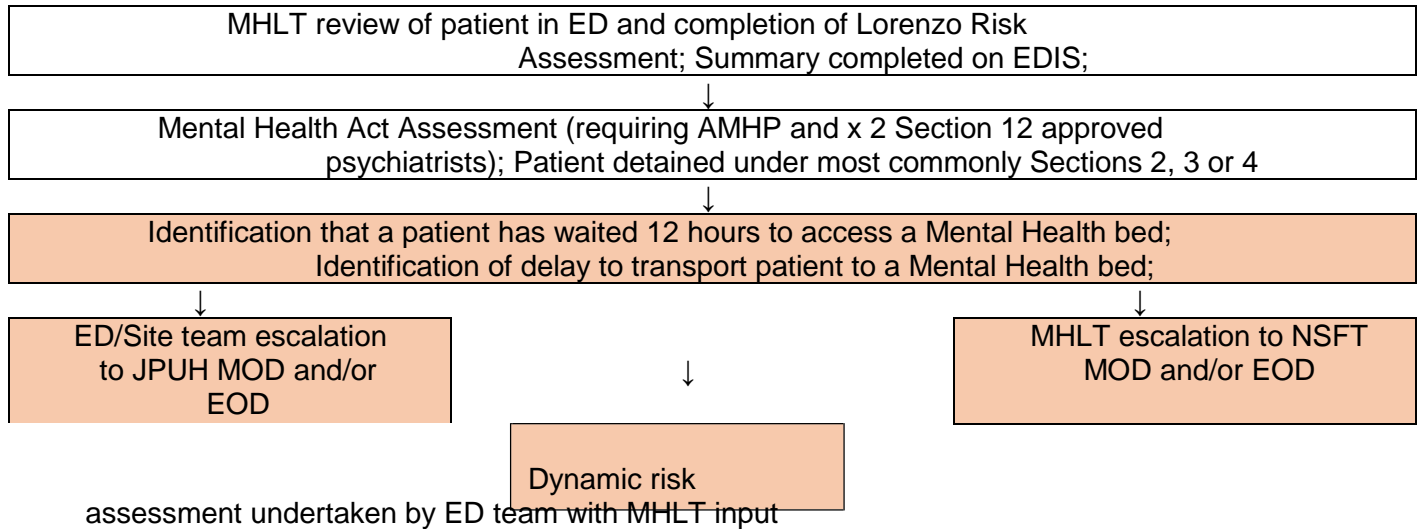
For decision-making on the latter, please see below flowchart. A similar process should be followed when delays in Mental Health Act Assessment occur, as these patients would be deemed high risk until a Mental Health Act Assessment has taken place.

Safety and Shared Care

- While the patient is waiting MHA assessment, MHLT will review the patient minimum 6 hourly and document on EDIS and Lorenzo (more frequently if required to be agreed based on risk assessment and presentation)
- Patients who are assessed as unsafe to leave ED due to concerns about the risk they pose to themselves or others while they are awaiting an inpatient bed will be kept in the department for their own safety under common law. If the patient's presentation changes whilst they are waiting for a Mental Health bed, then the MHLT should review.
- EPIC and MHLT to have joint responsibility of the patient during their time in the ED. MHLT do not have medical cover out of hours, legally they remain under the care of the duty ED consultant.
- MHLT should provide a treatment plan and ensure that psychiatric medication is written up, both regular medication and medication to manage acute agitation, and that a management plan will be provided to the ED for these patients to include a rapid sedation protocol if required. Day to day 'house-keeping' e.g. ensuring the patient has appropriate food and fluid, access to a bed and washing facilities is the responsibility of the ED team.
- MHLT will review the patient daily as a minimum and document this on EDIS. If the patient requires emergency care then this will initially be provided by the ED team, informing the MHLT of events ASAP so they can support the ED team and review the patient.
- Patients cannot be detained to the ED, under the Mental Health Act (1983), a patient can only be formally detained to an inpatient bed. They cannot be legally detained in the ED under the MHA and are only kept there under common law
- Treatment for the mental disorder can only begin with the patient's consent, or only once the patient has been formally detained to an inpatient bed if they do not consent to treatment. Treatment to manage immediate risks may be given in the patient's best interests.
- If the patient is admitted to JPUH while awaiting a MH bed, the AMHP will complete the application for detention, once the Site Team have accepted the papers the patient is detained to JPUH, and will be allocated a Responsible Clinician (MHLT Psychiatrist). The MHLT Psychiatrist will be responsible for commencing treatment for their mental disorder including EPMA.
- While waiting on a ward to transfer to a Mental Health bed, MHLT will review the patient daily (more frequently if required – to be agreed between 'hosting team' and MHLT based on risk assessment and presentation)
- Once a MH bed is identified, the Site Team will complete an H4 transfer form for the patient to be transferred to the MH bed

Implementation

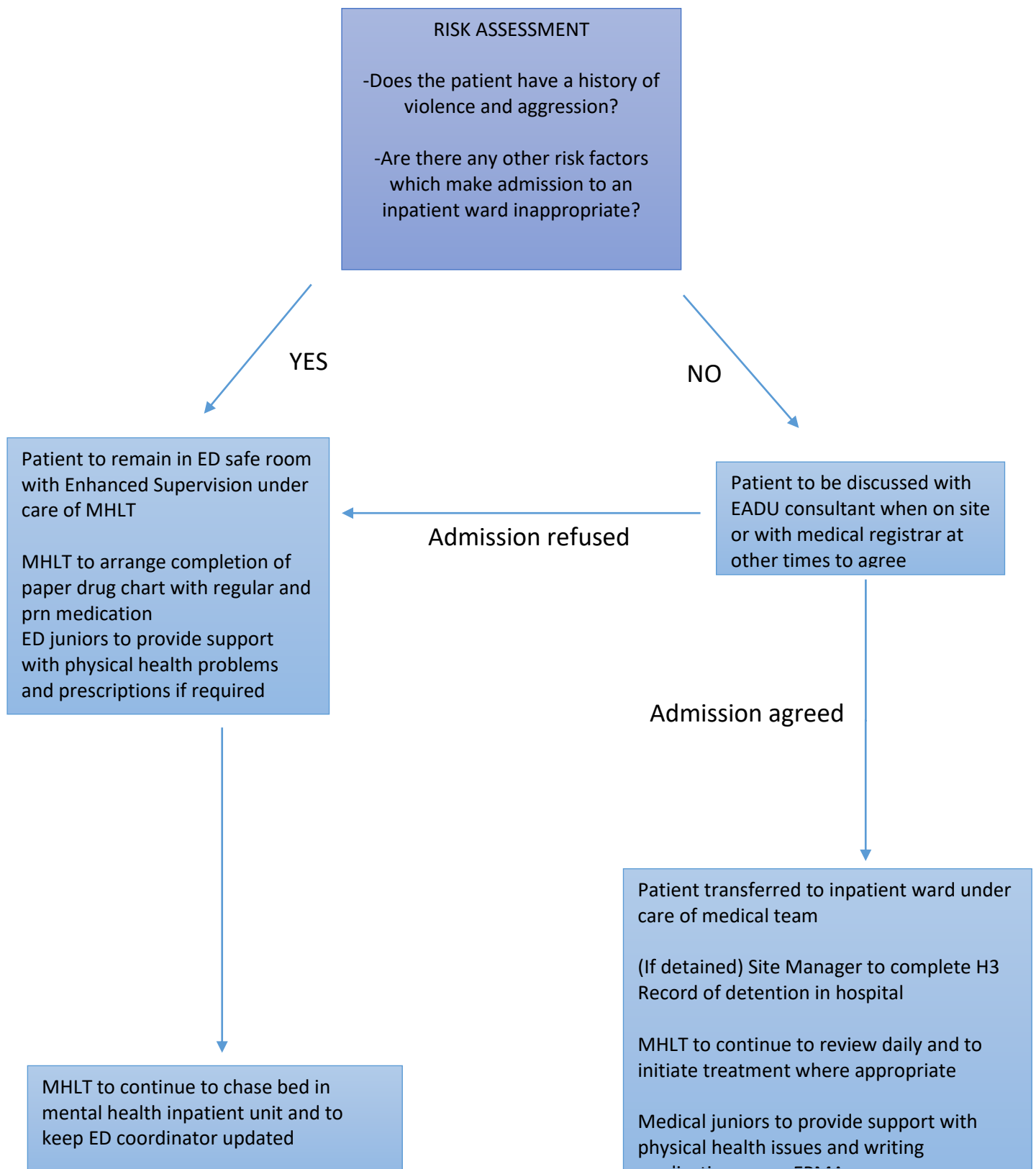
a) Risk Assessment of Suitable Location for Long-Stay Mental Health Patient



| | |
|---|--|
| Dynamic Risk Assessment (<i>non-exhaustive list</i>) to consider risks of:- <ul style="list-style-type: none"> • Locations available and hospital capacity; • Staffing (nursing, security), including capacity for enhanced observations; • Vulnerability: homeless; self-neglect; substance & addictive behaviour; safeguarding; • Ongoing risk of self-harm or attempted suicide whilst in an acute Trust; • Unpredictable behaviour due to hallucinations; delusions; personality disorders; addictive behaviours; • Risk to others: immediate and/or ongoing; offending/harm behaviours/sexually inappropriate behaviours; • Exacerbating/calming factors which influence the risk factors & behaviours; • Potential absconding risk; • Other patients in area who may be vulnerable or at risk. | |
| Decision made to keep patient in Emergency Department | Decision made to admit patient to EADU |
| Patient to remain in suitable area within ED, with agreed level of enhanced supervision | Patient admitted to suitable area within EADU, with agreed level of enhanced supervision |
| ED to ensure:- <ul style="list-style-type: none"> • Any risk mitigations are identified and actioned, e.g.: ligature-reduced environment, family member to remain/leave, etc.; • Handover to the appropriate personnel and ward re the dynamic risk assessment; • Porter/Security, Site Team and MOD are aware of the decision made and risk mitigation required; • Swift movement of patient to assigned trolley or bed. | |

Risk assessment and clinical rationale for placement of patient within appropriate room to be recorded on EDIS by the treating clinician.

b) MANAGEMENT OF PATIENTS AWAITING A MENTAL HEALTH BED > 12 HOURS IN ED



Review






The recommendation is for this SOP to be reviewed in one year and henceforth every three years by the Emergency Department Triumvirate (DOM, Matron & Clinical Lead) and Mental Health Matron. Prior to an annual review, this document will need to be updated in line with any new national guidance.

Related or referenced documents

- “Mental Health in Emergency Departments: a toolkit for improving care”, Royal College of Emergency Medicine, revised Oct 2019;
- “Best Practice in Managing Risk: Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Services”, Department of Health UK (2009);
- “Risk Management in Mental Health Services: guidance document”, Feidhmeannacht na Seirbhíse Sláinte Health Service Executive, Clinical Indemnity Scheme; HSE (Martin Rogan, Assistant National Director, Mental Health);
- “Psychiatric Liaison Accreditation Network CWQI”, Royal College of Psychiatrists, Edition 2020;
- “Risk Assessment Tool and Guidance”, Office of Quality and Risk, HSE (2008);
- MHLT NSFT JPUH Core 24 Standard Operating Procedure (2021)

Appendix D

MHA Section Matrix

| | | | | | |
|---|---|--|---|---------|---|
| Section 2 Admission for Assessment | 28 days from date of detention under the Act | Form H3 Form H3 sections 2 3 and 4 - record of detention in hospital.docx (live.com) Form A1/A2 (application by nearest relative / AMHP) plus 2 Forms A4 (medical recommendations) or 1 Form A3 (joint medical recommendation) | Once within 14 days of detention  Section 2 leaflet.pdf | Ye s | Admission for assessment and treatment. Requires one application and two medical recommendations. One from a doctor who knows the patient and one from a doctor approved under section 12 (2) of the MHA. The section is not renewable. |
| Section 3 Admission for treatment | 6 months from date of detention. First renewal for six months, thereafter yearly | Form H3 Form H3 sections 2 3 and 4 - record of detention in hospital.docx (live.com) Form A5/A6 (application by nearest relative / AMHP) plus 2 x Forms A8 or (medical recommendations) 1 x Form A7 (joint medical recommendation)  Form H3 - Guidance on Completing.doc | Once each period of detention. Auto referral 6/12 and thereafter 3 yearly  Section 3 patient leaflet.pdf | Ye s | Admission for treatment. Requires one application (AMHP) and two medical recommendations. One from a doctor who knows the patient and one from a doctor approved under section 12 (2) of the MHA. Nearest relative consent must be sought by the AMHP prior to making an application. Medical recommendations must indicate why it is necessary for treatment to be given as an in-patient. |
| Authority to transfer from one hospital to another | | Form H4 Form H4 section 19 - authority for transfer from one hospital to anothe r under different managers new 1 .docx (live.com) | | N o | Valid for 28 days from the date of completion. 2 forms should be sent with the patient, both to be completed by the receiving hospital, one copy returned to the hospital the patient was transferred from. |
| Section 136 | Maximum of 24 hours (The responsible medical practitioner can extend that period by up to 12 hours if a. Mental Health Act assessment cannot be completed within the permitted period) | Generally, a locally designed form. No National standard.  Checklist for Scrutiny of Section Papers.doc | None  Section 136 patient leaflet.pdf | Ye s | Removal from a public place to a place of safety by a Police Constable. Once at the place of safety the person must be assessed by an AMHP and doctor to see if continued detention under another Section of the Act is necessary. |

Appendix E - Equality Impact Assessment

Policy or function being assessed: Mental Health Act (MHA) Policy

Department/Service: Safeguarding

Assessment completed by: Mental Health Matron

Date of assessment: March 2024

| | | | | |
|--|---|--|----------|---|
| 1. | Describe the aim, objective and purpose of this policy or function. | The purpose of this policy sets out firstly, to identify the statutory responsibilities of the Trust when admitting and treating any patient who is detained under the MHA. | | |
| 2i. | Who is intended to benefit from the policy or function? | Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Organisation <input checked="" type="checkbox"/> | | |
| 2ii | How are they likely to benefit? | To protect JPUH from litigation/claim for unlawful detention, breach of Human Rights Act, regulatory risk if possible non-compliance with CQC Fundamental standards, and reputational risk in the event of any of the above. | | |
| 2iii | What outcomes are wanted from this policy or function? | JPUH Trust has a statutory obligation to ensure that its service users, who become subject to the Mental Health Act 1983 are treated lawfully. | | |
| For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings: | | | | |
| 3. | Are there concerns that the policy/function does or could have a detrimental Impact on people due to their race/ethnicity ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 4. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 5. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability ? Consider Physical, Mental and Social disabilities (e.g. Learning | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |

| | | | | |
|-----|---|--|---|--|
| | Disability or Autism). | | | |
| 6. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 7. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 8. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 9. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 10. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their age ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 11. | Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership ? | | N | If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data |
| 12. | Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function? | | N | <i>Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i> |
| 13. | Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group. | | N | <i>Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i> |
| 14. | Specific Issues Identified | | | |
| | Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment | | | Page/paragraph/section of policy/function that the issue relates to |
| | 1. NONE | | | 1. |
| 15. | Proposals | | | |

| | | | |
|-----|---|-----|---|
| | How could the identified detrimental impact be minimised or eradicated? | N/A | |
| | If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11? | N/A | |
| 16. | Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted? | | N |
| 17. | Policy/Function Implementation | | |
| | <p>Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust.</p> <p>Please print:</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Name of Director/Head of Service: Jacky Copping</p> <p>Date: March 2024</p> </div> <div> <p>Title: Deputy Chief Nurse</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <p>Name of Policy/function Author: Laura Woodcock</p> <p>Date: March 2024</p> </div> <div> <p>Title: Mental Health Matron</p> </div> </div> <p>(A paper copy of the EIA which has been signed is available on request).</p> | | |
| 18. | Proposed Date for Policy/Function Review | | |
| | Please detail the date for policy/function review (3 yearly): March 2027 | | |
| 19. | Explain how you plan to publish the result of the assessment? <i>(Completed E.I.A's must be published on the Equality pages of the Trust's website).</i> | | |
| | Standard Trust process | | |
| 20. | The Trust Values | | |
| | <p>In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.</p> <p>They are that all staff intend to do their best by:</p> | | |

Putting patients first, and they will:

- Provide the best possible care in a safe clean and friendly environment,
- Treat everybody with courtesy and respect,
- Act appropriately with everyone.

Aiming to get it right, and they will:

- Commit to their own personal development,
- Understand theirs and others roles and responsibilities,
- Contribute to the development of services

Recognising that everyone counts, and they will:

- Value the contribution and skills of others,
- Treat everyone fairly,
- Support the development of colleagues.

Doing everything openly and honestly, and they will:

- Be clear about what they are trying to achieve,
- Share information appropriately and effectively,
- Admit to and learn from mistakes.

I confirm that this policy/function does not conflict with these values. ☒