Mental Health Act (MHA)

2 **Section 2** - Applied for by an approved mental health professional (AMHP) or nearest relative, the patient can be detained and admitted for up to 28 days for assessment where the diagnosis is unknown under the authority of 2 doctors, one of whom is a section 12 approved psychiatrist.

3 **Section 3** - Applied for by an AMHP or nearest relative where a diagnosis is already known. Allows up to six months of treatment under the authority of two doctors, one of whom is a section 12 approved psychiatrist. Can be renewed.

4 **Section 4** - An emergency 72 hour admission under the authority of 1 section 12 doctor or a GP. Applied for by an AMHP or nearest relative.

5(2) **Section 5(2)** - A holding power exercised by doctors on a ward to detain informally admitted patients for up to 72 hours.

5(4) **Section 5(4)** - A holding power exercised by mental health nurse on a mental health ward to detain informally admitted patients for up to six hours.

6 **Section 6** - "An application for the admission of a patient to a hospital shall be sufficient authority for the applicant, or any person authorized by the applicant, to take the patient and convey him to the hospital." This provides SECAmb with the authority to convey if delegated authority from the AMHP is accepted. It may not be if crews have legitimate concern regarding the risk factors presented by the patient i.e. risk of violence, absconding, sexual disinhibition etc. Such concerns should be discussed with the AMHP.

17 **Section 17** - Leave is given to patients as part of their recovery and rehabilitation. Leave can be brief initially but then built up to extended periods of time in-patients who are subject to detention under the MHA. If a patient doesn't return when they have been granted leave, they are considered absent without leave (AWOL).

135(1) **Section 135(1)** - A power granted by a magistrate at the request of an AMHP to allow police to:

- Gain entry to a premises to support mental health professionals in conducting an assessment
- Also gives power to:
- **A:** Restrain patient to safely control the assessment
- **B:** Remove patient to a place of safety for assessment to be conducted
- **C:** Restrict the movement of other persons within the premises. A warrant may be obtained even if access can be obtained.

135(2) **Section 135(2)** - Allows a constable or another person authorised under the Mental Health Act to apply for a warrant to gain entry to premises, retake and return an AWOL patient (i.e. S17 leave). A power of detention for AWOL patients exists under S18 MHA that also carries a power of arrest. S18 itself does not have a power of entry. The warrant is required when entry to the premises is/will be refused.

136 **Section 136** - A power to allow police officers to remove a person from a public place for a mental health assessment at a health based place of safety where there is a need for immediate care and control.

Transporting patients under the act

Patients being transferred from a public or private place should have an escort, not necessarily an approved mental health professional (AMHP), along with an Authority to Convey Form and Section Papers. After AMHP. Section papers are moving to electronic format from 2021 and are likley to be phased out in the near future. There is not a legal requirement for an authority to convey form to be passed to crews. Patient information inclusive of perceived risks is passed to us by the AMHP and recorded at the point of booking transport via EOC.

In the case of a section 136, patients should be transported by ambulance on the principle that a health-based condition should have a health based response. The police should accompany the patient either in the ambulance or following behind based on presenting risks. If traveling in police vehicle due to high risk of aggression or absconding an ambulance should accompany the police to the destination and consideration should be given to a paramedic traveling in the police vehicle if this is practical. Medical observations should be carried out if safe to do so.

For transfers between mental health facilities, there should be an escort from the ward. If the patient has been sedated an escort must be present where clinically indicated a mental health nurse escort should be provided. Section papers and/or Authority to Convey Forms should also be present.

Other services available locally may include:

- Mental Health Triage Car
- Joint Response Unit (JRU)
- Local mental health crisis team/liaison team
- Emergency Operations Centre Mental Health Practitioners
- Emergency duty team (social services). Numbers for these can be obtained via EOC.

Suicide Risk Assessment

Think - Intent, Plan, Action, Protection

Explore what thoughts the patient is having and always ask the question about suicide. Are they fleeting and nonspecific or intrusive and troubling? Are there plans and intent? How often and how long have they had these thoughts? Is there evidence of any psychotic symptoms?

Prior behaviour

Has the patient made previous attempts, if so when and how? What method was used? How did they feel about surviving?

Consider support available and any protective factors (eg family, children, religious beliefs, and pets etc). Take note that family isn't always a protective factor as sometimes patients feel the family would be "better off without them".

Resources available to complete

Has the patient made a plan and do they have the means to carry it out? What is the plan? Has it been rehearsed? Is the plan practical? Are the means readily available? Have they put affairs in order?

Once this information has been obtained liaise with mental health professional for best course of action or if lacks capacity consider use of best interests decision.

Find out more visit:
Mentalhealthlaw.co.uk
or mentalhealth.uk/news

Mental Health Protective Factors

RU OK?

How you **LIVE**
Who you **LOVE**
& What you **DO**

www.time-to-change.org.uk
www.nhs.uk/oneyou

GIVE

Spending time and supporting each other helps rebuild wellbeing.

KEEP LEARNING

What has worked in the past and any new strategies which could help in the future.

TAKE NOTICE

Think through what's happened and its impact on you and your relationships.

CONNECT

Be open and honest about worries thoughts and feelings with people you trust.

BE ACTIVE

Taking regular exercise helps build feel good emotions and provides space to think.

Take five
for mental health

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Mental Capacity Act

A pocket guide for ambulance staff

When to consider using the act

You should assume that a patient has capacity unless they give you reason to doubt otherwise.

You may have concerns due to:

- The patient's behaviour
- The patient's circumstances
- Concerns raised by someone else
- Knowledge of a long-term condition such as dementia
- Failed/threatened suicide attempts
- Possible drug/alcohol intoxication

Please note an unwise decision does not imply lack of capacity

Where patients are intoxicated through drink or drugs, or are suffering from severe emotional distress, you must be satisfied that these temporary factors are operating to such a degree that they lack capacity. Often this will be due to the patient's inability to weigh up information (part 3 of the functional test stage two).

If a patient lacks capacity, chapter 5.31 of the Mental Capacity Act (MCA) Code states "all reasonable steps which are in the persons best interests should be taken to prolong their life". The MCA only applies to individuals aged 16 and above.

Remember - The clinician making a decision on someone else's behalf needs to be able to justify that decision and the steps taken must be proportionate. Where possible carers should be consulted but the ultimate decision on capacity lies with the clinician.

Reasonable force

There is no legal definition of reasonable force, however in practical terms it is the minimum amount of force required to achieve the desired outcome and it will change dependant on the situation.

For example the amount of force required to defend life might be greater than that to defend property. Ambulance staff not currently trained in safe holding should only forcibly restrain a patient as a last resort in an emergency and it should be to preserve life.

Removing under MCA (section 5&6)

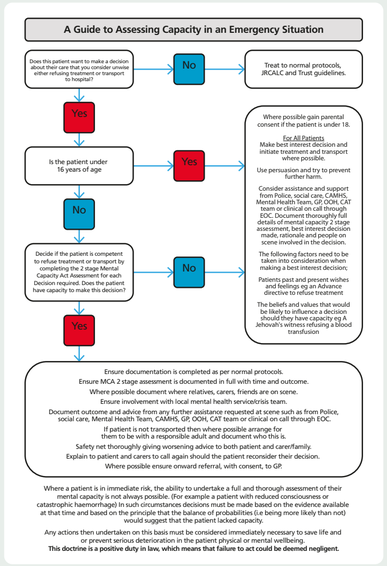
These sections allow for patients to be restrained and escorted to hospital for any urgent treatment considerations.

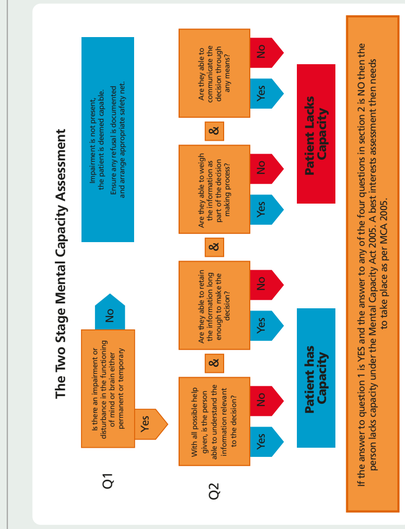
Needs to be in the patient's best interests and proportionate in the circumstances. Removal is in response to the risk of greater harm if they are not removed. Any physical intervention has to be a last resort and proportionate to the risk. Please ensure it is documented and escalated robustly.

Deprivation of Liberty Safeguards

While Deprivation of Liberty Safeguards (DOLS) only applies to hospital and care home settings, ambulance and police staff may be asked to return a patient subject to DOLS to a care home/hospital.

The existence of DOLS authorisation is sufficient authority on which to do this. The coroner must be informed if a patient has passed away with a DOL's in place.





Find out more in SECAmb capacity to consent policy and the MCA 2005.

Mental Health Act

A pocket guide for ambulance staff