1. Introduction

The Mental Health Act 1983 is an Act of the Parliament of the United Kingdom which applies to people in England and Wales. It covers the reception, care and treatment of mentally disordered persons, the management of their property and other related matters. In particular, it provides the legislation by which people diagnosed with a mental disorder can be detained in hospital or police custody and have their disorder assessed or treated against their wishes, unofficially known as "sectioning". Its use is reviewed and regulated by the Care Quality Commission.

The following information details the process to follow, when a patient admitted to, or already a patient in, the Trust, is detained under the Mental Health Act 1983 (MHA). It is a legal requirement to follow correct procedures when a patient is detained in the Trust under the provisions of the MHA as this will ensure the rights of the individual are recognised, and that any potential for action against the Trust for unlawful detention or treatment is minimised.

2. Scope

The policy applies to any patient over 18 who are judged in need of detention by the Trust under the terms of the MHA.

If a patient is detained by an application made by NUTH, the Trust retains responsibility for the detention until the section is removed from the patient or they are transferred to another Trust. If a patient is transferred into the acute trust from a mental health unit and is already detained, the responsibility for the detention remains with the mental health trust.

(The Act applies also to people under 18 but there are additional legal provisions which must be considered and further advice can be obtained from the Paediatric Safeguarding Team).
3. **Aim of policy**

This policy aims to ensure that all parties involved in the detention of a person under the terms of the MHA are aware of the correct process to be followed and the responsibilities of all involved.

Decisions under the Act must be taken with a view to minimising the undesirable effects of mental disorder, by maximising the safety and wellbeing (mental and physical) of patients, promoting their recovery and protecting other people from harm. (DoH 2008)

The Trust has a Service Level Agreement with Northumberland Tyne and Wear Mental Health Trust (NTW) who take responsibility for providing administration advice and information regarding the management of the patient in relation to the law. The Mental Health Act Department of NTW discharges this function as outlined in the policy.

4. **Duties (Roles and responsibilities)**

4.1 **Trust Board and Chief Executive**

Have overall responsibility for the compliance with the requirements of the MHA with delegated responsibility to the Executive Director. Responsibilities include ensuring that the authority for detaining patients is valid, that all relevant admission documents are in order and the establishment of a panel to review detentions where applicable.

4.2 **Executive Director**

The Medical Director is the designated Executive Director who ensures that there are policies and processes in place to comply with the statutory requirements of the MHA including the allocation of a Responsible Clinician (see definition below) to each patient detained.

4.3 **Directorate Management Team**

In the first instance the Matron should be informed by the ward sister/charge nurse when a patient in their area is to be detained to ensure that all statutory processes and obligations are fulfilled.

4.4 **Ward Managers**

The nurse in charge of the ward / department must be aware of the need for a formal process to be followed when a patient, in their area, is to be detained under the MHA 1983 or on occasions when a patient already detained, is admitted to the area.

The Nurse in Charge of the ward must consider the issues that are involved in detaining a patient under the MHA. In the event that a patient is detained under the MHA, the Patient Services Co-ordinator (PSC) must be informed by...
telephone so that they are aware and can advise. The Nurse in Charge is also responsible for ensuring that the patient’s Consultant and the Directorate Management Team via the Matron are informed.

4.5 Patient Service Co-ordinators

- Must be informed of any patient detained under the MHA or application to do so.
- Will oversee the correct application of the process as outlined at Appendix 1 and 2 to ensure that the Patient is lawfully detained.
- Will ensure that the relevant Executive Director is advised that a patient has been detained under a section of the MHA.
- Will ensure that the completed forms are sent urgently to the Mental Health Act Office.
- Will inform the Quality Assurance Lead of any patient detained under MHA section using the Notification form at Appendix 3 and also if any patient detained dies or is Absent Without Leave (AWOL).

4.6 Psychiatric Liaison team

The Psychiatric Liaison team is employed by NTW and is responsible for providing psychiatric expertise and liaison as required. The Psychiatric Liaison team will also ensure that each patient detained has a Responsible Clinician identified in conjunction with the Medical Director.

4.7 Mental Health Act Office-St. Nicholas Hospital, NTW

The Mental Health Act Office is responsible for:

- The correct reception, processing and monitoring of the documentation in accordance with the MHA and associated Code of Practice (2008) as outlined in Appendices 4 and 5.
- Providing advice and information regarding the management of the patient in relation to the law.
- Co-ordinating the process, when a detained patient appeals to the MHA Review Tribunal. To collect and collate necessary reports.
- Providing guidance to the Non-Executive Directors in the discharge of their duties under law.
- Providing educational training and awareness sessions for relevant staff.
- Providing information resources for the PSC’s.
- Ensuring the relevant clinical team is kept fully appraised of any changes to the status of patients detained under a section of MHA.
4.8 **Quality Assurance Lead**

- Will be informed by email from the PSC of any patient detained under the MHA or application to do so.
- Will be informed by email from the PSC of the death or Absence Without Leave of any patient detained under the MHA.
- Will ensure that CQC registration requirements in relation to mental health are maintained.
- Will maintain a central register of all patients detained by the Trust under the MHA on behalf of the Director of Quality and Effectiveness
- Will notify the CQC of the death or AWOL status of a patient detained in the Trust under the MHA.

5. **Definitions**

The **Mental Health Act 1983** is an Act of the Parliament of the United Kingdom which applies to people in England and Wales. It covers the reception, care and treatment of mentally disordered persons, the management of their property and other related matters.

**Mental disorder**: any disorder or disability of the mind (DoH 1983)

**Responsible Clinician**- The Responsible Clinician is the Approved Clinician who will have overall responsibility for the patient’s treatment for mental disorder. They must be trained and registered as an Approved Clinician under the terms of the MHA and would usually be a Consultant Psychiatrist.

**Approved Clinician**- A mental health professional approved by the Secretary of State for Health to act as an Approved Clinician for the purposes of the MHA.

**Detention**- refers to a patient who is held compulsorily in hospital under the MHA for a period of assessment or medical treatment.

**Hospital managers**- In the context of the MHA refers to the individual or body responsible for a particular hospital.

**Mental Capacity Act (MCA)**- The Mental Capacity Act 2005, which provides a legal framework for decision-making in relation to people who lack capacity to take particular decisions for themselves.
6. Detention under the MHA

6.1 MHA and Consent to Treatment

6.1.1 Any individual with capacity has the right to refuse treatment for whatever reason, whether religious, cultural or personal. Refusal to comply with such patient wishes may constitute assault. There are exceptions to this basic principle, particularly relating to patients with mental disorder.

6.1.2 Not all detention sections of the MHA allow compulsory treatment for mental disorder. Clear advice must be sought from the Registered Clinician involved in the patient’s care or the MHA Office at St Nicholas’ Hospital. The compulsory treatment of physical conditions using the MHA can only take place in very specific situations where the condition is linked to the mental disorder. If treatment for a physical condition needs to be given against the patient’s wishes then the Mental Capacity Act and Deprivation of Liberty provisions should be applied.

6.1.3 The MHA places considerable onus on the Managers of the detaining Trust to provide information and assistance to patients in relation to their detention and rights. Good practice in this area is guided by the Code of Practice (DOH 2008).

6.1.4 Rights of appeal exist to an independent tribunal and also directly to the Mental Health Act Office.

6.1.5 The MHA states that dependence on alcohol or drugs is not considered to be a disorder or disability of the mind and that there are therefore no grounds under the Act for detaining a person in hospital on the basis of alcohol or drug dependence alone.

6.2 The Process of Detention

The MHA contains legislation that allows the compulsory admission, detention and treatment of those suffering from mental disorder; it also includes mechanisms to safeguard the rights of patients.

The process of detention is laid down in law and must be complied with to ensure that actions are lawful. This will comply with good practice and avoid the risk of litigation for false imprisonment or assault that could arise from failure to correctly apply the law.

Applicable MHA sections include:

5(2) - Holding power for 72 hours by Doctor (Consultant or Responsible Clinician)
2 - Detention for 28 days for assessment of mental disorder (Responsible Clinician)
3  - Detention for 6 months (Responsible Clinician)
4  - Detention for 72 hours by one clinician in exceptional circumstances
136 - Removal by Police to designated Place of Safety (may include the Emergency Department)

The Trust process is outlined in Appendix 1 and summarised below:

6.2.1 The emergency decision to detain a patient using the MHA can only be made clinical staff with the authority to do so.

6.2.2 Each patient detained must have a Responsible Clinician allocated via the Psychiatric Liaison team and documented in the medical record.

6.2.3 When this decision has been made by the appropriate person the nurse in charge of the ward must inform the PSCs, the patient’s Consultant and the Directorate Management team.

6.2.4 The decision to hold or detain with the date and time of detention must be documented in both the nursing and medical notes.

6.2.5 The necessary documentation should be obtained from the PSC and the correct detention forms and documentation completed as outlined in Appendices 3 and 4.

6.2.6 Completed forms should be sent by taxi to the MHA department and photocopies placed in patient records.

6.2.7 The PSC notes that MHA section documentation has been issued and sends a notification to the Quality Assurance Lead.

6.2.8 If a patient detained by the Trust dies or is absent without leave the Quality Assurance Lead must be informed so that the CQC can be notified as required.

6.3 Resource Information

Within the Trust a number of MHA Resources are available, which guide staff through the process, and ensure the availability of the necessary legal documents which are available from the PSCs on both sites (and links through policy).

This policy and the resources must be referred to whenever a patient of The Newcastle upon Tyne Hospitals NHS Foundation Trust is being detained in accordance with the MHA, and can be accessed by contacting the PSC for the relevant site. The PSC Matron is responsible for ensuring that these resources are kept up to date in liaison with the MHA Office, NTW.
6.4 Patient and relative information

The MHA requires that managers ensure that patients who are detained under the Act understand important information about how it applies to them. Information must be given to the patient both orally and in writing and must be given in a way that the patient understands.

The MHA also requires that the patient’s nearest relative is given a written copy of any information given to the patient unless the patient requests otherwise. The nearest relative should also be told when the detention period is completed.

6.5 Notifications

The Trust must notify the Care Quality Commission (CQC) of the death or unauthorised absence of patients detained or liable to be detained under the MHA. In this instance the unauthorised absence of a detained person becomes notifiable to the CQC when the person is still absent after midnight on the day their absence began.

In the event of a death of unauthorised absence of a patient detained, the Quality Assurance Lead must be informed so that the CQC is notified as required.

6.6 Reporting and Record Keeping

The following table summarises the responsibilities for reporting and recording:

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of written documentation of the detention of a patient will be</td>
<td>Medical Staff to ensure this information is recorded in Clinical Records</td>
</tr>
<tr>
<td>required in the Medical and Nursing Notes.</td>
<td></td>
</tr>
<tr>
<td>Circumstances leading to detention under the MHA and which part and</td>
<td>Nursing staff to ensure this information is recorded in the patient’s care plan.</td>
</tr>
<tr>
<td>section of the Act.</td>
<td></td>
</tr>
<tr>
<td>Allocation of a Responsible Clinician to each patient.</td>
<td>Medical Director via Psychiatric Liaison Team</td>
</tr>
<tr>
<td>Ensuring that the relevant documentation is correctly forwarded to the</td>
<td>PSC</td>
</tr>
<tr>
<td>MHA Office, and that photocopies have been retained in the patient’s</td>
<td></td>
</tr>
<tr>
<td>clinical records. Ensuring that all necessary steps have been completed</td>
<td></td>
</tr>
<tr>
<td>using the checklist at Appendix 2. Notifying the Quality Assurance Lead</td>
<td></td>
</tr>
<tr>
<td>that a patient has been detained.</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Co-ordinating the process, when a detained patient appeals to the MHA Review Tribunal. To collect and collate necessary reports.</td>
<td>MHA Office, NTW</td>
</tr>
<tr>
<td>Providing guidance to the Non-Executive Directors in the discharge of their duties under law.</td>
<td>MHA Office, NTW</td>
</tr>
<tr>
<td>Providing educational training and awareness sessions for key staff.</td>
<td>The Newcastle upon Tyne Hospitals NHS Foundation Trust in collaboration with NTW Trust.</td>
</tr>
<tr>
<td>Providing MHA documentation resources for the PSC</td>
<td>MHA Office, NTW</td>
</tr>
<tr>
<td>Ensure the relevant Clinical Team is kept fully appraised of any changes to the status of patients detained under a section of Mental Health Act 1983</td>
<td>MHA Office, NTW</td>
</tr>
<tr>
<td>Notifying the CQC of the death or unauthorised absence of a person who is detained or liable to be detained under the MHA.</td>
<td>Quality Assurance Lead</td>
</tr>
</tbody>
</table>

7. **Training**

Training will be delivered via the MHA Office to the PSCs and other key members of staff as required and when there are any changes to the legislative process.

8. **Equality and Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9. **Monitoring compliance with the policy**

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By: Quality Assurance Lead</th>
<th>Committee: Corporate Governance Committee</th>
<th>Frequency: Bi-monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring the application of the Mental Health Act in the Trust</td>
<td>Report each occasion the Mental Health Act has been applied and any reports made to the CQC</td>
<td>Quality Assurance Lead</td>
<td>Corporate Governance Committee</td>
<td>Bi-monthly</td>
<td></td>
</tr>
</tbody>
</table>
10. Consultation and review

The policy has been reviewed taking into account the local requirements of both the Newcastle upon Tyne Hospitals NHS Foundation Trust and the Northumberland, Tyne and Wear Mental Health Trust. The statutory requirements of the Care Quality Commission regarding the detention and notification process have also been taken into account.

The policy has been reviewed by the Director of Nursing and Patient Services, the Director of Quality and Effectiveness, the Patient Services Co-ordinator Matron, the Mental Capacity Act/Deprivation of Liberty Lead and representatives from NTW.

11. Implementation

The reviewed policy will be implemented by meeting with the PSC Matron, Managers on Call, Senior Clinicians and other key staff and by inclusion in the Trust Policy newsletter and presentation to the appropriate Nursing, Patient Services and other clinical and professional forums.

12. References

- The Mental Health Act 1983 (as amended by the Mental Health Act 2007)
- Mental Health Act Code of Practice 2008
- Mental Capacity Act 2005

13. Associated documentation

- Consent policy
- Deprivation of Liberty Policy
- Mental Capacity Act
- Restraint Policy
Appendix 1: MHA process

Patient reviewed by Doctor with authority or Responsible Clinician

Decision to detain patient under appropriate section of the Mental Health Act

Nurse in Charge documents in nursing notes and informs:

Consultant

Patient Services Co-ordinator

Directorate Management Team via Matron

Resource Pack

Informs Psychiatric Liaison Team

Forms completed by Dr. with authority as required for MHA section- see Appendix 2

Allocates Responsible Clinician

Original forms sent by taxi to MHA dept by PSC

MHA dept co-ordinates MHA tribunal, informs of any change in status of detained patients and maintaining database

PSC informs Quality Assurance Lead for central record and CQC notification

Documents in medical notes

Liaises with Responsible Clinician as required

Forms photocopied and filed in patient’s medical records
**Appendix 2**

**Checklist for patients detained under the Mental Health Act in Newcastle Hospitals**

The Mental Health Act (1983) applies to any patient over 18 who are judged to need to be detained by the Trust. It is important to follow correct procedures when a patient is detained to ensure the rights of the individual are recognised and the obligations of the Trust delivered. This checklist is intended to assist with ensuring that the procedures are followed.

<table>
<thead>
<tr>
<th>Action required</th>
<th>Action completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision made to detain patient by clinician with authority to do so.</td>
<td></td>
</tr>
<tr>
<td>Nurse in Charge must inform the Patient Service Co-ordinator who then ensures that the following actions are completed.</td>
<td></td>
</tr>
<tr>
<td>Nurse in charge documents in nursing notes.</td>
<td></td>
</tr>
<tr>
<td>Consultant informed.</td>
<td></td>
</tr>
<tr>
<td>Consultant or deputy documents in medical notes.</td>
<td></td>
</tr>
<tr>
<td>Directorate Management team informed via Matron.</td>
<td></td>
</tr>
<tr>
<td>Responsible Clinician allocated via Psychiatric Liaison team.</td>
<td></td>
</tr>
<tr>
<td>Executive Director informed</td>
<td></td>
</tr>
<tr>
<td>MHA section forms completed by clinician with authority to do so.</td>
<td></td>
</tr>
<tr>
<td>Section forms photocopied and filed in patient medical notes.</td>
<td></td>
</tr>
<tr>
<td>Original section forms sent by taxi to MHA Dept St. Nicholas Hospital by the PSC.</td>
<td></td>
</tr>
<tr>
<td>Information leaflet given to patient.</td>
<td></td>
</tr>
<tr>
<td>Information leaflet given to nearest relative.</td>
<td></td>
</tr>
<tr>
<td>PSC informs Quality Assurance Lead of patient detention via email</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Mental Health Act Guide for Informal Patients in Hospital - Newcastle Hospitals

Patient needs to be detained in hospital for mental disorder (assessment or treatment).

**Contact:**
Liaison Team RVI 9-5: ext. 24842
After hours: on call SPR via 0 to mental health switch board

Consider which section of the MHA is most appropriate. (Patients may already be detained and arrive on the ward on one of these sections transferred from another hospital, they may also be on Section 17 leave).

**Note:** Where patients are transferred (on section 17 leave) into the hospital from mental health wards under a section of the MHA they are 'detained' to the mental health trust who carry this responsibility - liaison with them is imperative.

<table>
<thead>
<tr>
<th>Section of MHA</th>
<th>Description</th>
<th>Lasts for</th>
<th>Treatment</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>5(2)</td>
<td>Holding Power - used by Doctor (with authority - consultant or nominated deputy) or RC</td>
<td>72 hours</td>
<td>Normal consent rules apply. MCA may authorise treatment for mental disorder. Cannot be transferred, no leave.</td>
<td>Doctor (should be section 12 approved)</td>
</tr>
<tr>
<td>2</td>
<td>Detention for assessment for mental disorder. Patient must have an RC</td>
<td>28 days</td>
<td>Treatment for mental disorder rules apply. MCA cannot authorise treatment for mental disorder</td>
<td>RC, NR, MHT, HM</td>
</tr>
<tr>
<td>3</td>
<td>Detention for Treatment of mental disorder. Patient must have an RC</td>
<td>6 months +</td>
<td>Treatment for mental disorder rules apply (+ SOAD or consent after 3 months - T2 or T3 forms kept with drug card). MCA cannot authorise treatment for mental disorder</td>
<td>RC, NR, MHT, HM</td>
</tr>
<tr>
<td>4</td>
<td>Detention for assessment in cases of urgency necessity; requires only 1 medical recommendation</td>
<td>72 hours</td>
<td>Normal consent rules apply. MCA may authorise treatment for mental disorder. Can be transferred</td>
<td>RC, NR, MHT, HM</td>
</tr>
</tbody>
</table>

Consider the use of the Mental Capacity Act 2005 (especially when treatment is for physical illness). Is the MCA to be used?

**Yes**

Where restraint is used, along with other restrictive factors, consider if this amounts to a Deprivation of Liberty & seek advice.

**Contact:** Kingsley Straker 0191 28 29336; out of hours - Patient Services Co-ordinator 28 29460

<table>
<thead>
<tr>
<th>Section of MHA</th>
<th>Description</th>
<th>Lasts for</th>
<th>Treatment</th>
<th>Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>136</td>
<td>Place of safety - see separate flowchart</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurse in charge or doctor must give an information leaflet to the patient and the nearest relative (corresponding to the applicable section - available in PIC website [http://www.ntw.nhs.uk/pic/mha.php](http://www.ntw.nhs.uk/pic/mha.php) and explain rights. Complete Form H3A and send a copy to the MHA Office. Information to patients should be revisited regularly and recorded on Form H3B.

Patient must have an RC allocated (it is unlikely there are any AC’s / RC’s in Acute hospitals therefore you must liaise with mental health via liaison psychiatry **NOTE:** some interventions can only be legally carried out by the patient’s RC e.g. Leave

AC must record capacity to consent to treatment and if they consent to treatment or not.

If the patient is to leave the ward the AC must grant them leave to do so using H17 Local

The detention period can be renewed for a Section 3 only Form H5. If transferred to another hospital in your Trust complete Form H4A, if outside your Trust Form H4

Discharge from detention must happen (as above) before discharge from hospital Form H23.

**Abbreviations:**
- **RC** - Responsible Clinician, the person in charge of the patient’s care for their mental disorder, any RC must be a qualified Approved Clinician (AC).
- **NR** - Nearest Relative
- **MHT** - Mental Health Tribunal
- **HM** - Hospital Managers
- **SOAD** - Second Opinion Approved Doctor

**Contact for advice & guidance:**
Mental Health Act Office, St Nicholas Hospital, Newcastle.
Tel 0191 2232731; Fax 0191 2232476
Liaison Team RVI 9-5: ext. 24842
After hours: on call SPR via 0 to mental health switch
### Section 136 Mental Health Act 1983

<table>
<thead>
<tr>
<th>Section 136 Mental Health Act 1983</th>
<th>Lasts for</th>
<th>Treatment</th>
<th>Transfer</th>
<th>Advice Guidance</th>
</tr>
</thead>
</table>
| Police Power to remove a person from a public place to place of safety (PoS) when appearing to be suffering from a mental disorder and in immediate need of care or control. | 72 hours starting when the person arrives at PoS | Normal consent rules apply; Mental Capacity Act can be used to authorise treatment for mental disorder | Can be transferred to another PoS during the 72 hours | Liaison Team 9-5: via NTW switch x24824  
After hours: on call SPR x820, or 0.  
Mental Health Act Office, St Nicholas Hospital, Newcastle.  
Tel 0191 2232731; Fax 0191 2232476  
Memorandum of understanding exists for 136 place of safety xxlink |

**Places of safety** -  
Place of Safety Suite within a mental health hospital - preferred PoS  
Police station - when aggressive/violent  
Emergency Dept - when physical treatment / assessment is required; only where this is consistent with concerns about urgent healthcare requirements. The ED may be used if all other PoS suite’s are not available.

PoS - Place of Safety  
ED - Emergency Department  
AMHP - Approved Mental Health Professional  
FME - Force Medical Examiner  
RMP - Registered Medical Practitioner

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Where the PoS identified is the Emergency Department (ED) the police, S.136 coordinator or the ambulance crew should inform the ED coordinator prior to the arrival of a patient and explain the medical need for attendance.

Police officers will confirm if the person is detained under S136 or under arrest for a criminal offence. The police officer(s) will remain with the patient throughout the assessment process in ED, to a conclusion or until transfer to another PoS. The monitoring form should be commenced jointly xxlink to form.

ED staff should contact an AMPH as it would not necessarily be known upon arrival at ED how long the patient will remain there xxcontacts for duty AMHP

The AMHP should liaise with ED to co-ordinate the timing of any MH assessment. This could occur in the ED if the patient would need to remain there for some time; or; delayed for the short-period because the person will be safely transferred to another PoS and the assessment better conducted there. Any relevant medical treatment plans following ED attendance should be given to the RMP in attendance at the PoS, this process should be facilitated by the AMHP.

If the patient is going to remain in the ED for some time for medical management then it is highly likely that they are not going to be able to have a formal MHA assessment at that point. It is also likely that they are going to be admitted for ongoing in-patient medical care and this will be facilitated within 4 hours in all but exceptional clinical circumstances. If a patient is able to be promptly medically managed and, from an ED point of view, treatment is completed, then the patient should be transferred from the ED at the earliest opportunity. The patient should not be kept in the ED beyond that point awaiting MHA assessment in the ED.

Any time spent at ED needs to be included in the overall 72 hours maximum assessment period.

Anyone removed to ED and accepted there for assessment / treatment, should be informed of their rights whilst detained. This will be done verbally and by the provision of a ‘rights leaflet’ xxlink to leaflet

If it is possible for the ED staff to manage the physical healthcare requirements, rule out a medical or psychiatric emergency and or confirm that the person is considered ‘fit for discharge’ from ED, then the person should be considered for transfer to a ‘place of safety’ for conclusion of the mental health (act) assessment.

If the patient is discharged from ED but remains in detention under S136 for MH assessment elsewhere, it will be the responsibility of the ED staff to ensure the transmission of relevant information which may be required by PoS staff, police custody officers or the FME. This should not be done via the arresting officers.
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Patients Detained under the Mental Health Act 1983</th>
<th>Policy Author:</th>
<th>Karen Lapworth</th>
</tr>
</thead>
</table>

1. Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)

- Race * No
- Ethnic origins (including gypsies and travellers) No
- Nationality No
- Gender * No
- Culture No
- Religion or belief * No
- Sexual orientation including lesbian, gay and bisexual people * No
- Age * No
- Disability – learning difficulties, physical disability, sensory impairment and mental health problems * No
- Gender reassignment * No
- Marriage and civil partnership * No

2. Is there any evidence that some groups are affected differently? No

3. If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable? No

4(a). Is the impact of the policy/guidance likely to be negative? (If "yes", please answer sections 4(b) to 4(d)). No

4(b). If so can the impact be avoided? No

4(c). What alternatives are there to achieving the policy/guidance without the impact?

4(d) Can we reduce the impact by taking different action?

Comments: 

Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: Karen Lapworth, Quality Assurance Lead

Date: 2nd January 2013

Names & Designations of those involved in the impact assessment screening process: Helen Lamont- Director of Nursing and Patient Services, Angela O’Brien- Director of Quality and Effectiveness.

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.