Section 1

Section 136

Mental Health Act 1983

|  |  |
| --- | --- |
| **CAD No.** |  |

**To be Completed by Police**

Section 136 Mental Health Act 1983

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time of detention: |  |
| Place detained: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  | Forename(s): |  |
| Address: |  | | |
| Place of birth: |  | Date of Birth: |  |
| Gender: |  | Ethnicity: |  |

|  |  |  |
| --- | --- | --- |
| PNCid: |  | Check box if no trace: |

Before deciding to remove a person to, or to keep a person at, a place of safety under [s136(1)], the constable must, if it is practicable to do so, consult:

(a) a registered medical practitioner

(b) a registered nurse

(c) an approved mental health professional

(d) a person of a description specified in regulations made by the Secretary of State.

(e) if constable has not managed to consult, please provide reasoning below:

|  |
| --- |
|  |

Details of relative or friend:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | | Relationship: |  |
| Address: | |  | | |
| Telephone No: | |  | | |
| Informed? Yes  No | | | | |

For the information of staff at the place of safety or in A & E, please complete the questions below:

Since detention has the person received any medical attention prior to arrival at a place of safety?

Yes  No

If 'Yes', describe (**where relevant inc. PNC warning signals**):

|  |
| --- |
|  |

**For use by Police and Health Based Place of Safety Provider**

**RISK ASSESSMENT MATRIX**

|  |  |  |
| --- | --- | --- |
| **LOW RISK** | **MEDIUM RISK** | **HIGH RISK** |
| **Current / recent indicators of risk** | **Current / recent indicators of risk** | **Current / recent indicators of risk** |
| No currently present behavioural indicators (other than very mild substance use)  **AND**  No recent criminal / medical indicators that the individual is violent OR poses and escape risk OR is a threat to their own or anyone else’s safety  **OR** | Some currently presented behavioural indicators (including substance use)  **AND / OR**  Some recent criminal / medical indicators that the individual may be violent OR poses an escape risk OR is a threat to their own or anyone else’s safety  **BUT** | Currently presented behavioural indicators (including significant substance intoxication)  **OR**  Significant recent criminal or medical indicators that an individual is violent AND poses an escape risk OR is an imminent threat to their own or anyone else’s safety OR |
| **Previous indicators** | **Previous indicators** | **Previous indicators** |
| Which are few in number AND historic OR irrelevant;  **BUT**  Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people | Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people  **OR**  LOW RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged. | Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people  **OR**  LOW or MEDIUM RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged. |
| **Police support is NOT required** | **Police support MAY be required** | **Police support is VITAL** |

* Where there is dispute regarding the risk assessment, as detailed within this matrix, it will be escalated by the staff on duty using the agreed multi-agency escalation practice guidance for resolution. Where the police feel that the NHS have insisted upon support inappropriately or where the NHS feel the police have provided too much or too little support, potential lessons learnt will be shared via the Partnerships in Crisis Concordat Practice Group.

**To be Completed by Police and Health Based Provider**

**JOINT RISK ASSESSMENT**

**Has the person been restrained/tasered/incapacitant spray?** Yes  No

**Is the person under the influence of drugs and/or alcohol?** Yes  No

**Has the person been searched with:**

A metal detectorBody search

**Has the person been searched for the following:**

**Drugs/Alcohol?** Yes  No

**Bladed or Foreign Objects?** Yes  No

**Any other risk factors that staff should be aware of (consider self-harm, suicide, physical aggression, impaired judgement, self-neglect, absconding, overdose, takes medication)**

Yes  No

If 'Yes', describe:

|  |
| --- |
|  |

To assist staff at A & E or the place of safety, give a brief account of the behaviour or crisis that led to the decision to detain using Section 136 – (**additional sheet if more space required to detail on page 9 (Part C of this form**)

|  |
| --- |
|  |

Body Worn Video Used? Yes  No

Patient belongings handed over to POS staff and recorded Yes  No

|  |
| --- |
|  |

Details of place of safety/hospital to which taken:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

If not taken to a s136 suite, explain why:

No 136 suite exists locally

S136 suite full

Attended ED (Requires Medical Clearance)

Attended ED (Signs of Acute Behavioural Disturbance (ABD)

Other (explain)

|  |
| --- |
|  |

Method of transport to place of safety/hospital to which taken:

AMB  Police Vehicle  Other

If transport was not by AMB this was because:

Violent/Danger

AMB not available/delayed

Arrival at A&E or the place of safety:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome:**  Low Risk  Medium Risk  High Risk  Low Risk  Medium Risk  High Risk  Low Risk  Medium Risk  High Risk | | Hourly review: | | Time:……………/……………..  Time:……………/……………..  Time:……………/…………….. |
| Time police left: | | | | |
| Officer reporting *(Signature):* | | Warrant No: | | |
| Print Name: | Rank/Div. No: | | | Station: |
| Member of staff at A & E or place of safety who received the person: | | | | |
| Print Name: | | | Member of Staff *(Signature):* | |

Now record any additional grounds for using Section 136 on the third sheet (Part C) of this set.

Retention period: 7 years

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**To be Completed by DSN**

Did the police arrive announced or not? Yes  No

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Person detained** - Surname | | | | | Forenames(s) | | | | |
| **Rights leaflet was given and read at:** | | | | Date:  (DD/MM/YYY): | | | | Time  (XX:XX hours): | |
| Professional | | | | **Contacted at** | | | | **Arrived at** | |
| **Date (DD/MM/YYY)** | **Time (XX:XX hours)** | | | **Date (DD/MM/YYY)** | **Time (XX:XX hours)** |
| **AMHP** | | | |  |  | | |  |  |
| **First Doctor** | | | |  |  | | |  |  |
| **Second Doctor** | | | |  |  | | |  |  |
| **If there were any delays, please state the reason on the next page** | | | | | | | | | |
| **Details of friend or relative:** | | | | | | | | | |
| Name: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| Tel No: | |  | | | Informed? Yes  No | | | | |
| Assessment completed at: | | | | Date (DD/MM/YYYY) | | | | Time (XX:XX hours) | |
| Patient discharges from Place of Safety at: | | | | Date (DD/MM/YYYY) | | | | Time (XX:XX hours) | |
| Was the first doctor approved under Section 12 MHA? Yes  No | | | | | | | | | |
| Is the person on medication? Yes  No  Unknown | | | | | | | | | |
| Any serious untoward incident following detention include in Place of Safety? Yes  No | | | | | | | | | |
| If yes, please complete one of the following boxes and give details | | | | | | | | | |
| Minor self-harm  Self harm requiring medical attention  Assault  Absconding | | | | | | | | | |
| Other  Please state | | | | | | | | | |
| Details: | |  | | | | | | | |
| **Transfer from one Place of Safety to another Place of Safety prior to S136 assessment being completed?**  Yes  No | | | | | | | | | |
| Name of Unit: | | |  | | | | | | |
| Arrival at second Place of Safety at: | | | | Date (DD/MM/YYYY) | | | | Time (XX:XX hours) | |
| Reason for transfer: | | |  | | | | | | |
| Was there a further transfer? Yes  No  If yes, record above information on the back of the form | | | | | | | | | |
| **Arrangement made after initial assessment** | | | | | | | | | |
| Was not suffering from mental disorder and was discharged | | | | | | | | | |
| Was suffering from a mental disorder and was discharged but: | | | | | | | | | |
| 1. No follow up was required | | | | | | | | | |
| 1. Follow up was arranged | | | | | | | | | |
| Was admitted or transferred on an informal basis | | | | | | | | | |
| Or under MHA Section 2  3  Other  (please state) | | | | | | |  | | |
| To | Ward: | | | | | Hospital: | | | |
| Arrived on ward | | | | Date (DD/MM/YYYY) | | | | Time (XX:XX hours) | |
| Signed:  (person completing form) | | | |  | | | | Print name: | |
|  | | | | Date (DD/MM/YYYY) | | | | Time (XX:XX hours) | |

**Physical Health Checks –**

BP………………………Temp…………………. Sats…………… Resps………………… Pulse………………. Breathalysed (Yes/No)……………….. UDS (Yes/No)

*(Repeat Four Hourly)*

- For completion by health care staff at the place of safety Section 136 MHA Communications and Monitoring Information

- Detention under S136 is now for up to 24 hours and can be extended for a further 12 hours at the request of the assessing medical practitioner.

- See next page if additional 12-hour period required.

**To be completed by doctor - as and where necessary**

**Mental Health Act 1983**

**Extension of Section 135 or Section 136**

I am (*PRINT full name*)

|  |
| --- |
|  |

and I am the registered medical practitioner who is responsible for the examination of

*(PRINT full name of patient)*

|  |
| --- |
|  |

currently detained under section 135 / 136 at

(*PRINT full address of place of safety)*

|  |
| --- |
|  |

which is a:-

(a) Health Based Place of Safety

(b) Police station and it is intended for the assessment to take place at the police station

(c) Private Dwelling

*(delete as appropriate)*

It appears to me that the assessment cannot be completed within 24 hours due to the following reason(s):-

(*The full reason(s) why the patient’s physical or mental condition prevents an assessment must be given. A delay in attendance by an Approved Mental Health Professional or medical practitioner is not a valid reason for extending detention)*

|  |
| --- |
|  |

***Continue overleaf***

Name of patient:……………………………………..

|  |  |  |
| --- | --- | --- |
| The detention under S135/6 began at | Time (XX:XX hours) | Date (DD/MM/YYYY) |

*(Date and time of the initial admission to a Place of Safety)*

|  |
| --- |
|  |

I authorise the extension for a period of hours *(maximum extension 12 hours)*

|  |  |  |
| --- | --- | --- |
| The extension period will expire at | Time (XX:XX hours) | Date (DD/MM/YYYY) |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_

Registered Medical Practitioner

**The following MUST also be completed if the patient is detained at a police station and an extension is required:**

I am (*PRINT full name*)

|  |
| --- |
|  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_

Police Officer *(if applicable)*

**Additional Sheet for detail of how circumstances surrounding S136 as outlined – Part C**

Section 136 Mental Health Act 1983

|  |  |
| --- | --- |
| CAD No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Time: |  | Custody No. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | Forename(s): |  | | |
| Address: |  | | | | | |
| Place of birth: |  | | Date of Birth: |  | | |
| Gender: |  | EA Code |  | | SDE code: |  |

|  |  |  |
| --- | --- | --- |
| PNCID: |  | Check box if no trace: |

**IF RESPONSIBILITY OF CARE IS TRANSFERRED BETWEEN AGENCIES DURING THE PERIOD OF DETENTION A COPY OF THIS FORM MUST BE “HANDED OVER” WITH THE PATIENT**

**A COPY OF THIS FORM SHOULD BE SENT TO THE RELEVANT TRUST MENTAL HEALTH LAW OFFICE**

**To be Completed by Police as and when necessary**

Record full grounds and circumstances for detaining using Section 136 including a full description of the detainee (No EAB

is required)

# …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………...…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Further grounds and circumstance may be recorded overleaf

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