



**AGENDA ITEM**

3.1.2

**MENTAL HEALTH ACT MONITORING COMMITTEE**

**MENTAL HEALTH ACT MONITORING  
ACTIVITY REPORT FOR QUARTER 2 ( JULY-SEPTEMBER 2021)**

<b>Date of meeting</b>	3 November 2021	
<b>FOI Status</b>	Open/Public	
<b>If closed please indicate reason</b>	Not Applicable - Public Report	
<b>Prepared by</b>	Mrs Alison Thomas -Mental Health Act Team Leader	
<b>Presented by</b>	Mrs Alison Thomas -Mental Health Act Team Leader	
<b>Approving Executive Sponsor</b>	Executive Director of Primary, Community & Mental Health	
<b>Report purpose</b>	FOR DISCUSSION / REVIEW	
<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Mental Health Act office staff		SUPPORTED



ACRONYMS	
MHA	Mental Health Act
CTMUHB	Cwm Taf Morgannwg University Health Board
CAMHS	Child & Adolescent Mental Health Services
CTO	Community Treatment Order
RC	Responsible Clinician
AC	Approved Clinician
AMHP	Approved Mental Health Professional
CoPW	Code of Practice for Wales
PICU	Psychiatric Intensive Care Unit
POW	Princess of Wales Hospital
RCT	Rhondda Cynon Taf
CMHT	Community Mental Health Team

## Summary

There has been an increase in detentions within both the Adult and Older Persons service between Q1 and Q2 whilst the CAMHS detentions remained the same.

There has been 1 occasion in the use of Section 4 and 1 use of Section 5(4) in this reporting period both applied on weekdays and within working hours.

There were 2 fundamentally defective errors, the details of which are included at the end of this report and which will be considered by the monitoring committee when it meets on 3<sup>rd</sup> November 2021.

## 1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to present activity data regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q2 (July – September 2021/2022).



- 1.2 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.3 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.4 A Glossary of terms is attached for ease of reference (Appendix 2.)

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THE COMMITTEE (ASSESSMENT)**

- 2.1 This quarterly MHA activity report is distributed to members of the MHA Operational Group Meeting and is considered at individual Clinical Service Group Quality & Risk meetings. Trends are monitored to highlight and manage any risks to the organisation.

### **2.2 Adult Detentions**

There has been an increase in the total number of detentions, which has risen from 108 to 123 between Q1 and Q2. The number of Section 2 detentions increased from 56 to 64 with the number of Section 3 detentions increasing from 20 to 25.

The figures are split by localities as follows:

In Merthyr detentions decreased by 4.55% from 22 in Q4 to 21 in Q1.

In Cynon detentions decreased by 33.33% from 18 to 12.

In Bridgend detentions increased by 116.67% from 18 to 39.

In Taff Ely detentions decreased by 47.82% from 23 to 12.

In Rhondda detentions increased by 27.27% from 11 to 14.

Out of area detentions increased by 43.75% from 16 to 23.

Section 4 emergency application was applied on one occasion in Q2. The patient was from the Merthyr area and the detention occurred during working hours on a Wednesday. Their RC regraded the patient to informal status the following day.

There was 1 occasion when the nurses' holding power under Section 5(4) was applied in the Royal Glamorgan Hospital during working hours on a Tuesday.



The patient was assessed by a doctor within the 6-hour period and regraded to informal status.

## **Older Persons Detentions**

The total number of detentions in Older Persons increased from 28 in Q1 to 29 in Q2, a 3.57% increase, with variance across the localities as below:

In Merthyr detentions decreased from 6 to 4 – a 33.33% decrease

In Bridgend detentions decreased from 8 to 6 – a 25% decrease

In Cynon detentions decreased from 10 to 3 – a 70% decrease

In Taff detentions increased from 2 to 8 – a 300% increase

In Rhondda detentions increased from 2 to 5 – a 150% increase

Out of area detentions increased from 0 to 3.

## **2.3 CAMHS Detentions**

CAMHS remained the same with 11 new detentions in Q1 and 11 in Q2.

In Q2, the 11 detentions were from the following Health Boards (4 from Aneurin Bevan, 3 from Cardiff and Vale UHB, 1 from Swansea Bay UHB and 3 from CTM UHB).

Out of the 11, 1 young person was detained on an Adult ward within a Mental Health Unit and 1 on a paediatric ward within the Health Board.

## **2.4 Community Treatment Orders (CTO)**

There were 4 new CTOs applied in Q2 compared with 3 in Q1, a 33.33% increase.

In Q2, there were 9 CTOs extended, 2 recalled, 1 recalled and revoked. 4 patients were discharged from detention under CTO.

There were 28 CTOs in place at the end of Q2 on 30<sup>th</sup> September 2021.

## **2.5 Use of Section 135/136 Police Powers**

Section 136 detentions increased from 57 in Q1 to 63 in Q2.

Section 135 detentions in Q1 was 3 and there were none in Q2.

Use of Section 135 and 136 by area for Q1 2021/2022



Area	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Taff	7.75	8	5
Rhondda	10	11	6
Merthyr	5	8	8
Cynon	3.5	3	13
Bridgend	10.25	22	32
Out of area	2.25	5	4
<b>Total</b>	<b>39</b>	<b>57</b>	<b>67</b>

- The triage scheme that works alongside SWP should ensure that patients are being appropriately sign posted to the correct service rather than receiving a crisis assessment.
- The new electronic forms are helping police officers ask the right questions to patients, which may possibly lead to an increase in informal crisis assessments.

The use of Section 136 will continue to be monitored in the MHA Operational Group meeting. Any trends will be discussed and reported back to the Committee.

## 2.6 Current Challenges

- Issue of Responsible Clinician cover in the Rhondda Older Persons
- S136 training for staff in A&E
- MHA compliance in CAMHS
- Sickness in the MHA office

## KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 2.7 The lack of availability of Consultant cover in both Rhondda and Taff Ely Older Persons has proved problematic for the Mental Health Act department.

The urgent issue of RC cover has resulted in uncertainty of whom to contact for Mental Health Assessments for detained inpatients, which has led to the potential risk of a lapsed detention and failure to adhere to the statutory requirements of the MHA 1983 and Code of Practice for Wales.

- 2.8 Additional staff sickness in the Mental Health Act team has prevented MHA training and updating of Mental Health Act policies from being completed. The priority of the current team is to mitigate the risk of litigation against the Health Board, in relation to invalid detentions and to ensure that patients' rights are safeguarded.

At present, the health and well-being of the staff is a concern.

- 2.9 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports.

### 3. EXAMPLES OF GOOD PRACTICE

- 3.1 A full audit of the statutory documentation for inpatients detained under the MHA 1983 has been finalised. The MHA have streamlined some of their working practices and have provided guidance received from HIW to the acute Mental Health wards in Bridgend, on the correct protocol for filing of detention paperwork.
- 3.2 The Share point page on the Intranet is being further developed, to include training videos on the overview of the Mental Health Act and more detailed training on the use of the holding powers under Section 5(2) and Section 5(4).
- 3.3 Two training events on Mental Health Law have taken place during the quarter for the acute nursing staff in RGH and one specialised event on Hospital Managers Barring Hearings and CTO recalls and revocations. The feedback from all three sessions was extremely positive and beneficial.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	There are no specific quality and safety implications related to the activity outlined in this report.
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.
	If no, please provide reasons why an EIA was not considered to be required in the box below.
	Not required



<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care

## 6. RECOMMENDATION

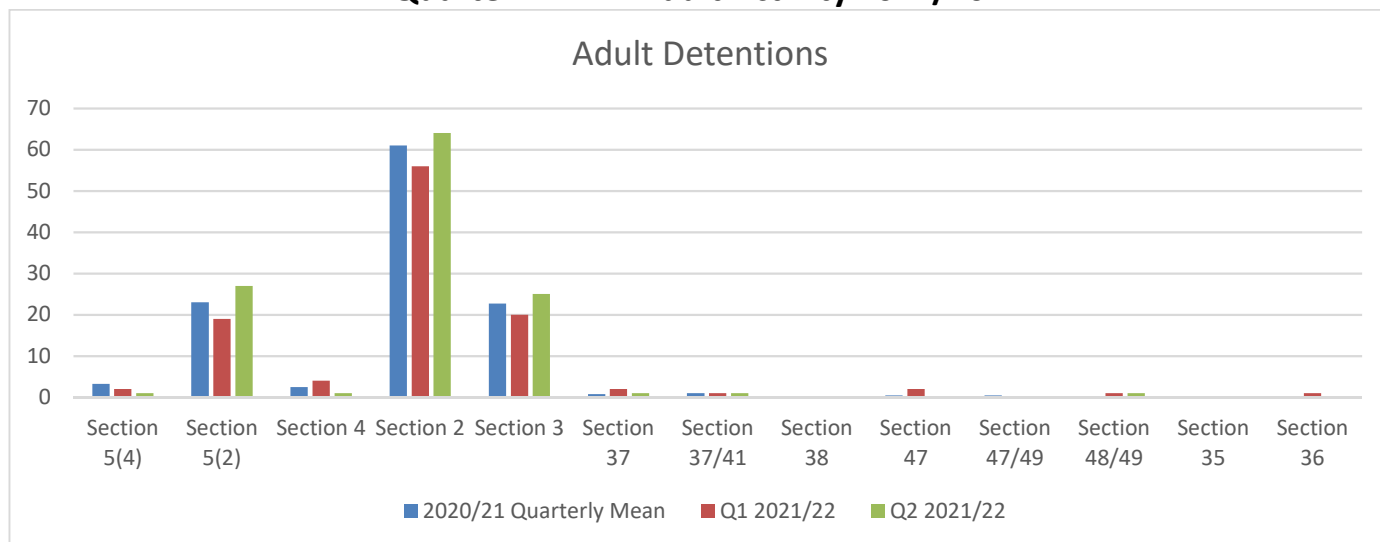
6.1 The MHA Monitoring Committee is asked to:

- **DISCUSS** and **NOTE** the report



## Appendix 1.

### Quarter 2 MHA Adult Activity 2021/2022



### Quarter 2 MHA Adult Activity 2021/2022

Section	2020/21 Quarterly Mean	% of Total	Q1 2021/22	% of Total	Q2 2021/22	% of Total
Section 5(4)	3.25	2.80%	2	1.85%	1	0.83%
Section 5(2)	23	19.83%	19	17.59%	27	22.31%
Section 4	2.5	2.16%	4	3.70%	1	0.83%
Section 2	61	52.59%	56	51.85%	64	52.89%
Section 3	22.75	19.61%	20	18.52%	25	20.66%
Section 37	0.75	0.65%	2	1.85%	1	0.83%
Section 37/41	1	0.86%	1	0.93%	1	0.83%
Section 38	0	0.00%	0	0.00%	0	0.00%
Section 47	0.5	0.43%	2	1.85%	0	0.00%
Section 47/49	0.5	0.43%	0	0.00%	0	0.00%
Section 48/49	0.25	0.22%	1	0.93%	1	0.83%
Section 35	0.25	0.22%	0	0.00%	0	0.00%
Section 36	0.25	0.22%	1	0.93%	0	0.00%
<b>Total</b>	<b>116</b>	<b>100%</b>	<b>108</b>	<b>100.00%</b>	<b>121</b>	<b>100%</b>

### Number of Adult MHA detentions per locality

Area	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Merthyr	15.75	22	21
Cynon	19	18	12
Taff	20.75	23	12
Rhondda	18.25	11	14
Bridgend	26.25	18	39
Out of area	16	16	23





## Quarter 2 MHA Older Persons Activity 2021/2022



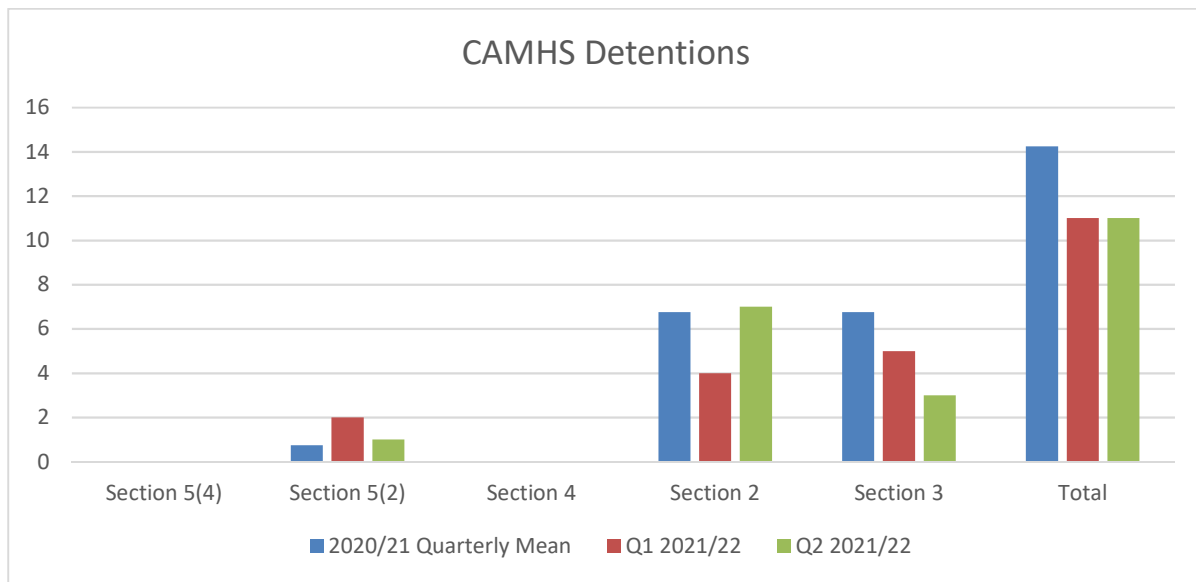
## Quarter 2 MHA Older Persons Activity 2021/2022

Section	2020/21 Quarterly Mean	% of Total	Q1 2021/22	% of Total	Q2 2021/22	% of Total
Section 5(4)	0	0.00%	0	0%	0	0%
Section 5(2)	2.75	7.64%	0	0%	5	17.24%
Section 4	0	0.00%	0	0%	0	0%
Section 2	22	61.11%	16	57.14%	19	65.52%
Section 3	11.25	31.25%	12	42.86%	5	17.24%
<b>Total</b>	<b>36</b>	<b>100.00%</b>	<b>28</b>	<b>100%</b>	<b>29</b>	<b>100%</b>

## Number of Older Persons MHA detentions per locality

Area	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Merthyr	7.25	6	4
Cynon	6.75	10	3
Taff	8.5	2	8
Rhondda	5	2	5
Bridgend	7.25	8	6
Out of area	1.25	0	3

## Quarter 2 CAMHS Activity 2021/2022



### Quarter 2 CAMHS Activity 2021/2022

Section	2020/21 Quarterly Mean	% of Total	Q1 2021/22	% of Total	Q2 2021/22	% of Total
Section 5(4)	0	0.00%	0	0%	0	0%
Section 5(2)	0.75	5.26%	2	18.18%	1	9.09%
Section 4	0	0.00%	0	0%	0	0%
Section 2	6.75	47.37%	4	36.36%	7	63.64%
Section 3	6.75	47.37%	5	45.45%	3	27.27%
<b>Total</b>	<b>14.25</b>	<b>100.00%</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100%</b>

### Number of CAMHS MHA detentions per locality

Area	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Cwm Taf Morgannwg	3.25	1	3
Swansea Bay	1.25	2	1
Cardiff & Vale	4	7	3
Hywel Dda	3.75	1	0
Aneurin Bevan	2	0	4

**Out of the 11 detentions for Q2 - 1 was detained on an Adult Mental Health ward and 1 was on a Paediatric ward.**

In Q1 there was one instance of a CTMUHB CAMHS patient being admitted to an emergency CAMHS bed in Ward F, Neath Port Talbot Hospital between 26/06/2021 and 30/06/2021.

## USE OF SECTIONS AND OUTCOMES for July - September 2021

### Section 5(2) of the Mental Health Act 1983

A 'holding power' can be used by doctors to detain an inpatient in hospital for up to 72hrs for assessment under the Act. This cannot be used in A&E because the patient is not an inpatient. This section can be used by a non-psychiatric doctor on a general medical ward.

S5(2) OUTCOMES	April 21	May 21	June 21	July 21	August 21	September 21
Section 2	1	7	2	5	4	2
Section 3	0	1	1	0	1	1
Informal	3	4	3	8	2	7
Lapsed	1	1	0	0	0	0
Invalid	0	0	0	0	0	0

### Section 2 of the Mental Health Act 1983

The power to detain someone believed to be suffering mental disorder for assessment (and treatment). The order lasts for up to 28 days and cannot be extended or renewed. The patient has a right of appeal against detention to a Mental Health Review Tribunal.

S 2 OUTCOMES	April 21	May 21	June 21	July 21	August 21	September 21
Section 3	7	8	13	11	6	3
Informal	10	15	15	9	11	11
Discharged	7	0	3	9	4	7
Lapsed	0	0	0	0	0	2
Invalid	0	0	0	0	0	1
Transfer	1	2	0	1	3	4

### Section 3 of the Mental Health Act 1983

The power to detain someone for treatment of mental disorder. This order lasts for up to 6 months and can be renewed. Patient has the right of appeal against detention to a Mental Health Review Tribunal.

S 3 OUTCOMES	April 21	May 21	June 21	July 21	August 21	September 21
Section 3 renewed	2	4	4	2	4	1
Informal	4	3	3	14	3	3
Discharged	1	1	3	7	3	2
Lapsed	0	0	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	4	2	2	5	1	2
CTO	0	0	1	0	1	2



## Number of compulsory admissions under the Mental Health Act 1983 (Section 2, 3, 4 and 37 only)

**TABLE 10**

	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
<b>Adult Detentions</b>	88.75	78	92
<b>Older Persons detentions</b>	33.25	28	24
<b>CAMHS detentions</b>	13.5	6	10
<b>TOTAL</b>	<b>135.5</b>	<b>112</b>	<b>126</b>

### SECTION LAPSING

Detentions under the Mental Health Act can lapse for the following reasons:

- A section expires without the Responsible Clinician exercising their power to discharge under Section 23 MHA or the patient is not further detained under Section 3 of the MHA.
- The AMHP and Responsible Clinician have a difference of opinion on the appropriateness of further detention under Section 3 of the MHA.
- No further assessment by an AMHP and/or Responsible Clinician has taken place in respect of the next steps in relation to the patient's detention status.

Although it is permitted to allow the section to lapse near the end of the section when no further detention is required, it is good practice for the Clinician to complete a discharge form.

It is particularly poor practice to allow the section to lapse when the Responsible Clinician has not seen the patient. In this instance, the issue is reported to the Clinical Director and monitored to avoid re-occurrence.

Section lapses	Section	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
<b>Adult</b>	2	0	0	1
	3	0	0	0
	4	0	0	0
<b>Older Persons</b>	2	0.25	0	0
	3	0	0	0
	4	0	0	0
<b>CAMHS</b>	2	0	0	1
	3	0.25	0	0
	4	0	0	0

There was 1 Section 5(2) that lapsed without the patient being assessed on a medical ward in POW and 1 CTO Recall that lapsed without the patient being assessed in RGH.

## TRANSFER BETWEEN HOSPITALS

Section 19 of The Mental Health Act allows for the transfer of Part 2 (Section 2, 3 and CTO Patients) and some Part 3 (Section 37,37/41, 47, 47/49 and 48/49) detained patients from a hospital under one set of managers to a hospital under a different set of managers. For restricted patients transfers are subject to the prior agreement of the Secretary of State.

SECTION	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Part 2 Patients to CTUHB	12.75	7	18
Part 3 patients to CTUHB	0.25	2	0
Part 2 patients from CTUHB	16	6	16
Part 3 patients from CTUHB	0.5	1	1
<b>TOTAL</b>	<b>29.5</b>	<b>16</b>	<b>35</b>

## COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q2 CTO Activity 2021/2022

SECTION	Power	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
<b>17A</b>	Community Treatment Order made	5.5	3	4
	Community Treatment order extended	10.25	2	9
	Recalled to hospital and not revoked	3.5	3	2
	Recalled to hospital and revoked	2.25	5	1
	Discharged from CTO	3.75	6	5
	Transferred	0.5	5	0
	Other (Deceased)	0.25	0	0

## Current CTO by area

Area	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Merthyr	7.25	7	8
Cynon	4.25	4	1
Taff	5.75	6	6
Rhondda	10.25	7	8
Bridgend	6.5	5	5
CAMHS	0	0	0
Out of area	0	0	0
<b>Total</b>	<b>34</b>	<b>29</b>	<b>28</b>

## USE OF SECTION 135 AND SECTION 136

Police powers under the MHA to authorise removal to a Place of Safety.

### Section 135

Warrants under the Act for (1) assessments on private premises and (2) recovering patients who are absent without leave. Lasts for up to 36hrs.

Section 135 of the Mental Health Act	2020/21 Quarterly Mean	Q1 2021/22	Q1 2021/22
Assessed and admitted informally	0	0	0
Assessed and Discharged	0.25	0	0
Assessed and detained under Section 2	1.75	3	0
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	0.75	0	0
<b>TOTAL</b>	<b>2.75</b>	<b>3</b>	<b>0</b>

### Section 136

Power to detain someone in immediate need of care or control and remove him or her to a place of safety. Power to detain lasts for up to 24hrs.

Section 136 of the Mental Health Act	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Assessed and admitted informally	8	5	8
Assessed and detained under Section 2	5.25	6	9
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	0.5	1	0
Discharged with no follow up required	6	11	15
Discharged referred to community services	16	31	35
Section 136 lapsed	0	3	0
Other /(Recall from CTO)/ or transfer	0	0	0
<b>TOTAL</b>	<b>35.75</b>	<b>57</b>	<b>67</b>

## HOSPITAL MANAGERS HEARINGS

Under the provisions of the Mental Health Act 1983, detained patients have a right to have their detention reviewed by the Hospital Managers. The Hospital Managers responsibilities are as follows:

- Undertake a review of detention at any time

- Must review a patient's detention when Responsible Clinician (RC) submit a report under Section 20/20A renewing detention and extending CTOs
- Must consider holding a review when a patient requests it
- Must consider holding a review when the RC makes a report under Section 25 (1) barring a nearest relative application for the patient's discharge.

Hospital Managers Hearings	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Number of Hearings held	13.25	7	21
Number of Referrals by Hospital Managers	16.5	9	23
Number of Appeals to Hospital Managers	1.75	4	0
Number of Detentions upheld by Hospital Managers	10.5	7	18
Number of detentions discharged by Hospital Managers	0	0	0
Number of patients discharged by RC prior to Hearing	1.5	2	2

**Q2:** 4 hearings were postponed  
3 hearings were adjourned  
0 patients were transferred prior to the Hearing

## TRIBUNAL HEARINGS

The Mental Health Review Tribunal for Wales (MHRT) is a statutory body that works independently of the Health Board to review appeals made by detained patients for discharge from their detention and community orders under the Mental Health Act 1983. Patients are also automatically referred by the Hospital Managers in certain circumstances.

MHRT Hearings	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Number of Hearings held	46.5	24	33
Number of Referrals by Hospital Managers	11.25	12	5
Number of referrals by Ministry of Justice	1.75	0	1
Number of referrals by Welsh Ministers	0	0	0
Number of Appeals to MHRT	33.5	46	42
Number of Detentions upheld by MHRT	18	24	25
Number of detentions discharged by MHRT	1.75	0	1
Number of Hearings adjourned/postponed	1.75	9	9
Number of Hearings cancelled by patient	7.75	5	8
Number of patients transferred to another Health Board prior to Hearing	2.5	2	2
Number of patients discharged by RC prior to Hearing	10.5	11	13



## OTHER ACTIVITY

### Death of a Detained Patient

The Hospital Managers have a duty to report to Healthcare Inspectorate Wales (HIW) any patients deceased who are subject to the Mental Health Act within 72 hours of death. This applies to in-patients as well as community treatment order and guardianship patients. The Coroner must also be informed.

Q2: There were no deaths of patients detained under the MHA 1983.

### Admin errors and breaches on the Mental Health Act documentation

**TABLE 21**

Category	2020/21 Quarterly Mean	Q1 2021/22	Q2 2021/22
Rectifiable (minor errors)	28	33	35
Fundamentally defective	1.75	4	2

- 35 minor errors rectified within 14 days as per Section 15 MHA.
- The 2 fundamental errors are discussed in the more detail in the separate errors and breaches report.

	Angelton	POW		RGH						Ty Llidiard	CYA
Sections	2	14	PICU	Admissions	21	22	PICU	Seren	St David's	Enfys	CYA
Section 2	2	3	1	2	1	1	8	4	1	1	0
Section 3	1	0	1	0	2	0	1	1	0	1	1
Section 4	0	0	0	0	0	0	0	0	0	0	0
Section 5(2)	1	1	0	0	0	0	0	0	0	0	0
Section 17F CTO Revocation)	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>1</b>

Rectifiable Errors		Angelton	POW		RGH						Ty Llidiard	CYA	
Responsible for Error	Forms	2	14	PICU	Admissions	21	22	PICU	Seren	St David's	Enfys	CYA	Total
AMHP	HO2	2	3	1	2	1	1	7	3	0	0	0	20
AMHP	HO6	0	0	0	0	0	0	1	0	0	1	0	2
Doctor	HO3	0	0	0	0	0	0	0	0	0	0	0	0
Doctor	HO4	1	0	0	3	1	0	1	0	0	0	0	6



Doctor	HO8	1	0	1	0	1	0	0	0	0	0	0	3
Doctor	CP7	0	0	0	0	0	0	0	0	0	0	0	0
Doctor or Nurse	HO12	1	1	0	0	0	0	0	0	0	0	0	2
Nurse	HO14	1	1	0	2	1	1	5	1	1	3	1	17
Other UHB	TC1	0	1	0	0	0	0	0	0	0	0	0	1
	<b>Total</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>14</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>51</b>

- Some detentions contain multiple errors on the section papers

<b>Fundamental Errors</b>	<b>POW</b>		<b>RGH</b>
<b>Sections</b>	<b>14</b>	<b>PICU</b>	<b>9</b>
Section 2	0	1	0
Section 5(2)	0	0	1
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>

### **Invalid Section 2** – Improper use of Section 2.

Patient detained on Section 2 from August to September 2021. A MHA assessment was set up on the day that their Section 2 was due to expire. The patient was assessed and the RC, Section 12(2) doctors completed medical recommendations for another Section 2 and the AMHP completed the application for Section 2.

The MHA Office were sent a copy of the new Section 2 paperwork without a HO14 receipt being completed stating that the Section 2 had been extended. The MHA Office sent an email to the patient's RC and the AMHP explaining that consecutive use of Section 2 is unlawful and that the previous Section 2 has now lapsed.

The AMHP stated that they thought that they could not detain on Section 3 if they had not been able to contact the nearest relative, which is why they detained on a consecutive Section 2.

The MHA Office provided guidance on the use of Section 3 and pointed the AMHP in the direction of Chapter 14 of the Code of Practice for Wales 2016 which highlights circumstances where consultation with the nearest relative does not have to take place for detention under Section 3.

The MHA Office advised the RC to formally discharge the patient from the invalid Section 2 and if the patient warrants further detention, she would need to be assessed under Section 3 for further treatment for mental disorder.

**Invalid Section 5(2)** – HO12 not timed and not receipted by ward staff.

The patient was detained at RGH in July 2021 under Section 5(2). As the Form HO12 was not timed by the doctor nor receipted by the ward staff, the start time of the 72 hour assessment period could not be calculated. No record of when the Section 5(2) commenced in the ward notes and the doctor was not on shift to confirm the time.

## **TRAINING**

Three joint specialised Mental Health Act training events between Health and Social Services have been arranged for 2021/2022.

Section 117- 13<sup>th</sup> July 2021

CTOs/Guardianship-13<sup>th</sup> September 2021

Interface between MHA/MCA- 13<sup>th</sup> January 2022

S136 training dates have been arranged for A&E staff on the following dates:

RGH- 20/10/2021

PCH- 26/10/2021

POW- 28/10/2021

## Appendix 2

### MENTAL HEALTH ACT (1983)

#### GLOSSARY OF TERMS

#### SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

<b>Section 5(4)</b> Nurse holding power.	This means that if a Nurse feels that a patient suffers from a mental disorder and should not leave hospital s/he can complete this form allowing detention for 6 hours pending being seen by doctor or Approved Clinician  <i>(1 holding power form required)</i>
<b>Section 5(2)</b> Doctor's or Approved Clinician's Holding power	This means that an inpatient is being detained for up to 72 hours by a doctor or Approved Clinician if appears to suffer from mental disorder and patient wishes to leave hospital.  <i>(1 holding power form required)</i>
<b>Section 4</b> Admission for assessment in cases of emergency	Individual is detained for up to 72 hours if Doctor believes person is suffering from mental disorder and seeking another Doctor will delay admission in an emergency.  <i>(1 Medical Recommendation and AMHP assessment required)</i>
<b>Section 2</b> Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health.  <b>Criteria:</b> Suffering from mental disorder of a nature or degree that warrants the detention of the patient in hospital for assessment for at least a limited period.  And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons  <i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
<b>Section 3</b> Admission for Treatment	Individual is detained in hospital for up to 6 months for treatment of mental disorder.  <b>Criteria:</b> Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital. In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.



	<i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i>
<b>Section 7</b> Guardianship	<p>Individual who suffers from mental disorder can be given a guardian to help them in the community. Guardianship runs for six months and can be renewable.</p> <p><b>Criteria:</b> Live in a particular place Attend for medical treatment, occupational; education or training at set places and at set times. Allow a doctor, an approved mental health professional or other named person to see patient</p> <p><i>(2 Medical recommendations (or one joint recommendation) and AMHP assessment required)</i></p>
<b>Section 37</b> Guardianship by Court Order	<p>Court can make an order (6 months) that patient be given a guardian if needed because of mental disorder. The guardian is someone from social services.</p> <p><b>Criteria:</b> Live in particular place Attend for medical treatment, occupational education or training at set places and times Allow a doctor or an approved mental health professional or other named person to see you</p> <p><i>(Court Order required)</i></p>
<b>Section 37/41</b> Admission to hospital by a Court Order with restrictions	<p>Individual admitted to hospital on the order of the Court. This means that the Court on the advice of two doctors thinks that patient has mental disorder and need to be in hospital for treatment. The Court makes restrictions and as such, patient cannot leave hospital or be transferred without the Secretary of state for Justice agreement.</p> <p><i>(Court Order with restrictions required)</i></p>
<b>Section 135</b> Admission of patients removed by Police under a Court Warrant	<p>Individual brought to hospital by a Police Officer on a warrant from Justice Of Peace, which means that an AMHP feels that individual is suffering from mental disorder for which s/he must be in hospital. Warrant last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Section 135 (1){<b>non-detained patient</b>} warrant required or Section 135 (2){<b>sections and CTO patients</b>} required)</i></p>
<b>Section 136</b> Admission of mentally disordered persons found in a public place	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder. Assessment by Section 12 Approved Doctor and Approved Mental Health Professional. Section 136 last for 24 hours (but can be extended up to 36 hours).</p> <p><i>(Police Service Section 136 monitoring form required)</i></p>
<b>Section 17 A</b> Community Treatment Order (CTO)	<p>CTO allows patients to be treated in the community rather than detention in hospital. Order last 6 months and is renewable. There are conditions attached which are:</p>

	<p>Be available to be examined by Responsible Clinician for review of CTO and whether should be extended. Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</p> <p>The Responsible Clinician may also set other conditions if relevant to individuals, carers and/or family.</p> <p><i>(CP1 Form to be completed by Responsible Clinician and AMHP)</i></p>
<b>Section 17 leave</b>	<p>Allows Responsible Clinician (RC) to grant day and/or overnight leave of absence from hospital to patient liable to be detained under the Mental Health Act 1983. Leave can have set of conditions attached for the patient's protection as well as protection of others. Leave can be limited to specific occasions or longer-term. There is a requirement for RC to consider CTO if overnight leave will be over 7 days. Patients can be recalled to hospital if they do not comply with the requirement of their leave.</p> <p><i>(Section 17 leave non-statutory form required)</i></p>
<b>Section 117 aftercare</b>	<p>This section applies to persons who are detained under Section 3, 37, 45 A, transferred direction under section 47 or 48 and who cease to be detained after leaving hospital. It is the duty of the Health Board and Local Authorities to provide aftercare under Section 117 free of charge to patients subject to the above sections. Patients can be discharged from Section 117 aftercare if they no longer receiving services.</p>
<b>MHAM Hearings (Mental Health Act Managers)</b>	<p>Patients detained under sections of the Mental Health Act are entitled to appeal against their detention to the Hospital Managers several times during their period of detention. Patients are also referred to the Hospital Managers by the Mental Health Act Administrators when the Responsible Clinician (RC) submits a report renewing the section.</p>
<b>MHRT Hearings (Mental Health Review Tribunal)</b>	<p>Patients detained under Sections of the Mental Health Act are entitled to appeal against their detention to the Mental Health Review Tribunal for Wales once in each period of detention. If a patient decides to withdraw their appeal, they can appeal again at a later date and do not lose the right of appeal. Patients are also automatically referred to the Mental Health Review Tribunal by the Mental Health Act Administrators if they have not exercised their right of appeal after a set period. Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.</p>