



**AGENDA ITEM**

3.4

**MENTAL HEALTH ACT MONITORING COMMITTEE**

**MENTAL HEALTH ACT MONITORING  
ACTIVITY REPORT FOR QUARTER 4 (JANUARY- MARCH) 2020/2021**

Date of meeting	05/05/2021	
FOI Status	Open/Public	
If closed please indicate reason	Choose an item.	
Prepared by	Phil Lewis, Head of Mental Health Nursing Mrs Alison Thomas -Mental Health Act Team Leader	
Presented by	Phil Lewis, Head of Mental Health Nursing	
Approving Executive Sponsor	Executive Director of Primary, Community & Mental Health	
Report purpose	FOR DISCUSSION / REVIEW	
Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
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 a decrease in detentions within the Adult and Older Persons services between Q3 and Q4 in the current year whilst CAMHS has witnessed an increase in detentions.

There has been no concerns in the use of Section 4 or Section 5(4) in this reporting period.

There were two fundamentally defective errors, the details of which are included in a separate report which will be considered by the monitoring committee when it meets on 5<sup>th</sup> May 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 Q4 (January –March) 2020/2021.
- 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 a marginal decrease in the total number of detentions, which has dropped from 114 to 110 between Q3 and Q4. The number of Section 2 detentions increased from 49 to 59 with the number of Section 3 detentions decreasing from 35 to 20.

The figures are split by localities as follows:

In Merthyr detentions increased by 17% from 12 in Q3 to 14 in Q4.

In Cynon detentions increased by 18% from 17 to 20.

Detentions in Bridgend increased by 12% from 26 in to 29.

Taff witnessed a 35 % decrease in the number of detentions from 26 to 17.

Rhondda witnessed a 20% decrease from 20 to 16.

These changes remain within the parameters of changes in activity we see across the quarters

There were 2 occasions when Section 4 emergency applications were made in Q4, (both from the Merthyr area), which occurred out of hours. 1 was converted to Section 2 within 24 hours and 1 was regraded to Informal status.

In Q4, there were 3 occasions when the nurses' holding power under Section 5(4) was utilised in the Royal Glamorgan Hospital. All three patients were assessed by a doctor within the 6-hour period. Two were regarded to S5 (2) and one patient was regarded to informal status.

### **Older Persons Detentions**

The total number of detentions in Older Persons decreased from 30 in Q3 to 23 in Q4, a 23% decrease, with variance across the localities as below:

In Merthyr detentions increased from 5 to 7 – a 40% increase  
In Bridgend detentions increased from 3 to 7 – a 133 % increase  
Cynon witnessed a 67% decrease from 6 to 2.  
Rhondda witnessed an 80% decrease from 5 to 1  
Taff witnessed a 33% decrease from 9 to 6

Whilst these are significant shifts in percentage terms the overall numbers remain small. The trends however continue to be monitored and discussed in order to identify any themes.

### **2.3 CAMHS Detentions**

CAMHS witnessed a 19% increase in detentions from 16 in Q3 to 19 in Q4.

In Q4, there were 19 detentions (5 from Cardiff and Vale UHB, 2 from Aneurin Bevan UHB, 6 from Hywel Dda UHB and 6 from CTM UHB).

Out of the 19, 6 young persons were detained on Adult wards, 3 within a Mental Health Unit and 3 on the general wards within the Health Board.

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

There was only 1 new CTO applied in Q4 compared with 4 in Q3, a 75% decrease.

In Q4, there were 14 CTO's extended, 2 recalled, 2 recalled and revoked. 6 patients were discharged from detention under CTO.

There were 34 CTOs in place in Q4.

## 2.5 Use of Section 135/136 Police Powers

Section 136 detentions decreased from 31 in Q3 to 27 in Q4. The use of Section 135 was the same in both Q3 and Q4- 3.

Use of Section 135 and 136 by area for Q1, Q2, Q3 and Q4 2020/2021 are shown in table 1 below

Table 1

<b>Area</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Taff	3	17	7	4
Rhondda	14	8	9	8
Merthyr	4	5	4	6
Cynon	5	4	1	4
Bridgend	8	14	12	7
Out of area	2	5	1	1
<b>Total</b>	<b>36</b>	<b>53</b>	<b>34</b>	<b>30</b>

The reduction in the use of Section 136 could be influenced by:

- The new triage scheme has been set up with nurses working alongside SWP. This could have led to patients 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.
- COVID-19 restrictions may have influenced the number of people in the community who could be subject to a Section 136 assessment.

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

The Covid-19 restrictions and long- term sickness absence of one of the team leaders in the MHA team have unfortunately deferred Mental Health Act training sessions.

Plans are in place for this to be re-introduced on a virtual basis to capture a wider audience across the Health Board

### **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 There continues to be scrutiny of number of detentions which vary significantly in percentage terms but are small in numbers. These variances are within the patterns reported.
- 3.2 Section 136 activity is falling despite a high activity level in quarter 2. The reported number for quarter 4 is the lowest number reported for the year. Section 135 activity remains consistent and low numbers
- 3.3. Mental Health act training has been impacted by COVID 19 related issues as well as long term sickness. However the move to a virtual platform to deliver training will improve accessibility and attendance

### **4. EXAMPLES OF GOOD PRACTICE**

- 4.1 There has been positive feedback from the Mental Health Review Tribunal for Wales, for the efficiency of the MHA team in the collation of reports for a Section 2 Tribunal hearing, which requires adherence to strict deadlines.
- 4.2 Introduction of S5 (4) reporting form across the Mental Health wards in CTMUHB. This requires the nurse who used their holdings powers under S5 (4) to document the reasons for the use.
- 4.3 The MHA team are in the process of updating the Share Point page on the Intranet to help colleagues have easier access to advice and MHA statutory documentation.
- 4.4 The team are currently devising MHA training and policies specifically for patients detained in the general hospitals.
- 4.5 A working group has been established with MHA teams from other Health Boards to review Mental Health Act protocols. This will ensure consistency across Wales, especially in relation to transfers under S19 of the MHA.
- 4.6 A demonstration by Aneurin Bevan Health Board, of the MHA functionality within WICCS is booked for April 2021, which will provide



the MHA team with a more efficient, robust data reporting mechanism.

## 5. 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.
	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 Well-being Objectives</b>	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

## 6. RECOMMENDATION

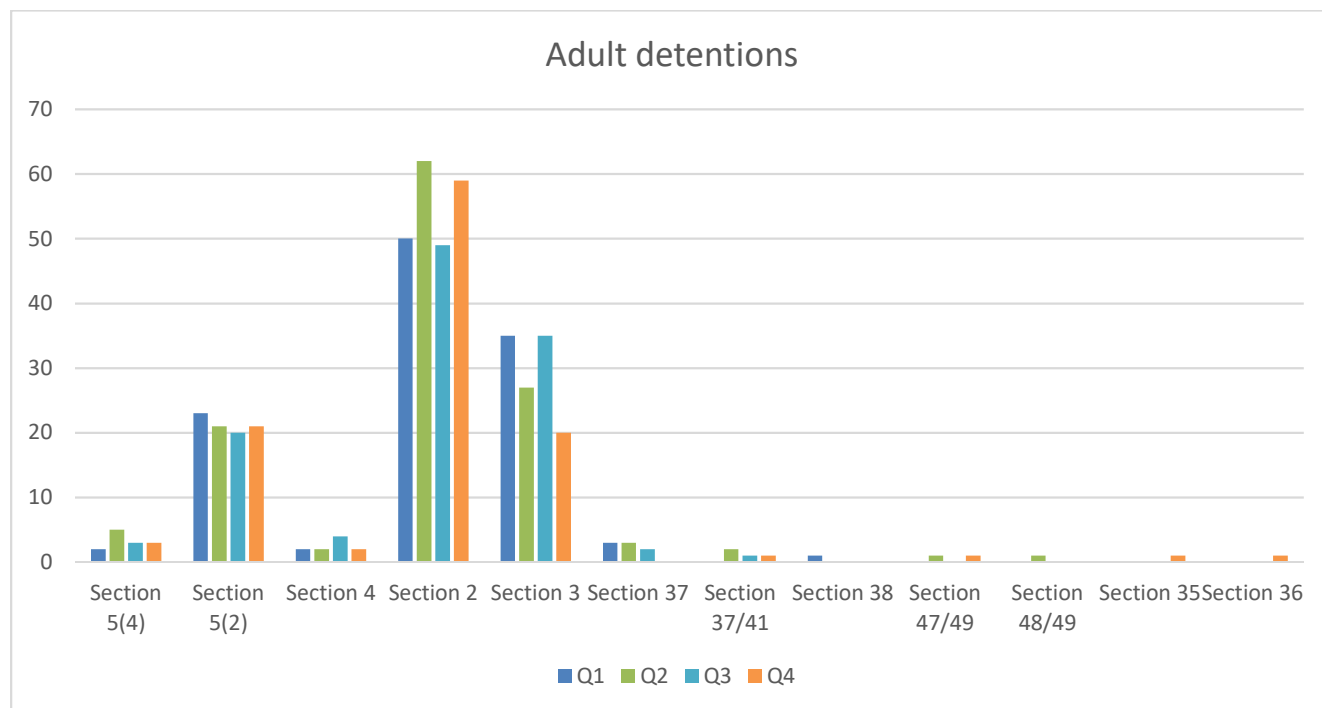
6.1 The Committee is asked to:

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



## Appendix 1.

### Quarters 1, 2, 3 & 4 MHA Adult Activity 2020/2021



### Quarters 1, 2, 3 & 4 MHA Adult Activity 2020/2021

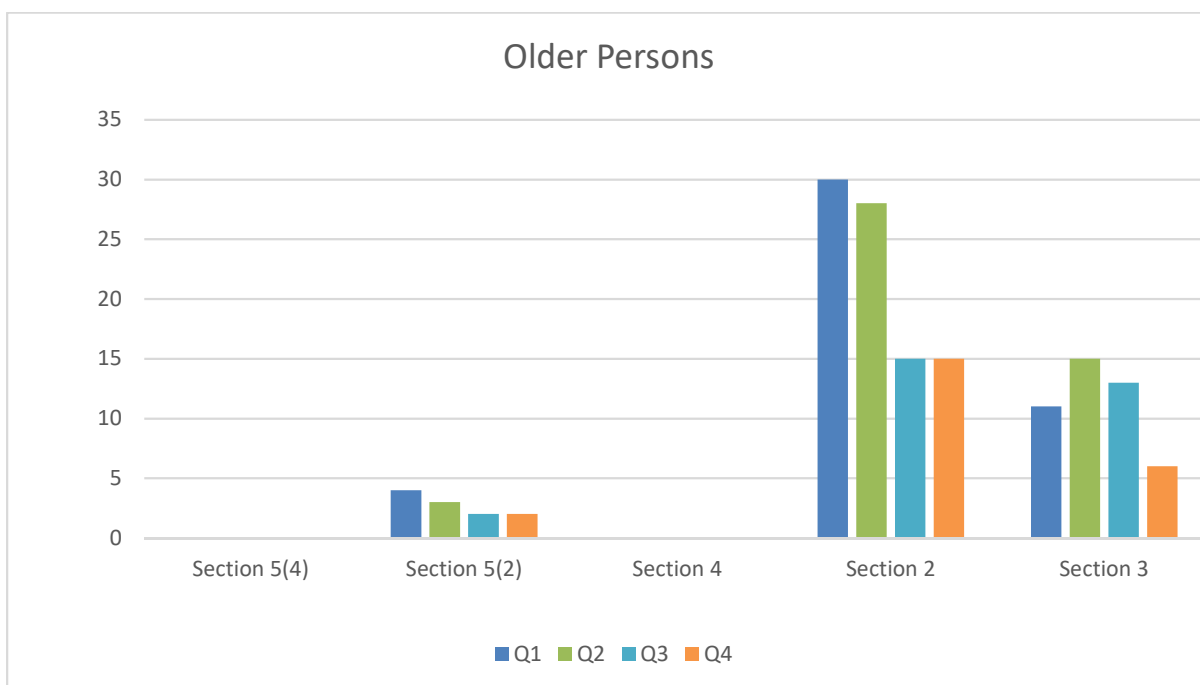
Section	Q1	% of Total	Q2	% of Total	Q3	% of Total	Q4	% of Total
Section 5(4)	2	2%	5	4%	3	3%	3	3%
Section 5(2)	23	20%	21	17%	20	17%	21	19%
Section 4	2	2%	2	2%	4	3%	2	2%
Section 2	50	43%	62	50%	49	43%	59	54%
Section 3	35	30%	27	22%	35	31%	20	18%
Section 37	3	3%	3	2%	2	2%	0	0
Section 37/41	0	0%	2	2%	1	1%	1	1%
Section 38	1	1%	0	0%	0	0%	0	0
Section 47/49	0	0%	1	1%	0	0%	1	1%
Section 48/49	0	0%	1	1%	0	0%	0	0
Section 35	0	0%	0	0%	0	0%	1	1%
Section 36	0	0%	0	0%	0	0%	1	1%
<b>Total</b>	<b>116</b>	<b>100%</b>	<b>124</b>	<b>100%</b>	<b>114</b>	<b>100%</b>	<b>110</b>	<b>100%</b>



### Number of Adult MHA detentions per locality

Area	Q1	Q2	Q3	Q4
Merthyr	17	20	12	14
Cynon	24	15	17	20
Taff	23	17	26	17
Rhondda	12	25	20	16
Bridgend	24	26	26	29
Out of area	16	21	13	14

### Quarters 1, 2, 3 & 4 MHA Older Persons Activity 2020/2021





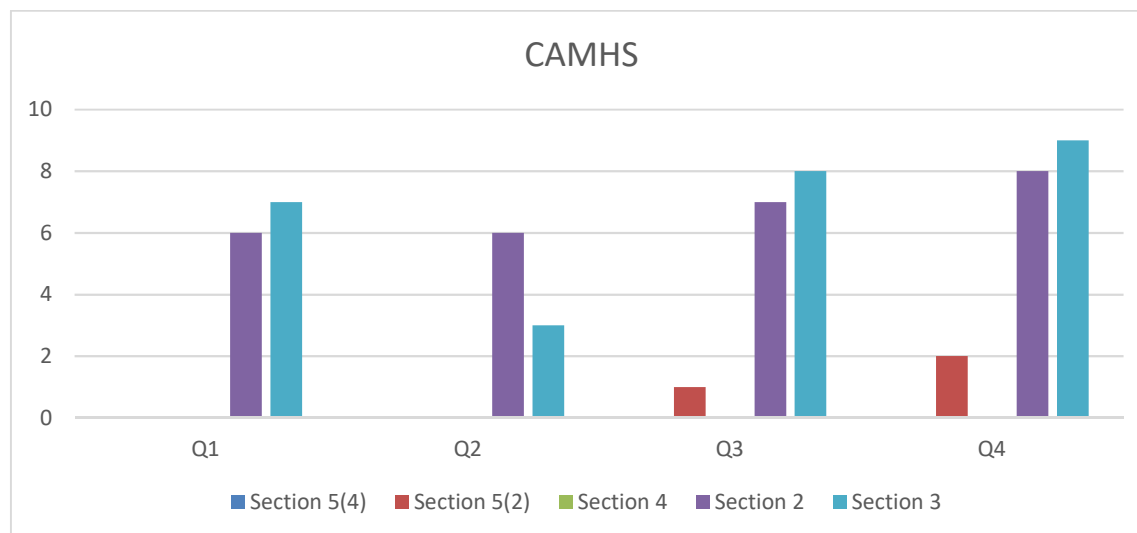
### Quarters 1, 2,3 and 4 MHA Older Persons Activity 2020/2021

Section	Q1	% of Total	Q2	% of Total	Q3	% of Total	Q4	% of Total
Section 5(4)	0	0%	0	0%	0	0%	0	0%
Section 5(2)	4	9%	3	7%	2	7%	2	9%
Section 4	0	0%	0	0%	0	0%	0	0%
Section 2	30	67%	28	61%	15	50%	15	65%
Section 3	11	24%	15	33%	13	43%	6	26%
<b>Total</b>	<b>45</b>	<b>100%</b>	<b>46</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>23</b>	<b>100%</b>

### Number of Older Persons MHA detentions per locality

Area	Q1	Q2	Q3	Q4
Merthyr	8	9	5	7
Cynon	7	12	6	2
Taff	8	11	9	6
Rhondda	7	7	5	1
Bridgend	12	7	3	7
Out of area	3	0	2	0

### Quarters 1, 2, 3 & 4 CAMHS Activity 2020/2021



### Quarters 1, 2, 3 and 4 CAMHS Activity 2020/2021

Section	Q1	% of Total	Q2	% of Total	Q3	% of Total	Q4	% of Total
Section 5(4)	0	0%	0	0%	0	0%	0	0%
Section 5(2)	0	0%	0	0%	1	6%	2	11%
Section 4	0	0%	0	0%	0	0%	0	0%
Section 2	6	46%	6	67%	7	44%	8	42%
Section 3	7	54%	3	33%	8	50%	9	47%
<b>Total</b>	<b>13</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>16</b>	<b>100%</b>	<b>19</b>	<b>100%</b>

### Number of CAMHS MHA detentions per locality

Area	Q1	Q2	Q3	Q4
Cwm Taf Morgannwg	3	0	4	6
Swansea Bay	2	1	2	0
Cardiff & Vale	1	6	4	5
Hywel Dda	4	0	5	6
Aneurin Bevan	3	2	1	2

**Out of the 19 detentions for Q4- 6 were detained on Adult wards.**

### USE OF SECTIONS AND OUTCOMES for October 2020- March 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	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	March 21
Section 2	4	2	4	5	1	3
Section 3	0	0	2	1	0	1
Informal	2	3	6	5	7	2
Lapsed	0	0	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	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	March 21
Section 3	6	7	4	4	8	8
Informal	14	10	7	7	12	14
Discharged	11	4	10	3	8	4
Lapsed	0	0	0	0	0	1
Invalid	0	0	0	0	0	0
Transfer	6	1	3	1	2	1

## 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	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	March 21
Section 3 renewed	3	4	3	1	2	2
Informal	6	4	4	5	4	4
Discharged	3	5	8	5	5	3
Lapsed	0	1	0	0	0	0
Invalid	0	0	0	0	0	0
Transfer	2	2	0	4	3	3
CTO	0	2	2	0	0	1

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

TABLE 10

	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021
Adult Detentions	90	94	90	81
Older Persons detentions	41	43	28	21
CAMHS detentions	13	9	15	17
TOTAL	144	146	133	119

## 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.

Only one section lapsed in Q4. The patient was subject to S2 on an older persons ward. The RC had been isolating and had not seen the patient until 3 days before the expiry. Patient was sent on trial leave over the weekend, which was successful. S2 lapsed at midnight on Sunday.

Section lapses	Section	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021
Adult	2	0	0	0	0
	3	0	0	0	0
	4	0	0	0	0
Older Persons	2	0	0	0	1
	3	0	0	0	0
	4	0	0	0	0
CAMHS	2	0	0	0	0
	3	0	0	1	0
	4	0	0	0	0

## 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	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021
Part 2 Patients to CTUHB	13	15	13	10
Part 3 patients to CTUHB	0	0	0	1
Part 2 patients from CTUHB	18	15	14	17
Part 3 patients from CTUHB	1	0	0	1
<b>TOTAL</b>	<b>32</b>	<b>30</b>	<b>27</b>	<b>29</b>



## COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q1 & Q2 CTO Activity 2020/2021

SECTION	Power	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021
17A	Community Treatment Order made	7	10	4	1
	Community Treatment order extended	5	13	9	14
	Recalled to hospital and not revoked	4	2	6	2
	Recalled to hospital and revoked	4	0	3	2
	Discharged from CTO	3	4	2	6
	Transferred	1	0	0	1
	Other (Deceased)	0	1	0	0

### Current CTO by area

Area	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021
Merthyr	5	7	8	9
Cynon	5	5	3	4
Taff	5	4	7	7
Rhondda	9	12	11	9
Bridgend	9	5	7	5
CAMHS	0	0	0	0
Out of area	0	0	0	0
<b>Total</b>	<b>33</b>	<b>33</b>	<b>36</b>	<b>34</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	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021
Assessed and admitted informally	0	0	0	0
Assessed and Discharged	0	0	1	0
Assessed and detained under Section 2	2	1	1	3
Assessed and detained under Section 4	0	0	0	0



Assessed and detained under Section 3	2	0	1	0
<b>TOTAL</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>3</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	Q1- 2020/2021	Q2- 2020/2021	Q3- 2020/2021	Q4 2020/2021
Assessed and admitted informally	8	14	6	4
Assessed and detained under Section 2	4	5	6	6
Assessed and detained under Section 4	0	0	0	0
Assessed and detained under Section 3	0	1	1	0
Discharged with no follow up required	5	12	6	1
Discharged referred to community services	15	21	12	16
Section 136 lapsed	0	0	0	0
Other /(Recall from CTO)/ or transfer	0	0	0	0
<b>TOTAL</b>	<b>32</b>	<b>53</b>	<b>31</b>	<b>27</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	Q1	Q2	Q3	Q4
Number of Hearings held	2	15	14	22
Number of Referrals by Hospital Managers	11	24	12	19
Number of Appeals to Hospital Managers	2	0	2	3
Number of Detentions upheld by Hospital Managers	1	15	12	14
Number of detentions discharged by Hospital Managers	0	0	0	0
Number of patients discharged by RC prior to Hearing	0	4	0	2



**Q4:** 2 hearings were postponed  
2 hearings were adjourned  
1 patient was discharged by the MHRT 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	Q1	Q2	Q3	Q4
Number of Hearings held	53	46	34	53
Number of Referrals by Hospital Managers	16	12	5	12
Number of referrals by Ministry of Justice	1	1	1	4
Number of referrals by Welsh Ministers	0	0	0	0
Number of Appeals to MHRT	36	33	28	37
Number of Detentions upheld by MHRT	24	14	12	22
Number of detentions discharged by MHRT	1	1	2	3
Number of Hearings adjourned/postponed	3	0	1	3
Number of Hearings cancelled by patient	8	9	6	8
Number of patients transferred to another Health Board prior to Hearing	4	2	2	2
Number of patients discharged by RC prior to Hearing	12	7	10	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.

Q4: There were no deaths of patients detained under the MHA 1983.





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

**TABLE 21**

Category	Q1	Q2	Q3	Q4
Rectifiable (minor errors)	41	31	19	21
Fundamentally defective	0	3	2	2

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

### TRAINING

Three joint Mental Health Act training events between Health and Social Services have been provisionally booked for 2021/2022 as follows:

Section 117- July 2021

CTOs/Guardianship- September 2021

Interface between MHA/MCA- January 2022.

MHA team to reintroduce training sessions on the overview of the Mental Health Act 1983. It is proposed to deliver this training monthly on Microsoft teams.

A broad overview training session on the MHA to be delivered by an external trainer, which will specifically focus on nursing staff ,junior doctors, Associate and Independent Members of the Board. All dates to be finalised shortly.

## 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> <ul style="list-style-type: none"> <li>• 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.</li> <li>• And it is necessary that patient ought to be detained in the interests of own health, own safety, protection of other persons</li> </ul> <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> <ul style="list-style-type: none"> <li>• Suffering from mental disorder of a nature or degree which makes it appropriate for patient to receive medical treatment in hospital</li> </ul>

	<ul style="list-style-type: none"> <li>Moreover, it is necessary for the patient's own health, safety, protection of other persons that patient receive treatment in hospital.</li> <li>In addition, such treatment cannot be provided unless the patient is detained under Section 3 of the Mental Health Act.</li> </ul> <p><i>(2 Medical recommendations (or 1 joint recommendation) and AMHP assessment required)</i></p>
<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></p> <ul style="list-style-type: none"> <li>Live in a particular place</li> <li>Attend for medical treatment, occupational; education or training at set places and at set times.</li> <li>Allow a doctor, an approved mental health professional or other named person to see patient</li> </ul> <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></p> <ul style="list-style-type: none"> <li>Live in particular place</li> <li>Attend for medical treatment, occupational education or training at set places and times</li> <li>Allow a doctor or an approved mental health professional or other named person to see you</li> <li></li> </ul> <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>	<p>Individual brought to hospital by Police Officer if found in public place and appears to suffer from mental disorder.</p>



Admission of mentally disordered persons found in a public place	<p>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> <ul style="list-style-type: none"> <li>• Be available to be examined by Responsible Clinician for review of CTO and whether should be extended.</li> <li>• Be available to meet with Second Opinion Doctor or Responsible Clinician for the purpose of certificate authorising treatment to be issued.</li> </ul> <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.</p>



	Mental Health Act Administrators also automatically refer patient subject to a CTO, which has been revoked by the Responsible Clinician, to MHRT.
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