



AGENDA ITEM

4.2

MENTAL HEALTH ACT MONITORING COMMITTEE

**MENTAL HEALTH ACT MONITORING
ACTIVITY REPORT AND BREACHES AND ERRORS FOR QUARTER 1
(APRIL-JUNE 2022)**

Date of meeting

12th October 2022

FOI Status

Open/Public

**If closed please indicate
reason**

Choose an item.

Prepared by

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Team Leader

Phil Lewis - Head of Mental Health Nursing

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

In the reporting period, there has been a decrease in detentions within the Adult services between Q4 2021/2022 and Q1 in the current year whilst Older Persons have witnessed an increase in detentions.

CAMHS detentions remained the same.

There has been one occasion in the use of Section 4, which was applied out of hours.

The nurse holding power under Section 5(4) was applied once during the quarter.

There were two 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 12 October 2022.

In Quarter 1, there were 26 minor errors on section papers, all of which were rectified within the fourteen day limit as per Section of the MHA. This compares with 25 in Q4, which represents an increase of 4%

1. SITUATION/BACKGROUND

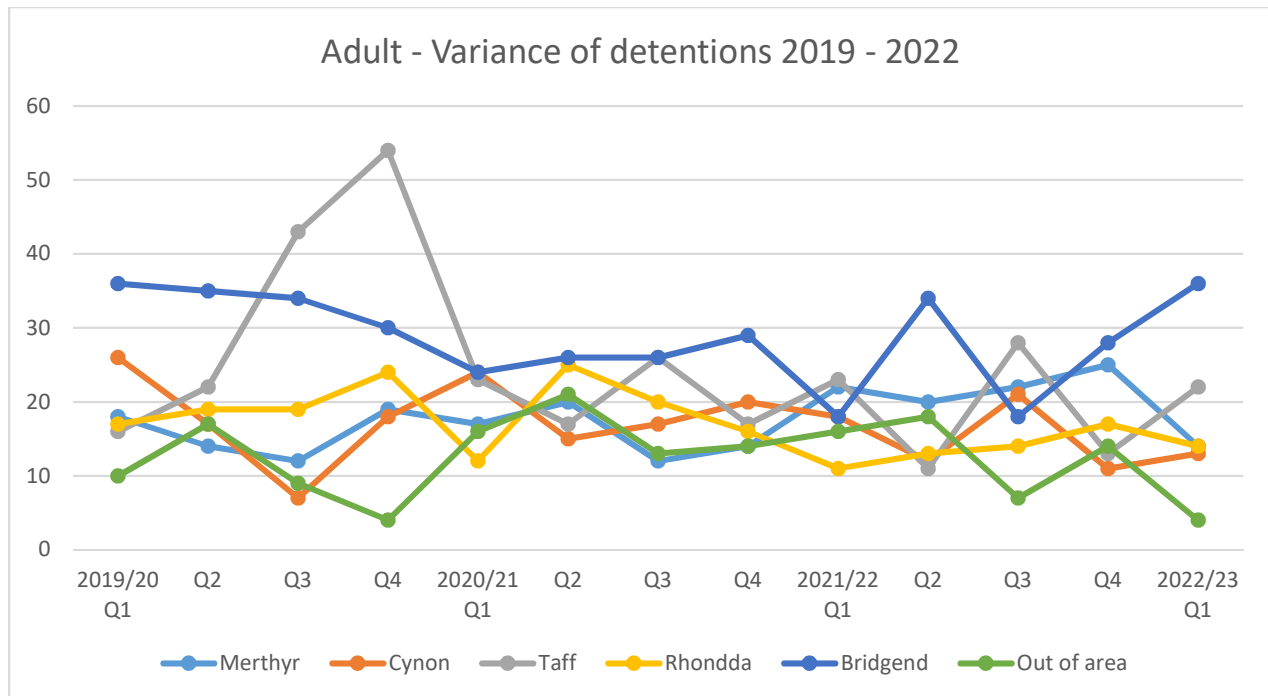
- 1.1 The purpose of this report is to present activity data including errors and breaches regarding the application of the Act within CTMUHB. This report presents the MHA activity to the MHA Monitoring Committee in respect of Q1 (April – June 2022).
- 1.2 Section 15 of the Act allows for the rectification of statutory detention documentation completed by Doctors and AMHPs within 14 days of admission to hospital. Within this report, it is helpful to consider the categories of errors & breaches of the Act.
- 1.3 The report covers Adult, Older Persons Mental Health and CAMHS services managed by CTMUHB.
- 1.4 This activity is monitored in the MHA Operational Group, which is supported by the MHA Administration team.
- 1.5 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 of 4.63% in the total number of detentions, which has dropped from 108 to 103 between Q4 and Q1.

The number of detentions under S5 (2) decreased from 18 to 8 and S4 from four to one but the number of Section 2 detentions increased from 61 to 62 with the number of Section 3 detentions increasing from 23 to 30.



Q4 to Q1 shifts as follows:

In Merthyr detentions decreased by 44% from 25 in Q4 to 14 in Q1.

In Cynon detentions increased by 18% from 11 to 13.

In Bridgend detentions increased by 29% from 28 to 36.

In Taff detentions increased by 69% from 13 to 22.

In Rhondda detentions decreased by 18% from 17 to 14.

Out of area detentions decreased by 71% from 14 to 4.

There was only one occasion when Section 4 emergency application was used in Q1 (from the Merthyr area). This occurred out of hours and was converted to Section 2 within 24 hours.

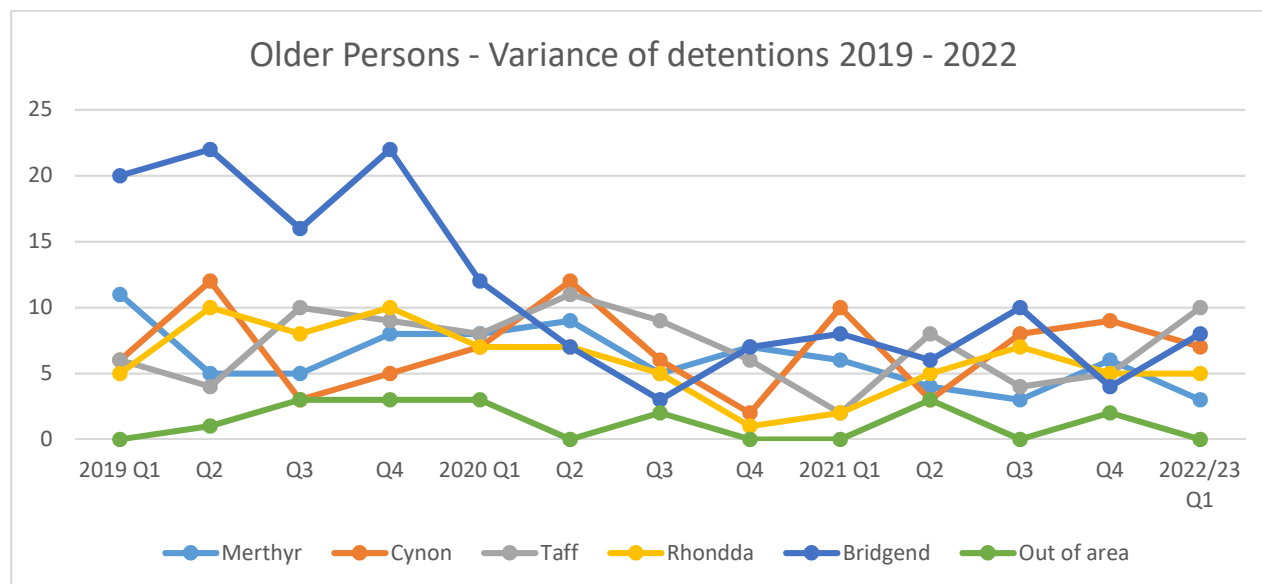
In Q1, there was one occasion when the nurses' holding power under Section 5(4) was utilised in the Royal Glamorgan Hospital.

This patient was assessed by a doctor within the 6-hour period and regraded to S5 (2).



2.3 Older Persons Detentions

The total number of detentions in Older Persons witnessed a 6.45% increase from 31 in Q4 to 33 in Q1, with variance across the localities as below:



Q4 to Q1 shifts are as follows;

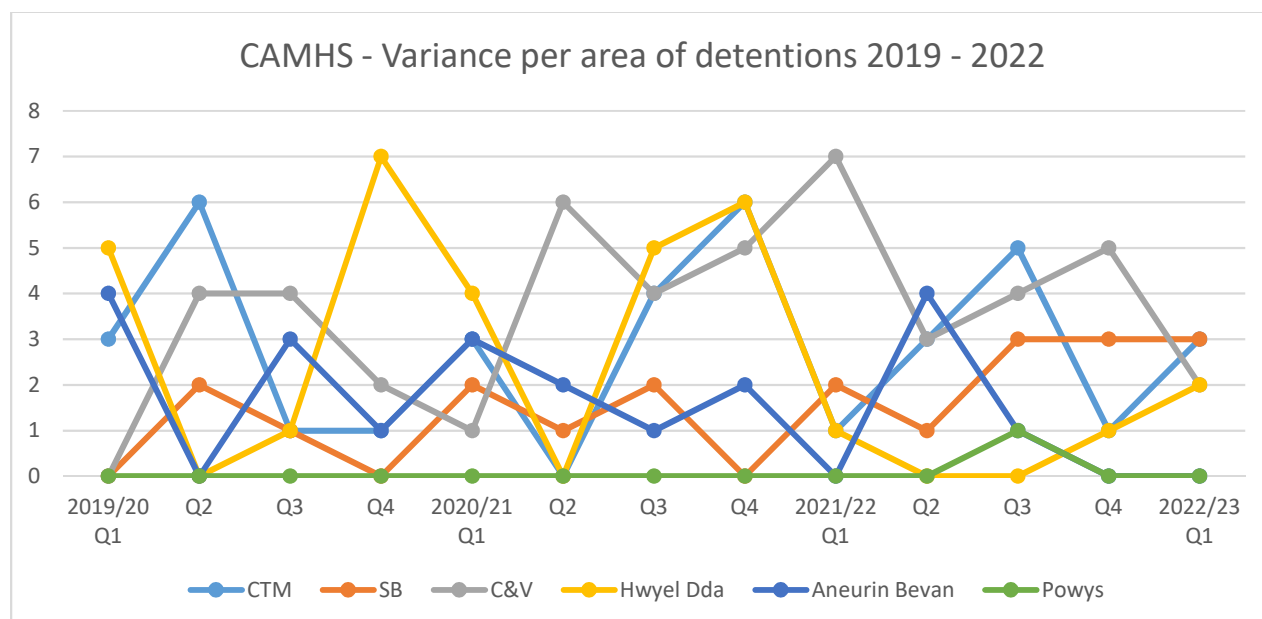
In Merthyr detentions decreased from six to three – a 50% decrease
In Bridgend detentions increased from four to eight – a 100% increase
In Cynon detentions decreased from nine to seven – a 22% decrease
In Taff increased from five to ten – a 100% increase
In Rhondda, detentions remained the same at five.
Out of area, detentions decreased from two to zero a 100% decrease

2.4 CAMHS Detentions

CAMHS detentions remained the same.

In Q1, there were 10 detentions (three from Swansea Bay UHB, three from CTMUHB two from Hywel Dda UHB and two from Cardiff and Vale UHB).

All 10 younger persons were detained in Ty Llidiard.

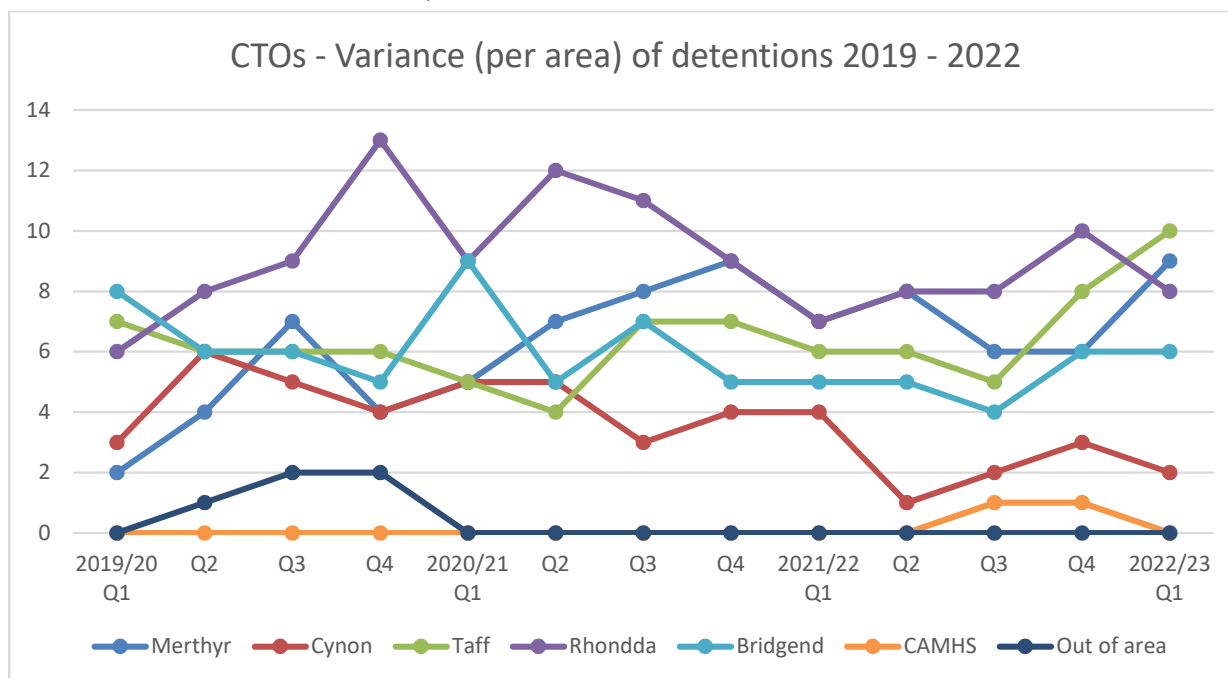


2.5 Community Treatment Orders (CTO)

There were eight new CTOs applied in Q1 of the current reporting period, which was the same figure as in Q4 of the previous year.

In Q1, there were eight CTOs extended, two recalled, four recalled and revoked.

Zero patients were discharged from detention under CTO in the quarter.



There were 35 CTOs in place as at the end of Q1

2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased from 52 in Q4 to 40 in Q1.
Section 135 detentions decreased from six in Q4 to five in Q1.

Use of Section 135 and 136 by area for Q1 2022/2023

Area	2021/22 Quarterly Mean	Q1 2022/23
Taff	8.5	8
Rhondda	10.5	8
Merthyr	7.25	5
Cynon	7.5	3
Bridgend	23.5	18
Out of area	5.5	3
Total	55.26	45

- 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.

There was one lapse of a S136 detention in the reporting period.

- A young person was taken to the Accident & Emergency department in the Royal Glamorgan Hospital.
- As the patient was not assessed by a Doctor during the 24 hour period, the S136 lapsed.
- The MHA office spoke to the Senior Nurse Manager for the CAMHS Crisis team, who confirmed neither the staff or the patient had been informed that they were subject to S136.
- The young person was assessed by the CAMHS Crisis nurse and discharged.
- The MHA were further informed that the Senior Nurse Manager for the CAMHS Crisis Team had emailed the Mental Health Liaison Officer for South Wales Police to enquire about the circumstances of the detention.

2.7 Current Challenges

- There needs to be more robust arrangements put in place when there is a change of medical personnel and a clear process of communication to the MHA team, whose are responsible for monitoring that patients are being treated with a valid consent to treatment certificate.

2.8 Errors and Breaches

In Quarter 1, there were 26 minor errors on section papers, all of which were rectified within the fourteen-day time limit as per S15 of the MHA. This compares with 25 in Q4, which represents an increase of 4%.

There were two fundamentally defective errors during Q1 in comparison to three in Q4, which represents a decrease of 33%



❖ 2 Invalid Section 3

Rectifiable Errors

These are minor errors resulting from inaccurate recordings, which can be rectified under Section 15 of the Act. Examples include incomplete addresses and misspelled names.

The application or medical recommendation, if found to be incorrect or defective, may, within that period, be amended by the person by whom it was signed. Upon such amendments being made the application or recommendation shall have effect and shall be deemed to have had effect as if it had been originally made.

Fundamentally Defective

These are errors, which cannot be rectified under Section 15 and render the detention unlawful, therefore resulting in a breach of the Act.

Examples include unsigned section papers, incorrect hospital details or the wrong form being used. Medical recommendations and applications that are not signed cannot be remedied under Section 15 and therefore render the detention invalid.

Administrative and medical scrutiny of section documentation is carried out by the MHA Office and medical staff approved under Section 12 of the Act to ensure compliance and to identify any amendments needed within the target time limit. The majority of errors recorded within this report are minor, relating to demographics. All breaches are reported via DATIX to enable monitoring and for training to be put in place as necessary.

- 2.9 The total number of **minor** errors across all services was 26, all of which were rectified within the time limit. This can be broken down further into detaining hospitals and wards.



	Angelton	POW	RGH								Ty LLidiard
Sections	2	14	PICU	Admissions	21	22	PICU	23	St David's	2	Enfys
Section 2	2	3	2	4	1	3	2	1	0	1	2
Section 3	0	0	0	0	0	0	0	1	1	0	3
Section 4	0	0	0	0	0	0	0	0	0	0	0
Section 5(2)	0	0	0	0	0	0	0	0	0	0	0
Total	2	3	2	4	1	3	2	2	1	1	5

2.10 The table below provides a more detailed breakdown of the type of error-

Rectifiable Errors		Angelton	POW	RGH								Ty Llydiard	
Responsible for Error	Forms	2	14	PICU	Admissions	21	22	PICU	23	St David's	2	Enfys	Total
AMHP	HO2	2	2	1	2	1	2	1	1	0	1	2	15
AMHP	HO6	0	0	0	0	0	0	0	0	0	0	1	1
Doctor	HO3	0	1	0	0	0	1	0	0	0	0	1	3
Doctor	HO4	0	0	1	3	0	1	2	1	0	0	0	8
Doctor	HO8	0	0	0	0	0	0	0	1	1	0	1	3
Doctor or Nurse	HO12	0	0	0	0	0	0	0	0	0	0	0	0
Nurse	HO14	0	0	0	1	0	0	0	0	0	0	1	2
Other UHB	TC1	0	0	0	0	0	0	0	0	0	0	0	0
	Total	2	3	2	6	1	4	3	3	1	1	6	32

*** Some detentions contain multiple errors on the section papers**

2.12 The breakdown of errors will assist the MHA team in identifying areas of concern, which will highlight the priority areas for MHA training

2.13 The overall aim is to reduce the number of minor errors and eliminate any fundamental breaches of the Act.

2.14 The total number of fundamentally **defective** errors across all services in Quarter 1 was two in comparison to three in Q4.



This is broken down below into hospitals and wards.

Fundamental Errors	POW	RGH	
Sections	14	Admissions	
Section 3	1	1	
Total	1	1	2

Invalid Section 3

2.15 The patient was detained to Swansea Bay Health Board under S2 of the MHA on 10/05/2022 and subsequently transferred into our Health Board under S19 of the Act on 19/05/2022.

2.16 The patient was regraded from S2 to S3 of the MHA on 06/06/2022. The AMHP's application Form HO6 for detention under S3 stated that the same nearest relative had been consulted as for the application for assessment under S2.

Both AMHPs involved in the detention for S2 and S3 had misidentified the patient's nearest relative under S26 of the MHA.

2.17 The MHA team identified the breach on 21/06/2022 and contacted the AMHP to clarify the identity of the nearest relative and the circumstances around that identification.

Once this was confirmed, the MHA office informed the AMHP that the detention was invalid.

2.18 They advised the RC to formally discharge the patient under S23 of the MHA, by completion of a Form HO17.

2.19 The MHA team requested the nursing staff to orally inform the patient that they were no longer subject to detention under the Act and were free to leave.

2.20 Even though identification of the nearest relative under S26 of the MHA is the responsibility of the AMHP, the MHA team have reviewed their scrutiny process. Upon receipt of the AMHP monitoring forms, the MHA team will introduce an additional safeguard in the scrutiny process and will check the documented nearest relative to ensure that the correct person in the hierarchy has been identified.



- 2.21 Receipt and scrutiny checklists to be updated to reflect this change and will continue to be reviewed with users on a 6 monthly basis.
- 2.22 MHA team leader to participate in meetings with AMHPs to discuss any issues.

The AMHP team leaders have arranged training on the subject of identification of nearest relative.

Invalid Section 3

- 2.23 The Doctors' joint medical recommendation for admission for treatment Form HO7 for detention under Section 3 of the MHA on 21/04/2022, did not state the name of the hospital where appropriate treatment was available. This rendered the detention invalid.
- 2.24 The error was discovered by the MHA office on 12/05/2022. Following, the identification of the fundamental breach, the RC was advised by the MHA team to formally discharge the patient, by completion of a Form HO17.
- 2.25 The nursing staff were asked by the MHA team to orally inform the patient that they were no longer detained under the Act.
- 2.26 When the patient was informed that they were of informal status and asked to leave the ward, the doctor's holding power under S5 (2) was applied. A new MHA assessment was completed and the patient lawfully detained under Section 3. The MHA team informed the patient in writing of the invalid detention.
- 2.27. Receipt and scrutiny checklists have been amended to highlight the importance of naming the hospital/hospitals where appropriate treatment is available. The checklists will continue to be reviewed with users on a 6 monthly basis.
- 2.28. The necessity of documenting the named hospital on the medical recommendations for admission for treatment will be highlighted as part of the doctor's induction process.

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

- 3.1 The number of minor errors increased by 4% from 25 to 26. The MHA team continue to stress the importance of the completion of the basic scrutiny checklists, to capture any rectifiable mistakes at source.



- 3.2 In order to mitigate fundamental errors, the MHA team have attended the Doctor's induction to explain the necessity for accurate completion of the statutory paperwork.
- 3.3 The lack of a bespoke system to record and monitor MHA activity, which allows for the production of accurate reports.
- 3.4 The wards across CTMUHB are using different types of health records; Adult wards in former Cwm Taf use Care Partner, whereas Older persons Mental Health, CAMHS and Bridgend wards, all use paper based records.

4 EXAMPLES OF GOOD PRACTICE

- 4.1 The first audit of the statutory documentation for inpatients detained under the MHA has been completed.
- 4.2 Guidance on the completion of the doctors holding powers under S5 (2) is now available on the Intranet, which can be accessed using the following link:

<http://ctuwb-intranet/dir/MH/MHAH/default.aspx>

- 4.3 Discussions are in progress for the use of Care Partner in Cefn Yr Afon.
- 4.4 The MHA team are in discussions with Swansea Bay I.T to use the electronic PIMS+ system to input MHA activity data for the wards in Bridgend.

5. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

6. RECOMMENDATION

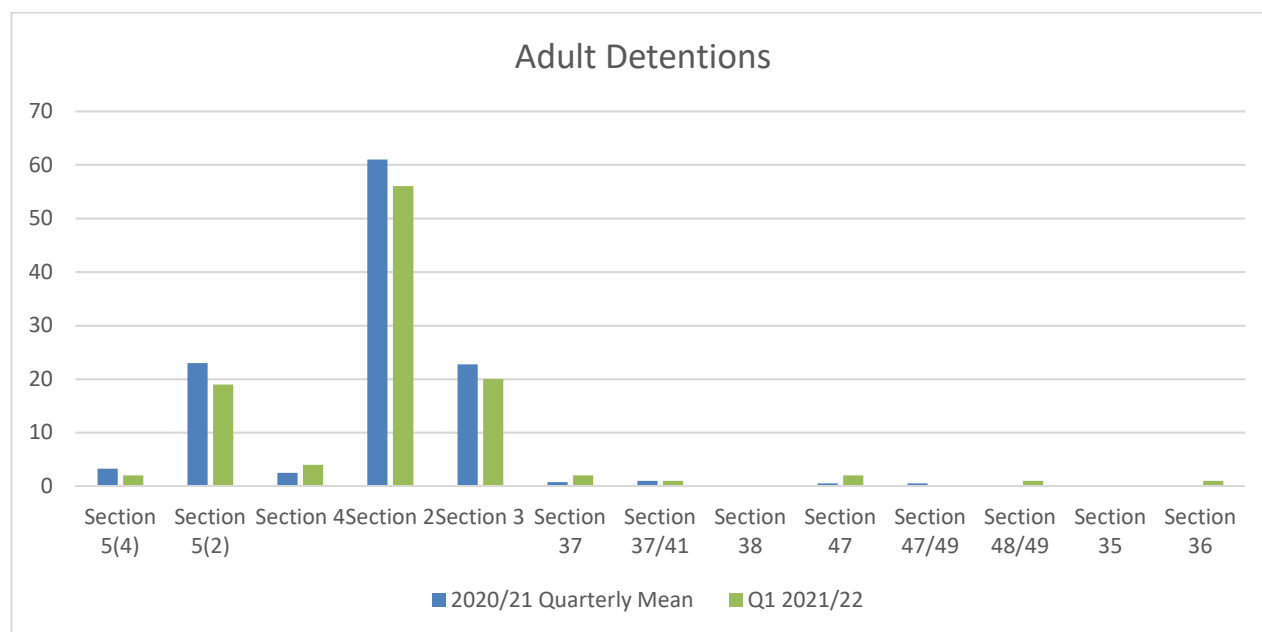
6.1 The MHA Monitoring Committee is asked to:

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



Appendix 1.

Quarter 1 MHA Adult Activity 2022/2023



Quarter 1 MHA Adult Activity 2022/2023

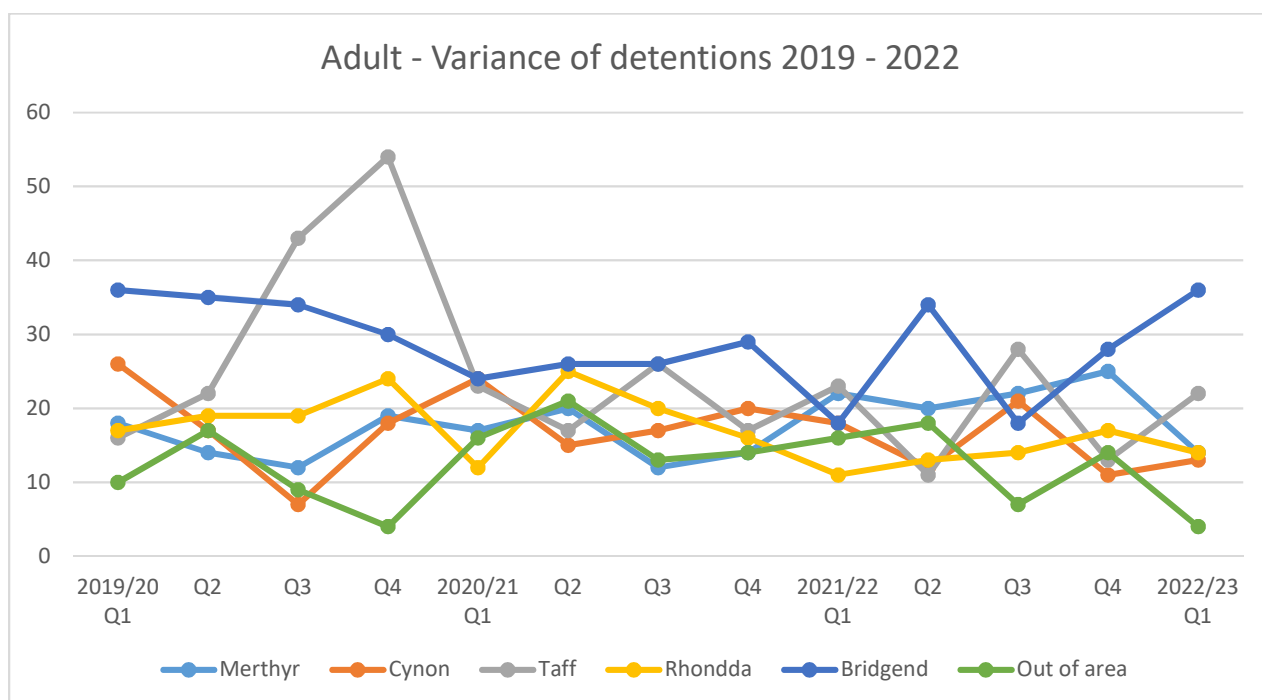
Section	2021/22 Quarterly Mean	% of Total	Q1 2022/23	% of Total
Section 5(4)	1.5	1.38%	1	0.97%
Section 5(2)	19.25	17.74%	8	7.77%
Section 4	3	2.76%	1	0.97%
Section 2	58.5	53.92%	62	60%
Section 3	22.75	20.97%	30	29%
Section 37	1	0.92%	0	0%
Section 37/41	1	0.92%	1	0.97%
Section 38	0	0%	0	0%
Section 47	0.75	0.69%	0	0%
Section 47/49	0	0%	0	0%
Section 48/49	0.5	0.46%	0	0%
Section 35	0	0%	0	0%
Section 36	0.25	0.23%	0	0%



Total	108.5	100%	103	100%
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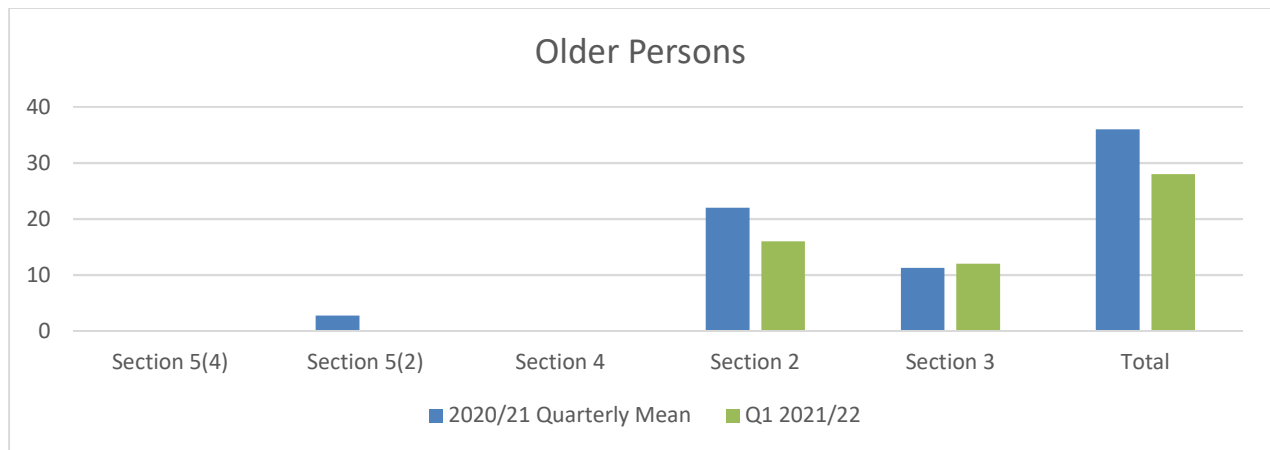
Number of Adult MHA detentions per locality

Area	2021/22 Quarterly Mean	Q1 2022/23
Merthyr	22.25	14
Cynon	15.5	13
Taff	18.75	22
Rhondda	13.75	14
Bridgend	24.5	36
Out of area	13.75	4





Quarter 4 MHA Older Persons Activity 2022/2023



Quarter 1 MHA Older Persons Activity 2022/2023

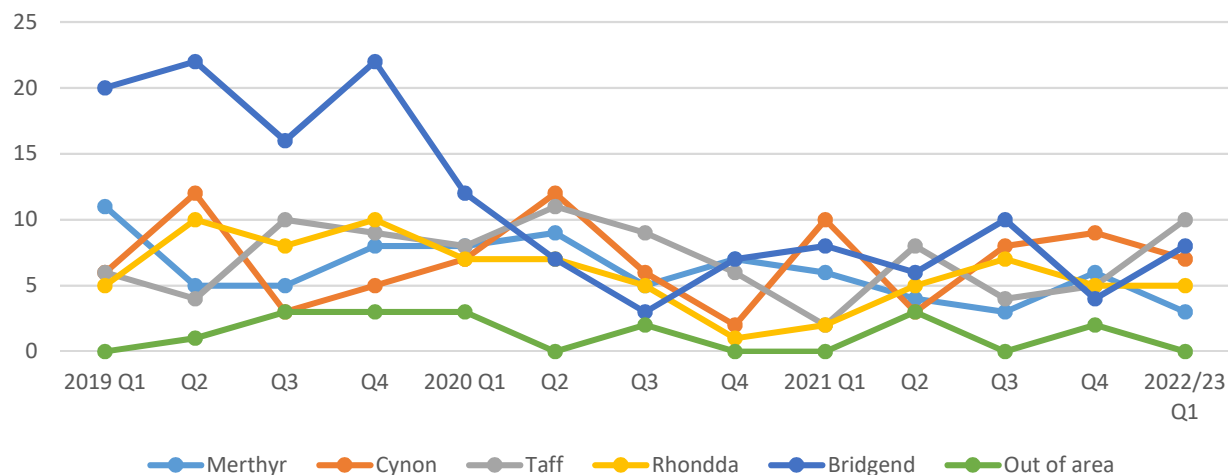
Section	2021/22 Quarterly Mean	% of Total	Q1 2022/23	% of Total
Section 5(4)	0	0%	0	0%
Section 5(2)	2	6.67%	6	18%
Section 4	0	0%	0	0%
Section 2	19.5	65%	23	70%
Section 3	8.5	28.33%	4	12%
Total	30	100%	33	100%

Number of Older Persons MHA detentions per locality

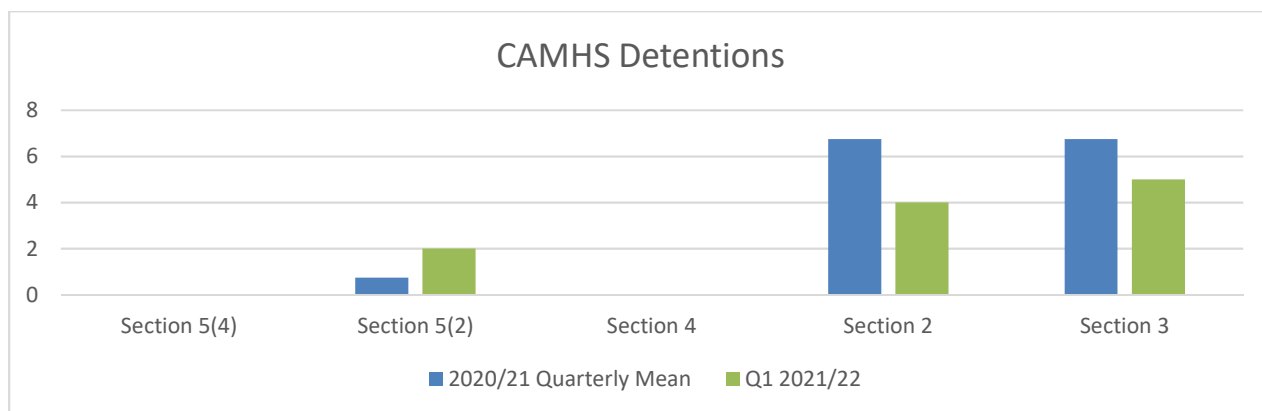
Area	2021/22 Quarterly Mean	Q1 2022/23
Merthyr	4.75	3
Cynon	7.5	7
Taff	4.75	10
Rhondda	4.75	5
Bridgend	7	8
Out of area	1.25	0



Older Persons - Variance of detentions 2019 - 2022



Quarter 4 CAMHS Activity 2022/2023



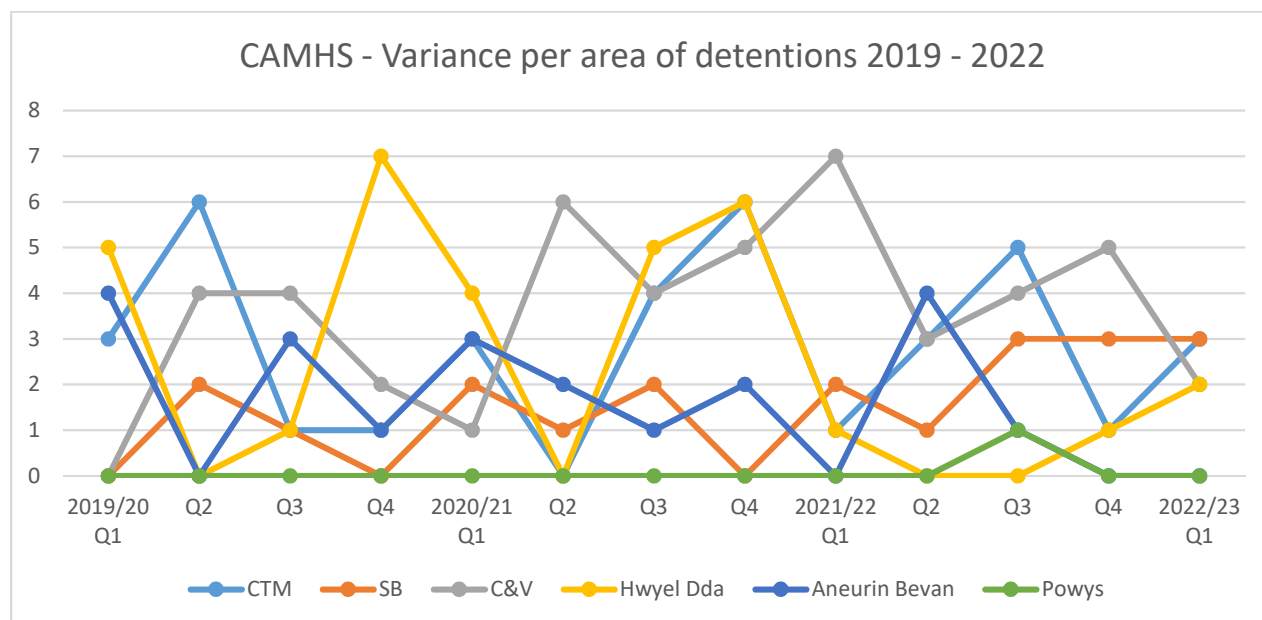
Quarter 1 CAMHS Activity 2022/2023

Section	2021/22 Quarterly Mean	% of Total	Q1 2022/23	% of Total
Section 5(4)	0	0%	0	0%
Section 5(2)	1.5	12.24%	0	0%
Section 4	1	8.16%	0	0%
Section 2	5.25	42.86%	4	40%
Section 3	4.5	36.73%	6	60%
Total	12.25	100.00%	10	100%



Number of CAMHS MHA detentions per locality

Area	2021/22 Quarterly Mean	Q1 2022/23
Cwm Taf Morgannwg	2.5	3
Swansea Bay	2.25	3
Cardiff & Vale	4.75	2
Hywel Dda	0.5	2
Aneurin Bevan	1.25	0
Powys Teaching	0.25	0



Out of the 10 detentions for Q1, all were detained in Ty Llidiard.

USE OF SECTIONS AND OUTCOMES for January – June 2022

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. A non-psychiatric doctor on a general medical ward can use this section.

S5(2) OUTCOMES	Jan 22	Feb 22	March 22	April 22	May 22	June 22
Section 2	3	0	3	3	2	1
Section 3	1	2	0	0	0	0
Informal	3	3	1	1	2	5
Lapsed	0	0	0	0	0	1
Invalid	0	1	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	Jan 22	Feb 22	March 22	April 22	May 22	June 22
Section 3	4	7	6	6	9	8
Informal	19	11	16	16	8	17
Discharged	2	4	4	13	6	0
Lapsed	0	0	0	0	0	1
Invalid	0	0	1	0	0	0
Transfer	1	4	2	0	2	1

Section 3 of the Mental Health Act 1983

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

S 3 OUTCOMES	Jan 22	Feb 22	March 22	April 22	May 22	June 22
Section 3 renewed	2	2	2	2	1	0
Informal	7	1	5	3	6	7
Discharged	4	0	3	3	3	5
Lapsed	0	0	0	0	0	0
Invalid	0	1	0	0	0	0
Transfer	2	3	1	2	3	0
CTO	1	0	3	1	1	2

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

	2021/22 Quarterly Mean	Q1 2022/23
Adult Detentions	92.25	102
Older Persons detentions	28.5	33
CAMHS detentions	9	10
TOTAL	129.75	145

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 2022/23
Adult	2	0.25	0
	3	0	0
	4	0	0
Older Persons	2	0	1
	3	0	0
	4	0	0
CAMHS	2	0.25	0
	3	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	2021/22 Quarterly Mean	Q1 2022/23
Part 2 Patients to CTUHB	11.25	10
Part 3 patients to CTUHB	1	0
Part 2 patients from CTUHB	11.25	9
Part 3 patients from CTUHB	0.5	1
TOTAL	24	20



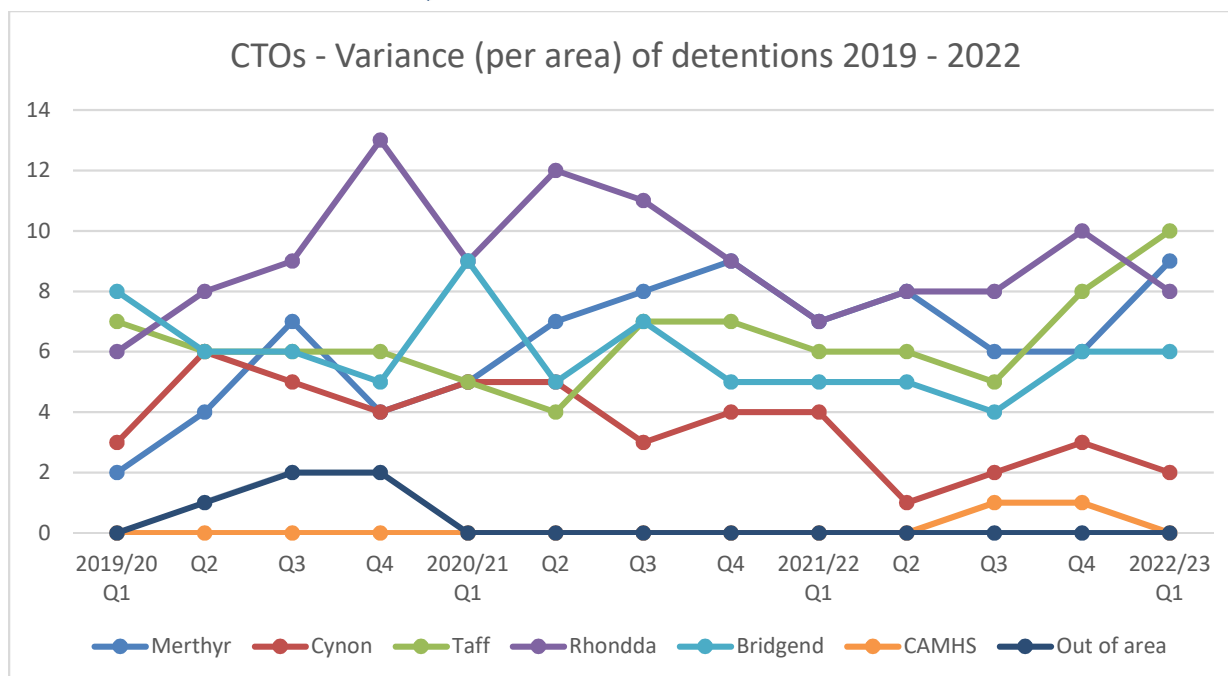
COMMUNITY TREATMENT ORDER, Section 17A (CTO)

Q1 CTO Activity 2022/2023

SECTION	Power	2021/22 Quarterly Mean	Q1 2022/23
17A	Community Treatment Order made	5.5	8
	Community Treatment order extended	5.75	8
	Recalled to hospital and not revoked	1.25	2
	Recalled to hospital and revoked	2.75	4
	Discharged from CTO	4	0
	Transferred	1.25	0
	Other (Deceased)	0	0

Current CTO by area

Area	2021/22 Quarterly Mean	Q1 2022/23
Merthyr	6.75	9
Cynon	2.5	2
Taff	6.25	10
Rhondda	8.25	8
Bridgend	5	6
CAMHS	0.5	0
Out of area	0	0
Total	29.25	35



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	2021/22 Quarterly Mean	Q1 2022/23
Assessed and admitted informally	0	0
Assessed and Discharged	0.25	1
Assessed and detained under Section 2	2.75	3
Assessed and detained under Section 4	0.25	0
Assessed and detained under Section 3	0.5	1
TOTAL	3.75	5

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	2021/22 Quarterly Mean	Q1 2022/23
Assessed and admitted informally	7.25	9
Assessed and detained under Section 2	10	9
Assessed and detained under Section 4	0.25	0
Assessed and detained under Section 3	0.25	0
Discharged with no follow up required	9.25	5
Discharged referred to community services	30.75	16
Section 136 lapsed	1.25	1
Other /(Recall from CTO)/ or transfer	0.5	0
TOTAL	59.5	40

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	2021/22 Quarterly Mean	Q1 2022/23
Number of Hearings held	11	13
Number of Referrals by Hospital Managers	12.25	20
Number of Appeals to Hospital Managers	1	0
Number of Detentions upheld by Hospital Managers	9.75	13
Number of detentions discharged by Hospital Managers	0	0
Number of patients discharged by RC prior to Hearing	1.25	0

Q1:

4 hearings were postponed
1 hearing was adjourned
2 not held in line with Welsh Government Covid Guidance

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	2021/212Quarterly Mean	Q1 2022/23
Number of Hearings held	23.5	33
Number of Referrals by Hospital Managers	8.5	13
Number of referrals by Ministry of Justice	0.25	2
Number of referrals by Welsh Ministers	0	0
Number of Appeals to MHRT	36.5	47
Number of Detentions upheld by MHRT	21	31
Number of detentions discharged by MHRT	0.75	2
Number of Hearings adjourned/postponed	5	5
Number of Hearings cancelled by patient	7.75	10
Number of patients transferred to another Health Board prior to Hearing	1.75	4
Number of patients discharged by RC prior to Hearing	10.25	10

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.

Q1: There was a death of a patient detained under Section 2 of the MHA 1983 in June 2022 on Ward 14 in Coity Clinic.

TRAINING

A joint training event on the subject of Nearest Relative has been booked for 13th October 9.30-12.30 on Microsoft Teams.



Appendix 2

MENTAL HEALTH ACT (1983)

GLOSSARY OF TERMS

SUMMARY OF COMMON SECTIONS OF THE MENTAL HEALTH ACT 1983

Section 5(4) 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>
Section 5(2) 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>
Section 4 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>
Section 2 Admission for assessment	Individual is detained in hospital for up to 28 days for assessment of mental health. <u>Criteria:</u> 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>
Section 3 Admission for Treatment	Individual is detained in hospital for up to 6 months for treatment of mental disorder. <u>Criteria:</u> 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>
Section 7 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>Criteria: 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>
Section 37 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>Criteria: 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>
Section 37/41 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>
Section 135 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){non-detained patient} warrant required or Section 135 (2){ sections and CTO patients} required)</i></p>
Section 136 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>
Section 17 A 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.</p> <p>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>
Section 17 leave	<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>
Section 117 aftercare	<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>
MHAM Hearings (Mental Health Act Managers)	<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>
MHRT Hearings (Mental Health Review Tribunal)	<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>