



**AGENDA ITEM**

3.1.2

**MENTAL HEALTH ACT MONITORING COMMITTEE**

**MENTAL HEALTH ACT MONITORING  
ACTIVITY REPORT FOR QUARTER 3 ( OCTOBER-DECEMBER 2021 )**

<b>Date of meeting</b>	02/03/2022	
<b>FOI Status</b>	Open/Public	
<b>If closed please indicate reason</b>	Choose an item.	
<b>Prepared by</b>	Mrs Alison Thomas -Mental Health Act Team Leader	
<b>Presented by</b>	Phil Lewis, Head of Mental Health Nursing.	
<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

In the reporting period, there has been an increase in detentions within Adult, Older Persons and CAMHS services.

There has been 3 occasions in the use of Section 4 and 3 uses of Section 5(4) during the quarter; all in the Royal Glamorgan Hospital.

There was 1 death of a patient who was detained under Section 2 of the MHA 1983.

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 2<sup>nd</sup> March 2022.



## 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 Q3 (October – December 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 have risen from 108 to 110 between Q2 and Q3. The number of Section 2 detentions increased from 54 to 63 with the number of Section 3 detentions decreasing from 25 to 23.

The figures are split by localities as follows:

In Merthyr detentions increased by 10% from 20 in Q2 to 22 in Q3.

In Cynon detentions increased by 75% from 12 to 21.

In Taff Ely detentions increased by 164.71% from 11 to 28.

In Rhondda detentions increased by 7.69% from 13 to 14.

In Bridgend detentions decreased by 47.06% from 34 to 18.

Out of area detentions decreased by 61.11% from 18 to 7.

The use of Section 4 emergency applications was applied on three occasions in Q3, with 2 patients from the Cynon area and 1 from Merthyr. One detention occurred during working hours on a Friday but the other two were applied out of normal working hours.

All three were regraded to Section 2 within the 72- hour period.

There was 3 occasions when the nurses' holding power under Section 5(4) was used. All occurred over the weekend in the Royal Glamorgan Hospital. The same patient was detained on two Section 5(4)'s on consecutive days. On both occasions, the patient was assessed and agreed to remain in hospital on an informal basis. The other patient was regraded to Section 5(2). A doctor assessed all of the patients within the 6-hour period.

### 2.3 **Older Persons Detentions**

The total number of detentions in Older Persons increased from 29 in Q2 to 32 in Q3, a 13.79% increase, with variance across the localities as below:

In Cynon detentions increased from 3 to 8 – a 166.67% increase

In Rhondda detentions increased from 5 to 7– a 40% increase

In Bridgend detentions increased from 6 to 10 – a 66.67% increase

In Merthyr detentions decreased from 4 to 3 – a 25% decrease

In Taff detentions decreased from 8 to 4 – a 50% decrease

Out of area detentions decreased from 3 to 0.

### 2.4 **CAMHS Detentions**

CAMHS detentions increased from 11 new detentions in Q2 and 14 in Q3, a 27.27% increase.

In Q3, the 14 detentions were from the following Health Boards (1 from Aneurin Bevan, 4 from Cardiff and Vale UHB, 1 from Powys Teaching LHB, 3 from Swansea Bay UHB and 5 from CTM UHB).

Out of the 14, 1 young person was detained twice on an Adult ward within a Mental Health Unit and 1 on a paediatric ward within the Health Board.

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

There were 7 new CTOs applied in Q3 compared with 4 in Q2, a 42.86% increase.

In Q3, there were 4 CTOs extended, 5 recalled, 5 recalled and revoked. 4 patients were discharged from detention under CTO.

There were 26 CTOs in place at the end of Q3 on 31<sup>st</sup> December 2021.

## 2.6 Use of Section 135/136 Police Powers

Section 136 detentions decreased from 68 in Q2 to 61 in Q3. Section 135 detentions, in Q2 there was 1 and 6 in Q3.

Use of Section 135 and 136 by area for Q3 2021/2022

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Taff	8	5	9
Rhondda	11	6	14
Merthyr	8	8	6
Cynon	3	13	7
Bridgend	22	33	22
Out of area	5	4	9
<b>Total</b>	<b>57</b>	<b>69</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.

## 2.7 Current Challenges

- Issue of Responsible Clinician cover across all localities in the former Cwm Taf.
- Trial of the model in RGH, which is operational in the Bridgend locality
- Additional long term sickness in the MHA office



## 2.8 Errors and Breaches

2.9 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.

### 2.10 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.

### 2.11 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, but all breaches are reported via Datix to enable monitoring and for training to be put in place as necessary.

2.12 The total number of **minor** errors across all services was 43, which were all rectified within the time limit. This can be broken down further into detaining hospitals and wards.

Category	Q1 2021/22	Q2 2021/22	Q3 2021/22
Rectifiable (minor errors)	33	35	43
Fundamentally defective	4	2	2



- ❖ 43 minor errors rectified within 14 days as per Section 15 MHA.

	Angelton	POW			RGH					Ty Lliard	YCC	Pinewood	PCH
Sections	2	7	14	PICU	Admissions	21	23	PICU	Seren	Enfys	7	Pinewood	31
Section 2	5	1	2	1	12	1	1	5	1	1	2	0	1
Section 3	0	0	1	0	0	1	0	1	0	3	0	1	0
Section 4	0	0	0	0	0	0	0	0	1	0	0	0	0
Section 5(2)	0	0	0	0	0	0	0	0	0	0	0	0	0
CTO	0	0	0	0	0	1	0	0	0	1	0	0	0
<b>Total</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>1</b>

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

Rectifiable Errors		Angelton	POW			RGH					Ty Lliard	YCC	Pinewood	PCH	
Responsible for Error	Forms	2	7	14	PICU	Admissions	21	23	PICU	Seren	Enfys	7	Pinewood	31	Total
AMHP	HO2	4	0	1	1	5	0	0	4	1	1	2	0	1	20
AMHP	HO6	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Doctor	HO4	0	0	0	0	8	0	0	0	0	0	0	0	0	8
Doctor	HO8	0	0	2	0	0	0	0	0	2	2	0	0	0	6
Doctor	CP1	0	0	0	0	0	1	0	0	0	1	0	0	0	2
Nurse	HO14	3	1	1	0	5	2	1	2	1	2	1	1	1	21
	<b>Total</b>	<b>7</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>18</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>58</b>

- ❖ Some detentions contain multiple errors on the section papers

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

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

The total number of fundamentally **defective** errors across all services in Quarter 3 was 2, the same figure in Q2. This is broken down below into hospitals and wards.

Q3 Fundamental Errors	Angelton	POW	RGH
Sections	2	PICU	Admissions
Section 2	1	0	1
Section 3	0	0	0



## ❖ Invalid Section 2

The wrong hospital was named on the AMHP's application form HO2 for detention under Section 2 of the MHA on 17/10/2021.

Following an assessment in the Crisis suite and a bed being identified by the RC on Seren ward in RGH, the AMHP completed the application form HO2 to RGH. Subsequently, Seren could not accept the admission due to the number of COVID-19 cases on the ward.

As no other beds were available in RGH, the patient was admitted to Ward 2 in Angelton Clinic, Bridgend, without the completion of a fresh application.

Under Section 6 of the MHA, it is unlawful to take a patient to a hospital that is not named on the application form, even though the two hospitals come under the same Hospital Managers.

Once the fundamental breach had been identified by the MHA office, they advised the RC to formally discharge the patient, by completion of a Form HO17. A new MHA assessment was undertaken and the patient lawfully detained under Section 2 on 18/10/2021.

The MHA Office formally wrote to the patient informing them of the reasons for the discharge.

## ❖ Invalid Section 2

One of the medical recommendations for detention under Section 2 of the Act, on Form HO4 was not signed or dated by the doctor.

This rendered the Section 2 dated 05/12/2021 fundamentally defective, as the error is not rectifiable under Section 15.

The MHA Office informed the AMHP and the RC that the Section 2 was unlawful and advised the RC to exercise their powers under Section 23 to formally discharge the patient from detention, by completing the form HO17.

This is required because, once an application has been accepted by the hospital managers, only the courts can decide on the lawfulness of the application.

The deputy ward manager was asked to inform the patient that they were of informal status. The MHA Office formally wrote to the patient informing them of the discharge.

## ❖ Actions

The MHA team have re-circulated the receipt & scrutiny checklist to all ward managers and AMHP team leaders.





## TRAINING

- ❖ Overview of the Mental Health Act 1983 was completed on MS teams on 8/12/2021 for nursing staff.
- ❖ Interface between the Mental Health Act and Mental Capacity Act- 13/01/2022.
- ❖ Overview of the MHA to for the Independent Board Members - 02/02/2022.

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

- 3.1 The lack of availability of Consultant cover in all areas 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.

- 3.2 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 the key priority.

- 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 old 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 MHA training materials on Hospital Managers Barring Hearings, CTO recalls and revocations and the Overview of the Mental Health Act have been uploaded onto Share Point, which can be accessed using the following link:



[http://ctuwb-intranet/dir/MH/MHAH/Tr/\\_layouts/15/start.aspx#/SitePages/Home.aspx](http://ctuwb-intranet/dir/MH/MHAH/Tr/_layouts/15/start.aspx#/SitePages/Home.aspx)

- 4.2 No sections were allowed to lapse during the quarter, which is a credit to the hard work of the limited staff in the MHA team in their communication with the RCs.
- 4.3 An unexpected three- day visit by Healthcare Inspectorate Wales (HIW) to Ty Llidiard in November produced excellent verbal feedback.

## 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.
<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

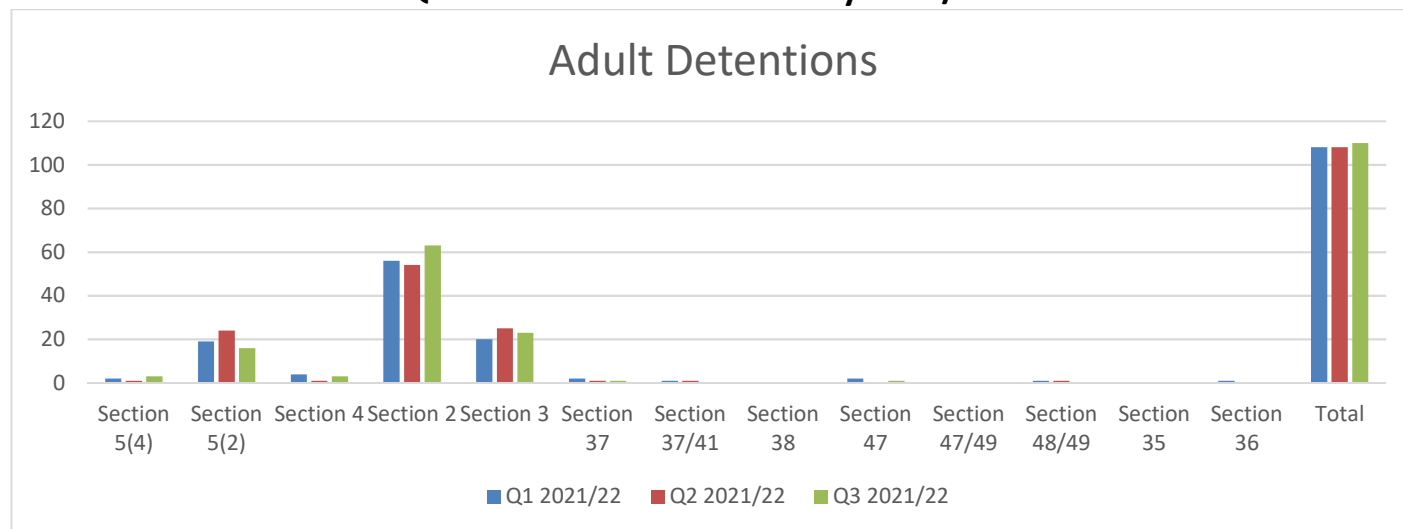
6.1 The MHA Monitoring Committee is asked to:

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



## Appendix 1.

### Quarter 3 MHA Adult Activity 2021/2022



### Quarter 3 MHA Adult Activity 2021/2022

Section	Q1 2021/22	% of Total	Q2 2021/22	% of Total	Q3 2021/22	% of Total
Section 5(4)	2	1.85%	1	0.93%	3	2.73%
Section 5(2)	19	17.59%	24	22.22%	16	14.55%
Section 4	4	3.70%	1	0.93%	3	2.73%
Section 2	56	51.85%	54	50.00%	63	57.27%
Section 3	20	18.52%	25	23.15%	23	20.91%
Section 37	2	1.85%	1	0.93%	1	0.91%
Section 37/41	1	0.93%	1	0.93%	0	0.00%
Section 38	0	0.00%	0	0.00%	0	0.00%
Section 47	2	1.85%	0	0.00%	1	0.91%
Section 47/49	0	0.00%	0	0.00%	0	0.00%
Section 48/49	1	0.93%	1	0.93%	0	0.00%
Section 35	0	0.00%	0	0.00%	0	0.00%
Section 36	1	0.93%	0	0.00%	0	0.00%
<b>Total</b>	<b>108</b>	<b>100%</b>	<b>108</b>	<b>100%</b>	<b>110</b>	<b>100%</b>

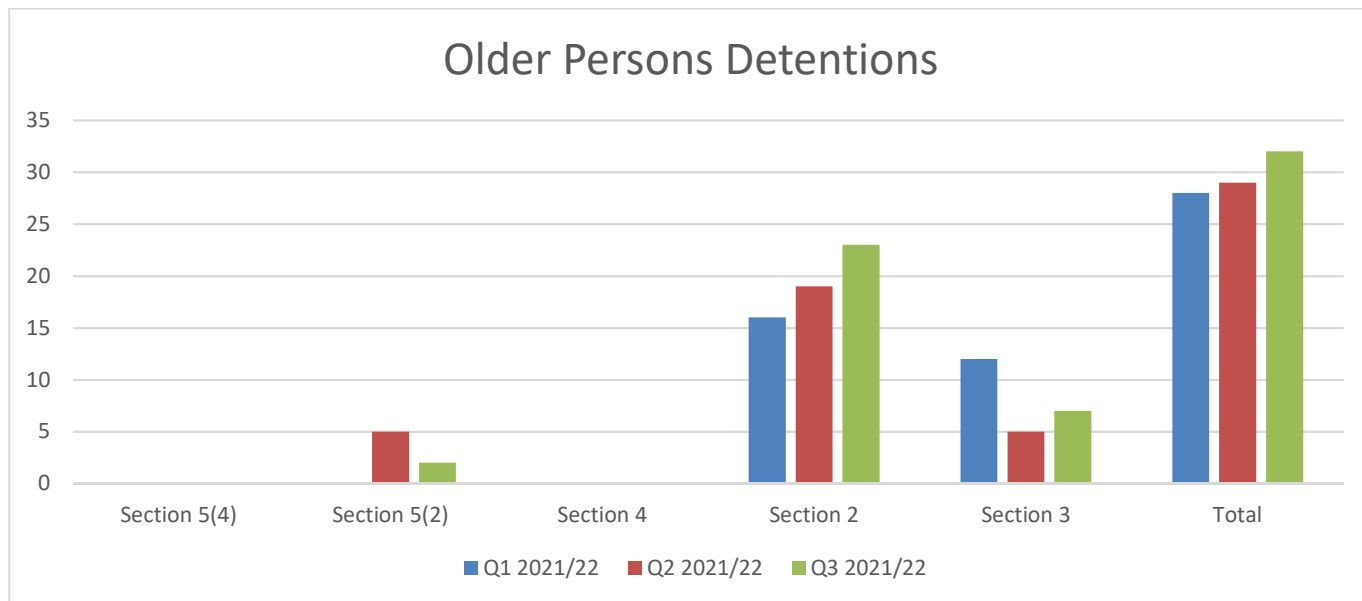
### Number of Adult MHA detentions per locality

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Merthyr	22	20	22
Cynon	18	12	21
Taff	23	11	28
Rhondda	11	13	14



<b>Bridgend</b>	18	34	18
<b>Out of area</b>	16	18	7

### Quarter 3 MHA Older Persons Activity 2021/2022



### Quarter 2 MHA Older Persons Activity 2021/2022

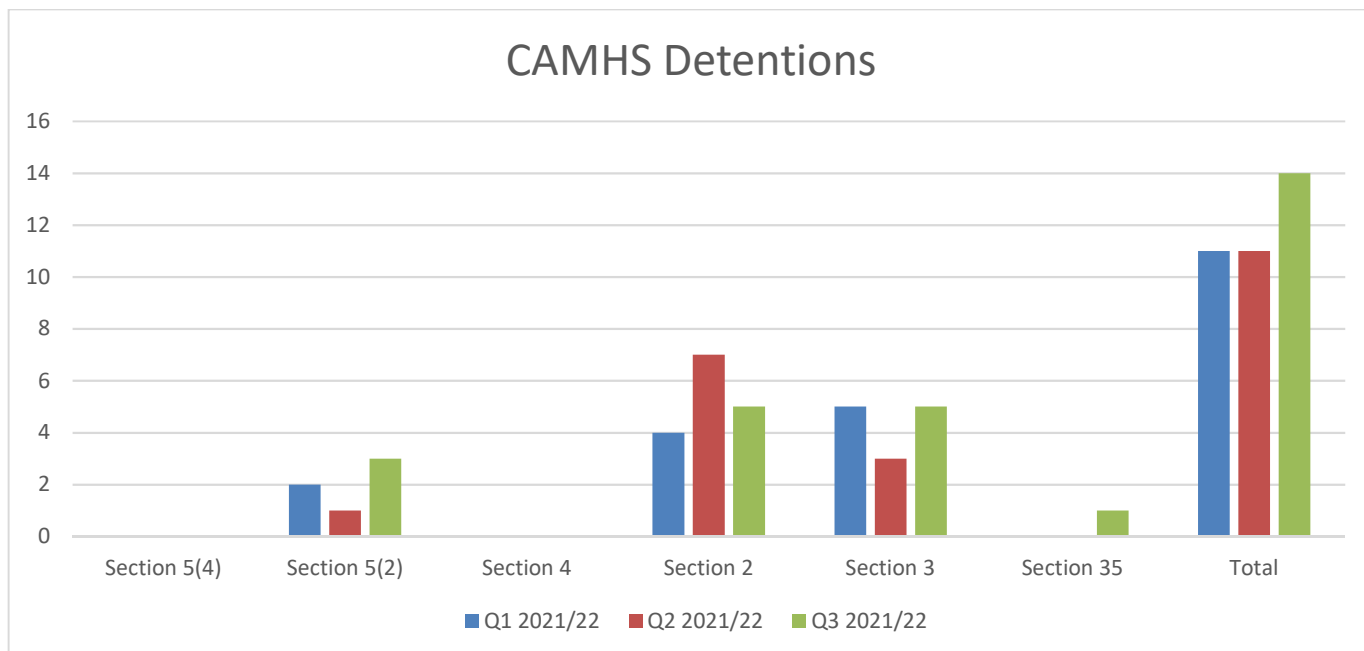
Section	Q1 2021/22	% of Total	Q2 2021/22	% of Total	Q3 2021/22	% of Total
Section 5(4)	0	0%	0	0%	0	0%
Section 5(2)	0	0%	5	17.24%	2	6.25%
Section 4	0	0%	0	0%	0	0%
Section 2	16	57.14%	19	65.52%	23	71.88%
Section 3	12	42.86%	5	17.24%	7	21.88%
<b>Total</b>	<b>28</b>	<b>100%</b>	<b>29</b>	<b>100%</b>	<b>32</b>	<b>100%</b>

### Number of Older Persons MHA detentions per locality

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
<b>Merthyr</b>	6	4	3
<b>Cynon</b>	10	3	8
<b>Taff</b>	2	8	4
<b>Rhondda</b>	2	5	7
<b>Bridgend</b>	8	6	10
<b>Out of area</b>	0	3	0



## Quarter 3 CAMHS Activity 2021/2022



## Quarter 3 CAMHS Activity 2021/2022

Section	Q1 2021/22	% of Total	Q2 2021/22	% of Total	Q3 2021/22	% of Total
Section 5(4)	0	0.00%	0	0.00%	0	0.00%
Section 5(2)	2	18.18%	1	9.09%	3	21.43%
Section 4	0	0.00%	0	0.00%	0	0.00%
Section 2	4	36.36%	7	63.64%	5	35.71%
Section 3	5	45.45%	3	27.27%	5	35.71%
Section 35	0	0.00%	0	0.00%	1	7.14%
<b>Total</b>	<b>11</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>14</b>	<b>100%</b>

## Number of CAMHS MHA detentions per locality

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
<b>Cwm Taf Morgannwg</b>	<b>1</b>	<b>3</b>	<b>5</b>
<b>Swansea Bay</b>	<b>2</b>	<b>1</b>	<b>3</b>
<b>Cardiff &amp; Vale</b>	<b>7</b>	<b>3</b>	<b>4</b>
<b>Hywel Dda</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Aneurin Bevan</b>	<b>0</b>	<b>4</b>	<b>1</b>
<b>Powys Teaching</b>	<b>0</b>	<b>0</b>	<b>1</b>



**Out of the 14 detentions for Q3 - 2 were detained on an Adult Mental Health ward and 1 was on a Paediatric ward.**

**In Q3, there were no occasions whereby a CTMUHB CAMHS patient was admitted to an emergency CAMHS bed in Ward F, Neath Port Talbot Hospital.**

## **USE OF SECTIONS AND OUTCOMES for October - December 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	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Section 2	1	7	2	5	4	2	3	1	5
Section 3	0	1	1	0	1	1	0	0	1
Informal	3	4	3	8	2	7	4	7	0
Lapsed	1	1	0	0	0	0	0	0	0
Invalid	0	0	0	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	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Section 3	7	8	13	11	6	3	6	7	6
Informal	10	15	15	9	11	11	16	20	16
Discharged	7	0	3	9	4	7	7	4	7
Lapsed	0	0	0	0	0	2	0	0	0
Invalid	0	0	0	0	0	1	1	0	1
Transfer	1	2	0	1	3	4	1	3	0
Deceased	0	0	0	0	0	0	0	1	0

### **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	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21
Section 3 renewed	2	4	4	2	4	1	2	0	3
Informal	4	3	3	14	3	3	2	11	3
Discharged	1	1	3	7	3	2	1	3	2
Lapsed	0	0	0	0	0	0	0	0	0



Invalid	0	0	0	0	0	0	0	0	0
Transfer	4	2	2	5	1	2	0	1	1
CTO	0	0	1	0	1	2	1	3	1

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

	Q1 2021/22	Q2 2021/22	Q3 2021/22
Adult Detentions	78	92	91
Older Persons detentions	28	24	31
CAMHS detentions	6	10	10
<b>TOTAL</b>	<b>112</b>	<b>126</b>	<b>132</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	Q1 2021/22	Q2 2021/22	Q3 2021/22
Adult	2	0	1	0
	3	0	0	0
	4	0	0	0
Older Persons	2	0	0	0
	3	0	0	0
	4	0	0	0
CAMHS	2	0	1	0
	3	0	0	0
	4	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 2021/22	Q2 2021/22	Q3 2021/22
Part 2 Patients to CTUHB	7	18	12
Part 3 patients to CTUHB	2	0	1
Part 2 patients from CTUHB	6	16	8
Part 3 patients from CTUHB	1	1	0
<b>TOTAL</b>	<b>16</b>	<b>35</b>	<b>21</b>

## COMMUNITY TREATMENT ORDER, Section 17A (CTO) Q3 CTO Activity 2021/2022

SECTION	Power	Q1 2021/22	Q2 2021/22	Q3 2021/22
<b>17A</b>	Community Treatment Order made	3	4	7
<b>20A</b>	Community Treatment Order extended	2	9	4
<b>17E</b>	Recalled to hospital and not revoked	3	2	0
<b>17F</b>	Recalled to hospital and revoked	5	1	5
<b>23</b>	Discharged from CTO	6	5	4
<b>19</b>	Transferred	5	0	0
	Other (Deceased)	0	0	0

## Current CTO by area

Area	Q1 2021/22	Q2 2021/22	Q3 2021/22
Merthyr	7	8	6
Cynon	4	1	2
Taff	6	6	5
Rhondda	7	8	8
Bridgend	5	5	4
CAMHS	0	0	1
Out of area	0	0	0
<b>Total</b>	<b>29</b>	<b>28</b>	<b>26</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 2021/22	Q2 2021/22	Q3 2021/22
Assessed and admitted informally	0	0	0
Assessed and Discharged	0	0	0
Assessed and detained under Section 2	3	1	5
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	0	0	0
Recalled from CTO	0	0	1
<b>TOTAL</b>	<b>3</b>	<b>1</b>	<b>6</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 2021/22	Q2 2021/22	Q3 2021/22
Assessed and admitted informally	5	9	9
Assessed and detained under Section 2	6	9	13
Assessed and detained under Section 4	0	0	0
Assessed and detained under Section 3	1	0	0
Discharged with no follow up required	11	15	7
Discharged referred to community services	31	35	28
Section 136 lapsed	3	0	2
Other /(Recall from CTO)/ or transfer	0	0	2
<b>TOTAL</b>	<b>57</b>	<b>68</b>	<b>61</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 2021/22	Q2 2021/22	Q3 2021/22
Number of Hearings held	7	21	9
Number of Referrals by Hospital Managers	9	23	7
Number of Appeals to Hospital Managers	4	0	0
Number of Detentions upheld by Hospital Managers	7	18	8
Number of detentions discharged by Hospital Managers	0	0	0
Number of patients discharged by RC prior to Hearing	2	2	1

**Q3:** 2 hearings were postponed  
 1 hearing was adjourned  
 1 patient was placed on CTO prior to Hearing  
 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	Q1 2021/22	Q2 2021/22	Q3 2021/22
Number of Hearings held	24	33	15
Number of Referrals by Hospital Managers	12	5	8
Number of referrals by Ministry of Justice	0	1	0
Number of referrals by Welsh Ministers	0	0	0
Number of Appeals to MHRT	46	42	28
Number of Detentions upheld by MHRT	24	25	15
Number of detentions discharged by MHRT	0	1	0
Number of Hearings adjourned/postponed	9	9	2
Number of Hearings cancelled by patient	5	8	8
Number of patients transferred to another Health Board prior to Hearing	2	2	2
Number of patients discharged by RC prior to Hearing	11	13	11

## 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.

Q3: There was 1 death of a patient who was detained under Section 2 of the MHA 1983.



## 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.</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>
<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>