

POLICY REFERENCE NUMBER
SABP/SERVICE IMPROVEMENT/0031

POLICY NAME
SECTION 135/136 POLICY

BRIEF OUTLINE OF THIS POLICY
<p>To agree the roles and responsibilities of the Trust, Local Authorities, Police and Acute Trusts within Surrey and North East Hampshire in respect of Section 135 and Section 136 of the Mental Health Act 1983 (as amended in 2007).</p>

Version Number	4.0
Approving Committee	Executive Board
Policy Category	Mental Health Act
Executive Lead	Deputy Chief Executive
Name of Author	Mental Health Act Co-ordinators and Multi-Agency Section 135/136 group
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Review Date	7 th December 2020
Target Audience	All agencies, operational services, clinical and managerial staff

KEY PRINCIPLES ABOUT THIS POLICY	
1.	Set out the role and responsibilities of the partner agencies to provide assessment within a reasonable time and in line to the MHA and Code of Practice
2.	This policy includes the updates which is relevant to the Policing and Crime Act 2017
3.	Ensure capacity of Surrey & Borders Partnership Foundation NHS Trust assessment suites at all time.

This policy has been reviewed and is compliant with the most up to date Code of Practice			
Policing and Crime Act (2017)	Mental Health Act (1983)	Police and Criminal Evidence Act (1984)	Human Rights Act (1998)
Mental Capacity Act (2005)	Care Act (2014)		

VERSION CONTROL

Version	Date	Author	Status	Comment
2.0	1 July 2009	Multi Agency S135/136 Group	Approved	
2.1 – 2.7	Ongoing	Multi Agency S135/136 Group	Draft	Working drafts
2.8	February 2013	Multi Agency S135/136 Group	Draft	Issued for Consultation
2.9	Feb 2014	Multi Agency S135/136 Group	Draft	Post Consultation updates – for approval to PAG
2.9.1	Feb 2014	Multi Agency S135/136 Group	Draft	Updates requested by Police following governance checks – for approval to Exec
3.0	March 2014		Approved	Approved by Exec in Feb subject to checking against Crisis Concordant
3.1	November 2015		Draft	Minor amendments and updates in relation to new code of practice
3.2	November 2017	Multi Agency S135/136 Group	Draft	Minor amendments and updates in relation to the Policing and Crime Act 2017
4.0	November 2017	Multi Agency S135/136 Group	Approved	Approved with minor changes

Summary of Changes since Version 3.0

Numbers <i>(Select the appropriate action)</i>			
Page	Paragraph	Appendix	Original/New/Amendment/Deleted – Statement <i>(select the appropriate action)</i>
			This policy is using the new SABP Policy Template
			This review is a substantial re-write of the previous policy as a result of the changes required and therefore should be read as a whole new policy

Contents Page

Section	Page
POLICY SECTION	
(A policy is the guiding principle setting direction)	
	2
	2
1.0	4
2.0	4
3.0	5
4.0	5
5.0	6
PROCEDURE SECTION	
(A procedure is the services of steps to follow to accomplish an end result)	
6.0	8
7.0	9
8.0	10
9.0	10
10.0	10
11.0	14
12.0	24
13.0	27
14.0	28
15.0	28
16.0	28
17.0	29
18.0	29
19.0	30
20.0	30
21.0	30
	31
	37

POLICY SECTION

1.0 Purpose

Section 135(1) allows police, accompanied by an Approved Mental Health Professional (AMHP) and a doctor to enter locked premises with a warrant and;

- Remove a person suffering from a mental disorder to a place of safety with a view to the making an application under part 2 of this Act or of other arrangements for their treatment or care;
- Or
- If the premises specified in the warrant are a place of safety the officer executing the warrant may, instead of removing the person to another place of safety, keep the person at those premises with a view to the making of an application under part 2 of this Act or of other arrangements for their treatment or care.

Section 135(2) allows to take a patient or retake a patient who is liable under this act to be taken or retaken with the use of a warrant.

Section 136 empowers a Police Officer to remove to or keep at a place of safety any person who appears to be suffering from a mental disorder and in immediate need of care and control.

2.0 Policy Statement

- 2.1 This policy places the individual at the centre of the service and aims to maintain their health and dignity while detained, ensuring their safety whilst respecting their rights as an individual.
- 2.2 To take such measures as are required to ensure the detained person is kept fully informed of their legal rights under the MHA 1983 and PACE.
- 2.3 The Trust is in agreement with its Partner Agencies that assessment and care should be provided in the most appropriate place available.
- 2.4 This policy and procedure clarifies the roles and responsibilities of the Partner Agencies in each of the settings, to provide assessment within a reasonable time and with the minimum disruption and stress to the detained individual.
- 2.5 This policy sets benchmarks to ensure highest possible standards, has a system to monitor these standards and report back to the Multi Agency Operations meeting, Mental Health Act Managers, Trust Board and other agencies. There is also a feedback system should an unforeseen problem arise to ensure it is

addressed immediately and then discussed within the Multi Agency Operations meetings.

3.0 Related SABP Policies

- SERVICE IMPROVEMENT/0009 Absent Without Leave Missing Persons Policy
- SERVICE IMPROVEMENT/0034 Mental Capacity and Best Interests Policy

4.0 Glossary of Terms

Absent without leave (AWOL)	A patient being absent, without permission, from the place they ought to be under the MHA83.
Approved mental health professional (AMHP)	A social worker or other professional approved by a local authority to carry out a variety of functions under the Act.
Capacity	The ability to take a decision about a particular matter at the time the decision needs to be made.
Carer	A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation.
Community Treatment Order (CTO)	A CTO is the legal authority for the patient's discharge from detention, subject to the possibility of recall. Community patients are expected to comply with conditions specified in the CTO
Consent	Agreeing to allow someone else to do something to or for you. Particularly consent to treatment. Valid consent requires that the person has the capacity to make the decision (or the competence to consent, if a child), and they are given the information they need to make the decision, and that they are not under any duress or inappropriate pressure.
Guardianship	The appointment of a guardian to help and supervise patients (aged 16 or over) in the community for their own welfare or to protect other people. The guardian may be either a local authority or someone else approved by a local authority (a private guardian).
Healthcare professional	A specified healthcare professional as defined by section 136(1C) Mental Health Act 1983, who the police should

consult with prior to using Section 136.

Informal patient

A patient who is not subject to any compulsory measure under the Act. In other words, a patient who is not a detained patient, a community patient, a guardianship patient or a conditionally discharged patient. The term is not used in the Act.

A few of the provisions of the Act apply to informal patients generally, or to certain groups of them.

Local authority

The local authority responsible for care and support services in a particular area of England, which is a local authority for the purpose of the Care Act 2014 (except where otherwise indicated).

Nearest Relative

Nearest relative is defined in section 26 of the Mental Health Act 1983. It often does not mean the same thing as next-of-kin and need not mean a relative at all (in the normal sense).

The nearest relatives of many (but not all) detained patients, community patients and guardianship patients have various rights under the Act.

Next of Kin

The term has no legal definition. An individual can nominate any other individual as their next-of-kin. There is no requirement for the nominated person to be a blood relative, although it is common. The status of next-of-kin confers no legal rights and has no special responsibilities

Section 12(2) Doctor

A Doctor with experience of mental health who is approved by undertaking Section 12 training in order to be able to make recommendations under the Act.

5.0 References

- The MHA 1983 (as amended by the Mental Health Act 2007)
- Police and Criminal Evidence Act 1984 [PACE]
- The Human Rights Act 1998
- Patient rights leaflets section 135 and 136
- Mental Capacity Act 2005
- Mental Health Act revised Code of Practice 2015
- Absent Without Leave Missing Persons Policy
- Mental Capacity and Best Interests Policy
- Missing Persons Protocol

- R (Sessay) v South London and Maudsley NHS Foundation Trust (2011) EWHC 2617 (QB)
- Guidance for the implementation of changes to police powers and places of safety provisions in the Mental Health Act 1983
- Policing and Crime Act 2017
- Care Act 2014
- The Mental Health Act 1983 (Place of Safety) Regulations 2017

PROCEDURE SECTION

6.0 Roles and Responsibilities

6.1 Chief Executive

In an NHS Foundation Trust, the trust as an organisation is defined as the Hospital Managers for the purposes of the MHA 1983 (MHA Code of Practice 37.2). Within Surrey and Borders Partnership NHS Foundation Trust, the Hospital Managers are identified as the Chief Executive and the Board of Directors.

The Hospital Manager's retain responsibility for the performance of all delegated duties and must ensure that those acting on their behalf are competent to undertake them.

6.2 Chief Nursing Officer

They hold the responsibility to monitor the compliance to the policy through the Multi-Agency Operations Meeting and the Mental Health Act Committee.

6.3 Approved Mental Health Professional (AMHP)

To undertake assessments under the MHA83 with a view to making an application for admission to hospital or to agree a satisfactory return to the community, including consultation with carers with the consent (or in the best interests) of the person being assessed.

6.4 Managers

Managers are responsible for ensuring that this policy is communicated to their team(s)/staff. They are also responsible for ensuring that staff attends relevant training and that the policy principles, that are applicable to their service, are implemented and embedded into best practice.

6.5 Assessment Suite Staff (Place of Safety)

Responsible for the co-ordination of the Mental Health Act assessment.

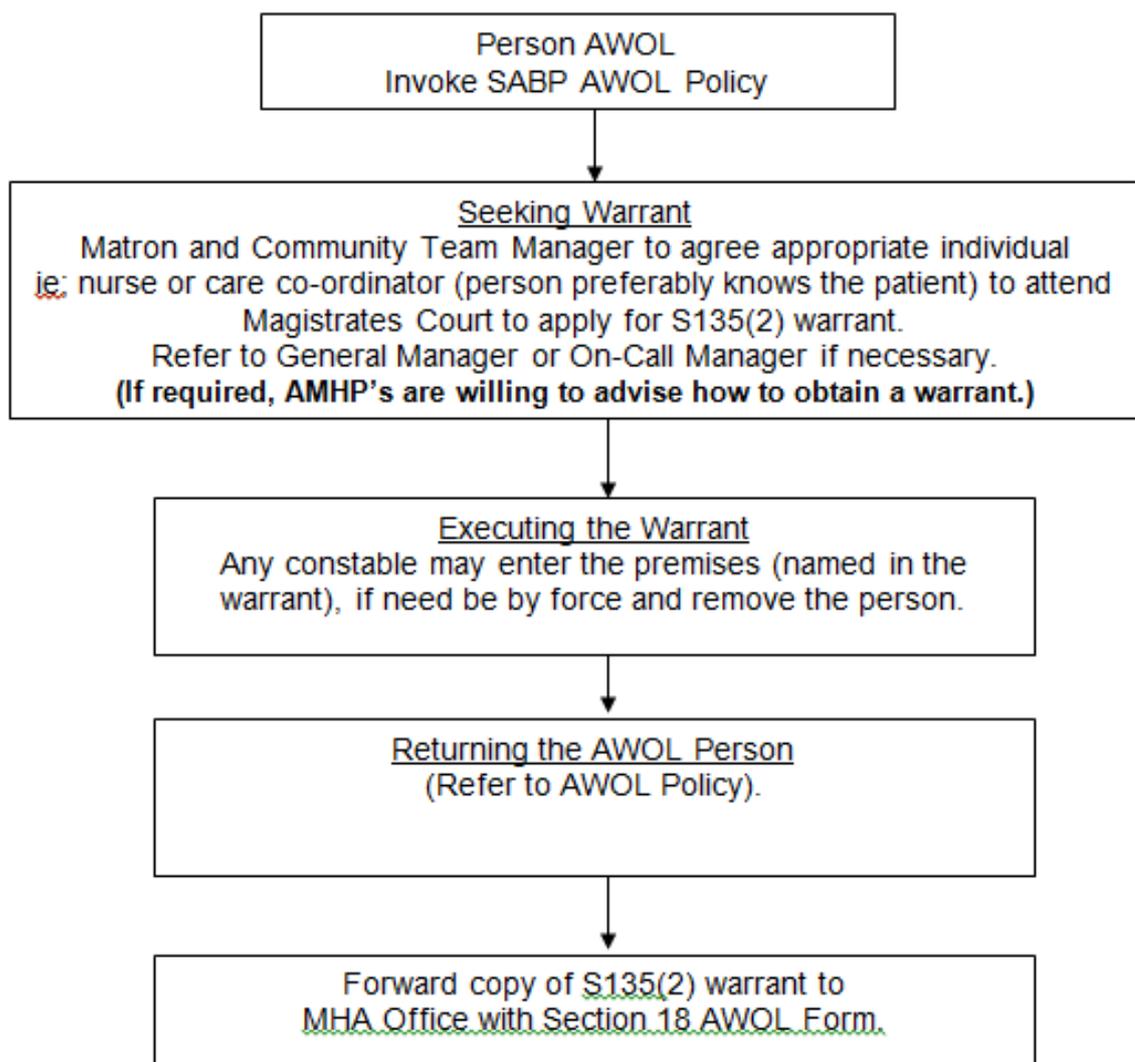
6.6 All Clinical SABP Staff

All clinical staff are required to be familiar with the principles within this policy.

7.0 FLOW CHART FOR THE USE OF SECTION 135(2) OF THE MHA 1983

Section 135(2) allows for the retaking of detained patients who have gone Absent Without Leave (AWOL). A person who is AWOL whilst on a detention order can be retaken by any officer in the employment of the hospital, as authorised by the hospital managers (ie the Trust who delegate the duty to appropriate staff).

If it is necessary to force entry to private property, a warrant under Section 135(2) must be sought from a Magistrate's Court to authorise the Police to enter the premises. The Mental Health Act 1983 states the following persons can apply for the warrant: Police Constable, AMHP or anyone in the hospital approved by the Hospital Managers. Local Protocol defines that the appropriate person to apply for the warrant will be the nurse or care co-ordinator.



8.0 Procedure Statement

The Policing and Crime Act 2017 (PACA) has made changes to the Mental Health Act 1983 and it requires the local Social Services Authority, NHS Trusts and the Chief Officer of Police to establish a clear policy for the implementation of Sections 135 and section 136.

Surrey and Borders Partnership NHS Foundation Trust, Surrey County Council, Hampshire County Council, Surrey Police, Hampshire Constabulary and South East Coast Ambulance Service have developed inter-agency protocols detailing the locally agreed responses to Section 135(1), Section 135(2) and Section 136 of the 2007 Amendments to the 1983 Mental Health Act (MHA 1983).

These protocols do not represent a full statement of the law, and should be read in conjunction with the 2007 Amendments to the MHA 1983 and; the Revised Mental Health Act Code of Practice, the Mental Health Crisis Concordat 2014, The Care Act 2014 and Sections 80 – 83 PACA.

The focus of this document is to ensure capacity of Surrey and Borders Partnership NHS Foundation Trust assessment suites at all times.

9.0 PROCEDURE AIM

THE POLICE POWER TO REMOVE TO A PLACE OF SAFETY

- To ensure S135/S136 of the MHA 1983 is implemented in a consistent and efficient manner throughout Surrey and North East Hampshire.
- To secure the competent and speedy assessment by a Registered Medical Practitioner, preferably section 12 approved, and an AMHP.
- This policy takes account, not only of the provisions of the law, but also of local circumstances and resources. It recognises that successful implementation depends on all the agencies involved and their willingness to work together.

10.0 Procedure for S135(1) & S135(2) Warrant Execution

S 135(1): Warrant to search and remove patients

10.1 Where an AMHP obtains a warrant from the Justice of the Peace, where there is reasonable cause to suspect that a person believed to be suffering from a mental disorder:

- a) has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the Justice, or
- b) being unable to care for himself, is living alone in any such place, the Justice of the Peace may issue a warrant authorising any constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove him to a place of safety with a view to the making of an application in respect of that person under Part II of the MHA 1983, or of other arrangements for their treatment or care. Once the intended place of safety has been identified the person will be conveyed safely and speedily.
(Refer to MHA 83 CoP Chapter 17).

10.2 S135(1a) – If the premises specified in the warrant are a place of safety, the constable executing the warrant may, instead of removing the person to another place of safety, keep the person at those premises with a view to the making of an application in respect of that person under part 2 of the MHA 1983 or of other arrangements for their treatment and care.

10.3 It is expected that the execution of the warrant shall be via prior negotiation between the AMHP and Police through the Contact Centre and Force Control Room. The responding officers should directly contact the AMHP and make arrangements to meet prior to attending the address with a Registered Medical Practitioner. It may be helpful if the doctor who accompanies the police officer is approved for the purposes of section 12(2). The warrant requires that the AMHP provides the warrant to the executing police officer who will complete it at the point of execution. Copies will be given to the person to whom it relates, the Place of Safety and retained by the police. The AMHP will send a copy of the warrant back to the issuing court. If there is no person on the premises, a copy must be left there. The AMHP must ensure that the premises are secured and any pets are appropriately cared for.

The warrant provides:

- The power of entry to Police

- It is required that the constable must be accompanied by an AMHP and Registered Medical Practitioner to execute the warrant
- It is the responsibility of the Police to gain entry to the property.
- It is the responsibility of the AMHP to make the decision for the removal to a place of safety and to arrange suitable transportation for the person (in the majority of cases this will be by ambulance)
- The warrant can only be used once
- Entry and search will be undertaken within 3 months of the warrant being issued.
- The 24 hour period during which a person may be detained commences from the date and time of arrival at the first place of safety or in a case where a person is kept at the premises specified in the warrant the time when the constable first entered the premises to execute the warrant.

10.4 If the S135(1) warrant has been executed and the person has been transported to a designated place of safety, the procedure will follow the same principles as those detailed from 4.0 Reception at the local psychiatric unit.

Section 135(2): warrant re-taking a patient

10.5 If it appears to a Justice of the Peace, on information on oath laid by any constable or other person who is authorised by or under this Act or under Article 8 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (Consequential Provisions) Order 2005) to take a patient to any place or to take into custody or re-take a patient who is liable under this Act or under said Article 8 to be so taken or re-taken:

- a. that there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the Justice, and
- b. that admission to the premises has been refused or that a refusal of such admission is apprehended

The Justice may issue a warrant authorising any constable to enter the premises, if need be by force, and remove the patient. Under the MHA 1983, such an authorised person to accompany the constable can be an officer on the staff of the hospital who is authorised by the Hospital Managers (the Trust).

10.6 If a person is on a Community Treatment Order (CTO), it is good practice for this person to be, if possible, a member of the multi-disciplinary team responsible for the persons care.

10.7 Where a person is AWOL from an inpatient unit, S135(2) should be implemented in conjunction with the SABP AWOL Missing persons Policy as necessary.

10.8 A warrant may be applied for by an officer on the staff of the hospital ie; Matron, Ward Manager. A Justice of the Peace may issue a warrant, if satisfied on the basis of the information provided (on oath) by that person. The process for applying and executing a S135(2) warrant is as follows (further detailed guidance can be found on the Trust-Web under Quality and Performance → Mental Health Act):

- The Matron or Ward Manager (out of Hours this may also be the On-call Manager) must contact the relevant Magistrates Court to arrange a suitable time to attend Court to apply for the warrant.
- The Matron or Ward Manager must attend the Court in order to provide adequate information (under oath) in line with the following;
 - a) there is reasonable cause to believe that the person in question is to be found on the premises within the Magistrate's area;
and
 - b) admission to the premises has been refused or is expected to be refused.
- The Magistrate may issue a warrant, if satisfied on the basis of the information provided. (A fee is required for the warrant)
- Complete the warrant at the point of execution
- It is the responsibility of the police to gain entry to the property
- A copy is given to the patient to whom it relates
- A copy is retained by the Matron or Ward Manager
- Police retain the third copy
- It is the responsibility of the Hospital to organise suitable transport for the patient back to the inpatient unit.
- If there is no person on the premises, a copy is left at the premises
- The warrant can only be used once

- The warrant is valid for three calendar months

11.0 Procedure for S136

11.1 If a person appears to a constable to be suffering from mental disorder and to be in immediate need of care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons, remove the person to a place of safety. Before deciding to remove a person to, or to keep a person at, a place of safety, the constable must, if it is practicable to do so, consult with a healthcare professional on:

- **West AMHP Hotline:** 01483 518979 (Mon – Fri 08:00 – 17:00)
- **East AMHP Hotline:** 01737 288950 (Mon – Fri 08:00 – 17:00)
- **Emergency Duty Team:** 01483 517898 (17:00 – 08:00 Evenings, Weekends & Bank Holidays)

11.2 A Healthcare professional could be:

- An Approved Mental Health Professional
- A Registered Nurse
- A Registered Medical Practitioner
- An Occupations Therapist
- A Paramedic

The purpose of the consultation is for the constable to obtain timely and relevant mental health information and advice that will support them to decide a course of action that is in the best interests of the person concerned.

11.3 A person removed to, or kept at a place of safety under this section may be detained there for a period not exceeding 24 hours for the purpose of enabling him to be examined by a Registered Medical Practitioner and to be interviewed by an AMHP and of making any necessary arrangements for his treatment or care.

11.4 Where S136 Power can be used

The power of a constable may be exercised where the mentally disordered person is at any place, other than a “private dwelling” or its associated buildings or grounds; which are defined as —

- a) any house, flat or room where that person, or any other person, is living,

OR

- b) any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses, flats or rooms.

11.5 Police powers should **NEVER** be used to detain a person on or in a private dwelling and under no circumstances should a person be coaxed or invited outside or off the property in order to detain under S136. If officers find themselves in this position they should contact the specified Healthcare Professional as defined in para 11.2 to discuss alternative options which may include obtaining a S135(1) warrant.

The Mental Capacity Act (MCA 2005) may also be appropriate in these circumstances and should be considered. Section 5 and 6 of the MCA do not confer on authority to remove persons to hospital or other places of safety for the purposes set out in section 135 and 136 of MHA, but if a person is believed to lack mental capacity and has physical injuries or is intoxicated (including a toxic overdose) which is believed to require immediate treatment it may be appropriate for the MCA to be used to convey the person to A&E for medical treatment. The MCA may be used by any caring service provider and are not exclusive to the Police. If the MCA is used, removal to a place of safety is not an option “R (Sessay) v South London and Maudsley NHS Foundation Trust (2011) EWHC 2617 (QB)”. Police should only perform this over other agencies if the person is unmanageably violent.

Locations where S136 powers may be applied are for example:

- Railway Lines
- Hospital Wards¹
- Rooftops (of commercial or business buildings)
- Police Stations
- Offices
- Schools
- Gardens and car parks associated with communal residential property
- Non-residential parts of residential buildings with restricted entry

¹ See Mental Health Act 1983 Code of Practice (England) paragraph 16.20 in relation to in-patients in hospital wards.

11.6 Appropriate Place of safety

A person in mental health crisis should be taken to or kept at a place of safety that best meets their needs. The expectation remains that, with limited exceptions, the person's needs will most appropriately be met by taking them to a health based place of safety, ie; a hospital as defined by the MHA 1983 with a dedicated assessment suite. The preferred place of safety is a matter of local agreement between the Police, the Social Services Authority and local NHS Trusts (see para 3.11 & 3.18).

11.7 Following a detention under S135(1),(2) & S136 the Police should under S136(C) conduct a search of the person. This power does not authorise a constable to require a person to remove any of his or her clothing other than an outer coat, jacket, or gloves, but does authorise the search of the person's mouth.

11.8 The police must contact The Assessment Suite, Farnham Road Hospital; on 01483 443531, to determine the availability of the local mental health place of safety. The Assessment Suite, Farnham Road Hospital will establish the presentation of the individual. (*appendix 3 - Assessment Suite Screening Tool and Allocation Log*). Once a place of safety has been identified, The Assessment Suite must notify the designated place of safety of the police's intended arrival. Once the intended place of safety has been identified, the officer shall arrange for the safe and speedy conveyance of that person to that place. (Refer to MHA 83 CoP Chapter 17).

11.9 The preferred places of safety are: The Assessment Suite, Farnham Road Hospital, Guildford or Abraham Cowley Unit, Holloway Hill, Lyne, Chertsey.. Langley Green is used for those people detained in Tandridge, Reigate and Banstead (All young persons under the age of 18 years should go to The Assessment Suite, Farnham Road Hospital, they must not go to Langley Green).

11.10 The police officer must complete the S136 detention form. Surrey Police will use their MDT and Hampshire Police will continue to use the paper form. (*appendix 1*). A supply of blank forms will also be held at the place of safety. The person will not be deemed as accepted until the forms have been completed. The police should make every effort to ensure that documentation is available, completed correctly and prior notification of arrival has been received. The officer must clearly identify where the S136 was implemented and the reason the person appears to be suffering from mental disorder and to be in immediate need of care or control.

Exceptional Place of Safety – General Hospitals

11.11 If it is established by the detaining officer or by The Assessment Suite staff that urgent medical attention is required, then the person should be conveyed to the local A&E department. (*Refer to 5.0 for Treatment process*).

11.12 On arrival the police officer, acting on reasonable grounds and physical injuries permitting and if not already undertaken, should instigate a full search of the person in the presence of nursing staff. This power does not authorise a constable to require a person to remove any of his or her clothing other than an outer coat, jacket, or gloves, but does authorise the search of the person's mouth.

11.13 The person will be triaged on arrival. At this point the accompanying police officer must remain with the person as they are still deemed to be on route to the designated place of safety. Once medically fit, the police officer must then convey the person on to the designated place of safety. The 24 hours will commence upon the arrival in the A&E department. A&E staffs are responsible for keeping the police officer informed of the anticipated timescales throughout the treatment.

11.14 Where the decision is taken to admit the person to a general ward, the Acute Hospital Manager e.g. Clinical Nurse Specialist / Nurse Practitioner, Site Managers (nursing levels in general hospitals), (or equivalent) will receive the S136 responsibilities on behalf of the hospital and they will therefore become an exceptional place of safety. The site manager is responsible for receiving the Surrey and Hampshire Police S136 Detention Form (*appendix 1*). At this point the police officers are no longer required to remain with the person. However, the following circumstances may require the police officer to remain longer or be recalled to assist;

- a) where the patient's health or safety or the protection of others so require it (CoP para, 16.24)
- b) where the individual's behaviour is violent or dangerous and would pose an unmanageably high risk to others (CoP para, 17.6);

In these circumstances, the current rather than any past behaviour of the patient must be the sole criteria for assessing the need for a police presence.

11.15 To ensure the assessment is commenced speedily, the site manager will liaise with the Assessment Suite (01483 443531) to advise them of the S136. Any person in this situation will be assessed by clinical staff as ‘fit to interview’ rather than physically fit’ which will allow for earlier assessments.

11.16 The person should be informed of their rights as soon as is practicable, both verbally and in writing. This should be recorded on the appropriate form and in the medical notes by the Site Manager. Account should be taken of language, learning disability or cultural difficulties as outlined in Section 132 of the MHA 1983. (*appendix 8, 9 and 10*)

11.17 The Mental Health Act Assessment will follow the procedure as set out in “Reception at the local Psychiatric Unit” paragraphs 4.9 – 4.16.

Exceptional Places of Safety – Police Custody

11.18 A police station can only be used as a place of safety for a person aged 18 years or over in very limited circumstances. A police station may **not** be used as a place of safety for a person under 18 years of age under any circumstances. There are no exceptions to this total ban.

11.19 The Mental Health Act 1983 (Places of Safety) Regulations 2017 specify the following three conditions which must be satisfied before a police station can be used as a place of safety and the safeguards that need to be applied in such cases:

- a) the behaviour of the person poses an imminent risk of serious injury or death to that person or others (*regulation 2(1)(a)(i)*)
and
- b) because of the risk posed, no place of safety other than a police station in the relevant police area can reasonably be expected to detain the person (*regulation 2(1)(a)(ii)*)
and
- c) so far as is reasonably practicable, a healthcare professional is present and available to the detainee throughout the period in which he or she is detained at the police station (*regulation 2(1)(a)(iii)*).

11.20 This will usually mean that the person's behaviour presents a risk of physical injury to the person or to others of a level likely to require urgent medical treatment and that risk already exists or is likely to exist imminently.

(See "*Guidance for the implementation of changes to Police Powers and Places of Safety Provisions in the Mental Health act 1983*" for further detail).

11.21 If this behaviour subsides whilst the individual is in custody, the Assessment Suite must be contacted to make arrangements for the transfer to a more appropriate place of safety for their assessment. A transfer form (*appendix 5*) must be completed and sent with the individual to the receiving place of safety along with the completed S136 form.

11.22 There may be some occasions where it will be necessary for individuals who are under the influence of drugs and/or alcohol to be taken to police custody but only if they are displaying behaviour as detailed in 3.19.

11.23 Being in a police cell can have an adverse effect on a person's condition if they are living with mental ill health. In particular, isolation and the noise in a custody suite can be aggravating factors. Alcohol and/or drug misuse often coincides with mental ill health and can make it more likely that they will self-harm or attempt suicide. Therefore a more appropriate place of safety should be used in these circumstances. The 24 hour period during which a person may be detained under S136 accommodates this as it allows the assessment of the individual to be delayed until the effects of drugs and/or alcohol have subsided.

11.24 If an individual is heavily under the influence of drugs and/or alcohol AND:

a) The officer considers them to be incapable of looking after themselves

OR

b) The officer considers them to be vulnerable to personal injury

It would be unclear if they have mental ill health. In these circumstances it would not be appropriate to detain under S136 and the 'drunk and incapable' procedure should be followed. This may involve calling an ambulance for treatment and/or conveyance of the individual to A&E.

11.25 Resolving Disputes

Any disputes that arise at either initial contact with the Assessment Suite or arrival at the place of safety should be resolved wherever possible at the time of the dispute. Police officers should notify the Duty Inspector of any disputes in the first instance, or if not available Ops1 should be notified. It is then the responsibility of the Duty Inspector or Ops1 to contact the SABP On-Call Manager to resolve the situation. If the dispute cannot be resolved at this level, it must be escalated to Superintendent level and on-call Director. Please refer to Escalation policy. (*appendix 11*)

11.26 CS Spray & Taser

Persons detained under S136 who have been subjected to CS spray should initially be taken to police custody for the effects of the spray to wear off and to be declared medically fit by an authorised health care worker. Once the effects have completely worn off (i.e. the individual has been washed down and given a change of clothing as per CS spray guidance), the individual has been declared medically fit, and their behaviour is such that they are no longer unmanageably disruptive, the person should be transferred to a more appropriate place of safety for them to be assessed. The person's clothes should be decontaminated, bagged and given to staff at the place of safety.

11.27 Where PAVA is used by Surrey Police the CS Spray procedure should NOT be followed and the person should be accepted directly into the PoS.

11.28 A person detained under S136 who has been subjected to Taser should have the barbs removed and be declared medically fit by an authorised health care worker as per Association of Chief Police Officers (ACPO) taser guidance. Individuals will only be taken to A&E in extreme circumstances if further medical treatment is required. Once the person has been declared medically fit and their behaviour is no longer unmanageably disruptive they should be taken to an appropriate place of safety.

11.29 Officers should refer to the criminal offences section (*para 3.36*) when dealing with those who have been detained under S136 and also subjected to either CS spray or Taser.

11.30 Conveyance

Patients should be conveyed to the place of safety in a manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people (CoP 17.3). In the majority of cases an ambulance will be the preferred method of transport however there may be occasions where it is in the best interests of the individual to transport in police transportation.

11.31 Criminal Offences and Detention under S136

Where a criminal offence has been committed and the person also exhibits behaviour justifying the use of S136, both the power of arrest for the criminal matter and section 136 are available to the police officer.

As a guide, where an offence is any of the following:

- a) relatively low-level
- b) victimless,

OR

- c) most likely related to the person's mental ill health

It is preferable to detain the individual under S136 and take them to a designated place of safety. If considered appropriate, the criminal offence can be dealt with later.

11.32 Where a power of arrest for a substantive matter arises, particularly if it involves violence, and the person also exhibits behaviour justifying the use of S136, then it is advisable to consider arresting for the substantive criminal offence and not detaining under S136. The individual should be taken into police custody; if they meet the criteria in 3.19, where the criminal matter can be considered and dealt with appropriately. Ideally an assessment should take place in custody before criminal proceedings are pursued.

11.33 Requirements relating to use of and assessment at a police station

Where a decision-maker is a police officer, he or she is required to consult one of the healthcare professionals – where reasonably practicable in order to arrive at a pragmatic solution that is in the best interest of the patient. In practice, a consultation with a healthcare professional under section 136(1C) on whether to exercise section 136 powers may flow seamlessly into further consideration of the most appropriate place of safety. If however, for whatever reason, there is a gap between the two

decisions a police officer must, if practicable, seek a fresh consultation on this decision. This need not necessarily be the same healthcare professional as was involved in any earlier decision to use section 136 if they are no longer readily available.

11.34 Authorisation to Use a Police Station

The decision to use a police station as a place of safety requires authorisation of a police officer of the rank of at least Inspector (senior officer) who must be confident that the conditions listed in 3.19 are met. If the decision-maker is themselves a police officer of the rank of Inspector or higher, no authorisation is required.

11.35 Upon arrival at police custody, officers must comply with the Police and Criminal Evidence Act 1984 (PACE) sections 3.6 and 3.10 inclusive and should follow guidelines documented in ACPO Guidance on The Safer Handling of Persons in Police Custody (2012), in particular sections 2.4 Arrival at the Station, section 3 Risk Assessments and section 8 People with Mental Ill Health and Learning Disabilities.

11.36 The Custody Sergeant shall be responsible for the safe custody of the individual detained until they are transferred to another place of safety. The Custody Sergeant will inform the individual of their rights in accordance with PACE 1984 Code C section 3.1 taking into account factors such as language, learning difficulties and the need for an appropriate adult on some occasions. The Custody Sergeant shall follow guidelines documented in the College of Policing Authorised Professional Practice on Detention and Custody October 2013 in particular the sections on Arrest and Detention (Arrival at the Station), Risk Assessment and Detainee Care (Mental Ill Health)

11.37 If it is not appropriate for the individual detained under S136 to be transferred to another place of safety then it would be necessary to conduct a Mental Health Act assessment in custody.

11.38 A person detained under S136 should be seen by a Healthcare Professional who will check the welfare of the person at least every 30 minutes and details of these checks should be recorded. The Custody officer is required to review at least hourly that the conditions continue to exist, namely that their behaviour poses an imminent risk of serious injury or death to themselves or others, and that because of that risk no

place of safety other than a police station in the relevant police area can reasonably be expected to detain them and that a healthcare professional remains present and able to conduct welfare checks. If any of these conditions are no longer met, arrangements must be made to transfer the person to a more appropriate place of safety for their assessment.

11.39 When the decision is made to carry out an assessment under the MHA 1983, at the police station, it is the responsibility of the AMHP to co-ordinate this assessment. The assessment wherever possible should be a joint assessment with the Section 12 doctor and should be started immediately.

11.40 The agreed protocol is that a detention in custody under S136 should not last longer than 6 hours where possible.

11.41 Any person detained under S136 should receive from the AMHP clear information as to their rights, taking account of language, learning disability or cultural difficulties as outlined in S132 of the MHA 1983. (*appendix 8*). The Custody Sergeant shall be kept fully informed of the progress of the assessment by the AMHP.

11.42 Once the necessary arrangement for treatment and care are in place the authority to detain under S136 ceases. If a person requires further treatment and/or assessment but refuses informal admission, then Section 2 or 3 of the MHA 1983 should be considered. Only in exceptional circumstances where there is an urgent need to move the person from police custody to hospital, should Section 4 of the MHA 1983 be used.

11.43 Extension of Detention

If the person is detained at a police station, and the assessment would be carried out or completed at the station, the Registered Medical Practitioner who is responsible for the examination of a person detained under section 135 or 136 may, at any time before the expiry of the period of 24 hours mentioned in section 135 or 136, authorise the detention of the person for a further period not exceeding 12 hours (beginning immediately at the end of the period of 24 hours) but only if an officer of the rank of Superintendent or above approves it.

11.44 An authorisation may be given only if the Registered Medical Practitioner considers that the extension is necessary because the condition of the person detained is such that it would not be practicable for the assessment of the person for the purpose of section 136 to be carried out before the end of the period of 24 hours (or, if the assessment began within that period, for it to be completed before the end).

12.0 Reception at the Local Psychiatric Unit

12.1 At the preferred places of safety within Surrey and Borders Partnership NHS Foundation Trust, the person will be detained in the room reserved for this purpose. This will be known as the Assessment Suite. The person will not be formally admitted to the Hospital; however the S136 Monitoring Form (*appendix 2*) should be completed by the place of safety staff who will receive the person into the suite.

12.2 At this point the Police Officer, acting on reasonable grounds and if not already undertaken, should instigate a full search of the person in the presence of assessment suite staff. This power does not authorise a constable to require a person to remove any of his or her clothing other than an outer coat, jacket, or gloves, but does authorise the search of the person's mouth.

12.3 Alcohol measuring devices (breathalysers) must **not** be used by agencies as part of the assessment procedure.

12.4 Any disputes that arise on arrival at the place of safety between the Police and the Place of Safety should be resolved wherever possible at the time of the dispute. Staff should notify the Duty Manager of any disputes in the first instance. It is then the responsibility of the Duty Manager to contact the Duty Inspector or Ops1 for Surrey Police to resolve the situation. If the dispute cannot be resolved at this level, it must be escalated to the on-call Superintendent and on-call Director. Systemic issues can be resolved through the Trust and the Police at the Trust-wide Multi Agency Operations meeting which involves attendees from Surrey County Council, SABP, Surrey Police, Hampshire Police and Hampshire County Council.

12.5 Any such disputes together with outcome should be recorded and forwarded to the appropriate Mental Health Act Co-ordinator for review at a senior level by the Trust and the Police Diversity Directorate.

12.6 The person should be informed of their rights on arrival both verbally and in writing by the receiving member of staff. This should be recorded on the appropriate form (*appendix 7*) and in the Electronic Patient Record (EPR). Account should be taken of language, learning disability or cultural difficulties as outlined in Section 132 of the MHA 1983. (*appendix 8, 9 and 10*)

12.7 The Police Officer will remain with the person until the completion of a risk assessment between police and nursing staff. This would normally be within 30 minutes. However it is agreed that Police Officer must remain:

- a) Where the patient's health or safety or the protection of others so require it (CoP 16.24)
- b) Where the individual's behaviour is violent or dangerous and would pose an unmanageably high risk to others (CoP 17.6).

In these circumstances, the current rather than any past behaviour of the patient must be the sole criteria for assessing the need for a police presence

12.8 If the person detained should become violent it may be necessary to re-call the Police Officer to the place of safety to assist the staff. Police must not be utilised to restrain a patient with the purpose of administering medication.

12.9 If following arrival at the place of safety the staff assess the person as being intoxicated, physically unwell or there is a delay of more than 3 hours in the AMHP's expected arrival, the Duty Doctor will immediately be contacted to undertake an assessment.

12.10 Should the patient need urgent physical attention the place of safety staff member must accompany the person to the local A&E department. If a person who has already been received in a place of safety requires urgent medical assessment or treatment at A&E, the place of safety staff will have continued responsibility for the person and should ensure their safe return to the place of safety for the completion of the assessment.

12.11 Where the Duty Psychiatric Doctor, having examined the person and after discussion with the Duty Consultant/Senior Doctor (who must be approved under

Section 12), concludes that the person is **not** mentally disordered and requires no other treatment or care and no AMHP is required to assess, then they cannot be detained and the S136 must be discharged.

12.12 Where the person falls within a service other than Acute Adult Mental Health e.g. Elderly, Child and Family or Learning Disability Services, the Assessment Suite Staff will contact that service as soon as practicable. If the child is detained and/or admitted to an adult ward for a continuous period of 48 hours, the Nurse in Charge of the ward must notify the Care Quality Commission by complete the CQC form (*appendix 4*). The nurse will try to ascertain if the person is known to the services, request support to the person during assessment and assistance with placement/aftercare arrangements following assessment. The assessment must take place within 4 to 6 hours, during normal working hours, to allow the person to be transferred to an appropriate service, if required. NB: under the MHA 1983, there is no upper or lower age limit; therefore this cannot be a basis to refuse that person at a place of safety. This incident **must** be reported on a Datix incident form.

12.13 It is the responsibility of the AMHP to co-ordinate the Mental Health Act Assessment. The assessment with the Duty Consultant/Senior Doctor (who must be approved under Section 12), wherever possible should be a joint assessment and should be started immediately. During working hours it should be within 4 hours of arrival, and outside normal working hours, within 8 hours of arrival. The stated timescales are a target and it is accepted that each case should be judged on its merit and some flexibility must be allowed.

12.14 Once the assessment is completed and the further detention of the patient is deemed unnecessary, and there is no informal admission, the AMHP and the Duty Consultant/Senior Doctor (who must be approved under Section 12) should agree a satisfactory return to the community this could include consultation with carers with the consent (or in the Best Interests) of the person.

12.15 Where it is subsequently established that the person is subject to a community treatment order (CTO) and compulsory admission is indicated, the CTO recall power should be used immediately. If it becomes apparent that this is the case, the professionals assessing the person should contact the patient's responsible clinician

immediately. A Section 3 Application for Treatment cannot be made in respect of a person who is known to be on CTO.

12.16 Following the assessment, if the person requires further assessment or treatment, but refuses informal admission or lacks the capacity to consent, an application for Section 2 or 3 of the MHA 1983 should be considered. The assessing doctor may complete a medical recommendation. A second medical recommendation will be sought from another Registered Medical Practitioner. The AMHP will make a decision to complete the application if they feel detention is necessary. The AMHP may however feel there are other least restrictive options available, or that an application is not necessary. However, if an application is made, the necessary arrangements should then be made for the person's admission to a psychiatric hospital under either Section 2 or Section 3 of the MHA 1983.

12.17 Once the assessment has been concluded the person should not remain in the assessment suite, as it may result in defacto detention.

12.18 Extension of Detention

The Registered Medical Practitioner who is responsible for the examination of a person detained under section 135 or 136 may, at any time before the expiry of the period of 24 hours mentioned in section 135 or 136, authorise the detention of the person for a further period not exceeding 12 hours (beginning immediately at the end of the period of 24 hours). An authorisation may be given only if the Registered Medical Practitioner considers that the extension is necessary because the condition of the person detained is such that it would not be practicable for the assessment of the person for the purpose of section 135 or section 136 to be carried out before the end of the period of 24 hours (or, if the assessment began within that period, for it to be completed before the end).

13.0 Treatment

13.1 Persons held in hospital under S136 are not subject to Part IV of the MHA 1983. If the person is mentally capable of making a decision about treatment, the common law enables them to refuse to be treated for either a physical or mental disorder. However, if the person is assessed as being mentally incapable of making a decision about treatment, the treatment can be provided under s.5 and 6 of the Mental Capacity Act 2005, if it is deemed to be in their Best Interests.

14.0 Discharge of S135 & S136

14.1 The required assessments must be completed within the 24 hour detention period after which the authority to detain the person ceases, or after 36 hours if extended S135 & S136 should not be allowed to lapse.

14.2 Where the Registered Medical Practitioner (who must be approved under Section 12) examines the person and concludes that he or she is not mentally disordered within the meaning of the MHA 1983, the individual can no longer be detained and should be immediately discharged from detention.

14.3 The receiving Psychiatric Hospital, A&E department and the Police should not discharge a person detained under S135 & S136 before the end of the 24 hour period without the required assessments having been carried out by the appropriate persons in that period and full discussion between the assessing doctor and AMHP having taken place.

14.4 When the person is seen by a Registered Medical Practitioner (who must be approved under Section 12) and agrees to informal admission, the person must still be seen by an AMHP to ensure that any other arrangements that might be required for his or her treatment and care are in place. (CoP 16.50 and 16.51)

15.0 Returning Person to the Community

15.1 There is a joint responsibility on all agencies to ensure that any person not requiring admission following assessment is given every assistance in returning to the community, this could include consultation with carers, with the consent (or in the Best Interests) of the person. Where practicable consideration should also be given to ensuring that the needs of the Carer are also met.

16.0 Transfer

16.1 A constable, an AMHP or a person authorised by either of them for the purpose of this subsection 136(3) may, before the end of the period of 24 hours, take a person detained in a place of safety to one or more other places of safety. However, it should be noted that:-

- Where the purpose of the transfer for example would be to a more appropriate health care setting, the benefit of that needs to be weighed against any delay it might cause in the person's assessment and any distress that the journey might cause them.
- Unless it is an emergency, a person should not be transferred without the agreement of an AMHP, a doctor or another healthcare professional competent to assess whether the transfer would put the persons health or safety (or that of other people) at risk. It is for the professional to decide whether they first need to see the person personally.

Unless it is unavoidable, a person should never be moved from one place of safety to another unless it has been confirmed that the new place of safety is willing and able to accept them.

16.2 When a person is being transferred, the transfer form must be completed to ensure a clear record is kept of the arrival time at the first place of safety and the time that the transfer took place. This form must be transferred with the patient, along with the S136 documentation. (*appendix 5*)

16.3 Consideration as to the most appropriate method of transport should be given to transfer the individual to another place of safety. This should be agreed and arranged between police and the Assessment Suite staff.

17.0 Absent Without Leave (AWOL)

17.1 If it is established that the person is absent without leave from the place of safety, they can be immediately returned to that place under the authority of Section 138 of the MHA 1983. They shall not be retaken under this Section after the expiration of the period 24 hours or 36 hours if extended, beginning with the time when they escaped or the period during which they are liable to be detained, which ever expires first. In this case, the Trust AWOL and Missing Persons policy should be followed.

18.0 Regular Reviews

Regular meetings will take place between members of Surrey and Borders Partnership NHS Foundation Trust, Surrey Social Services, Hampshire Social Services, Surrey Police, Hampshire Constabulary, Surrey and Sussex Healthcare NHS Trust, Ashford & St Peters Foundation Trust, Royal Surrey County Hospital NHS Foundation Trust, Frimley Park Hospital NHS Foundation Trust, Surrey and Sussex

NHS Foundation Trust to review all aspects of the above Policy. It shall be the responsibility of the Matron/Service Managers (Surrey and Borders Partnership NHS Foundation Trust) to arrange local meetings, as agreed locally, and to Chair. Each Police Division and A&E Department involved will nominate a representative to attend any such meetings that may be called.

19.0 Training

On implementation of this policy each agency will ensure that their staff are briefed on the protocol and has an understanding of their role and what is expected of them.

20.0 Monitoring

20.1 Each agency is responsible for monitoring the use, frequency and management of both S135 and S136 as it affects the practice of their agency.

20.2 The assessment suite staff will be responsible for ensuring that a Monitoring form is completed upon every occasion that a person is detained under S135(1) and S136 in a health based place of safety or A&E Department. Statistics will be produced by the Mental Health Act Co-ordinators and shared at the Multi Agency Operations Meeting. Any concerns with regards to the use of this part of the Mental Health Act 1983 should be sent to: tardispolicebox@sabp.nhs.uk

21.0 Monitoring Table

Local auditing of the use of S135(1) and S136 will be undertaken.

What will be monitored	How/Method	Frequency	Lead	Reporting to	Deficiencies / gaps recommendations and actions
Duties outlined within policy and MHA 1983 are being met.	Annual MH Act report and bi-annual 136 audit	Annual	MHA Co-ordinators	Multi Agency Operations meeting and MHA Committee	If duties of nominated people change, policy to be amended to reflect.
Adherence to the policy	Review Regular review of the MHA statistics	Ongoing	Director of Quality	Multi Agency Operations Meeting and MHA Committee	Non-compliance will be reported to the relevant Director for them to take appropriate action

Equality Analysis

The equality analysis guidance notes and template are provided to support you in meeting the requirements of the Public Sector Equality Duty which came into force on 5 April 2011.

You should use this template to record evidence that equality analysis has been carried out *before* policy decisions take place. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination**, **advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by equality law.

1. About the policy/project/change

Title of the policy / project / change:	S135 S136 Policy
What are the intended outcomes / changes expected as a result of this policy / project / change:	To agree the roles and responsibilities of the Trust, Local Authorities, Police, Ambulance Service and Acute Trusts within Surrey and North East Hampshire in respect of section 135 and section 136 of the Mental Health Act 1983.
Are there links with other existing policies/projects: (if yes – provide details)	<ul style="list-style-type: none"> • SERVICE IMPROVEMENT/0009 Absent Without Leave Missing Persons Policy • SERVICE IMPROVEMENT/0034 Mental Capacity and Best Interests Policy

2. Decide if the policy / project / change is equality relevant

Does the policy/project involve, or have consequences for people using services, carers, employees or other people? If yes, please state the groups of people who are likely to be affected. If yes, then the policy/project is equality relevant. If no, you can skip to section 6. However the majority of Trust policies and projects are equality relevant because they affect people in some way.	<p>People who use our service as well as patients detained under the MHA 83.</p> <p>Nearest Relatives and Carers</p>
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3. Gathering evidence to inform the equality analysis

What evidence have you gathered to help inform this analysis? This can include evidence from national research, surveys & reports, interviews and focus groups, policy monitoring and evaluations from pilot projects, etc. If there are gaps in the evidence available under any of the characteristics, please explain why this is the case and state what actions will be taken to close the gaps as part of the action plan.

The Protected Characteristics & Evidence

Using the relevant available evidence - what is known, understood or assumed about each of the equality groups / protected characteristics identified below that could be relevant to this policy / project / change.

Record the sources of the evidence used for all the protected characteristics

Age (consider & record evidence for people from all age ranges – e.g. this might include safeguarding, capacity & consent)

The legal Section documentation, including Police and Court warrants

Care Plans/Risk Assessments

AMHP Assessments

SABP Electronic Record Management System

Caring responsibilities (consider and record relevant evidence – e.g. part time working, shift patterns, general caring responsibilities)

AMHP Assessments

SABP Electronic Record Management System

Disability (consider and record relevant evidence – e.g. attitudinal, physical and social barriers etc.)

The legal Section documentation, including Police documentation

AMHP Assessments

SABP Electronic Record Management System

Gender reassignment (Transgender) (consider and record relevant evidence – e.g. issues of privacy of data, historical records, promoting dignity & reducing harassment)

The legal Section documentation, including Police documentation

AMHP Assessments

SABP Electronic Record Management System

Marriage and civil partnership (applies to employment only) (consider and record relevant evidence – e.g. part time working, shift patterns, general caring responsibilities etc.)

AMHP Assessments

S SABP Electronic Record Management System

Pregnancy and maternity (consider and record relevant evidence – e.g. working arrangements, part time working, infant caring responsibilities etc.)

The legal Section documentation, including Police documentation

AMHP Assessments

SABP Electronic Record Management System

Race / ethnicity (consider and record relevant evidence – e.g. different ethnic groups, nationalities, language barriers, cultural differences etc.)

AMHP Assessments

SABP Electronic Record Management System

Religion or belief (consider and record relevant evidence – e.g. people of different religions, beliefs or no belief)

AMHP Assessments

SABP Electronic Record Management System

Sex / gender (consider and record relevant evidence – for men and women - also consider links to other characteristics – e.g. caring)

AMHP Assessments

SABP Electronic Record Management System

Sexual orientation (consider and record relevant evidence – for heterosexual people as well as lesbian, gay and bi-sexual people)

AMHP Assessments

SABP Electronic Record Management System

4. Engagement and Involvement

Record the names of the people and/or groups involved in gathering evidence and/or testing the evidence against the policy / project / change. Who and how were they involved?

Who – name of individual / group(s) represented	How have these people been involved – e.g. meeting
The original policy was consulted with all Clinical teams, Approved Mental Health Professional, Mental Health Act Co-ordinators, Carers and People who use our services.	Consultation, MHA Committee, Multi- Agency Operations Group,

5. Analysis of the potential impact of the policy / project / change

Based on the evidence you have gathered; describe any actual or likely impacts that may arise as a result of the decision and whether these are likely to be positive or negative. Where actual or likely impacts are identified, you should also state what actions will be taken to promote the likelihood of positive impacts as well as minimise or mitigate against possible or likely negative impacts, i.e. what can the Trust reasonably do to actively manage the consequences of its decision / action

Eliminate discrimination, harassment and victimisation:

Does the policy / project / change, help eliminate discrimination, harassment and victimisation in any way?

If yes, provide details. If no, provide reasons

Age	This policy relates to all persons of every age who are service users and also their Carers and Nearest Relatives. There are no perceived impacts relating to discrimination, harassment and victimisation.
Caring responsibilities	This policy ensures that the views and rights of Carers and Nearest Relatives are taken into account and are upheld. There are no perceived impacts relating to discrimination, harassment and victimisation.
Disability	This policy will affect some persons with a disability. Discrimination is eliminated by everyone being treated in accordance with the current legislation. Easy read information will be available for people with learning disabilities to assist their understanding. There are no

	perceived impacts relating to discrimination, harassment and victimisation.
Gender reassignment	This policy will apply to all persons equally regardless of their gender reassignment. There are no perceived impacts relating to discrimination and victimisation.
Marriage & civil partnerships	This policy will apply to all persons equally regardless of their marital or civil partnership status. There are no perceived impacts relating to discrimination, harassment and victimisation.
Pregnancy & maternity	This policy will apply to all persons equally regardless of their pregnancy or maternity status. There are no perceived impacts relating to discrimination, harassment and victimisation.
Race / ethnicity	This policy may involve those from different race or ethnicity, discrimination will be eliminated through the understanding of cultural values and communication needs will be met by providing information about section 135 or 136 in alternative languages, via translators who are also available as required. There are no perceived impacts to discrimination, harassment and victimisation.
Religion or belief	This policy may involve those with different religious beliefs. Being detained under the MHA may impact on people's religious customs. There are no perceived impacts relating to discrimination, harassment and victimisation.
Sex / gender	This policy does involve different genders. There are no perceived impacts relating to discrimination, harassment and victimisation.
Sexual Orientation	This policy will apply to all persons equally regardless of their sexual orientation. There are no perceived impacts relating to discrimination, harassment and victimisation.

Advance equality of opportunity:

Does the policy / project / change, help develop equality of opportunity in any way?

This could include removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people, or encouraging people from protected groups to participate in activities where their participation is disproportionately low.

If yes, provide details. If no, provide reasons

Age	This policy develops equality of opportunity by ensuring the legal framework of the Mental Health Act 1983 is adhered to in protecting people at any age.
Caring responsibilities	Equality of opportunity is advanced by identifying and involving Carers and Nearest Relatives when a person is detained under Section 135 or 136, where appropriate within the framework of the MHA83.
Disability	Equality of opportunity is advanced by ensuring the procedures are sensitive to and responsive to different disabilities in line with the MHA Code of Practice.
Gender reassignment	Equality of opportunity is advanced for people with this

	characteristic in line with the MHA Code of Practice.
Pregnancy & maternity	This policy does not advance equality of opportunity for people with this characteristic.
Race / ethnicity	Equality of opportunity is advanced by ensuring the procedures are sensitive to and responsive to different race and ethnicity in line with the MHA Code of Practice.
Religion or belief	Equality of opportunity is advanced by ensuring the procedures are reflective of the need to display religious observance in line with the MHA Code of Practice.
Sex / gender	This policy does not advance equality of opportunity for people with this characteristic.
Sexual Orientation	This policy does not advance equality of opportunity for people with this characteristic.

Promote good relations between different groups:

Does the policy / project / change, help foster good or improved relations between different groups in any way?

If yes, provide details. If no, provide reasons.

Age	This policy does not help improve relations between different groups.
Caring responsibilities	
Disability	
Gender reassignment	
Pregnancy & maternity	
Race / ethnicity	
Religion or belief	
Sex / gender	
Sexual Orientation	

What do you consider the overall impact:

Considering the combined impact of the analysis and the actions required to promote the likelihood of positive impacts and minimise or mitigate against potential negative outcomes – does the analysis support the implementation of the policy / project / change?

This policy/procedure will provide a positive impact for those persons who use services and also those of their Carers.

6. Action Planning

Actions to be taken as a result of this analysis (add additional rows as required):	Name of person who will take this action	Date action due to be completed
Ensure easy read information about S135/136 is available for people with learning disability as required.		
Ensure information about S135/136 is available in different languages in line with the policing and Crime Act 2017 changes.		

7. Authorisation

Name & job title of person completing this analysis:	Sharon Green Mental Health Act Co-ordinator
Date of completion:	30 th November 2017
Name & job title of person responsible for monitoring and reporting on the implementation of the actions arising from this analysis:	Sharon Green and Miranda Allen Mental Health Act Co-ordinator
Name & job title of authorised person: (If there are doubts about the completeness or sufficiency of this equality analysis, seek advice from the Equality and Human Rights Team or the Legal Services & Reporting Manager in the Clinical Risk & Safety Team)	Jo Lynch Associate Director of People's Experience and Head of Nursing
Date of authorisation:	30 th November 2017

POLICE
S136 Detention Form, MHA 1983

Incident Details		Personal Details	
Police Force?		Name	
Time/Date of arrival at Incident		DOB	
Time of detention under S136		Gender	
ICAD Nos		Ethnicity	
PC Name and Fin Nos		Address:	

Initial Police Encounter	
Incident address/location	
Why do you believe the person to be suffering from a mental disorder?	
<i>Continue over page</i>	
Why do believe the person is in need of immediate need of care and control?	
Does the person pose a risk to:	Self: Yes or No Others: Yes or No
Is the person suffering from the effects of alcohol or drugs?	Alcohol: Yes or No Drugs: Yes or No

Action taken	
Did you request advice from a mental health professional prior to using S136?	Yes or No If yes name of professional or if not reasons why not:
Was the person taken to A&E for illness or injury?	Yes or No Name of A&E:

Method of transport and first place of safety	
Has Ambulance been requested?	Yes or No
Time/date Ambulance called?	
Time Ambulance arrived?	

Method of conveyance to place of safety (ie police vehicle or ambulance)	
Reason for using police vehicle	
Name of place of safety:	
Time/date of arrival at place of safety:	
Time police left place of safety	

Warning/Safety issues	
Has restraint been used?	Yes or No
Has the person been searched?	Yes or No
Warning and/or safety issues, and any other relevant information the place of safety staff should be aware of:	

Additional information/continuation:

Risk Assessment undertaken between Police and Place of Safety Staff: Yes or No Identified Risk: Violent/Aggressive/Suicidal/Vulnerable (<i>delete as appropriate</i>)
--

Signature of officer.....Time and date.....

Name of Person receiving

Appendix 1.1 and 1.2 to be sent to Mental Health Act Department.

APPENDIX 2 S135 (1) & S136 MONITORING FORM

Full name of person: Address:	NHS No: Date of Birth:
Ethnicity Code :	Gender M/F:

Place of Safety (PoS):	
Arrival date:	Time:
Is the person currently open to MH Services? Yes or No If yes which team?	
Is the person under the influence of <input type="checkbox"/> Drugs or <input type="checkbox"/> Alcohol? <ul style="list-style-type: none"> Has the Duty Doctor been informed? Yes or No. If yes was the S136 assessment affected, give details in the comments box (see over) 	
Risk Assessment undertaken between Police and PoS Staff: Yes or No Identified Risk: Violent / Aggressive / Suicidal / Vulnerable (<i>delete as appropriate</i>)	
Police incident number:	Searched: Yes <input type="checkbox"/> No <input type="checkbox"/>
Time of arrival at PoS (<i>must be recorded</i>):	
Time Police Departed:	hrs

Name of PoS staff (Print name):		
AMHP Service/EDT informed	Time:	Date:
Duty doctor informed: (<i>if applicable</i>)	Time:	Date:
S132 Rights completed:	Yes or No	

Name of Duty Doctor (Print name):	
Arrival Time:	Date:
Signature:	

Name of S12 Approved Doctor (Print name):	
Arrival Time:	Date:
Signature:	

Name of AMHP (Print name):	
Arrival Time:	Date:
Departure Time:	Date:
Signature:	

Was the assessment carried out jointly: Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>If not give brief description in comments box over page</i>)

OUTCOME

Assessment Suite Screening Tool and Allocation Log

Date:	Time:
Location of incident:	
Support Worker/Nurse Name:	
Police Officer Name:	Fin Nos:
Mobile Nos:	
Police Force:	
Health Professional consulted:	

Name of Person under S136	
Date of Birth	
Persons home address	
Reason for S136	
Are they under the influence of Alcohol or Drugs	Yes or No
Are they being violent?	Yes or No
If yes, to whom/what	
Are they in handcuffs?	Yes or No
Does the person have any warnings on PNC or locally?	Yes or No (<i>if yes give details</i>)
Has the person been searched?	Yes or No
Were they carrying any dangerous items?	Yes or No (<i>if yes give details</i>)
Have they harmed themselves (cuts/burns etc?)	Yes or No (<i>if yes give details</i>)
Have they taken an overdose?	Yes or No (<i>if yes give details</i>)
Have they got any mobility issues?	Yes or No (<i>if yes give details</i>)
Recorded attempts to contact place of safety with times	
Allocated place of safety, or reason for non-allocation	
Are you using an ambulance to transport the individual?	
Officer informed Date/Time:	



Provider's notification reference:

Statutory notification about the admission of a child or young person to an adult psychiatric ward

Care Quality Commission (Registration) Regulations 2009 Regulation 18(2)(h)

Please read our **guidance for providers about making statutory notifications** and our **Guidance about compliance: Essential standards of quality and safety** for detailed advice on how and when to make statutory notifications, available at www.cqc.org.uk.

Please enter dates in the format dd/mm/yyyy.

1. Provider, location and ward or unit

Provider:			
CQC provider ID number:			
Location name & address:			
Postcode:			
CQC location number:			
Ward / unit:			
This form filled in by:		Date submitted	
Contact for more information (where different):			
Telephone number:			
Email address:			

2. Current legal status of the patient

Informal	<input type="checkbox"/>	Section 2	<input type="checkbox"/>	
Section 3	<input type="checkbox"/>	Section 4	<input type="checkbox"/>	
Section 5(2)	<input type="checkbox"/>	Section 5(4)	<input type="checkbox"/>	
Section 37	<input type="checkbox"/>	Section 37 / 41	<input type="checkbox"/>	
Section 47	<input type="checkbox"/>	Section 47 / 49	<input type="checkbox"/>	
Section 136	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>	
<input type="text"/>				

3. The circumstances of the admission

The admission was planned	<input type="checkbox"/>	The admission was an emergency	<input type="checkbox"/>	
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4. The child or young person and their admission

Unique identifier:	Date admitted (dd/mm/yyyy):	Time admitted (hh:mm):	Age range:	Please choose age range from:
				Under 14; 14-15; 16-17

Where different (only), the date and time they were admitted to an adult ward

Date admitted (dd/mm/yyyy):	Time admitted (hh:mm):

5. Reason(s) the young person / child was admitted to an adult ward

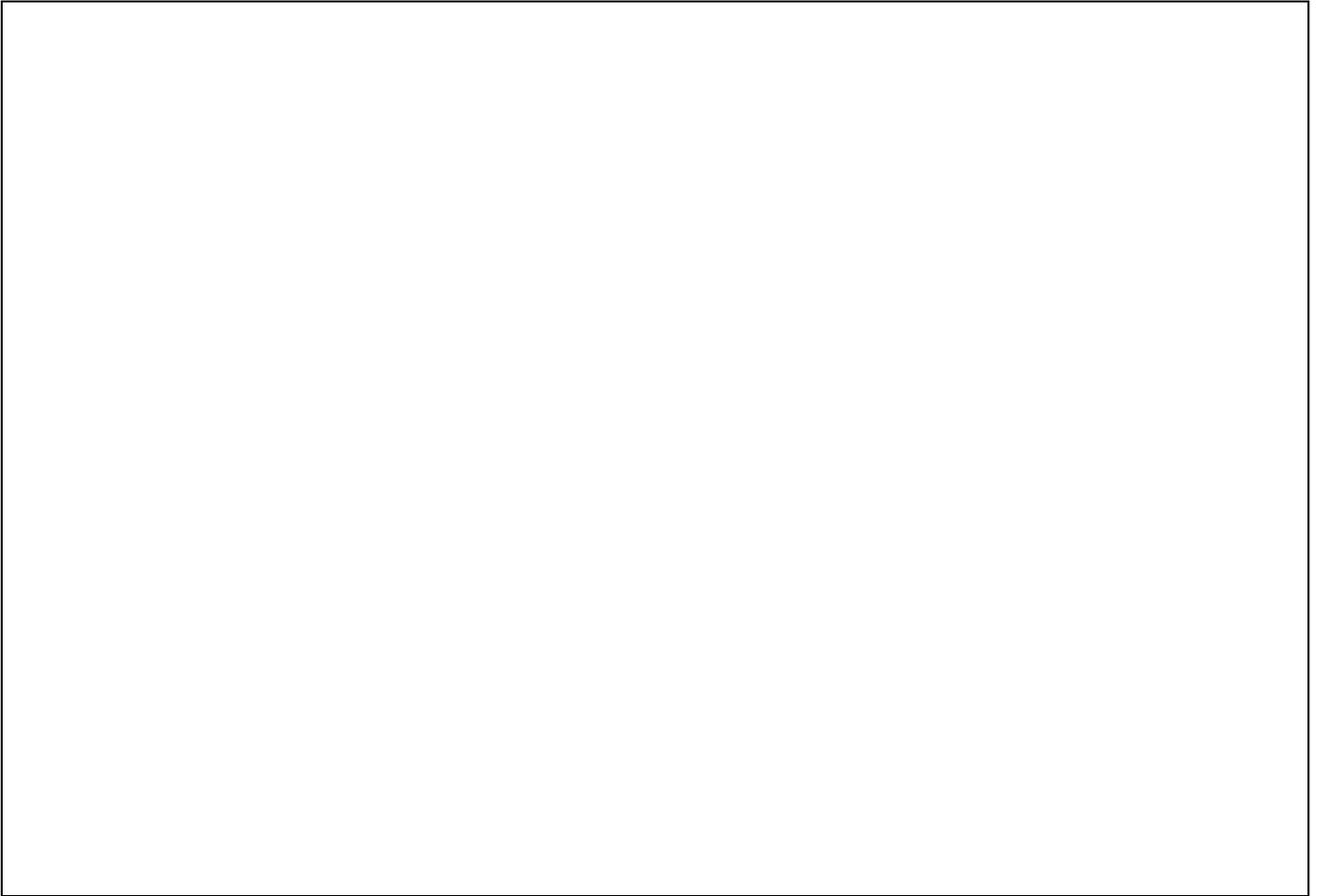
Immediate admission required for safety of the child or others	<input type="checkbox"/>	An adult ward was clinically the preferred option	<input type="checkbox"/>	
No alternative CAMH inpatient or outreach service is available	<input type="checkbox"/>	An adult ward was socially the preferred option	<input type="checkbox"/>	

Other (please specify):

6. The ward or unit

Acute admission	<input type="checkbox"/>	Psychiatric Intensive Care Unit	<input type="checkbox"/>	
Low secure	<input type="checkbox"/>	Medium secure	<input type="checkbox"/>	
High secure	<input type="checkbox"/>	Other (please describe below)	<input type="checkbox"/>	
Mixed gender	<input type="checkbox"/>	Single gender	<input type="checkbox"/>	
Single room	<input type="checkbox"/>	Shared room	<input type="checkbox"/>	
Is advocacy available to the child or young person?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES , is the advocacy child / young person centred?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the ward / unit have access to clinical specialists in child and adolescent mental health?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

7. Any other relevant information



Continue on additional numbered sheets if necessary. Box will expand if used on a computer.

8. Additional information about the person

Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Not specified	<input type="checkbox"/>			

Ethnicity

White				
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Other	<input type="checkbox"/>			
Mixed				
White/Black Caribbean	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	
White/Asian	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>	
Asian				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	
Bangladeshi	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Other	<input type="checkbox"/>			
Chinese			<input type="checkbox"/>	
Other				
Other	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	

Disability

Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	
Sensory	<input type="checkbox"/>			

Religion/Belief

Baha'i	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	
Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	
Jain	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	
Muslim	<input type="checkbox"/>	None	<input type="checkbox"/>	
Pagan	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	
Zoroastrian	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	
Other				

Sexual identity

Heterosexual/Straight	<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>	
Bisexual	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>			

Please email your completed form to: HSCA_notifications@cqc.org.uk

For CQC use only, please leave blank

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**SECTION 135/136 TRANSFER FROM ONE PLACE OF SAFETY TO ANOTHER
WITHIN 24 HOUR PERIOD**

Name of person under Section 135 () or 136 () - *Please tick section applicable*

Name:	DoB:
NHS Nos:	

Date and time of arrival at 1st Place of Safety:

Date:	Time:
Name of 1 st Place of Safety:	

Print name and profession of person authorising the transfer:

Name:	Profession: (ie AMHP or Doctor)
-------	---------------------------------

Transferred from:

Ward / Custody Name:	
Date:	Time:

Date and time of arrival at 2nd Place of Safety:

Date:	Time:
Name of 2 nd Place of Safety:	

Name and profession of person accepting transfer:

Name:	Profession:
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Please send this form to the MHA Department

ETHNICITY CODES (Required to be included in S136 Monitoring form)

(Questionnaire Prompt Sheet)

Surname First Name

Maiden / Former Names, if applicable

Date of birth NHS Number.....

Address

Please circle one Y only:

White

- A** British **Y**
- B** Irish **Y**
- C** Any other White background **Y**
(give details
.....)

Black or Black British

- M** Caribbean **Y**
- N** African **Y**
- P** Any other Black background **Y**
(give details
.....)

Mixed

- D** White and Black Caribbean **Y**
- E** White and Black African **Y**
- F** White and Asian **Y**
- G** Any other mixed background **Y**
(give details
.....)

Other ethnic background

- R** Chinese **Y**
- S** Any other ethnic group **Y**
(give details
.....)
- Z** Not stated **Y**

Asian or Asian British

- H** Indian **Y**
- J** Pakistani **Y**
- K** Bangladesh **Y**
- L** Any other Asian background **Y**
(give details
.....)

Person / Close Relatives / Advocates Preferred language

Person / Close Relatives / Advocates signature

Print Name

Please send through to the MHA Department

MENTAL HEALTH ACT 1983
 (as amended by 2007 Act)
SECTION 132 Explanation Of Patient's Rights
Section 135 (1) & 136 only

Name of Patient: _____ NHS Number: _____

Place of Safety: _____

Section 135 or 136: _____ Date of section: _____

This is to confirm that the following has been explained to the patient:

- Which section of the Act applies to them and the effects of the section
- Who their Nearest Relative is.
- Proposed treatment and the right to refuse.
- The role of the Care Quality Commission
- How to make a complaint
- Access to medical records

As a minimum the above information shall be given at time of detention;

Details of all the information given to the patient should be recorded in the Electronic Patient Record (SystemOne).

Does the patient understand their rights? YES.....NO.....UNABLE.....

Would the patient like their main Carer/Nearest Relative to be informed?
 YES.....NO.....UNABLE.....

Patient signature: _____ Date: _____

Nurse's signature: _____ Print Name: _____

Position: _____ Date: _____

Comments: _____

Please send through to the MHA Department

ADMISSION OF PATIENTS REMOVED BY POLICE UNDER A COURT WARRANT
(Section 135 of the Mental Health Act 1983)

1. Patient's name	
2. Name of hospital and ward	

Why am I in hospital?

You have been brought to this hospital under section 135 of the Mental Health Act because an approved mental health professional thinks that you have a mental disorder and you may need treatment or care.

An approved mental health professional is someone who has been specially trained to help decide whether people need to be in hospital.

A magistrate has issued a warrant saying that you can be brought here and kept here even if you do not want to come.

How long will I be here?

You can be kept here (or in another in a place where you will be safe) for 24 hours so that you can be seen by a doctor and an approved mental health professional. If these people agree that you need to remain in hospital, a second doctor may be asked to see you, to confirm their decision.

During this time you must not leave unless you are told that you may. If you try to go, the staff can stop you, and if you leave you can be brought back.

If the doctors and the approved mental health professional have not seen you by the end of the 24 hours, you will be free to leave. You may decide to stay on as a voluntary patient. But if you do want to leave, please talk to a member of staff first.

In your case the 24 hours end at:

Date	Time
------	------

What happens next?

When the doctors and an approved mental health professional have seen you, they may say that you need to stay in hospital for longer. They will tell you why and for how long this is likely to be. You will be given another leaflet that explains what will happen.

If they decide that you do not have to stay, someone will talk to you about what other help you should have.

Can I appeal?

No. Even if you do not agree that you need to stay in hospital now, you cannot appeal against a decision to keep you here under section 135.

Will I be given treatment?

The hospital staff will tell you about any treatment they think you need. You have the right to refuse any treatment you do not want. Only in special circumstances, which would be explained to you, can you be given treatment you do not agree to.

Letting your nearest relative know

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative.

There is a list of people in the Mental Health Act who are treated as your relatives. Normally, the person who comes highest in that list is your nearest relative. The hospital staff can give you a leaflet which explains this and what rights your nearest relative has in connection with your care and treatment.

In your case, we have been told that your nearest relative is:

If you do not want this person to receive a copy of the leaflet, please tell your nurse or another member of staff.

Changing your nearest relative

If you do not think this person is suitable to be your nearest relative, you can apply to the County Court for someone else to be treated as your nearest relative instead. The hospital staff can give you a leaflet that explains this.

Your letters

All letters sent to you while you are in hospital will be given to you. You can send letters to anyone except someone who has said they do not want to get letters from you. Letters to these people can be stopped by the hospital staff.

Code of Practice

There is a Code of Practice that gives advice to the staff in the hospital about the Mental Health Act and treating people for mental disorder. The staff have to consider what the Code says when they take decisions about your care. You can ask to see a copy of the Code, if you want.

How do I complain?

If you want to complain about anything to do with your care and treatment in hospital, please speak to a member of staff. They may be able to sort the matter out. They can also give you information about the hospital's complaints procedure, which you can use to try to sort out your complaint locally. They can also tell you about any other people who can help you make a complaint, for example an independent mental health advocate (see above).

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. This is called the Care Quality Commission and it monitors how the Mental Health Act is used, to make sure it is used correctly and that patients are cared for properly while they are in hospital. The hospital staff can give you a leaflet explaining how to contact the Commission.

Further help and information

If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this leaflet has not answered.

Please ask if you would like another copy of this leaflet for someone else.

ADMISSION OF MENTALLY DISORDERED PERSONS FOUND IN A PUBLIC PLACE
(Section 136 of the Mental Health Act 1983)

1. Patient's name	
2. Name of hospital and ward	

Why am I in hospital?

You have been brought to this hospital by a police officer because they are concerned that you may have a mental disorder and should be seen by a mental health professional.

You are being kept here under section 136 of the Mental Health Act 1983 so that you can be assessed to see if you need treatment.

How long will I be here?

You can be kept here (or in another place where you will be safe) for up to 24 hours so that you can be seen by a doctor and an approved mental health professional.

An approved mental health professional is someone who has been specially trained to help decide whether people need to be kept in hospital.

If the doctor and the approved mental health professional agree that you need to remain in hospital, a second doctor may be asked to see you to confirm their decision.

During this time you must not leave unless you are told that you may. If you try to go, the staff can stop you, and if you leave you can be brought back.

If the doctors and the approved mental health professional have not seen you by the end of the 24 hours, you will be free to leave. You may decide to stay on as a voluntary patient. But if you do want to leave, please talk to a member of staff first.

In your case the 24 hours end at:

Date	Time
------	------

What happens next?

When the doctors and an approved mental health professional have seen you, they may say that you need to stay in hospital for longer. They will tell you why and for how long this is likely to be. You will be given another leaflet that explains what will happen.

If they decide that you do not have to stay, someone will talk to you about what other help you should have.

Can I appeal?

No. Even if you do not agree that you need to be in hospital, you cannot appeal against the decision to keep you here under section 136.

Will I be given treatment?

The hospital staff will tell you about any treatment they think you need. You have the right to refuse any treatment you do not want. Only in special circumstances, which would be explained to you, can you be given treatment you do not agree to.

Letting your nearest relative know

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative.

There is a list of people in the Mental Health Act who are treated as your relatives. Normally, the person who comes highest in that list is your nearest relative. The hospital staff can give you a leaflet which explains this and what rights your nearest relative has in connection with your care and treatment.

In your case, we have been told that your nearest relative is:

If you do not want this person to receive a copy of the leaflet, please tell your nurse or another member of staff.

Changing your nearest relative

If you do not think this person is suitable to be your nearest relative, you can apply to the County Court for someone else to be treated as your nearest relative instead. The hospital staff can give you a leaflet that explains this.

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How do I complain?

If you want to complain about anything to do with your care and treatment in hospital, please speak to a member of staff. They may be able to sort the matter out. They can also give you information about the hospital's complaints procedure, which you can use to try to sort out your complaint locally. They can also tell you about any other people who can help you make a complaint, for example an independent mental health advocate (see above).

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. This is called the Care Quality Commission and it monitors how the Mental Health Act is used, to make sure it is used correctly and that patients are cared for properly while they are in hospital. The hospital staff can give you a leaflet explaining how to contact the Commission.

Further help and information

If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this leaflet has not answered.

Please ask if you would like another copy of this leaflet for someone else.

APPENDIX 10

Escalation Process						
	Surrey Police	SECamb	AMHP/EDT		SABP	
					Please be aware that SABP run an on-call service and it may take a short while for the on-call person to return the call.	
Problem occurs			In hours	Out of hours	In hours	Out of hours
Initial Contact	999 / 101	0300 123 9882	West Surrey: 01483 518979 East Surrey : 01737 288950	01483 517898	Abraham Cowley Unit, Bleep Holder or Farnham Road Hospital, Bleep Holder Trust Switchboard: 0300 5555 222	Abraham Cowley Unit, Bleep Holder or Farnham Road Hospital, Bleep Holder Trust Switchboard: 0300 5555 222
Problem is unresolved						
+ 2 hours	101 – Duty Supervisor	EOC Team Leader	Senior AMHP on duty: Call 01483 518979 for mobile number		Acute Care Services Manager (East or West) Trust Switchboard: 0300 5555 222	On call Manager (East or West) Trust Switchboard: 0300 5555 222
+ 4 hours	101 – Ops 1 (Inspector in Force Control Room)	EOC Manager	Chrissie Caines- Senior Manager Mental Health: 07968832858		Associate Director Working Age Adults Trust Switchboard: 0300 5555 222	On Call Manager (East or West) Trust Switchboard: 0300 5555 222
+ 8 hours	101 – CIM (Critical Incident Manager)	Senior Ops Manager			Director of Mental Health & Social Care Trust Switchboard: 0300 5555 222	On Call Director Trust Switchboard: 0300 5555 222

Other avenues for support:

- Crisis helpline 0300 4568342 Monday – Friday 1700-0900 Saturday, Sunday + Bank Holidays 24/7
- MH Practitioners in the MASH (have access to patients records and can refer to other agencies) Monday – Friday 0900-1700 ext 39887
- MH Practitioners in the CHC (have access to patients records and can refer to other agencies) Tuesdays & Thursday 1700-0000 via CHC
- CJLDS (support and access to care for MH patients in police custody) Monday – Friday 0900-1700 via Custody Suite