Section 136 Assessment Suite

Local operational protocol
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1. **Purpose**

The purpose of this operational protocol is to ensure that care of service users placed on Section 136 and taken to Section 136 assessment suites are cared for in a safe and appropriate manner. This policy also ensures that as far as possible use of Section 136 is managed within the legal and good practice framework represented by this Policy. The Policy sets out the powers as in law provided by the Mental Health Act 1983 as amended by the Mental Health Act 2007.

2. **Scope**

This protocol and its procedures apply to all statutory agencies who fulfil a role in the undertakings and requirements of S136.

3. **Aims of the protocol**

The aim of the protocol is to ensure:

- All agencies that are party to this protocol are aware of their roles and responsibilities.
- Persons detained under S136 MHA 1983 are treated with respect, without discrimination and are assessed as quickly as practicable.
- Persons with mental health issues detained for criminal offences, are processed with due regard to the law. A mental disorder whilst correctly taken into consideration is not an automatic bar to due criminal process.
- All agencies focus on providing the best possible support for the detained person to enable a quick recovery and return to their place in the community.

The s136 Suite will provide;

A “place of safety” whilst potential mental health needs are assessed under the Mental Health Act and any necessary arrangements should be made for their on-going care. The suite will accept referrals from all age groups.

**Designated Places of safety**

Lincolnshire has two designated places of safety

1) Health based  
   Peter Hodgkinson Centre  
   Greetwell Road  
   Lincoln  
   LN2 5UA  
   The Section 136 Suite at PHC is equipped to manage one person at any one time.

2) Police custody suites at various locations across Lincolnshire

4. **Values**
The Team will operate with the following core values;

1. We will provide services that promote recovery and hope

2. We will invest in training and development for staff in order to build a skilled and compassionate workforce

3. We are committed to tackling stigma and discrimination

4. We promote the recognition, that everyone is acknowledged and respected as an individual with their own beliefs, values, experiences and needs

5. Within legislative constraints we endeavour to empower everyone to exercise personal choice and responsibility for themselves and acknowledge any consequences their actions may have on others

6. We endeavour to use research based evidence to provide safe and effective care to the therapeutic benefit of service users.

7. We endeavour to minimise risk in order to provide a safe and supportive environment for all.

8. We deliver care in partnership with the service users, carers, statutory and nonstatutory organisations in order to provide an integrated service.

9. We promote the discharge of service users as soon as they are ready to return to the community and offer them support to make this transition.

10. We promote open communication for all.

11. We endeavour to meet national and local policies, professional codes of conduct and the legal and ethical framework in the provision of care.

5. Objectives

• To work in collaboration with the Police and Acute Hospitals to ensure that any member of the public placed on Section 136 is taken to the most appropriate place of safety based on their presenting needs.

• To have their needs assessed from a mental health perspective and further management determined either on an informal basis or subject to further Mental Health Act Legislation

• To ensure that assessments are carried out in a timely and clinically appropriate manner in accordance with MHA 1983.
6. Process

Detention

Prior to detention Police are encouraged, in all cases, to liaise with the Section 136 nurse to discuss possible diversion, taking into account the least restrictive approach. A person who is voluntarily seeking urgent mental health care should be escorted by the officer to an appropriate service offering a less restrictive option.

The Police are requested to inform the Section 136 nurse in advance that they are bringing someone in. **Once arrested under a section 136 discharge can only be undertaken following assessment by a RMP and AMHP. The police cannot de arrest.**

Exclusion Criteria

The following exclusions apply;

- The Section 136 Suite should not be used for those not detained under Section 136.
- Individuals in need of urgent physical healthcare as a consequence of **serious** illness/injury or poisoning should not be accepted under Section 136 at the health based section 136 suites but rather transferred to a more appropriate place of safety e.g. an A&E department
- Individuals displaying aggressive and violent behaviour. Police should discuss with Section 136 nurse re individuals with a history of violent and aggressive behaviour to assess whether they can be managed safely within the suite

Arrival at place of safety

On arrival at the Section 136 Suite, the person is in a place of safety and the 72-hour period commences. The time of arrival must, therefore be recorded and the individual formally accepted on Section 136 documentation.

Where the person’s safety or the safety of other people requires it, the police will remain until both they and the nurse in charge of the suite agree it is safe for them to leave. It is the responsibility of the police officer to search the patient prior to leaving them at the health based place of safety.

Where there is doubt or disagreement about this the police will consult their supervising Officer for direction about how much longer they can remain. The supervising Officer will consult with the Section 136 nurse before any decision for the police to leave is made.

If the patient’s behaviour deteriorates and the level of violence becomes impossible to manage within the Section 136 suite, police will attend as a matter of urgency.

The request for the section 136 assessment will be made at the earliest opportunity, by the S136 nurse, and an AMHP and Responsible Medical Practitioner informed of the detention so that plans are put in place to enable the assessment to be carried out as soon as practicable.
Any delays will be appropriately logged by the Section 136 nurse on the appropriate system.

Staff at the Place of Safety are empowered by the MHA to stop and restrain, (using reasonable force) anyone who is attempting to leave if they have been detained under S136.

If a person under the age of 18 is brought to the suite then the S136 nurse will immediately implement the CAMHS protocol.(APPENDIX 1)

**Paperwork.**

The Section 136 Nurse uses our patient database – Silverlink – and records a running log of the assessment process. They collate a history where possible. Patient monitoring and assessment forms are completed electronically by the Police, on arrival and the Section 136 Nurse during detention. The Body Map and Visual Inspection are completed if there are any physical healthcare concerns.

7. **Assessment**

- Those detained on Section 136 will receive a comprehensive assessment appropriate to their mental health needs taking account any physical health concerns that may be impacting on their presentation.

- Physical observations are completed upon arrival in Section 136 suite. There is an emergency grab bag situated within the suite should it be required.

Section 136 requires the patient to be assessed by:

- A doctor (where possible Section 12 approved)

- An Approved Mental Health Professional (AHMP)

Ideally the doctor and AMHP should assess together, it is recognised that this is not always possible.

The role of the AMHP is to:

- Interview the person;

- Provide the person with clear information on their rights, taking account of language, learning disability or cultural issues;

- Contact any relatives and friends as appropriate and with permission

- Consider any possible alternatives to admission to hospital

- Consider the need to make any other “necessary” arrangements, particularly if the patient is assessed as not requiring hospital admission.

- Consider whether the patient should be transferred to another place of safety.

- To complete the necessary legal documentation and to arrange for any further
assessments needed to complete the Detention In the event of a decision to pursue further detention under a Section of the Mental Health Act

The role of the doctor is to:

• Examine the person’s mental state

• Determine whether the person is suffering from a mental disorder

• To establish their capacity and willingness to agree to any proposed treatment

• To identify and admit to a hospital bed, if admission is required

• To consider whether the patient should be transferred to another place of safety.

Although Section 136 allows for a period of detention of up to 72 hours this should be regarded as a maximum. The assessment should be completed as quickly as possible and without use of an overnight stay unless essential.

If a patient subject to S136 leaves the place of safety or goes missing they should be regarded as absent without leave (AWOL) and can be brought back by the police as long as this is within the 72-hour period of detention.

All assessments will be documented on Silverlink and will include the following;

• Mental Health Act Assessment
• Mental Health Clustering Tool
• Risk assessment

8. Care planning

• For those persons detained under Section 136 who are already subject to CPA; then the Section 136 nurse will inform all professionals involved in the person’s care of their detention under Section 136 as soon as practically possible

• For those persons detained under Section 136 who are not subject to CPA but who are being managed within mental health services; then the Section 136 nurse will inform any professionals involved in the person’s care of their detention under Section 136 as soon as is practically possible

9. Discharge Pathway

Following assessment by the Duty Doctor and AMHP the assessment outcome will be discussed with the individual and Section 136 nurse with the possible following outcome:

Discharged - Not suffering from mental disorder no follow up care required
Discharged – Suffering from mental disorder no follow up care required

Discharged – Suffering from mental disorder with follow up care arranged

Admitted / transferred on an informal basis or

Admitted under Section MHA 2/3

10. Safeguarding

The team will follow the Trust policy and procedures when dealing with any Safeguarding issues in relation to children or to adults.

11. Risk assessment and risk management

Risk assessment and contingency planning are a routine part of the daily work of s136 nurse. The team will use the standard Trust policies on assessing risk in relation to service users and to the environment.

12. Mobiles phones

Persons detained under Section 136 of the MHA are “cared for” within the hospital environment. They will usually retain their mobile phones for the duration of their stay in the Section 136 suite.

13. Lone working

The LPFT Lone Working Policy includes guidance and procedures for staff performing these duties. Staff should never lone work in the Section 136 suite if they have any concerns about their safety. The trust has implemented a ‘buddy system’ within the Section 136 suite whereby there is a dedicated support worker allocated to support the Section 136 nurse in the suite.

136 staff must carry their attack alarm at all times

14. Liaison

The Section 136 Suites will interface closely with the Police, AMHPs, acute hospitals and Primary Care. They will interface internally with CRHTs, Integrated Community Mental Health Teams and all mental health community services.

Good communication is essential for the safe operation of the Section 136 suite. To facilitate this a number of regular meetings will take place;

1) Police Liaison meetings
2) CRHT team meetings
3) Ad hoc meetings regarding individual service users
15. Data Collection

Performance information in relation to s136 detentions and incidents at mental health establishments should be made available to the trust S136 monitoring group and the MHA monitoring group to enable regional monitoring of this protocol and to enable any lessons to be learnt to be reviewed and improvements made.

Data to be collected:

- Use of S136
- Demographics of persons detained
- Methods of conveyance
- Requests by AMHPs for police assistance
- Referrals to health and social care agencies
- Measures relating to diversion and multi-agency responses
- Outcomes from the assessment suite

Review of this protocol

This document will be regularly revised to reflect changes in Trust policy and team practice. Policy changes will be informed by developments in clinical practice arising from research, learning from critical incidents, complaints and Department of Health guidelines. Clinical and managerial staff will be consulted at review about the structure and content of the policy.

Although the patient is cared for at the Section 136 suite within the Acute Hospital, as the place of safety it is stressed that they are not admitted as an inpatient whilst being assessed under S136.

The person’s nearest relative or carer or friend (as appropriate) should be contacted by the Section 136 nurse as soon as possible, and given information as necessary subject to the patient’s consent.

Appendices

1. CAMHS Protocol
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3. Physical Healthcare Monitoring Form
4. LPFT Section 136 Admission Process Flow chart
Operational Protocol: Liaison between 136 suite staff and CAMHS for consultation following use of Section 136 Suite as Place of Safety for Young People Aged Under 18 Years.
To be used in conjunction with LPFT 136 suite policy.

Date issued: March 2015

Detaining a Young Person under the age of 18 years under Section 136.

Children and young people under the age of 18 years should only be considered for section 136 when other alternatives have been explored and deemed not in the young person’s best interests.

These include, if the young person is under 16 years, using parental responsibility, or if appropriate, removal to suitable accommodation under the Children Act section 46.

To assist the police officer in making decisions about young people, where possible, they should liaise with local Children’s Services, or out of hours the Emergency Duty Team. (In practice this may not be an option for the police due to the urgency of the situation, but it is considered best practice).

Pre-admission to 136 - diversion from section 136 options.
The police will contact the LPFT 136 suite mobile telephone number to discuss diversion options to avoid where possible, use of the 136 suite for young people under the age of 18 years. This will include use of the self-harm and suicidal ideation pathways.

Where young people require medical treatment following self-harm, they will need to follow the self-harm pathway. Young people expressing suicidal ideation will need to follow the suicidal ideation pathway. These pathways remain separate for young people aged under and over 16 years of age. (see appendix 1a and 1b).

LPFT 136 staff will liaise with the CAMHS 136 Liaison staff member (in ash villa) between the hours of 9 to 8 pm Monday to Friday, or CAMHS out of hours on-call clinician at all other times.
In hours, this will allow the CAMHS 136 Liaison staff member within Ash Villa to raise awareness within the community CAMHS locality team and ensure that a community CAMHS clinician is made available to provide appropriate on-going consultation for the 136 suite staff.

On admission of a young people’s to the 136 Suite: Initial CAMHS discussion
In hours - Monday to Friday 9-8pm the 136 staff will receive on going CAMHS clinical support via local CAMHS teams.

Out of hours the 136 suite staff will directly contact the CAMHS on-call clinician using the out of hours rota and contact details. Aside from the roles of the CAMHS
clinician and the 136 suite staff there are key duties undertaken by the AMHP which are listed below.

**AMHP Duties:**
- Locating doctors to do the MHA assessment via existing medic rotas.
- Identifying parents with parental responsibility and who is nearest relative
- Liaising with Childrens Services before or after the MHA assessment as necessary (MHA CoP19.74)
- Leading on making arrangements to transport of a detained patient to hospital (MHA CoP 17.9)
- Leading on what arrangements are necessary if a child is not going to be admitted, including getting them back home (MHA CoP 16.74)

**Role and responsibility of CAMHS Clinician (in hours and out of hours)**
- CAMHS to identify previous CAMHS involvement and organise the necessary liaison with the patient’s current care co-ordinator.
- Young people detained on a section 136 who have no history of involvement with CAMHS will need to be raised with the locality team to ensure an appropriate CAMHS follow up response to the young person’s mental health needs is provided.

Consultation from CAMHS clinicians will include advice on
- Clinical risk issues
- the sharing of relevant known history
- advice on care planning, safe management and discharge planning
- responsibility for ensuring appropriate follow up package of care is communicated with the appropriate locality team (if not known), or the patient’s CAMHS Care co-ordinator if already known to service).

The supporting CAMHS practitioner/on-call CAMHS Consultant may also be required to:
- Source a suitable Tier 4 CAMHS inpatient facility (MHA CoP 14.89) - non medical staff role. This is following the referral being sent to ash villa and can be jointly undertaken by Ash villa staff and the 136 suite. As a last resort the on-call on call CAMHS clinician will support this process.
- Discuss with the AMHP the most suitable means of transport to hospital if the child is being admitted (MHA CoP17.12)
- Discuss with the AMHP the aftercare of a child who is not being admitted, in particular by facilitating an urgent CAMHS community follow up contact if the child has mental health problems (MHA CoP 19.18)

If a Tier 4 bed is to be requested the Tier 4 referral form should be completed by the AMHP and the doctor completing the MH assessment and faxed to Ash Villa inpatient services. During office hours this task can be jointly undertaken with the CAMHS clinician providing the supportive role to the 136 suite staff.

CAMHS currently provides a substantive service from Monday – Friday 9am until 8pm. During these hours CAMHS consultation and clinical support will be provided by non-medical clinicians. Additional support from the CAMHS Consultant Psychiatrist will be provided via the locality team liaison.

From 8 pm until 9am and throughout weekends and bank holidays there is currently no substantive services for CAMHS. During these times the 136 suite clinical staff
should seek CAMHS consultation and advice from the on-call CAMHS Consultant via LPFT SPA. (0303 1234000) and the out of hours on-call CAMHS clinician.

Delay in locating a suitable tier 4 bed will require the young person to remain in the care of the 136 suite. This will require that the community CAMHS team allocate a care coordinator to provide in-reach services to the 136 suite until the patient is transported to the appropriate tier 4 services.

- Following each incident where a young person has been held in the 136 suite LPFT management within adult services and CAMHS will discuss lessons learnt to continue modifying the service and improve service delivery within the given resources.

- Where there are delays in CAMHS responding to requests from 136 staff exception reporting will occur and information considered as part of the lessons learnt process.

- Training provision for 136 staff will be provided from CAMHS in relation to the safe management of young people held in the 136 suite.
MENTAL HEALTH MONITORING FORM

Station code: __________ Custody record no.: __________ Police URN: __________

Section 1 - To be completed by arresting officer

Time and date of detention: __________ Place of detention: __________
Detainee's surname: __________ Forename(s): __________
Male ☐ Female ☐ Date of birth: __________
ID code: __________ Self-defined ethnicity code: __________
Address: __________

Notes of incident/arrest (continue on page 3 if necessary):

Outcome of PNC, local check and risk factors place of safety assessment (i.e. self-harm, suicide, violence, impaired judgement, self-neglect, absconding, etc.):

Since detention, has the person received any medical attention prior to arrival at a place of safety? YES ☐ NO ☐ If YES, please describe:

Has the person been restrained? YES ☐ NO ☐ If YES, how and for what length of time?

Is the person suffering from the effects of drink or drugs? YES ☐ NO ☐ UNKNOWN ☐
If YES, please describe: ________________________________

Initial place of safety used: S136 suite ☐ Emergency department ☐ Police station ☐
Other (describe) ________________________________

If S136 suite not used, why? S136 suite full ☐ Emergency medical treatment required ☐
Risk of violence ☐ No S136 suite ☐ Other ☐

Conveyance to place of safety: Ambulance ☐ Police vehicle ☐ Other (specify) ☐
Ambulance requested at: Time: __________ Date: __________
If ambulance not used, why? Risk of violence ☐ Other ☐

Arrival at place of safety: Time: __________ Date: __________
Has the person been searched? YES ☐ NO ☐

Time of departure (Police): __________ Received by: __________
Name of Officer reporting: __________ Shoulder no.: __________

This form must be completed and handed to nursing staff or the custody sergeant before leaving the place of safety. A copy must be taken for the local Police Mental Health Liaison Officer.
MENTAL HEALTH MONITORING FORM

Section 3 – Optional further information

### Notes of incident/arrest

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### Medical assessment

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### AMHP assessment

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### Nursing assessment

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### GP details

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Royal College of Psychiatrists

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136 Suite – Visual inspection

Name……………………
DOB……………………
NHS No…………………
Date……………………
Time……………………

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<tr>
<th>Observation on admission to 136 suite</th>
<th>yes</th>
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<th>Comments/concerns or actions taken</th>
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<tbody>
<tr>
<td>Alert</td>
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<tr>
<td>Orientated</td>
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<td>Agitated</td>
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<td>Moving normally</td>
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<tr>
<td>Normal skin colour</td>
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<tr>
<td>Pallor (pale or absence of skin colour)</td>
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<tr>
<td>Cyanosed (bluish discoloration of skin or lips)</td>
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<td>Sweating</td>
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<td>Tremor</td>
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<tr>
<td>Normal respiration rate (9-16bpm)</td>
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| Observation on discharge from 136 suite |     |    |                                    |
| Alert                                |     |    |                                    |
| Orientated                           |     |    |                                    |
| Agitated                             |     |    |                                    |
| Moving normally                      |     |    |                                    |
| Normal skin colour                   |     |    |                                    |
| Pallor (pale or absence of skin colour) | | |                                   |
| Cyanosed (bluish discoloration of skin or lips) | | |                                   |
| Sweating                             |     |    |                                    |
| Tremor                               |     |    |                                    |
| Normal respiration rate (9-16bpm)    |     |    |                                    |

Any physical health problems yes/no details:

Any action required yes/no details:

Any recent physical injury yes/no details:

Any action required yes/no details:

Please complete body map over page as necessary

Any concerns regarding physical health please monitor physical observations using track and trigger.
Police algorithm has identified LPFT s.136 Suite for consideration.

Yes

Duty s.136 nurse agrees diversion arrangements with Police

CRHT follows point of contact protocol

Can s.136 be Diverted.
Police contact s.136 Duty Nurse to consider alternatives

No

Screened by s.136 nurse & agreed s.136 suite admission

Escorting officer assists with the booking in process including completing searches & Part 1 monitoring form

Police remain until released by duty nurse

S.136 nurse arranges AMHP, 1st psychiatrist & adheres to the memorandum of understanding s.136 procedures

Assessment conducted (if practicable due to medication condition/treatment etc.)

Admission or Release

AMHP completes documentation including Part 2 of monitoring form & GP discharge letter