



Review of Section 136 Mental Health Act

Report and Recommendations

September 2006

Paul Bather
Inspector/Associate London Development Centre
Metropolitan Police

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1. Summary

- The pan-London standard for Assessments in Public Places (Section 136 Mental health Act 1983) has been inconsistently implemented across London
- There is no corporate policy between the London Ambulance Service (LAS) and Metropolitan Police service (MPS) on its use of transport
- The current flowchart and guidance notes need to be revised in order to provide more clarity
- There is a need for any existing or new pan London policies to be better communicated and disseminated to practitioners
- The use of the phrase ABD (acute behavioural disorder) is unhelpful. Medical practitioners would prefer a much clearer explanation as to why an individual has been taken to an accident and emergency department as opposed to a psychiatric setting or Police station
- There are variations in the application of sections 136 powers with reported infrequent use of the criminal justice system and Police taking people voluntarily to assessments centres as opposed to using Section 136
- There are variations in local practices and procedures to deal with arrival assessment process, and handover
- Data on the level of 136 assessments undertaken is variable.

2. Background

A framework for protocols for use in situations where statutory organisations have to work together to provide the best care for people with mental health problems has been developed as a result of recommendations contained within the Dixon enquiry, published in 1999.

With the objective of achieving consistency across London, the London Development Centre (LDC) for Mental Health, overseen by the London Mental Health partnership group, developed standards and guidance for local multi agency protocols in three areas:

- When service users are missing from hospital or healthcare premises
- Use of section 136 of the Mental health Act 1983, and
- Mental Health act assessments on private premises

Each of the standards consisted of a single page flowchart and a set of guidance notes. The intention was that the documents would then be supplemented by another document, developed locally for individual London boroughs. This third document would cover local policies, procedures and practical information such as relevant telephone numbers, contact points and hours of availability.

The standards were developed with the input of service users, carers and staff from the relevant agencies and piloted in several areas of London during 2003.

Concerns still remain when Police and other associated agencies deal with assessments under section 136 and this review was commissioned to identify and make recommendations regarding these outstanding issues.

3. Scope

Following the assessments on private premises review undertaken during 2005 concerns were raised about the implementation, consistency and application of the Section 136 Mental Health Act pan London guidance.

In order to address these concerns the Mental Health partnership board commissioned further work to review the implementation of the existing pan London standards, devise appropriate monitoring frameworks and produce if necessary, revised standards.

These concerns were further highlighted within the Metropolitan Police Authority and National Health Service joint review into Policing and Mental Health in London published in October 2005.

The specific objectives for this piece of work were:

- To ensure that locally developed protocols are consistent across London
- To research and resolve any outstanding problems with the implementation of existing pan London standards
- To share examples of good practice
- To establish a system for monitoring the use of local protocols.

The approach of the review was to focus on what the concerns and existing practices are currently across London and then to consider practical solutions to any issues raised by all of those involved in the assessment process.

4. Definitions

Section 136 of the Mental Health Act 1983 states: -

136(1) If a constable finds in a place to which the public have access a person who appears to him 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 that person to a place of safety within the meaning of section 135.

136(2) A person removed to a place of safety under this section may be detained there for a period not exceeding 72 hours for the purpose of enabling him to be examined by a registered medical practitioner and to be interviewed by an approved social worker and of making any necessary arrangements for his treatment or care.

Interpretation of Public Place

Although a public place is not clearly defined within the Mental Health Act it states it probably includes

- Places to which the public have access e.g. the public highway
- Places to which members of the public have access if payment is made e.g. a cinema
- Places to which members of the public have access at certain times of day e.g. a public house

It does not cover areas such as private garden where members of the public have access by virtue of being visitors to private premises

A place of safety

A place of safety is defined under section 135(6) Mental health Act 1983. In this section "place of safety" means residential accommodation provided by a local social services authority under Part III of the National Assistance Act 1948, a hospital as defined by this Act, a police station, an independent hospital or care home for mentally disordered persons or any other suitable place the occupier of which is willing temporarily to receive the patient.

Designated place of safety

The identification of a locally agreed place of safety (termed in the Mental Health Act codes of practice as preferred place of safety) is a matter for local agreement.

The codes of practice also state that once person has been removed to a place of safety they cannot be transferred to a different place of safety.

5. Methodology

The review has talked to stakeholders involved in the assessment process from the following groups:

- Mental Health professionals
- Police officers
- Ambulance personnel
- Mental health service users
- Carers
- Accident and Emergency units staff

The review involved:

- Presentations and discussions across London
- Workshops
- Visits to 16 of the current designated places of safety.

6. Data context

This document has drawn together a number of data sources in order to provide an overview on the usage of Section 136 of the Mental Health Act in London

Between the 11th and 24th July 2005 The Metropolitan police conducted a survey on the use of Section 136 by Metropolitan police officers .The key findings at the time suggested that:

- The average use of Section 136 powers by Metropolitan Police Officers is 28 a week
- During the period of the survey the power was not used in nearly 50% of the Boroughs
- The period between 2pm and 10pm was the busiest
- Restraint was used in 25% of the cases

Home office research undertaken for a twelve month period in four Police Boroughs found an average of 54 section 136s per borough per year, giving an estimate of 1,728 for the Metropolitan police service (Home office Strategic policy Team interim report on Mental health and Criminal Justice service (January 2006)

National health service data on inpatients formally detained in hospitals under the Mental Health Act, which will include a small number of people detained by other Police forces in London, and excludes those not admitted shows that during 2003/4 there were 1,488 (29 a week) persons detained following the use of Section 136.

The Mental Health Act commission report 2006 (page 284 year 2003/4) states that in London, 99.5% of people detained by Police are then admitted (40% under section and 59.5% voluntarily). This would suggest that Police actually detain and bring to a designated place of safety 71 people a week, which currently represents 38% of the total for England.

The keys findings are

- London accounts for 38% of the total Section 136s for England
- Section 136 is used between 28 times a week (Police Data) and 71 times week (NHS Data)
- Demand across Boroughs is variable with the period between 2pm and 10pm being the busiest
- Restraint is used in 25% of the detentions

7. Existing facilities in London

Places of safety across London have developed along borough and trust boundaries resulting in inconsistencies between centres. Currently there are at least 27 NHS places of safety in London. With the place of safety not currently being determined by proximity but relating to the service provider.

Minimum standards of buildings at places of safety

There is a wide variety in the facilities at places of safety. The review has conducted a number of visits to these facilities which vary from a standard waiting room to purpose built accommodation. There are a number of different place of safety standards that could be applicable:

- Department of Health, Estates Dept, building standard
- Royal College of Psychiatrists minimum standards
- Home office police cell and custody standards

These documents identify that the ideal assessment centre could/should contain the following:

Accessibility

- Discreet access to the suite avoiding general public areas
- The facility should be accessible to the disabled
- There should be a separate main waiting area for friends and family
- Located on the ground floor
- It should have an ability to deal with more than one at a time taking into account the local average number of those previously detained within existing facilities

Care

- A secure environment where the person detained can be assessed safely
- An Interview room
- Toilet facility
- Beverage point
- Facilities for smoking
- A control and restraint team with access to any control and restraint equipment

Safety and design

- Emergency medical facilities (staff and equipment)
- A facility where those engaged in the assessment can be briefed by those involved in the initial detention
- A separate writing room facility with phone lines etc
- A decontamination facility
- Soft and safe furnishings
- Observation points/mirrors/CCTV
- Discreet lighting
- Panic & call alarms
- No ligature points
- Escape route /doors

8. Common Issues

These issues were identified from interviews with those involved in the application of section 136 mental health act powers.

Issues have been highlighted which have arisen in several areas, not where they seemed to be specific to one borough. The most common issues raised were:

Lack of clarity of where the place of safety is

There is confusion as to what is the local designated place of safety and how to access it. With access often being declined because of issues relating to alcohol consumption or dual diagnosis.

Lack of understanding of roles, responsibilities and constraints of other agencies

Individuals did not fully understand the constraints under which others worked and this often led to frustrations about decisions being made in respect of those detained voluntarily or under section 136 powers.

The use of appropriate transport

This concerns the issue of appropriate transport and the consistent involvement of the London Ambulance Service. There were different levels of response by the ambulance service, as a result of different local arrangements some crews would go to an accident and emergency unit where others would transport a patient direct to a psychiatric assessment centre. Police transport is still frequently used.

The inappropriate use of voluntary admissions

It was reported that police often take a person to an accident and emergency unit or psychiatric assessment centre as a voluntary patient, and then leave the person in a waiting area to be seen in due course. This may expose those dealing with the individual to risk and as they have been dealt with as a voluntary patient their are limited powers to deal with the individual

Using the health service instead of the criminal justice system

The assessment centres and accident and emergency departments were often seen as an easy option for police to use as opposed to the criminal justice system. There is a lack of clarity of when, why and how to access the criminal justice system as opposed to the Mental Health services.

Lack of guidance as to appropriate locations to be used when section 136 has been applied

There is currently a lack of clear guidance to the police and ambulance service as to when they should use an assessment centre, Police station or accident and emergency department. Police custody suites are not appropriate but on occasions it is the only place available to deal with the level of risk or violence offered. Accident and emergency units are not equipped to deal with violence but on occasions medical triage is required possibly as a medical emergency. This is especially difficult when there has been an involvement of restraint or violence and a capacity to resuscitate may be required.

Inconsistent assessment facilities

Current facilities to undertake appropriate assessments are inconsistent in their build, furnishing and facilities. There is a varying capacity to be able to deal with the needs of individuals whose crisis could be caused by either mental illness or substance abuse and the ability to provide appropriate health facilities.

Existing facilities are often unable to deal with the mix of mental illness, medical emergency and violence.

There is currently no clear guidance to deal with those occasions when the assessment centre is full, CS spray has been used or when those attending are turned away.

The issue of alcohol consumption/dual diagnosis is dealt with inconsistently between assessment centres.

The role of accident and emergency departments

There is a need to identify the most appropriate locations to contain any risk and be able to provide appropriate health facilities to those in need. This includes those persons who are extremely agitated and in need of restraint for their own or another's safety. Existing facilities are often unable to deal with the mix of mental illness, medical emergency and violence.

Acute Behavioural Disorder

The use of the phrase ABD (acute behavioural disorder) is unhelpful. It was seen as a cover all situations phrase. Medical authorities would prefer a much clearer explanation as to why an individual has been taken to an accident and emergency department as opposed to a psychiatric setting or Police station.

Lack of prior communication and information to support handovers

When police do detain an individual under section 136 there is often no communication between police and the partner agencies prior to arrival at the assessment facility.

Inconsistent handovers

The handover between police and clinical teams is inconsistent. Relevant information, including the use of any restraint and whether the person has been searched or not, is often not being communicated.

There is no clarity as to who is responsible when Police arrive at the assessment centre and how long they are expected to remain.

There is inconsistency in the target times set for Police and other agencies to deal with the assessment process.

No debriefs

There is often no feedback or explanations to the police officers taking a person to the assessment centre by those conducting the assessment as to actions taken or diversions put in place.

Inconsistent Monitoring

There is no consistent monitoring or auditing processes to ensure the appropriate use and evaluation of the 136 systems.

Lack of regular meetings for all agencies

There are regular liaisons between psychiatric assessment facilities and Police but generally this does not include accident and emergency units and the London ambulance service.

9. Good practice

The review found good practice in different parts of London including

- A joint mental health training initiative in Westminster with social service and user involvement which is currently being delivered to all new police recruits working in the borough
- Regular meetings between Police mental health liaison officers and local services to review local applications of section 136 in a number of boroughs.
- Positive local relationships between agencies. This supports the early engagement of service users with community mental health teams before they reach a crisis phase in their illness.

10. Success Criteria

As part of the review a set of success criteria has been developed for individuals and organisations involved in section 136 Mental Health Act assessments:

<p><u>SERVICE USER</u></p> <ul style="list-style-type: none"> - Assessment carried out, and removed to hospital, with least stigma possible - Rapid access to assessment and appropriate care - Least possible use of force or restraint - Understanding of illness and situation from all professionals involved - Maintenance of confidentiality - Clarity about individual rights 	<p><u>CARER / FAMILY MEMBERS</u></p> <ul style="list-style-type: none"> - Access to appropriate support from relevant professionals after assessment - Assessment carried out, and removed to hospital, with least stigma possible - Service user detained safely - Kept in touch with services after assessment
<p><u>APPROVED SOCIAL WORKER</u></p> <ul style="list-style-type: none"> - Comprehensive recording of and access to relevant information in order to support appropriate decisions about the care and treatment for the service user - Least possible delays to assessment - Appropriate and proportional support in violent or resistant situation - Police and ambulance crew have knowledge of mental health - Opportunity to reflect / feed back with other professionals 	<p><u>POLICE OFFICERS</u></p> <ul style="list-style-type: none"> - Clear guidance about dealing with section 136 - Service user safely detained with least possible use of force or restraint. - Appropriate transport available after detention - Assessment facilities that are able to deal with any risk and be able to provide appropriate health facilities. This includes those persons who are extremely agitated and in need of restraint for their own or another's safety. - Opportunity to brief clinical staff and leave assessment centre at earliest opportunity
<p><u>AMBULANCE CREW</u></p> <ul style="list-style-type: none"> - Access to relevant information about service user and situation - Appropriate support (police officer) during conveyance - Clear guidance about dealing with section 136 	<p><u>MEDICAL STAFF</u></p> <ul style="list-style-type: none"> - Service user detained and conveyed to appropriate assessment facilities that is able to deal with any risk and is able to provide appropriate health facilities. - Access to relevant information about service user and situation with a fully comprehensive and documented handover
<p><u>HEALTH / SOCIAL CARE MANAGEMENT</u></p> <ul style="list-style-type: none"> - Alerted to problems / delays - Staff safety 	<p><u>POLICE MANAGEMENT</u></p> <ul style="list-style-type: none"> - Service user detained safely - Officer and Public safety - Positive community relations

11. Recommendations

These recommendations are intended to be practical and relatively easy to implement. They are divided into 4 areas:

- A Infrastructure
- B Internal policies
- C Procedures for carrying out Section 136 assessments
- D Documentation and data collection

We have identified some milestone dates:

December 2006 – agencies to have considered recommendations and how to implement them

March 2007 – infrastructure changes to be in place, and plans for full implementation.

Headline recommendation		Details	Lead agency	Timescale	Performance measurement
1	Each borough to hold regular, structured, multi-agency meetings where multi-agency strategy and operational procedures can be discussed. Consideration to be given on how best to link and engage with local user, carer groups, courts and CPS (Crown Prosecution Service).	This group should have responsibility for devising, monitoring and implementing local protocols and does not need to be separate from other groups already in existence.	All		To be reviewed by LDC
2	Each agency on a borough should identify a role, which takes the lead on multi agency liaison on mental health issues with arrangements for deputising and succession planning.	To facilitate contact and deal with emerging issues each organisation should identify a role, which takes the lead on Mental Health. Practitioners. Statutory and voluntary organisations should be aware of the role and contact details for the individual.	All		To be reviewed by LDC

Headline recommendation		Details	Lead agency	Timescale	Performance measurement
3	Each borough to have written, joint protocol in accordance with pan-London standard.	LDC should circulate updated current flowchart and guidance notes to support local protocols. The protocols should also address how to deal with those detained under s136: - when the centre is full - for those who appear to be under the influence of drink or drugs - when CS spray has been used.	All		To be reviewed by LDC
4	Develop an early intervention, information and referral process .To facilitate engagement with an individual before they reach a crisis phase and possible detention under section 136.	Early intervention and the sharing of information between agencies may enable services to engage before a person reaches crisis.	LDC		To be reviewed by LDC
5	Develop the use of user crisis cards/medic alert paraphernalia to alert those dealing with assessments that there may be medical or other issues to consider, or provide a point of contact as a possible alternative to the use of section 136.	The use of user crisis cards or medic alert paraphernalia can identify to those dealing with assessments that there may be other medical issues to consider, or provide an early point of contact with carers, relatives etc. This could be considered as a possible alternative to the use of section 136.	LDC		To be reviewed by LDC
6	Develop and promote, guidance of when to detain under section 136,arrest for criminal offence or take to accident and emergency.	To ensure appropriate use of the criminal justice system or accident and emergency departments. Develop and promote, pan London guidance and flowcharts.	MPS		To be reviewed by MPS

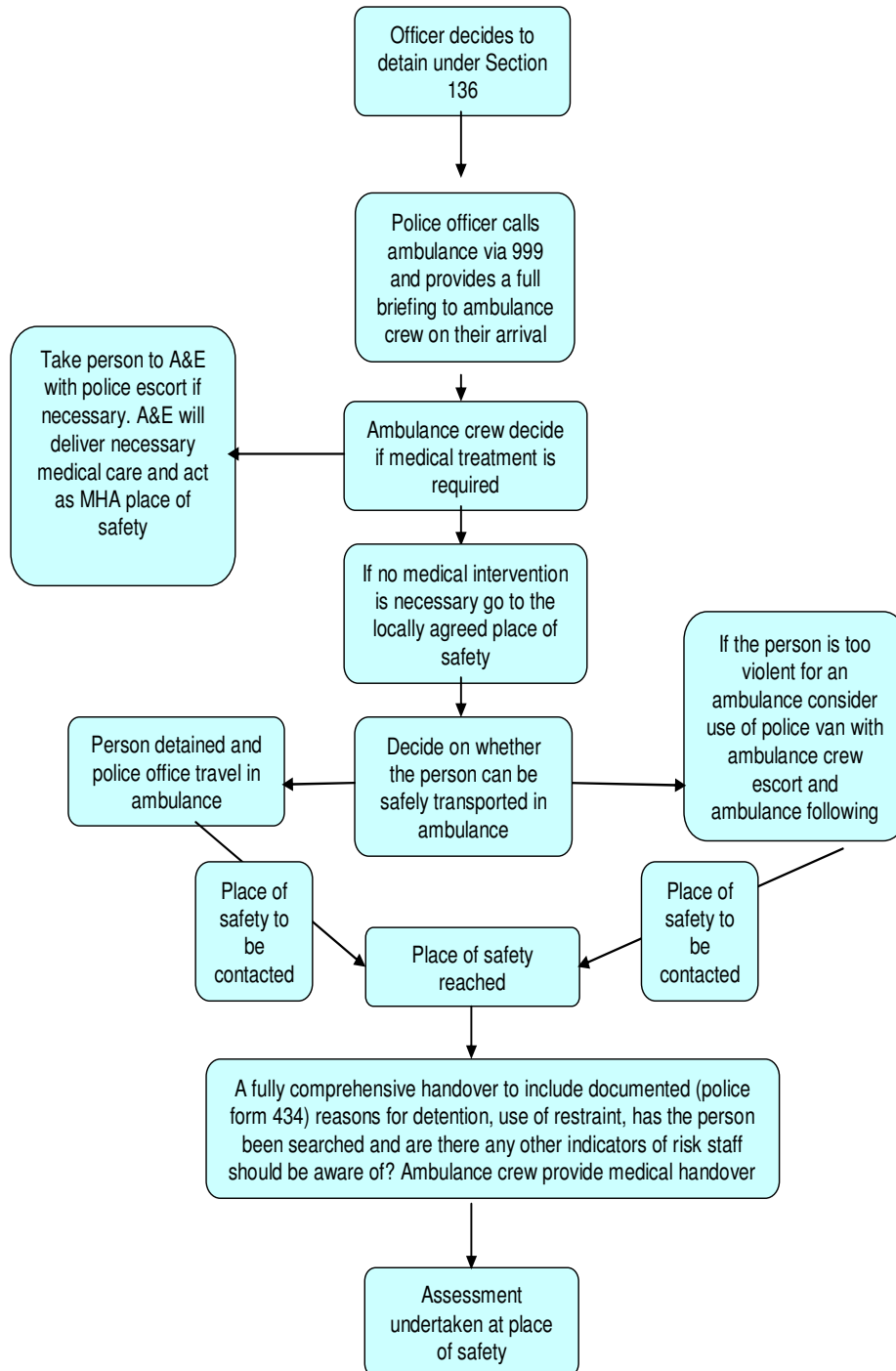
Headline recommendation		Details	Lead agency	Timescale	Performance measurement
7	London Ambulance Service and Metropolitan Police service should agree a corporate policy for its use of transport.	The issue of appropriate transport and the involvement of the London Ambulance Service should be consistent across London with Police transport still frequently being used. The LAS could provide a function of deciding the best place in London to take a patient in a similar way to other medical emergencies.	MPS LAS		Joint MPS/LAS Policy to be agreed and introduced
8	The Department of Health should be requested to develop practical guidance for operational police officers and health professionals in order to deal with instances of Acute Behavioural Disturbance.	The use of the phrase ABD (acute behavioural disorder) is unhelpful, not commonly understood or recognised. It was seen as a cover all situations phrase. Medical practitioners would prefer a much clearer explanation as to why an individual has been taken to an accident and emergency department as opposed to a psychiatric setting or police station.	LDC		Guidance issued

Headline recommendation		Details	Lead agency	Timescale	Performance measurement
9	Mental Health trusts should Identify designated health facilities best able to meet the immediate needs of those detained. This should include those who are possibly extremely agitated and in need of restraint for their own or another's safety. This could include sharing facilities with neighbouring Boroughs.	There are varying levels of assessment centres in London built to different specifications and equipped with different furnishings equipment etc. There is a need to identify the most appropriate locations locally to contain risk and be able to provide appropriate health facilities to those in need. This should include those persons who are extremely agitated and in need of restraint for their own or another's safety. Existing facilities are often unable to deal with the mix of mental illness, medical emergency and violence.	LDC		Places of safety identified
10	The form 434, that is completed when a person is detained under Section 136 of the Mental Health Act, to be revised as part of a comprehensive handover process. This should include any information about risk factors, the use of restraint and whether the person has been searched.	To support a comprehensive handover process and ensure that all necessary/relevant information is passed on to clinical staff including any known information, the possible use of restraint and whether the person has been searched or not. It is necessary to redesign the Police handover and detention record, form 434 to include risk factors.	MPS		New Form 434 designed and introduced

Headline recommendation		Details	Lead agency	Timescale	Performance measurement
11	Set minimum standards for Police and other agencies for the time taken in order to deal with those people taken to a place of safety under Section 136 of the Mental Health Act as part of the assessment process.	Variations exist in minimum target times locally set for Police and other agencies to deal with the assessment process.	Social services MPS		To be reviewed by LDC within local protocols
12	Develop a standard debrief form to be used in monitoring, auditing and data collection processes to ensure the implementation of s136 is evaluated and lessons learnt on an ongoing basis.	There is no consistent monitoring or auditing processes to ensure the appropriate use and evaluation of the 136 systems Auditing processes should be developed to ensure the implementation of s136 is evaluated and lessons learnt on an ongoing basis (as per the Code of Practice).	LDC		Debrief form designed and introduced

APPENDIX

Appendix 1 - Revised flowchart and guidance notes



**PAN-LONDON GUIDANCE NOTES FOR LOCAL PROTOCOLS:
SECTION 136 MENTAL HEALTH ACT (PART B)**

IMPORTANT: THESE GUIDANCE NOTES (PART B) MUST BE READ IN CONJUNCTION WITH THE ACCOMPANYING FLOWCHART (PART A).

The objective of the attached flowchart (part A) and this guidance document (part B) is to ensure consistency across London in the provision of a safe, secure and supportive service to service users, and all of those involved in the assessment process

Any action taken by agencies, either unilaterally or jointly, must be:

- Proportionate.
- Legal.
- Accountable.
- Necessary.
- Based on the best available information.

and in accordance with the Human Rights Act and other legislation.

These documents provide a framework of minimum standards around which local partner agencies are able to ensure clear arrangements are in place for the planning and implementation of local Mental Health Act assessments. It is recognised that many such arrangements already exist, and that these documents provide an opportunity to review, consolidate and build upon good practice.

It is essential that all such local arrangements are documented and publicised to all staff, and are readily available for reference.

1. A Police officer encountering a person in a public place suffering from mental illness. Should gather as much information as possible in order to undertake a risk assessment. They should consider is the person a threat to themselves or others are they in need of immediate care or control, and or have they committed a criminal act.
2. **The officer should consider all of the options available including**
 - If the person suffering from a physical injury. They should call ambulance and convey to accident and emergency
 - If the person is drunk then they should be dealt with the same as anyone else for drunkenness in a public place
 - If they have committed a criminal act which is more than merely trivial then consider arresting for that offence
 - If no offence has been committed and the person is not in need of immediate care or control then consider contacting carers or relatives, refer to GP or other relevant agencies.
 - If no offence has been committed but they are in need of immediate care or control. Then they should be detained under section 136 and conveyed to a place of safety
3. **If the Police officer detains individual under S136**
 - The officer should give consideration to relevant communication, detention and transport issues
4. **Police officer calls ambulance via 999**

People detained under Section 136 should as a rule be conveyed to the place of safety by ambulance because of:

- Human Rights
- Duty of care – safety of the individual
- Dignity of the individual
- Similarity with physical illness
- Public perception

An agreement is currently being developed between the Metropolitan Police and the London Ambulance Service on transportation of service users to hospital. A service user should be transported to hospital in an ambulance unless he or she is so violent that a police van is required.

5 Ambulance crew decide if medical treatment is required elsewhere:

The current Metropolitan Police Service policy is that where acute behavioural disturbance is suspected, the service user should be treated as in need of emergency medical treatment and should be conveyed to an A&E department by ambulance.

The main features of the extreme state Acute Behavioural Disorder as currently defined by the Independent Police Complaints Commission include a period of agitation, excitability, perhaps paranoia, coupled with great strength, aggression and non-pain compliance. Sudden collapse and death may follow.

The guiding principal should be that a requirement for medical treatment outweighs the need for the service user's assessment under the Mental Health Act.

The ambulance crew should determine to which hospital they would take the service user (this will generally be to an A&E department).

If the ambulance crew decides that medical treatment is not required from an A&E department then the police will determine which place of safety to take the service user to. This will generally be the locally agreed place of safety.

6 Mode of transportation – ambulance or police van

Currently although Police vans are regularly used, a service user should be transported to hospital in an ambulance. Police will accompany in the back of the ambulance.

If the person is too violent for the ambulance then a police van could be used with ambulance personnel on board and the ambulance following.

7 Place of Safety

There should be a recognition that once a place of safety has been reached (even if not the locally agreed place of safety) then that person has been taken to a place of safety under Section 136 MHA, and in accordance with the Codes of Practice cannot be moved by police under that section to another place of safety.

In multi-building / multi-site hospitals where the place of safety is not co-located with the A&E department, clear local agreements / protocols should be in place.

In accordance with the MHA Code of Practice, persons detained under Section 136 should preferably be taken to a hospital rather than a police station with the MPS position being that Police stations should not be routinely used.

There should be an agreement in place that a mental health assessment team will come to the service user in a place of safety even if it is not the locally agreed place of safety.

8 Hand-over and assessment

Clear and easily accessible local protocols should set down the minimum standards to be provided by police, Trusts and ASWs including agreement on the roles and responsibilities of each agency for the hand-over procedure, searching service users and dealing with people who are violent.

The protocol should also address;

- What happens if the center is full or declines to accept detained person?
- What happens if the patient is intoxicated (or smelling of drink) and/or exhibiting signs of having taken drugs?
- What If Police have discharged CS spray?
- Who is responsible for the control of the service user?
- How to deal with transfers within in multi-building / multi-site hospitals where the place of safety is not co-located with the A&E department
- The decision making process in relation to Police leaving after handover process.
- What referral process are in place to be able to deal immediately with and escalate issues at times of disagreements?
- An agreed procedure for informing the officers involved in the detention of the person of any actions or referrals undertaken. Either at the time or later.

Monitoring and evaluation arrangements

There should processes to facilitate ongoing monitoring, auditing and evaluation of the use of S136.

APPENDIX 2 – MAP & TABLE OF s136 PLACES OF SAFETY IN LONDON



S.136 Location	BOROUGH	VENUE	HOSPITAL	If medical emergency....
1	Barking and Dagenham	CM14 5HQ	Mascall Park	* Oldchurch Hosp. Romford
1	Havering	CM14 5HQ	Mascall Park	* Oldchurch Hosp. Romford
2	Barnet	HA8 0AD	Edgware Community Hospital	* Barnet A&E
3	Bexley	DA14 6LT	Woodlands Unit, Queen Mary's Hospital	
4	Brent	NW10 7NS	Central Middlesex Hospital	
5	Bromley	BR6 8NY	Green Parks House, Princess Royal University Hospital	
6	Camden (North)	NW3 2QG	Royal Free Hospital	
7	Camden (South)	NW1 2BU	University College Hospital, 235 Euston Road, London	
8	Charing Cross	SW1V 2RH	The Gordon Hospital	* St Thomas A&E
8	Westminster	SW1V 2RH	The Gordon Hospital	* St Thomas A&E
9	Ealing	UB1 3HW	John Connolly wing, New Ealing hospital	
10	Enfield	EN2 8JL	Mental Health Unit, Chase Farm Hospital	
11	Greenwich	SE18 4QH	Oxleas House, Queen Elizabeth Hospital	
12	Hackney	E9 6SR	The Homerton Hospital	
13	Hammersmith and Fulham	W6 8RF	Charing Cross Hospital	
14	Haringey	N15 3TH	Emergency Reception Centre, St Ann's Hospital	* North Middlesex Uni. Hosp.
15	Harrow	HA1 3UJ	Level 4 Mental Health Centre, Northwick Park Hospital	
16	Hillingdon	UB8 3NN	The Riverside Centre, Hillingdon Hospital	
17	Kingston	KT6 7QU	Shamrock Ward, Tolworth Hospital	* Kingston Hospital
17	Merton	KT6 7QU	Shamrock Ward, Tolworth Hospital	* Kingston Hospital
17	Richmond	KT6 7QU	Shamrock Ward, Tolworth Hospital	* Kingston Hospital
17	Sutton	KT6 7QU	Shamrock Ward, Tolworth Hospital	* Kingston Hospital
17	Wandsworth	KT6 7QU	Shamrock Ward, Tolworth Hospital	* Kingston Hospital
18	Islington	N19 5NF	Whittington Hospital	
19	Kensington and Chelsea	SW10 9NG	South Kensington and Chelsea Mental Health Centre	
20	Lambeth	SW9 9NT	Eden Ward, Lambeth Hospital	* St Thomas A&E
21	Lewisham	SE13 6LH	The Ladywell Unit, Lewisham Hospital NHS Trust	
22	Newham	E4 9JQ	The Newham Centre for Mental health	* Whipps Cross A&E
22	Waltham Forest	E4 9JQ	Naseberry Court, Merriam Close	* Whipps Cross A&E
23	Newham	E11 4HJ	Stonelea Hospital	* Whipps Cross A&E
23	Waltham Forest	E11 4HJ	Stonelea Hospital	
24	Redbridge	IG3 8XJ	Chapter House, Goodmayes Hospital	King George V Hospital
25	Southwark	SE5 8AZ	Eileen Skellern 1 , Maudsley Hospital	
26	Tower Hamlets	E1 1BB	Royal London Hospital	
27	Croydon	BR3 3BX	Bethlem Royal Hospital	
28	Hounslow	TW7 6AF	Lakeside mental health unit, West Middlesex Hospital	* West Middlesex Hospital

Section 136 Mental Health Act 1983

Stn. Code	CAD No.
Custody No. (if applicable)	
Other Ref.	

Section 136 of the Mental Health Act 1983 empowers a constable to remove to 'a place of safety' any person when **all** conditions shown below apply:- (tick ✓ each box to confirm).

- The person is found in a place to which the public have access
- AND** appears to be suffering from mental disorder
- AND** is in need of immediate care or control
- AND** needs to be removed in their own interests or for the protection of others.

Date: Time: Place:
(Enter year in full)

Person detained- Surname:

Other name (incl. maiden name if applicable):

Forename(s):

Address:

..... Date of Birth

Place of birth: ID code: PCN check done? Yes No ✓ box

Details of relative or friend

Name:

Address:

..... Tel No.:

Informed? Yes No ✓ box

Describe the behaviour or circumstances that resulted in detention.

.....
.....
.....
.....

Place of safety (if not Police Station)

Date of arrival: Time of arrival: Time of departure (police):
(Enter year in full)

Received by:

Other information:

.....

Officer reporting (Signature): Wt. No.:

Print name: Rank/Div.No.:

Supervised by: Rank/Div.No.:

Forward to Borough Mental Health Liaison Officer

From 434

For Hospital Use Only

Hospital

Part A

Social Services notification (*name*) at (*time*)
Client was examined by doctor (*signature*)
Print name and show date and time
Client was interviewed by approved social worker (*signature*)
Print name and show date and time

Rights leaflet was given and rights read by (*if appropriate*)

Signed (*nurse or social worker*)
at (*time*) on (*date – enter year in full*)

Part B – Arrangement made after initial assessment

Please tick ✓ as appropriate

- 1. Did not require admission and was discharged. Arrangements made were
- 2. Was admitted on an *informal* basis to Ward
- 3. Was admitted to Ward
State under which section
- 4. Was transferred to at (*time*)

Signed (*person completing*) Date (*enter year in full*)

This form must be sent to