Inter Agency Protocol
Section 136 Mental Health Act

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<th>Protocol owner</th>
<th>T/ACC Operations (Suffolk)</th>
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Whilst this protocol is signed off and agreed by all agencies, officers should note that some elements of it are not fully implemented at this time and may differ across Norfolk and Suffolk in practice.

The implementation plan which sits alongside the protocol is being progressed which will allow all aspects of the protocol to be operational in the coming months.
1. Introduction

1.1. This protocol relates to individuals who are detained under Section 136 of the Mental Health Act 1983 (as amended by the Mental Health Act 2007) in Norfolk and Suffolk for removal to a Place of Safety.

1.2. The protocol sets out to identify the responsibilities of the professionals involved when a person is held under Section 136.

1.3. The aim of this protocol is to ensure that all individuals who are detained under Section 136 in Norfolk and Suffolk receive a consistent service which upholds good standards of professional practice, within a correct legal framework and without unnecessary delay.

1.4. It is agreed between all parties that those people who are detained are a joint management responsibility from the point of detention to the point of release or admission to hospital and organisations should support each other throughout the period of detention (including conveyance) in accordance with legislation and guidance.

2. Legal Framework

2.1. If a Police Officer finds a person in a public place who appears to be suffering from mental disorder and is in need of immediate care or control, the officer may remove that person to a Place of Safety in the interest of his/her safety or the safety of others.

2.2. Public places include places to which the public have open access e.g. highways and places where payment must be made e.g. cinemas and places accessed at certain times of the day e.g. public houses. This power cannot be exercised on private premises.

2.3. The person can be detained for a period not exceeding 72 hours for the purpose of being examined by a registered Medical Practitioner and to be interviewed by an Approved Mental Health Professional (AMHP) so that the necessary arrangements for their treatment or care can be made.

2.4. A person detained under Section 136 may be moved to one or more Places of Safety during the 72 hour detention period. The 72 hours commences as soon as the person arrives at the initial place of safety.

2.5. From the time the person is detained until the time the assessment is completed, the person is deemed to be in lawful custody and can be detained at the Place of Safety by Police Officers and/or hospital staff,
using reasonable force if required under the powers given by Section 136(2).

3. General Guidelines for Officers

3.1. When dealing with a person who appears to be suffering from a mental disorder who is in need of immediate care or control, officers should consider if any less restrictive options are available to them before exercising their powers under Section 136.

3.2. Before exercising their powers officers are encouraged to contact the Access and Assessment team (AAT) on 0300 790 0371 (Norfolk enquiries) or 0300 123 1334 (Suffolk enquiries). The AAT ‘advice line’ is staffed by trained professionals who can provide information and advice to officers dealing with mental health related incidents which may avoid the need to detain under Section 136.

4. Place of Safety

Designated Places of Safety – Section 136 assessment suites

4.1. The designated Section 136 assessment suites in Norfolk are:

Hellesdon Hospital, Drayton High Road, Norwich - 01603 421421

Northgate Hospital, Northgate Street, Great Yarmouth - 01493 337748

Fermoy Unit, Queen Elizabeth Hospital, Gayton Road, Kings Lynn - 01553 736334

4.2. If the first choice assessment suite is already occupied or is out of service, Norfolk Constabulary Contact and Control Room (CCR) should contact one of the alternative suites listed above.

4.3. The designated Section 136 assessment suites in Suffolk are:

Woodlands Unit (Lark Ward), Ipswich Hospital, Heath Road, Ipswich - 01473 891720

Wedgwood House (Southgate Ward), West Suffolk Hospital, Hardwick Lane, Bury St Edmunds - 01284 719774

Carlton Court, St Peters Road, Carlton Colville, Lowestoft – 01502 527905
Alternative Places of Safety

4.4. If the first choice Section 136 suite is unavailable, the nurse-in-charge of the first choice suite will advise on an alternative.

4.5. In the majority of cases the appropriate Place of Safety will be one of the designated Section 136 assessment suites listed above.

4.6. In specific circumstances a Police Custody suite or an A&E Department will be considered an appropriate Place of Safety (see Sections 5 and 6), however other available options, such as a residential care home or the home of a relative or friend of the person who is willing to accept them temporarily, should also be considered.

4.7. It is the responsibility of the detaining Police Officer and Ambulance Clinician to decide which is the most appropriate Place of Safety based upon the presenting behaviour of the detained person.

4.8. A risk assessment document to assist officers and Ambulance Clinicians to determine the most appropriate Place of Safety is included at Appendix D.

4.9. Initial management in A&E and/or Police Custody should be for as short a period as possible and individuals should be transferred to a designated Section 136 assessment suite as soon as possible.

4.10. Transfer should not occur without the agreement of the receiving Place of Safety that they are able to accept the individual.

5. A&E Department

5.1. A&E departments are not a ‘designated’ Place of Safety and should only be used when an individual is in need of emergency medical treatment.

5.2. A&E staff will endeavour to fast track Section 136 patients through their department to allow the Mental Health Act assessment to take place as promptly as possible.

5.3. Police Officers must remain with the patient whilst they receive medical treatment.

5.4. In most cases, once the person has received medical treatment and is fit for discharge, they should be transferred to an alternative place of safety for their Mental Health Act assessment. However, in some circumstances it may be more appropriate for the assessment to take
place in A&E or elsewhere in the General Hospital, for example, where the person needs to be admitted. This will need to be agreed by the A&E Manager in discussion with the Psychiatric Liaison Team, the detaining officer and the AMHP Service.

5.5. If the Mental Health Act assessment takes place in A&E, Police Officers will be required to remain with the patient for the duration of the assessment if requested by the Mental Health team.

5.6. If the patient is to be transferred to a Section 136 assessment suite the detaining officer should notify the nearest Designated Place of Safety to make the necessary arrangements.

5.7. It will be the responsibility of A&E staff to ensure the transmission of relevant medical information which may be required by staff at the alternative Place of Safety, Police Officers, CCR, Custody Officers or Health Care Professionals.

5.8. On arrival at A&E, Police Officers will complete the relevant sections of the Joint Detention Record (Appendix C) in respect of the individual detained.

5.9. The individual should be informed of their rights under the Mental Health Act, both verbally and in writing, by the Site Practitioner (See Appendix G). This includes the right to seek legal advice. Details should be recorded on the Joint Detention Record.

5.10. Any time spent at A&E will be included in the overall 72 hour maximum assessment period.

Notification to the AMHP Service

5.11. Norfolk

At the point of detention, regardless of where the MHA assessment is to take place, Norfolk Constabulary CCR will be responsible for contacting Norfolk Social Services on 0344 800 8020 (out of hours this will be answered by the Emergency Duty Team) to make the referral to the Duty AMHP. This is to ensure that the assessment can commence without further delay once the individual has been declared medically fit.

5.12. Suffolk

If the assessment is to take place in A&E the Psychiatric Liaison Team / A&E Manager will be responsible for notifying the AMHP Service. If

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arrangements have been made for the individual to be transferred to a Section 136 assessment suite the nurse-in-charge of the suite will be responsible for contacting Suffolk Social Services on 0808 800 4005 (out of hours this will be answered by the Emergency Duty Service) to make the referral to the Duty AMHP.

6. Police Custody

6.1. Police Custody suites should only be used as a Place of Safety on an exceptional basis, when the person’s behaviour cannot be safely managed in an alternative environment.

6.2. Individuals presenting with drug, alcohol or physical aggression should not automatically be removed to a Police Custody suite unless the risk assessment evidences that the individual poses an ‘unmanageably high risk’ and it is considered medically safe to do so.

6.3. Where the grounds exist both for detaining a person under Section 136 and for arresting them for a suspected criminal offence, the Police Officer has discretion to determine which power to use. If prioritisation is given to arresting the individual for the criminal offence they should be seen by a Health Care Professional whilst in Custody who will decide if a Mental Health Act assessment should take place alongside the criminal investigation.

6.4. If Police Custody is used as a Place of Safety under Section 136 the detained person falls within the legal framework of the Police and Criminal Evidence Act 1984 (PACE) and has the same rights and entitlements under PACE as any other detained person.

7. Transfer between Places of Safety

7.1. A person removed to a Place of Safety under Section 136 may be moved to a different Place of Safety before the end of the maximum 72 hour period for which they may be detained.

7.2. Transfer between Place of Safety can be authorised by either a Police Officer or an AMHP but unless it is an emergency, a person should not be transferred unless the AMHP or a Healthcare Professional has confirmed that the transfer would not put the person’s health or safety (or that of other people) at risk.

7.3. The person may be taken to the second or subsequent Place of Safety by a Police Officer, an AMHP or a person authorised by either a Police Officer or an AMHP.
8. Section 136 Procedures and Professional Roles and Responsibilities

8.1. At the point of detention CCR should contact the East of England Ambulance Service who will respond under emergency conditions to the location given to complete a clinical assessment of the individual in line with the National Ambulance Section 136 Protocol.

8.2. A clinically led decision will be used to determine the most appropriate Place of Safety.

8.3. The method of conveyance will be agreed between the detaining Police Officer and the senior Ambulance Clinician following a joint risk assessment. It is anticipated that in most cases the individual will be conveyed to the agreed Place of Safety by ambulance.

8.4. Where it is necessary to use a police vehicle because of the risk involved, it may be necessary for the senior Ambulance Clinician to ride in the vehicle with the patient, with the appropriate equipment to deal with immediate problems. In such cases, the ambulance should follow directly behind to provide any further support that is required.

Procedure at a designated Section 136 assessment suite

Police:- Initial notification

Norfolk

8.5. At the point of detention, Norfolk Constabulary CCR should contact the Bleep Holder/nurse-in-charge at the appropriate Section 136 assessment suite to ensure that they are able to accept the individual and notify estimated time of arrival.

8.6. Basic details about the person must be provided, including name, address and date of birth, if known. They should also be provided with information about the circumstances leading to the person’s detention and information about their behaviour, known risk factors and if any force or restraint has been used, including Taser deployment. The Police CAD reference number should also be provided.

8.7. Before arrival at the Place of Safety Norfolk Police CCR should also make contact with Norfolk Social Services on 0344 800 8020 (out of hours this will be answered by the Emergency Duty Team) who will arrange attendance of the mental health assessment team. Social Services should be provided with the same information listed above.

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Suffolk

8.8. At the point of detention the detaining officer should notify the nurse-in-charge at the appropriate Section 136 assessment suite to ensure that they are able to accept the individual and notify estimated time of arrival.

8.9. Basic details about the person must be provided, including name, address and date of birth, if known. They should also be provided with information about the circumstances leading to the person’s detention and information about their behaviour, known risk factors and if any force or restraint has been used, including Taser deployment.

8.10. The nurse-in-charge will be responsible for notifying the AMHP service (see paragraph 8.21.)

Police:- On arrival at Section 136 Suite

8.11. On arrival at the Place of Safety the escorting officer should ensure that the receiving nurse is aware of all relevant information regarding the person’s behaviour, risk issues, known risk factors and the circumstances of their detention.

8.12. Officers must also notify the nursing staff as to the level of search carried out and any use of force or restraint. If Taser has been deployed please refer to the NSFT protocol for admission following deployment of Taser.

8.13. Officers must complete the relevant sections of the Joint Detention Record (Appendix C).

8.14. Any property retained by police and/or nursing staff should be ‘logged’ and safely stored until assessment has been completed.

8.15. As there is no legal requirement for the police to wait until the assessment is complete a joint risk assessment will be undertaken by the detaining Police Officer and the receiving Nurse to determine any requirement for continued police involvement (Appendix E).

8.16. When a patient is jointly assessed as presenting a low risk, there will be no expectation that Police Officers will remain with the patient after the handover period.

8.17. When a patient is jointly assessed as presenting a high risk, Police Officers will remain. If the patient’s behaviour presents a risk that

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cannot be safely managed within the hospital setting consideration should be given to transferring them to a Police Custody suite.

8.18. When a patient is assessed as medium risk, the need for continued police involvement should be agreed between the Police Officers and nursing staff.

8.19. Officers and staff must be cognisant of the needs of the various agencies involved in the assessment process and should take a 'partnership approach' when agreeing a response.

8.20. If there is a dispute within this framework, the Duty Police Inspector and on-call Trust Managers should be contacted to resolve the difference.

8.21. The risks presented by the patient should be kept under constant review. The expectation is that police will resume at the point that the patient can be safely managed by nursing staff, once a full handover has been completed.

8.22. All staff involved in the management and assessment of a person in a Place of Safety are empowered under the MHA to detain the individual for the purpose of the mental health assessment.

Nurse-in-Charge/Bleep Holder will:-

8.23. Open the Section 136 assessment suite and complete the booking-in procedure.

8.24. Norfolk - Ensure that the Police have contacted the AMHP Service and have provided the necessary information relating to the detention.

8.25. Suffolk – Make the referral to the Duty AMHP by contacting Suffolk Social Services on 0808 800 4005 (out of hours this will be answered by the Emergency Duty Service). The Duty AMHP will arrange the attendance of the mental health assessment team. Social Services should be provided with the information listed at paragraph 8.2.

8.26. Complete the relevant sections of the Joint Detention Record (Appendix C).

8.27. Ensure that the individual is informed of their rights under the Mental Health Act, both verbally and in writing (See Appendix G). This includes the right to seek legal advice. Details should be recorded on the Joint Detention Record.
8.28. Ensure the person being detained has access to all appropriate facilities.

8.29. Carry out a visual assessment of the detained person. If this raises any health concerns they should conduct baseline observations and review using the Medical Early Warning Scale (MEWS) and if indicated, contact the Duty Doctor for advice. All actions should be recorded on the Joint Detention Record.

8.30. Ask the individual if they are taking any medications relating to a heart condition, diabetes, epilepsy or a condition of comparable potential seriousness and record the outcome on the Joint Detention Record. If they are taking any such medication, advice should be sought from the Duty Doctor.

8.31. Inform the AMHP of the health screening assessment outcome.

The AMHP will:-

8.32. Make arrangements for the assessment to begin as soon as practicable once the person is fit to be assessed.

8.33. Contact the individual’s relative/friend/carer to advise of the person’s detention if he/she so wishes.

8.34. At the conclusion of the assessment, inform the patient if they have been detained, under which section and of their right of appeal. If the decision is not to admit to hospital, inform the detained person of their right to leave.

8.35. Where the individual is not further detained under the Mental Health Act, ensure any transportation needs and necessary follow-up care plan is in place.

8.36. If the individual has no means to return home (or to go to an appropriate place agreed with the assessment team) a taxi may be arranged (particularly out-of-hours). This will be arranged by NSFT but the cost can be shared 50/50 with Norfolk/Suffolk County Council.

8.37. Where the individual is to be detained the AMHP will have responsibility for making the necessary arrangements for their admission, including transport if required.

8.38. Complete the relevant sections of the Section 136 Joint Detention Record (Appendix C)
Procedure at a Police Station:

The Detaining Officer will:-

8.39. Ensure full details of the Section 136 detention are provided to the Custody Sergeant or Detention Officer.

8.40. Complete the relevant sections of the Section 136 Joint Detention Record (Appendix C)

The Custody Sergeant will:-

8.41. Ensure that Police Custody is the most appropriate Place of Safety for the individual to be detained at that time. Police Custody suites should only be used when the person’s behaviour cannot be safely managed in another environment.

8.42. If detention is authorised, record a full explanation in the custody record as to why the individual has not been taken to/accepted into a health-based Place of Safety.

8.43. Ensure that the individual is dealt with in accordance with PACE, the Mental Health Act and relevant Codes of Practice and is informed of their rights and entitlements, both verbally and in writing.

8.44. Ensure that the detained person is seen by a Health Care Professional (HCP) to assess their fitness to be detained.

8.45. Liaise with the Bleep Holder/nurse-in-charge at the closest health based Place of Safety with a view to transferring the person to the Section 136 suite at the point that they can be safely managed in this environment.

8.46. Suffolk

If it is agreed that the individual will be transferred to a Section 136 suite for the assessment the nurse-in-charge at the health based Place of Safety will make the referral to the Duty AMHP by contacting Suffolk Social Services on 0808 800 4005 (out of hours this will be answered by the Emergency Duty Service).

If it becomes apparent that it is not going to be possible to transfer the individual to a health based Place of Safety within a reasonable period of time, the assessment will need to be carried out in Police Custody suite. In these circumstances the Custody Sergeant will need to make
the referral to the Duty AMHP by contacting Suffolk Social Services on the above number. The Custody Sergeant can also contact the Duty AMHP at any time for discussion or advice.

Norfolk

The Custody Sergeant will be responsible for making the referral to the Duty AMHP by contacting Norfolk Social Services on 0344 800 8020 (out of hours this will be answered by the Emergency Duty Team).

This should be done as soon as possible and should occur even if the detainee is drunk or violent so that background checks can be made and preliminary arrangements for the Mental Health Act assessment can commence.

The Custody Sergeant will be responsible for ensuring that the Duty AMHP is kept informed about any plans to transfer the detained person to a health based Place of Safety.

8.47. If the assessment takes place in the Custody Suite the AMHP should be given full details of the detention circumstances and provided with a copy of the front sheet of the detention record.

8.48. If after the assessment the individual is not to be further detained under the Mental Health Act, the Custody Sergeant must ensure that a pre-release risk assessment is completed and that any transportation needs are met prior to their release.

The AMHP will:-

8.49. Contact the Custody Suite as soon as possible after notification to keep the Custody Sergeant informed of the arrangements made to commence the assessment.

8.50. Make arrangements for the assessment to begin as soon as practicable (unless intoxication or other illness delays commencement).

8.51. Complete the relevant sections of the Joint Detention Record.

8.52. Where the individual is not further detained under the Mental Health Act, ensure a follow-up care plan is in place where appropriate.

8.53. Where the person is formally or informally admitted, arrange conveyance.
9. **Agreed Timescales for Assessment**

9.1. It is agreed by all agencies that the AMHP and Doctor(s) conducting the assessment should arrive at the Place of Safety within 3 hours of first being notified. It is recognised that in exceptional circumstances this may not be achievable.

9.2. The Mental Health Act assessment may be delayed, for example, when a person is under the influence of drugs, alcohol or medication, however, it may not be necessary for the person to be completely free of the influence of the substance before they are assessed. The decision as to whether an intoxicated person can be interviewed appropriately will be a matter of professional judgement determined by the specific circumstances of each case.

9.3. The reason for any delay should be recorded on the Joint Detention Record.
10. Flowchart – Norfolk

Person detained under S136

CCR contacts Ambulance Service who will attend scene to carry out clinical assessment

Apply matrix (Appendix D) to determine most appropriate place of safety

A&E Department

S136 assessment suite

Police Custody Suite

Method of conveyance to be agreed – in most cases this will be by ambulance

CCR will contact Social Services who will notify Duty AMHP

AMHP will make arrangements for the assessment

Commence Joint Detention Record

AMHP will make arrangements for the assessment

Commence Joint Detention Record

MHA assessment may take place within the A&E Department but if the person is considered ‘fit for discharge’ they may be transferred to a S136 suite. Detaining officer should contact nearest S136 suite to agree transfer.

CCR will contact: 1) S136 assessment suite (Bleep Holder/Nurse-in-Charge) and 2) Social Services who will notify Duty AMHP

Bleep Holder will liaise with AMHP

AMHP will make arrangements for the assessment

Commence Joint Detention Record

Complete Risk Assessment to determine need for Police to remain

Joint MHA assessment by Doctor(s) and AMHP

Custody Officer will contact Social Services ASAP once detention is authorised. Social Services will notify Duty AMHP

AMHP will make arrangements for the assessment

Commence Joint Detention Record

Custody officer will contact nearest S136 suite to discuss transferring the individual at the earliest opportunity

Joint MHA assessment by Doctor(s) and AMHP

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1) Discharged from S136 with follow up arrangements

2) Discharged from S136 without follow up arrangements

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Person detained under S136

CCR contacts Ambulance Service who will attend scene to carry out clinical assessment

Apply matrix (Appendix D) to determine most appropriate place of safety

A&E Department  
S136 assessment suite  
Police Custody Suite

Method of conveyance to be agreed – in most cases this will be by ambulance

Commence Joint Detention Record

MHA Assessment may take place within A&E but if the person is considered 'fit for discharge' they may be transferred to S136 suite

If assessment is to take place in A&E Psychiatric Liaison Team/A&E Manager will notify Duty AMHP

If person is to be transferred to S136 suite the nurse-in-charge of the suite will contact Social Services who will notify Duty AMHP

AMHP will make arrangements for the assessment

Detaining officer will contact nurse-in-charge of S136 suite to agree admission

Nurse-in-charge will notify Duty AMHP

AMHP will make arrangements for the assessment

Complete Risk Assessment to determine need for Police to remain

Joint MHA assessment by Doctor(s) and AMHP

Individual should be transferred to S136 suite at the point that they can be safely managed in this environment.

Joint MHA assessment by Doctor(s) and AMHP

3) Discharged from with follow-up arrangements
4) Discharged from S136 without follow-up arrangements
11. Procedure for children and young people aged 17 or under

11.1. The provisions of the MHA relating to Section 136 apply to children and young people in the same way as to adults. This policy therefore applies to all age groups, with some additional guidance/issues of note as set out below:

11.2. Before exercising their powers under Section 136 Police Officers should consider if any less restrictive options are available to them. If the child appears to require safeguarding it may be more appropriate to take them into Police Protection under the Children Act 1989. The overriding consideration is the welfare of the child, ensuring protection from harm and access to assessment where appropriate.

11.3. If a child or young person aged 17 or under is detained under Section 136 the detaining Police Officer should contact the nurse-in-charge/Bleep Holder at the nearest designated Section 136 suite to agree the most appropriate Place of Safety. This may be a Section 136 suite, A&E or a paediatric ward at the local General Hospital. The best interests of the child or young person should be the primary consideration when determining which Place of Safety they will be taken to.

11.4. Where the detained person is aged 17 or under, the AMHP should, wherever possible, arrange for a CAMHS consultant (or other S12 doctor with recent CAMHS experience) to undertake the assessment. (See MHA CoP para 10.30). However, out-of-hours, it is likely that it will be necessary for the Duty S12 doctor carry out the assessment, with access to telephone advice from the on-call CAMHS Consultant.

11.5. The local CAMH Service should be informed about any out-of-hours Section 136 detention so that after care arrangements can be made. This is particularly important for those young people who are discharged back home after being assessed.

12. Discharge from Section 136 MHA 1983

12.1. The authority to detain a person under Section 136 ends as soon as it has been decided that no application will be made for their compulsory admission under the Mental Health Act or that no other arrangements need to be made for their treatment or care.

12.2. S136(2) specifically states that detention under S136 is for the purpose of allowing assessment by both a doctor and an AMHP and it is policy
in both Norfolk and Suffolk that there should be a joint assessment by an AMHP and at least one doctor.

12.3. However if, exceptionally, a patient is fully examined by a doctor prior to the arrival of the AMHP (e.g. because the AMHP was unavoidably delayed) and the doctor determines that the patient is not suffering from any mental disorder, it is generally accepted that continued detention in these circumstances would be a breach of Article 5 of the Human Rights Act. The patient must be immediately released, however, they should be offered the opportunity to wait to see the AMHP as they may wish to be assessed for further support. (see CoP 10.31)

12.4. Police Officers cannot de-arrest someone who has been detained under Section 136; the section can only be discharged by a doctor.

12.5. Once an individual is subject to an application for compulsory admission under the Mental Health Act they are in the legal custody of the AMHP. The AMHP remains responsible for the patient’s health and welfare until they are formally admitted into hospital.

12.6. It is the AMHP’s responsibility to secure arrangements for admission to hospital and transport.

12.7. Conveyance should be carried out in line with the joint Conveyance Protocol.

12.8. It will be the responsibility of the NSFT to ensure that a Service User questionnaire (Appendix F) is sent to every individual who has been detained at a Section 136 suite once they have been discharged.

13. Data Collection and Monitoring

13.1. Analytical consideration should be given to:

- Age.
- Gender.
- Race/ethnicity.
- The average length of time from initial detention/arrival at place of safety to release or admission.
- The length of time Police Officers remain at a Section 136 suite.
- The outcome of the assessment.
- How many were intoxicated / substance misuse.
- How many presented with high risk behaviour issues such as violence.
• How many were removed to police custody and the reason they were
  not taken to/accepted into a health based Place of Safety.
• Any conveyance issues.
• The need for interpreters and any problems in accessing them.
• Repeat S136 detentions.
• If the individual was known to the NSFT prior to their detention under
  S136.

13.2. Data in relation to Section 136 detentions should be made available to
the Section 136 Monitoring/Compliance Group and Mental Health and
Learning Disabilities Steering Groups and Strategic Group.

13.3. All agencies are responsible for providing information regarding issues
in compliance with the joint working protocol to their representative on
the Monitoring/Steering group; however, issues should where possible
be addressed at the time.

13.4. All completed Section 136 Joint Detention Records should be sent to
the Mental Health Act Administration Department for collation:

13.5. Norfolk – Mental Health Act Administration Department, Kingfisher
House, Hellesdon Hospital, Drayton High Road, Norwich, NR6 5BE.

13.6. Suffolk - Mental Health Act Administration Office at Woodlands,
Ipswich Hospital, Heath Road, Ipswich, Suffolk, IP4 5PD.

14. Excited Delirium

14.1. When dealing with people who appear to be mentally unwell, officers
must be mindful of the condition Excited Delirium (also known as Acute
Behavioural Disorder). Excited Delirium is a life threatening condition
which most commonly arises in male subjects with a history of serious
mental illness and/or acute or chronic drug abuse, particularly stimulant
drugs such as cocaine.

Alcohol withdrawal or head trauma may also contribute to the
condition.

14.2. The symptoms of excited delirium include:

• A state of high mental and physiological arousal – perceiving others as
  frightening and dangerous, ‘fight or flight reaction’;
• Breathing problems;
• Agitation;
• High body temperature and/or sweating (may try to undress);
- Violence aggression and hostility;
- Insensitivity to pain and incapacitant sprays.

14.3. People who appear to have this condition should only be restrained in an emergency.

14.4. They must be taken by ambulance to hospital as soon as the condition is suspected. If no ambulance is immediately available, the individual should be transported to hospital in a suitable police vehicle.

14.5. It is important that people experiencing excited delirium have their physical health needs assessed prior to any further mental health assessment.
Appendix A: Key extracts from Mental Health Act Codes of Practice

Commissioners will ensure availability of sufficient Places of Safety fit for purpose, including contingency considerations, in healthcare or other non police station settings. This provision will include the appropriate level of qualified healthcare staff and the monitoring of the POS provision. *MHA CoP; para 10.17 and para 10.22.*

A senior professional in each agency will be responsible for the implementation, monitoring and on-going strategic management of this protocol. A formal, two-yearly review of this protocol will occur involving those professionals from all partner organisations listed at Appendix B. Minor amendments of the protocol may take place from time to time by consultation but without the need to renew the signatures. *MHA CoP; para 10.16.*

Each partner will designate a senior manager from their organisation to be responsible for on-going operational, day-to-day monitoring of the protocol, as well as being the day-to-day point of contact to resolve challenges arising from operational implementation of this protocol. Problem solving, where it cannot occur at the time, will be managed in a regular and documented forum (at least every 6 weeks). This will involve attendance by key staff including the designated managers from the relevant Health Trusts, Local Social Services Authorities (AMHP leads), Ambulance Service and Police. This group will inform a strategic forum whose responsibility it will be to address non compliance with protocols at a senior and strategic level. *MHA CoP; para 10.19.*

A person removed under Section 136 is deemed to be “arrested” for the purpose of the Police and Criminal Evidence Act 1984 (PACE). This means that police officers have the power to search a person they detain under section 136, as they would in the case of a person arrested for an offence. *MHA CoP; para 10.45*

If a person is detained in a police station as a place of safety, they have a right of access to legal advice under PACE. The conditions of detention and treatment of the person must be in accordance with PACE Code of Practice C. Among other things, this requires that the person must be notified of their rights and entitlements, both orally and in writing. This will be achieved by handing the person a copy of the Notice of Rights and Entitlements. *MHA CoP; para 10.47*

Where a hospital is used as a place of safety, the managers must ensure that the provisions of section 132 (giving of information) are complied with. In addition, access to legal advice should be facilitated whenever it is requested. *MHA CoP; para 10.46*
### Appendix B: Abbreviations and Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAT</td>
<td>Access and Assessment Team</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>Accident and Emergency Department</td>
</tr>
<tr>
<td>AMHP</td>
<td>Approved Mental Health Professional - A Social worker or other mental health professional who has undertaken additional training to approve them to be able to make applications for detention under sections 4, 2 and 3 of the Mental Health Act 1983, as amended.</td>
</tr>
<tr>
<td>CAD</td>
<td>Computer Aided Dispatch - Police incident reference number</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CCR</td>
<td>Norfolk and Suffolk Constabulary Contact and Control Room</td>
</tr>
<tr>
<td>CRHT</td>
<td>Crisis Resolution and Home Treatment Team</td>
</tr>
<tr>
<td>DP</td>
<td>Detained Person</td>
</tr>
<tr>
<td>EDS</td>
<td>Emergency Duty Service (Suffolk)</td>
</tr>
<tr>
<td>EDT</td>
<td>Emergency Duty Team (Norfolk)</td>
</tr>
<tr>
<td>G4MS</td>
<td>Group 4 Medical Services</td>
</tr>
<tr>
<td>HCP</td>
<td>Health Care Professional</td>
</tr>
<tr>
<td>MHA</td>
<td>Mental Health Act</td>
</tr>
<tr>
<td>NSFT</td>
<td>Norfolk and Suffolk Foundation Trust</td>
</tr>
<tr>
<td>PACE</td>
<td>Police and Criminal Evidence Act 1984 - Together with the PACE Code of practice provides the core framework of police powers and safeguards around stop and search, arrest, detention, investigation, identification and interviewing detainees.</td>
</tr>
<tr>
<td>S12</td>
<td>Section 12 doctor - A doctor approved under The Mental Health Act (Section 12) as having specialist knowledge of psychiatry</td>
</tr>
</tbody>
</table>
Appendix C:

SECTION 136 MENTAL HEALTH ACT 1983 JOINT DETENTION RECORD

<table>
<thead>
<tr>
<th>Part A – To be completed by detaining/arresting officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD No.</td>
</tr>
<tr>
<td>Time &amp; Date of detention:</td>
</tr>
<tr>
<td>Detaining Officer: Rank, No &amp; Surname:</td>
</tr>
<tr>
<td>Reasons for detention:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conduct: (tick any that apply)</th>
<th>Threatening to self harm</th>
<th>Harming self</th>
<th>Harming others</th>
<th>Difficult to manage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Behaviour: (tick any that apply)</th>
<th>Abusive</th>
<th>Aggressive</th>
<th>Violent</th>
<th>Irrational</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Intoxication:</th>
<th>Alcohol</th>
<th>Drugs</th>
<th>Unclear</th>
<th>None</th>
<th>Was the person restrained? Yes □ No □ (If yes, record how and for what length of time on log)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Taser used? Yes □ No □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Incapacitant spray used? Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial place of safety:</th>
<th>Hellesdon</th>
<th>Northgate</th>
<th>Fermoy Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Woodlands</td>
<td>Wedgwood</td>
<td>Carlton Court</td>
</tr>
</tbody>
</table>

Title: Section 136 MHA
Protocol Owner: T/ACC Suffolk
Dept/Unit: Norfolk Diversity
Implementation date: 31.03.14.
Review date: 31.03.16.
### Detainee Details

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Forename(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Self defined ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Since detention, has the person received any medical attention prior to arrival at a Place of Safety?

YES ☐  NO ☐ If YES, please describe:

---

**Title:** Section 136 MHA  
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### Force Protocol

**Protective security marking**  
**Non-Protectively Marked**

| PNC Warning signals and any other significant information: |

---

### Part B – To be completed by person receiving patient (Nurse in Charge/Bleep Holder)

**Name of Nurse in Charge/Bleep Holder:**

**Rights leaflet given and rights read at:**  
**Time/Date**

**Rights given by:**  
**Name:**  
**Signature:**

**Is the person on medication?**  
YES □ NO □ UNKNOWN □  
If YES please record details on log at page 4

<table>
<thead>
<tr>
<th>Section 12 Approved?</th>
<th>Mental Health Professional Name</th>
<th>Contacted at: Time/Date</th>
<th>Arrived at: Time/Date</th>
<th>Signature:-</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHP</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Doctor</td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Doctor</td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name, address and telephone number of:**  
Friend □ Relative □ Next of Kin □

**Were they informed?**  
YES □ NO □

**Details of any incident of concern following detention, including at place of safety?**  
e.g. self harm, assault, attempt to abscond  
(continue on log if necessary)

**Transfer requested from one place of safety to another prior to Sec 136 assessment being completed?**

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, list location transferred to and reason for transfer or details of any refusal to transfer</td>
<td></td>
</tr>
</tbody>
</table>

**Any further transfers?**

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes please record in log on page 4</td>
<td></td>
</tr>
</tbody>
</table>

---

**Title:** Section 136 MHA  
**Protocol Owner:** T/ACC Suffolk  
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Part C – To be completed by Doctor(s) in conjunction with AMHP

Date/time assessment commenced: | Date/time assessment completed: | Date/time patient discharged:

Outcome of assessment:

☐ Discharged – Not suffering from a mental disorder

☐ Discharged – Suffering from a mental disorder

  a) No follow-up required or

  b) Follow-up arranged (delete as appropriate)

☐ Admitted/transfered on an informal basis

☐ Admitted under Section 2 MHA

☐ Admitted under Section 3 MHA

Signature of AMHP: | Print Name:

Signature of 1st Doctor: | Print Name:

Signature of 2nd Doctor: | Print Name:

GP to be informed of outcome by: | Print Name:

Part D – To be completed at the end of the Detention Period

Section 136 ended at: | Time: | Date:

Detainee notified by: | Name: | Occupation:

If admitted: | Name of hospital and ward: | Time and date of arrival on ward:

Completed forms should be sent to the closest Mental Health Act Administration office for collation (envelopes should be available at the Place of Safety).

This form may be used in evidence in the event of any enquiry relating to the individual detained.

Below detention log to be completed by Police, Nurse in Charge/Bleep Holder, AMHP and Doctors to record all significant events/actions involving the detained person. This should include an explanation for any significant delays (continue on blank sheet if necessary).
Appendix D: Matrix to determine most appropriate Place of Safety
(for individuals aged 17 or under see section 11)

<table>
<thead>
<tr>
<th>Emergency Cases</th>
<th>Non-Emergency Cases</th>
<th>Exceptional Circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Serious physical injury requiring urgent treatment, including suspected head injury.</td>
<td>• No medical needs identified which require assessment at A&amp;E.</td>
<td>• The person’s behaviour cannot be safely managed in another environment.</td>
</tr>
<tr>
<td>• Suspected overdose.</td>
<td>• Including individuals who are moderately intoxicated (able to engage)</td>
<td>• The person has been arrested for criminal offences.</td>
</tr>
<tr>
<td>• Extreme ingestion of recreational drugs exhibiting Acute Behavioural Disturbance/Excited delirium.</td>
<td>• Any risk of violence or escape can be safely managed within a hospital environment.</td>
<td>• The person must be medically ‘fit’ to be detained in custody.</td>
</tr>
<tr>
<td>• Extreme intoxication requiring hospital treatment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Convey to Accident & Emergency Department by ambulance

Police to remain with patient whilst medical treatment is given. If the MHA assessment takes place in A&E, officers should stay if requested by the assessment team.

Convey to designated S136 assessment suite (Hellesdon, Northgate, Fermoy, Wedgwood, Woodlands or Carlton Court) by ambulance

Risk assessment at Appendix E to be completed to determine the need for continued Police support after arrival at Place of Safety.

Convey to Police Investigation Centre in ambulance or police vehicle depending on level of assessed risk.

*The DP should be transferred to a designated S136 assessment suite when the risk that they present becomes ‘manageable’.*
Appendix E: Risk Assessment to determine need for continued police support at designated S136 assessment suite

The below Risk Assessment is to be jointly completed by Police Officers and Bleep Holder/Nurse-in-Charge when an individual is detained at the S136 suite.

When completing this Risk Assessment, Police Officers are expected to take account of all available information including PNC, local knowledge and any Trigger Plans that may be in existence. The Bleep Holder/Nurse-in-Charge is expected to take account of all available information held by the Norfolk and Suffolk Foundation Trust.

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current/recent indicators of risk</strong></td>
<td><strong>Current/recent indicators of risk</strong></td>
<td><strong>Current/recent indicators of risk</strong></td>
</tr>
<tr>
<td>During the events leading up to the persons detention and/or in the time that has passed since detention, they have not behaved in a way which would indicate that they may become violent, pose a risk of absconding or could present a threat to their own or anyone else's safety within the S136 suite.</td>
<td>During the events leading up to the persons detention and/or in the time that has passed since detention, they have displayed some disruptive/abusive behaviour but nothing which would indicate that they may become violent, pose a risk of absconding or could present a threat to their own or anyone else's safety within the S136 suite.</td>
<td>During the events leading up to the persons detention and/or in the time that has passed since detention, they have been violent, attempted to escape or have behaved in a way which threatened their own or another's safety.</td>
</tr>
<tr>
<td><strong>And</strong></td>
<td><strong>And</strong></td>
<td><strong>Or</strong></td>
</tr>
<tr>
<td><strong>Previous indicators of risk</strong></td>
<td><strong>Previous indicators of risk</strong></td>
<td><strong>Previous indicators of risk</strong></td>
</tr>
<tr>
<td>No previous history of violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people</td>
<td>Some previous history of violence graver than ABH but not involving weapons, sexual violence or violence towards NHS staff or vulnerable people.</td>
<td>The person has a significant history of violence graver than ABH or a history of violence involving weapons, sexual violence, violence towards NHS staff or vulnerable people.</td>
</tr>
<tr>
<td><strong>Or</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Such offences are few in number and are deemed to no longer relevant when assessing current risk.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be managed at S136 assessment suite by Nursing Staff/Health Care Professionals.

Continued Police support may be required. This should be agreed between Bleep Holder/Nurse-in-Charge and Police based on current circumstances.

To be managed at S136 assessment suite with continued Police support.

If the risk of violence and/or escape becomes unmanageable within the hospital environment the DP should be transferred to a Police Custody suite.

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<table>
<thead>
<tr>
<th>Implementation date:</th>
<th>Review date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.03.14.</td>
<td>31.03.16.</td>
</tr>
</tbody>
</table>
### RISK ASSESSMENT OUTCOME

<table>
<thead>
<tr>
<th>Bleep Holder/Nurse-in-Charge Name</th>
<th>Police Officer Name(s)</th>
<th>Time and Date of Risk Assessment</th>
<th>Detainee Name and Date of Birth</th>
<th>Overall outcome of Risk Assessment</th>
<th>Please detail your rationale for this decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LOW     MEDIUM    HIGH</td>
<td>(delete as appropriate)</td>
</tr>
<tr>
<td>Factors leading to decision when assessing current and recent indicators of risk:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factors leading to decision when assessing previous indicators of risk:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Title: Section 136 MHA
Protocol Owner: T/ACC Suffolk
Dept/Unit: Norfolk Diversity

| Implementation date: | 31.03.14. | Review date: | 31.03.16. |
Dear Sir or Madam,

You were recently detained under a section 136 or 135 (of the Mental Health Act) and escorted by the police to the suite within ENTER ADDRESS OF HOSPITAL. In an effort to monitor and continually improve the service, of both the police and health service staff, we place a high value on your feedback.

All the information collected is used anonymously – the option to include your name and any other details is included below, but this is not essential unless you would like a response to any comments and/or concerns you may have highlighted.

Thank you for taking the time to read this and your consideration in providing feedback to the service.

- Please tick as appropriate:

<table>
<thead>
<tr>
<th>The police explained the reason(s) I was being detained?</th>
<th>YES [ ] NO [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>- And where I was being taken?</td>
<td>YES [ ] NO [ ]</td>
</tr>
<tr>
<td>I was given verbal information related to the section by the nursing staff upon arrival at the suite?</td>
<td>YES [ ] NO [ ]</td>
</tr>
<tr>
<td>And in a written leaflet format</td>
<td>YES [ ] NO [ ]</td>
</tr>
<tr>
<td>Any questions I had were answered by the nursing staff N/A [ ] YES [ ] NO [ ]</td>
<td></td>
</tr>
<tr>
<td>The process and arrangements for the assessment were explained to me at each stage – for example, that the doctor had been contacted, their expected arrival time etc.</td>
<td>YES [ ] NO [ ]</td>
</tr>
</tbody>
</table>

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Implementation date: 31.03.14.
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I was given refreshments in the suite if I asked for them  N/A [ ] YES [ ] NO [ ]

Any refreshments provided were appropriate for my cultural or dietary needs  N/A [ ] YES [ ] NO [ ]

If appropriate, I was offered translation services so that I could speak to someone in my own language  N/A [ ] YES [ ] NO [ ]

Appropriate arrangements were made to return me home following the assessment?  N/A* [ ] YES [ ] NO [ ]

(*N/A would indicate you were admitted to an inpatient bed and did not return home following your assessment)

Appropriate follow-up arrangements by services were discussed with me at this time  N/A* [ ] YES [ ] NO [ ]

(*N/A would indicate you were either admitted to an inpatient bed and did not return home following your assessment or no follow-up was required)

I would like to make the following suggestion and/or comment related to my recent experience and would like a response in writing [ ], via a telephone call [ ] - or no response required [ ]

(Please feel free to use extra paper if additional space is required)

<table>
<thead>
<tr>
<th>Title: Section 136 MHA</th>
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</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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If you would like a response, please provide the following optional information:

Name: ____________________ Telephone number: ___________________________

Address ______________________________________________________________
_____________________________________________________________________

This will only be used to respond to your comment/concern as indicated by you.

Thank you once again for you time in completing this survey – If you have requested a response this will be dealt with at the earliest opportunity by a senior member of the nursing team.

Thank You

Name of sender
Job tile

Title: Section 136 MHA
Protocol Owner: T/ACC Suffolk
Dept/Unit: Norfolk Diversity

<table>
<thead>
<tr>
<th>Implementation date:</th>
<th>Review date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.03.14.</td>
<td>31.03.16.</td>
</tr>
</tbody>
</table>
Appendix G: Patients Information Leaflet

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 72 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 72 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 72 hours end at:
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.

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 details of the hospital’s complaints procedure, which you can use to try to sort out your complaint through what is called local resolution. They can also tell you about any other people who can help you make a complaint.

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. The Commission 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 H - List of signatories to this protocol

**Signatories**

Norfolk and Suffolk NHS Foundation Trust  
East of England Ambulance Service  
Norfolk County Council – Social Services  
Suffolk County Council – Social Services  
Norfolk Constabulary  
Suffolk Constabulary

<table>
<thead>
<tr>
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