Section 135 and Section 136 Mental Health Act 1983
Police arrest in public place

Lead executive: Medical Director
Authors details: Mental Health Act (MHA) Team Manager - 01244 393167

Type of document: Multi-Agency Policy
Target audience: Approved mental health professionals, psychiatrists, A&E staff, mental health nursing staff – outside agencies, i.e. police
Document purpose: For use as guidance / procedure to Trustwide staff, Acute Hospital staff & Police authorities in the use of section 136.

Approving meeting: Patient Safety and Effectiveness Sub Committee 19-Jun-15
Implementation date: 19-Jun-15 followed by an annual compliance review

CWP documents to be read in conjunction with
HR6 | Mandatory Employee Learning (MEL) policy

Document change history
What is different?
1. Updated to comply with Code of Practice 2015
2. Amalgamated with MH29 – Section 135

Appendices / electronic forms: N/A

What is the impact of change?: N/A

Training requirements: Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)

Financial resource implications: None

External references
1. Mental Health Act Code of Practice 2015
2. Reference Guide to the Mental Health Act 2015

Equality Impact Assessment (EIA) - Initial assessment

<table>
<thead>
<tr>
<th>Does this document affect one group less or more favourably than another on the basis of:</th>
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<th>Comments</th>
</tr>
</thead>
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<tr>
<td>- Race</td>
<td>No</td>
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<td>- Ethnic origins (including gypsies and travellers)</td>
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<td>- Nationality</td>
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<td>- Gender</td>
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<tr>
<td>- Culture</td>
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<td>- Religion or belief</td>
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<td>- Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>- Age</td>
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</tbody>
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Do not retain a paper version of this document, always view policy / guidance documents from the desktop icon on your computer
<table>
<thead>
<tr>
<th><strong>Equality Impact Assessment (EIA) - Initial assessment</strong></th>
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<th>Comments</th>
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<td>- Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
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<td>Is there any evidence that some groups are affected differently?</td>
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<td>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</td>
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<td>Is the impact of the document likely to be negative?</td>
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<td>- If so can the impact be avoided?</td>
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<td>- What alternatives are there to achieving the document without the impact?</td>
<td>N/A</td>
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<td>- Can we reduce the impact by taking different action?</td>
<td>N/A</td>
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</table>

Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.

| Was a full impact assessment required? | No |
| What is the level of impact? | Low |
1. Introduction
This policy aims to provide a guide to those involved in the use of Sections 135 and 136 of the Mental Health Act 1983 (amended 2007) with regards to what action should be taken to meet statutory legislation and to promote good practice in accordance with the Code of Practice (Code of Practice 2015 Chapter 16 – Police powers and places of safety).

This is a Cheshire & Wirral Partnership NHS Foundation Trust policy. For procedures specific to each place of safety please refer to local policies.

2. Definitions

2.1 Section 135(1) The purpose of a Section 135(1) warrant is to provide police officers with a power of entry to private premises, for the purpose of removing a person to a place of safety for a mental health assessment or for other arrangements to be made for their treatment or care.

2.2 Section 135(2) The purpose of a Section 135(2) warrant is to provide police officers with a power of entry to private premises for the purposes of removing a patient who is liable to be taken or returned to hospital or any other place, or into custody under the Act.

2.3 Section 136(1) The Mental Health Act 1983, states “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 136.

2.4 Section 136(2) A person removed to a place of safety may be detained there for a period not exceeding 72 hours, to enable examination by a registered medical practitioner and an Approved Mental Health Professional (AMHP).

2.5 Section 44 The Mental Health Act amendments 2007, enable a person detained at a place of safety to be transferred to one or more places of safety, subject to the time limit of 72 hours. The person may be taken to a different place of safety by a police officer, an AMHP or someone authorised by them.

2.6 Definition of Mental Disorder (Section 1(2) Mental Health Act 1983)
“Any disorder or disability of mind”.
Guidance on the definition of mental disorder for the purposes of the Mental Health Act can be found in Chapter 2 of the Code of Practice, 2015.

2.7 In a Public Place
“Where the public have access (by payment or otherwise).” Section 136 cannot be implemented in private premises. A public place may include a hospital/A&E waiting area.

3. Guiding Principles
This policy has been developed in accordance with the FIVE Guiding Principles identified within the Code of Practice 2015. All multiagency staff must apply these principles to all decisions. A decision to depart from these principles and therefore, the Code of Practice, must be justified and documented.

The principles are as follows:

1. Least Restriction option and maximising independence
2. Empowerment and involvement
3. Respect and dignity
4. Purpose and effectiveness
4. **Section 135(1) warrant**

The warrant must be applied for by an AMHP and can be granted by a magistrate when the person is believed to be suffering from mental disorder and is being ill-treated, neglected or kept otherwise than under proper control, or is living alone and unable to care for themselves.

The warrant gives any police officer the right to enter the premises, by force if necessary. The police officer may remain even if asked to leave, and may also search the premises for the person believed to be suffering from a mental disorder. When acting on the warrant, the officer must be accompanied by an AMHP and a doctor.

Proper planning prior to execution of the warrant should ensure that the place of safety is identified and the necessary arrangements made.

A person who is removed to a place of safety on the basis of a warrant may be detained there for a maximum of 72 hours.

The power to detain a person under Section 135(1) ceases once an application for further detention has been, or other arrangements have been made for further treatment or care, or it has been decided that no further action is required.

5. **Section 135(2) warrant**

A Section 135(2) warrant must be granted by a magistrate. A warrant may be applied for by a police officer, or any other person who is authorised to take or return the patient to a place, or into custody. A magistrate may issue a warrant on the basis of the information supplied, that:

- There is a reasonable cause to believe that the patient in question is to be found on premises within the magistrates’ area
- Admission to the premises has been refused or is expected to be refused

It enables a police officer to enter the premises, search for, and remove the patients so they can be taken to, or returned to, where they ought to be. Such a warrant can be used, for example, to help return a patient who has absconded. When a warrant has been issued it is good practice for the police officer to be accompanied by a person from the relevant hospital (or local authority if applicable), to detain the patient and return them to where they ought to be. For patients on a CTO it is good practice for this person to be a member of the community team responsible for this patient’s care. The patient should be told why they are being detained, taken or retaken, before this happens.

When taking the person to a place of safety on a Section 135 warrant, the AMHP, hospital managers or local authority should ensure that appropriate transport is available to transport the person.

6. **Criteria for Section 136**

6.1 **Evidence of Mental Disorder** - Four conditions must apply in order to detain a person under Section 136, MHA 1983:

- The person must be situated in a public place (see 2.5 above)
- The person must appear to the police officer to have a mental disorder
- The person must appear to the police officer to be in immediate need of care or control
The police officer must consider it necessary to remove the person to a place of safety in his/her own interests, or for the protection of others.

The police officer should consider any possible explanation for the behaviour, including mental disorder, physical disorder or other disability. Observation should be made of what the person is saying or doing, as well as noting the person’s appearance and demeanour. The informant or other witnesses may be able to offer evidence of the person’s current behaviour.

Before making a decision as to whether the person may be suffering from a mental disorder, consideration should be given to intoxication – intoxication alone is not sufficient to warrant the use of Section 136.

6.2 In Need of Immediate Care or Control. The police officer should consider the following: Is there clear evidence to show that immediate care or control is required? Does the person have a carer who may be contacted? Is it more appropriate for the person to attend their GP practice, clinic or other healthcare provision?

6.3 Need to be Removed in the Own Interest or for the Protection of Others. Police officers should consider if detention under section 136 is necessary, or whether there are other alternatives.

Clear evidence must be apparent of the necessity to remove the person to the place of safety in his/her own interests or for the protection of others. Attempts/threats of suicide need to be carefully noted and the risks associated with this behaviour fully assessed.

The possible concurrence of offending behaviour does NOT preclude the person’s removal to a place of safety under section 136.

NB. All of the above key criteria must be satisfied before a person is detained under section 136 of the Mental Health Act.

7. Physical Disorder and Use of Mental Capacity Act 2005

The powers under Section 136 must be implemented if it is considered that the person requires a psychiatric assessment, even if there is also evidence of a physical disorder.

The Mental Capacity Act may only by used to convey a person to hospital if that person is found to be incapacitated and considered to be suffering from a medical or physical condition. A person cannot be removed to hospital under MCA purely for a psychiatric assessment.

8. Management of substance misuse, aggressive behaviour and hand over arrangements

Police will come into contact with individuals whose behaviour may be unclear as to whether the cause is because of a direct result of drug / alcohol use or due to mental health problems. The police constable, through direct observation of behaviour and interaction, will decide whether section 136 criteria are met.

If it is established that the person is under the influence of alcohol or drugs, it would not usually be possible to accurately assess the person’s mental state until the detained person was no longer under the influence of alcohol or drugs. The health professionals and police have a duty of care and the most appropriate environment to provide the care will be dictated by behaviour and risk, but will generally fall within the health provision. If the degree of poisoning or intoxication is such that it may be considered life threatening, then the person must be taken to A&E for assessment of their physical condition.
9. Removal to appropriate place of safety

Section 136 defines ‘Places of Safety’ to mean “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.”

The police constable, upon effecting Section 136, shall request an ambulance for transporting the person to the preferred ‘place of safety’, and will inform the place of safety of their impending arrival.

The North West Policy and Guidance for Conveying Mental Health Patients indicates that the conveying of the patient must be done in the most clinically appropriate way. Please refer to NWAS webpage for guidance.

If, following assessment under Section 136, it is concluded that the detainee is suffering from a physical disorder and has no mental disorder; the person may be treated under the Mental Capacity Act 2005, in their best interests if incapable of consenting to treatment.

10. Designated places of safety

It has been agreed between the relevant Clinical Commissioning Groups, Local Authorities and Police forces that the preferred ‘Places of Safety’ for the following areas are:

- Wirral - Arrowe Park Hospital, A&E Department
- Chester - Countess of Chester Hospital, A&E Department.
- Macclesfield - Macclesfield General District Hospital, A&E Department

10.1 Alternative Places of Safety

Only in exceptional circumstances should a police custody suite be used as an alternative place of safety. Circumstances where this may be appropriate are if the person is violent or aggressive, and if the person presents a threat to the safety to him/herself or any other person and cannot be managed in a health setting.

Wirral Custody Suite
Cavendish Street
Birkenhead
Wirral
CH41 8BE
Tel: 0151-777-2751

Chester Custody Suite
Blacon Avenue
Blacon
Chester
CH1 5BD
Tel: 01606 366270

Middlewich Custody Suite
Sanderson Way
Middlewich
Cheshire
CW10 0GY
Tel: 01606 366370

NB – Leighton Hospital, Crewe, is not a designated place of safety.

It may be necessary for a person to be removed/transferred to a hospital that is not on the CWP designated list of places of safety. This may occur where a person is subject to a Community Treatment Order and requires transfer to a psychiatric ward to await the responsible clinician’s assessment and consideration of formal recall.
10.2 Transfer between Places of Safety

A person removed to a place of safety under Section 136 may be moved to a different place of safety. This is a joint decision between the AMHP, the doctor, nurse in charge of A&E and the police officer. A person may be transferred at any point on the basis of individual circumstances, including level of risk. An example of this is: Patient is initially detained in a hospital but is violent and unmanageable by staff and so requires transfer to a police custody suite.

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

The police officer, or anyone authorised by the AHMP, will take the person to the new place of safety using the most appropriate form of transport. This will be determined following risk assessment of the person’s behaviour and condition. NWAS to co-ordinate and transport (see link to Conveyance Policy above).

Where a person is transferred from one place of safety to another, a copy of the original Section 136 form must be taken with the person to the new place of safety to ensure relevant details are available and accurate records of the Section 136 detention can be maintained.

11. Assessment

The person removed to a ‘Place of Safety’ may be detained for a period not exceeding 72 hours (although in practice this will be far less) in order that he / she may be examined by a registered medical practitioner* and interviewed by an Approved Mental Health Professional (AMHP). Both will then decide on the most appropriate course of action, in the person’s best interests.

*The Mental Health Act Code of Practice states that “*doctors examining patients should, wherever possible, be approved under section 12 of the Act. Where the examination has to be conducted by a doctor who is not approved under section 12, the doctor concerned should record the reasons for that.” Code of Practice Chapter 16.46

The initial assessing registered medical practitioner is the person on the specified Section 136 rota for each locality within CWP.

Where the examining doctor is NOT section 12(2) approved, the assessment process must include liaison with a section 12(2) approved doctor for advice. Should a Section 12(2) doctor not be required to attend the place of safety to undertake further assessment, reasons must be recorded on the Section 136 form.

The person detained should be seen by both doctor and AMHP unless the doctor has arrived in advance of the AMHP and concluded that the patient does not have a mental disorder of a nature or degree that warrants detention under the Mental Health Act. In these circumstances, there would be no authority to further detain a person under Section 136. At this point, the doctor must advise the patient that if they wish to speak to an AMHP regarding their care, arrangements would be made by the person in charge (nurse-in-charge or custody sergeant) of the place of safety to contact the AMHP.

If, following assessment under Section 136, the person requires detention under the Mental Health Act, the AMHP must make arrangements for the appropriate doctors to attend to undertake a full Mental Health Act assessment.

If, following assessment under Section 136, it is concluded that the person is suffering from a physical disorder and lacks capacity to consent to treatment; it may be given under the powers of the Mental Capacity Act, in their best interests. Treatment for physical disorder may be given under MCA whilst Section 136 remains in place.
11.1 Response Times
In order to ensure the continuance of good practice, it has been agreed to respond to the needs of the detained person as quickly as possible. Initial targets for the arrival of the registered medical practitioner and AMHP will be within 3 hours at all times.

The targets will be monitored as part of the audit of the general provisions of the Mental Health Act as applied within Cheshire & Wirral Partnership NHS Foundation Trust. It is, therefore, essential that the time of arrival of the patient is recorded by the nurse in charge/custody sergeant.

11.2 Assessment of Patients already subject to Mental Health Act 1983

**Patients on Section 17 leave of absence**
Contact should be made with the responsible clinician who may consider rescinding Section 17 leave and arrange the patient’s admission back to hospital.

**Patients subject to Community Treatment Orders (CTO)**
Contact should be made with the responsible clinician to consider formal recall under the provisions of CTO, and transferring the patient to the responsible hospital.

**Patients subject to Conditional Discharge**
Contact should be made with the consultant psychiatrist in charge of the patient’s treatment who may consider making arrangements for recall to hospital.

11.3 Assessment of Children and Young People under 18 years
If the detained person is under the age of 18 years, a CAMHS clinician should be contacted as soon as possible for advice about any relevant developmental or child related issues. In cases where the young person has complex or multiple needs, other clinicians may need to be involved, eg: LD CAMHS clinician where a young person has a learning disability (Code of Practice 2015 Chapter 16.49).

Out of hours, if the detained person is between the ages of 16 – 18 the adult psychiatrist on call is to be contacted. In such cases it is also good practice to liaise with a CAMHS clinician.

However, the Section 136 assessment must not be delayed whilst waiting to seek CAMHS advice.

11.4 Assessment of Person with Learning Disabilities
If it is likely that the detained person has a learning disability, it is desirable for a joint assessment to be made, wherever possible by a senior section 12(2) doctor in learning disabilities and an AMHP experienced in working with people with learning disabilities. (Code of Practice 10.29).

11.5 Assessment in Police Custody Suite
The person detained in the Custody Suite must be examined by the Forensic Medical Examiner (FME) and interviewed by the AMHP within the 2 hour target time in order to complete the assessment. Wherever possible a joint assessment should take place. The FME must liaise with a senior section 12(2) approved doctor from the appropriate mental health unit within Cheshire & Wirral Partnership NHS Foundation Trust (via the hospital switchboard), who will advise on the outcome of the assessment.

12. Police attendance
Police officers will routinely carry out police intelligence checks on arrest and the results of these
checks will be discussed with the person in charge of the Place of Safety. The length of time that the police remain in attendance will then be dependent on this information and the risk factors (using the NPIA Risk Assessment – RAG) (See Appendix 1 – Police Risk Assessment Flowchart). Generally this will be mutually agreed between the person in charge of the place of safety and the police officer in attendance. Although the police will make the final decision, this must be following consultation with either the AMHP or section 12(2) doctor.

Where there is disagreement, the police officer concerned must contact their local Duty Inspector who will make the final decision.

13. Detained person’s rights
A person removed under Section 136 is deemed to be “arrested” for the purposes 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.

13.1 Place of Safety in a hospital setting
The receiving nurse must ensure that the person detained is advised of their rights under Section 132 of MHA 1983, and is issued with the relevant information leaflet. To provide evidence that this has taken place the ‘record of rights’ form must be completed. If appropriate, an interpreter must be appointed by the person in charge of the place of safety.

13.2 Police Custody Suite
Information must be given to the detained person regarding their rights under the Police and Criminal Evidence Act 1984 (PACE) –
- Section 56 of PACE; the person is entitled to have another person of their choice informed of their whereabouts;
- Section 58 of PACE, the person has the right of access to legal advice

The Mental Health Act Code of Practice also advises that the person is given the relevant information leaflet.

In all cases, the detained person must be informed that the maximum period they can be held is 72 hours.

14. Treatment whilst detained under section 136
Treatment may only be given to a capable person with their valid consent, or to an incapable patient, in an emergency, under the provisions of the Mental Capacity Act 2005, if it is in their best interests.

15. Absconding whilst detained under section 136
If a person absconds from the ‘place of safety’ before assessment has been completed, the person can be brought back within the 72 hour period. Beyond this time scale, the absconding person may only be brought back with the authority of a new detention order.

15.1 Young people under the age of 18
If the person who absconds is under the age of eighteen then the person with parental responsibility must be informed by the person in charge of the place of safety. If the person who absconds is known to Children’s Social Care, then the Local Authority where the person resides must be informed by the person in charge of the place of safety.

16. Safeguarding – Adults and Young People
This section is to be read in conjunction with the Safeguarding polices and procedures of each of the agencies involved in the Section 136 process. Any safeguarding issues that need to be referred must be done so using the relevant agency’s referral protocols.
17. **Outcome of Assessment**

Following assessment the doctor and AMHP must consider any necessary arrangements that need to be made for the person’s treatment and care.

The possible outcomes are:
- Discharge from Section 136
- Compulsory admission to hospital following full Mental Health Act assessment
- Informal admission to hospital if appropriate
- Recall to hospital if patient subject to Supervised Community Treatment
- Section 17 leave rescinded if patient currently detained and on leave
- Police may wish to interview the person in connection with the incident leading to arrest

18. **Documentation**

A ‘Section 136 book’ is held in each Place of Safety, including custody suites, and should be completed as follows:

- **Part A** must be completed by the arresting officer
- **Part B** must be completed by person in charge of the place of safety
- **Part C** must be completed by the person in charge of the place of safety if a transfer takes place
- **Part D** must be completed by the assessing doctor and the AMHP.

If a transfer does take place, a copy of the form must be taken with the detained person for completion.

**It is essential that in all cases, all relevant parts of the form are completed.**

It is the responsibility of the AMHP or doctor to send the top copy of the form to the Mental Health Act Team at Redesmere, Countess of Chester Health Park, Liverpool Road, Chester.
Appendix 1 - Police Section 136 Police Risk Assessment Flowchart

**Places of Safety under s136 MHA**

- **Emergency Cases**
  - Serious physical injury requiring urgent treatment inc, suspected head injury
  - Suspected overdose
  - ABD/Excited Delirium
  - Extreme intoxication, requiring medical treatment

- **Non Emergency Case**

- **Exceptional Use**

- **Designated place of safety**
  - Minor cuts/scrapes
  - Moderate intoxication (able to engage)
  - And who pose a manageable risk of aggression/escape

- **Alternative place of safety**
  Alternatives should be considered if the first choice facility is unavailable.

- **Police Station**
  PoS of last resort
  - Medically 'fit' for detention
  - Unmanageably high risk of violence or escape
  - Impaired through alcohol or drugs

**Risk assessment for police to remain at place of safety or A&E**

- **Low Risk**
  - No behavioural indicators (other than very mild substance use) are presented
  And
  - No recent criminal/medical indicators that the individual is violent or poses an escape risk or is a threat to their own or others safety

- **Medium Risk**
  - Some behavioural indicators (including substance use) are presented
  And
  - Some recent criminal/medical indicators that the individual is violent or poses an escape risk or is a threat to their own or others safety

- **High Risk**
  - Behavioural indicators (including substance intoxication) are causing significant concern
  And
  - Significant recent criminal/medical indicators that the individual is violent or poses an escape risk or is a threat to their own or others safety

- **Low Risk**
  - Officers do not remain once at the PoS, but will remain if the person is at ED awaiting transfer to a designated PoS.

- **Medium Risk**
  - Agreed between staff/supervisors as to whether the police will remain – disputes resolved via monitoring board.

- **High Risk**
  - Police officers MUST remain at A&E and/or PoS in sufficient number.
### SECTION 136 RECORD

**PART A – TO BE COMPLETED BY POLICE OFFICER**

<table>
<thead>
<tr>
<th>INSERT NAME OF PLACE OF SAFETY:</th>
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<tr>
<td>Name of Detainee:</td>
<td>DOB: Male/Female Gender</td>
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<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Date of Arrest:</td>
<td>Time of Arrest:</td>
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<tr>
<td>Location of Arrest:</td>
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<tr>
<td>Reason for Arrest:</td>
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<tr>
<td>Name of Police Officer</td>
<td>ID Number</td>
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<td></td>
<td>Police Station</td>
</tr>
<tr>
<td><strong>Time of Arrival:</strong></td>
<td><strong>Date:</strong></td>
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<td><em>(24 hr clock)</em></td>
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**PART B – COMPLETION BY PERSON IN CHARGE OF THE PLACE OF SAFETY**

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<th>Name of Nurse:</th>
<th>Ethnict Group of Detainee:</th>
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<tr>
<td>Interpreter Required:</td>
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<tr>
<td>Was the hospital/custody suite</td>
<td>Have Police remained in</td>
</tr>
<tr>
<td>pre-warned of impending</td>
<td>attendance:</td>
</tr>
<tr>
<td>arrival:</td>
<td>Yes □ No □</td>
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<tr>
<td></td>
<td>Time Police left:</td>
</tr>
<tr>
<td>Time Registered Medical</td>
<td></td>
</tr>
<tr>
<td>Practitioner (RMP) was contacted:</td>
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<tr>
<td>Time Approved Mental Health</td>
<td></td>
</tr>
<tr>
<td>Practitioner (AMHP) contacted:</td>
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</tr>
<tr>
<td>Information Leaflet given &amp;</td>
<td>Rights Understood:</td>
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<tr>
<td>explained:</td>
<td>Yes □ No □</td>
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**PART C FOR USE ONLY IF TRANSFER IS TO TAKE PLACE FOR FURTHER ASSESSMENT UNDER SECTION 136**
<table>
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<tr>
<th>Transfer Address</th>
<th>Date &amp; Time of Transfer</th>
</tr>
</thead>
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</tbody>
</table>

Reason for Transfer:

Has Assessment been carried out by:

- **Doctor**  
  Yes [ ]  
  No [ ]  
- **AMHP**  
  Yes [ ]  
  No [ ]  

If Assessments have not been carried out, refer to Part B for completion

### PART D – TO BE COMPLETED BY REGISTERED MEDICAL PRACTITIONER AND APPROVED MENTAL HEALTH PRACTITIONER

<table>
<thead>
<tr>
<th>Name of RMP</th>
<th>Time of Arrival</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Name of AMHP</th>
<th>Time of Arrival</th>
<th>Date</th>
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<tr>
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Liaison with Section 12(2) Doctor (if examining doctor is not)  
Yes [ ]  
No [ ]

Is Section 12(2) doctor required to attend for further assessment:  
Yes [ ]  
No [ ]

If ‘no’ give brief reasons why section 12(2) doctor is not required:

**Outcome of Assessment:**

- **Section 2**  
  [ ]
- **Section 4**  
  [ ]
- **Section 3**  
  [ ]
- **Informal Admission**  
  [ ]
- **Discharge**  
  [ ]
- **CTO Recall**  
  [ ]
- **Section 17 Leave Rescinded**  
  [ ]

If admission, name ward/hospital:

**Detail any alternative arrangements if not admitted:**

**Date & Time Assessment Completed:**

**Duration of Detention:**

**Signed:**

**AMHP**  
Print Name:

**Signed:**

**RMP**  
Print Name:

**Top Copy:** AMHP OR DOCTOR TO SEND TO:

MHA Team, Redesmere, Countess of Chester Health Park, Liverpool Road, Chester, CH2 1BQ

**2ND Copy to REMAIN IN BOOK**
### Appendix 3 - Contact numbers

#### WIRRAL

<table>
<thead>
<tr>
<th>Social services contact</th>
<th>During Office Hours</th>
<th>Central Advice &amp; Duty Team: Tel: 0151-606-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09:00 - 17:00</td>
<td></td>
</tr>
<tr>
<td>Out of Office Hours</td>
<td>16:30 - 09:00 plus weekends &amp; Bank Holidays</td>
<td>Emergency Duty Team Tel: 0151-677-6557 Or bleep 0763605131</td>
</tr>
<tr>
<td>Clatterbridge hospital switchboard</td>
<td>0151-334-4000</td>
<td></td>
</tr>
</tbody>
</table>

#### CHESHIRE

<table>
<thead>
<tr>
<th>Social services contact</th>
<th>During Office Hours</th>
<th>West Access - 01244 603400 Central Access - 01606 814900 East Access - 01625 534700</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>08:30 - 1700</td>
<td></td>
</tr>
<tr>
<td>17.00 - 08.30 Monday to Thursday</td>
<td>16:30 Friday – 08.30 Monday All Bank Holidays</td>
<td>Emergency Duty Team Tel: 0300 1235022</td>
</tr>
<tr>
<td>Hospital switchboards</td>
<td>Chester:01244 365000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Macclesfield - 01625 421000</td>
<td></td>
</tr>
</tbody>
</table>