

# MENTAL HEALTH ACT

**MODULE:** \_\_\_\_\_ **ASSESSING RISK OF SUICIDE & SELF-HARM**

**TARGET:** **CT1/F2/GPVTS**

## BACKGROUND:

Trainees new to psychiatry will often feel unfamiliar with the Mental Health Act and its use in practice and yet they are often the first to be called in to manage situations where Section 5(2) may be applicable. This scenario gives the trainee the opportunity to practice assessing a patient under the Mental Health Act and completing the statutory paperwork. It allows the opportunity for the trainee to consider factors involved in application of the MHA.

## RELEVANT AREAS OF THE CURRICULUM

Curriculum	
ILO 1	Perform specialist assessment of patient and record appropriate information
ILO2	Demonstrate ability to make formulations
ILO4	Demonstrate ability to assess and record risk
ILO4	Knowledge and skill in applying Mental Health Legislation in accordance with Code of Practice

## INFORMATION FOR FACULTY

### LEARNING OBJECTIVES

- Demonstrate effective communication with patients using verbal and non-verbal skills as appropriate.
- Demonstrate empathy, respect and non-judgmental manner. Act with compassion at all times.
- Apply the principles of risk assessment and management.
- Ability to manage complaints including good communication and de-escalation skills.
- Demonstrate an understanding of mental health legislation and its local implementation

### SCENE SETTING

Location: Emergency Department  
 Expected duration of scenario: 12 mins      Expected duration of debriefing: 8 mins

### EQUIPMENT AND CONSUMABLES

### PERSONNEL-IN-SCENARIO

Patient  
 ED nurse

### PARTICIPANT BRIEFING

You are the junior doctor on-call. You have been called to the inpatient ward to see a 30 year old man called Wayne Burrows. He has been verbally aggressive towards nursing staff and threatening to break out of the ward.

He has a 3-year history of schizophrenia, non-compliance with medication, and is acutely psychotic with paranoid delusions. He was admitted informally earlier today.

#### Instruction

**Assess this patient with consideration of detaining him under Section 5(2) of the Mental Health Act.**

#### Scenario 3b: Participant Instructions

**Following your assessment of the patient in the previous station, complete the Mental Health Act paperwork.**

**Patient Name: Wayne Burrows**

**Date of Birth: 4<sup>th</sup> February 1982**

**Trust: North East London NHS Foundation Trust,**

**Address: Sunflowers Court, Goodmayes, 157 Barley Lane, Ilford, Essex. IG3 8X**

## FACULTY BRIEFING

### Facilitator Guidelines:

1. Brief simulated patients (and relatives/others if applicable)
2. Discuss aims of scenario
3. Allow time for participants to read scenario
4. Run scenario
5. Self-appraise from participant
6. Descriptive feedback to participant by consultant facilitator
7. Descriptive feedback by service user representative
8. Descriptive verbal feedback by actor
9. Provide feedback form (both observers) to participant

This station involves a simulated patient.

### 'VOICE OF THE MANIKIN' BRIEFING

No manikin

### IN-SCENARIO PERSONNEL BRIEFING – 'PATIENT'

You are Wayne Burrows, a 30 year old man.

You are very angry and demanding. You are incensed that the doctor has been called and just want to leave. You tell the doctor that if staff don't open the door to let you out in the next 5 minutes, you will smash the ward door down. You keep repeating that you are not sectioned so you 'can do whatever you like'.

Your anger will only abate (a little) if the doctor acknowledges your anger and attempts to offer you honest explanations of the afternoon's events. If the doctor is vague or simply says that he cannot tell you anything, this will only make you angrier.

You have been detained in hospital a number of times. When you are discharged, you usually stop taking your prescribed medication as you don't need it and it makes you tired.

You missed your last dose of depot medication 2 ½ weeks ago. You have gone out every time your community psychiatric nurse (CPN) was due to visit.

Over the last fortnight, you have been quite anxious and suspicious. You believe that your memory has been wiped as part of a top-secret MI5 programme to defeat terrorism in the UK. You believe that you are now seen as a threat by the security services and suspect your next door neighbour of being a 'plant'. You believe that your 'handlers' can transmit instructions to you, as well as read your thoughts. You have not seen your handlers directly, but you know that they are about. You are vague about what you would do if you left hospital, apart from admitting that you would 'sort the problem out once and for all'.

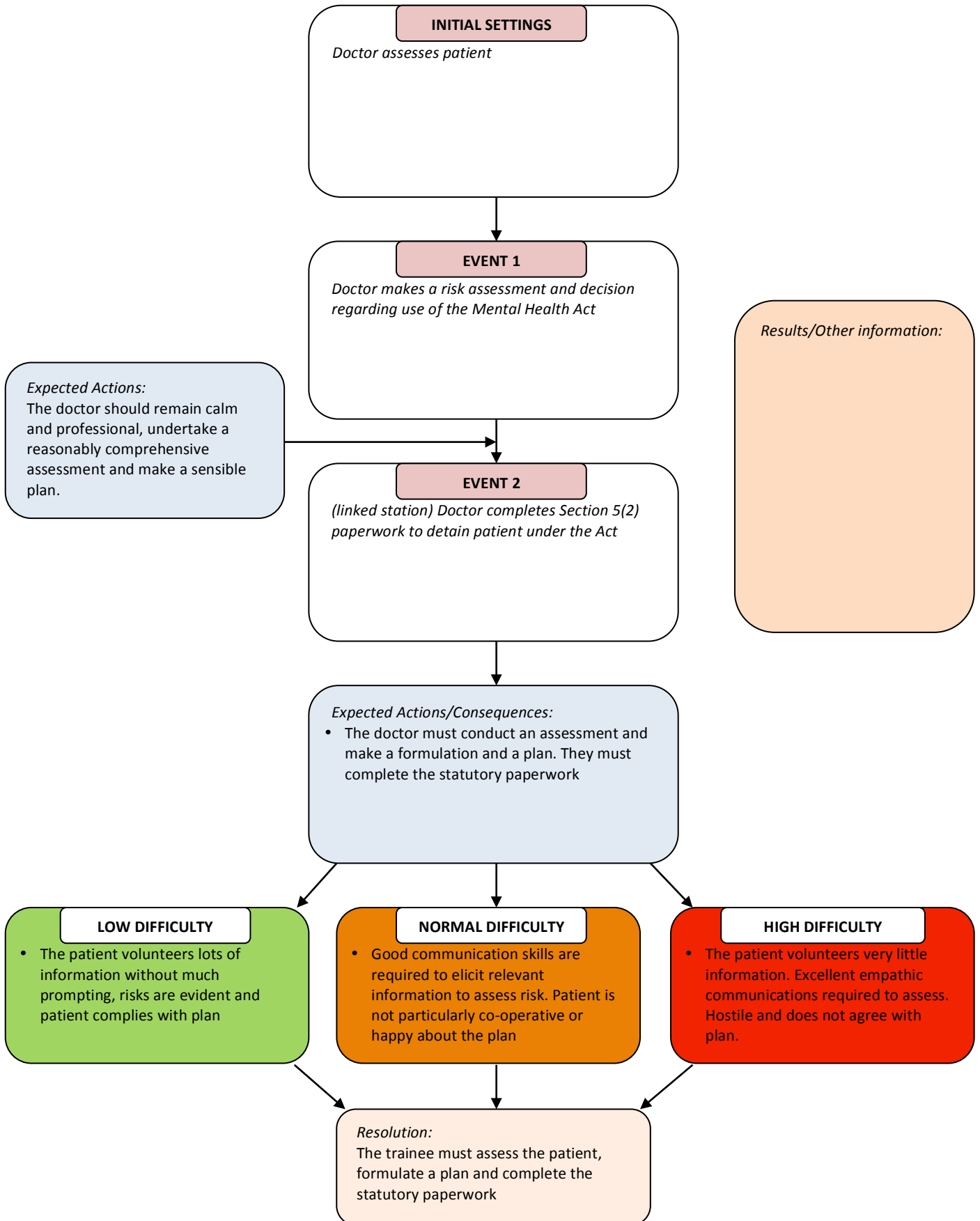
You do not think that you are unwell, and that the medication has "opened your eyes to the truth". You do not think that you are mentally ill.

If the doctor states he's going to detain you under the Mental Health Act ('section'), you get angry and state that it's against your human rights. You ask the following questions:

1. "How long is this section for?"
2. "I want to appeal this section. How do I do this?"
3. "What happens when the section runs out? Does it automatically get extended like sections before?"
4. "Are you going to force me to take medication?"

Whatever the doctor says will not satisfy your demands to be allowed to leave. If the doctor states he is detaining you and you have asked the questions above, you become mute and refuse to continue the conversation.

**CONDUCT OF SCENARIO**



## DEBRIEFING

### POINTS FOR FURTHER DISCUSSION

#### Principles of risk assessment

Obtaining sufficient information including collateral history and old notes. Where can you find information out of hours? What are the risks?

#### Involvement of colleagues in making decisions.

Consider contacting senior colleague or out-of-hours psychiatry team if there is one.

#### Other risks

e.g. non-compliance, non-engagement, absconding, violence, vulnerable adult, children.

#### Management

Consider what else you might do to manage this situation after the statutory paperwork is completed.

#### Section 5(2) of the Mental Health Act

Is the ability to detain a person for the purposes of an assessment for up to 72 hours is must be done by an RC or nominated deputy (which in practice is the on-call doctor)

The patient is only detained when the form is completed and accepted by whoever is representing the hospital (usually the bed manager or senior nurse). A white copy is acceptable although the forms are usually pink. Every effort should be made to ensure the details on the form such as name and date of birth are correct, and the form is signed, but errors like this do not invalidate the detention. They are termed 'rectifiable errors' and require a new form to be completed as soon as reasonably possible.

### DEBRIEFING RESOURCES

Mental Health Act Code of Practice

Mental Health Act Manual Jones

Trust policies

## PSYCHIATRY - SCENARIO 10 - HANDOUT

### INFORMATION FOR PARTICIPANTS

Psychiatry trainees are sometimes called upon to assess patients who are requesting to leave hospital, often out-of-hours. They should feel sufficiently confident to undertake an assessment of such individuals and determine whether detention under the MHA is warranted. If they decide to use Section 5(2) they should feel confident in completing the statutory paperwork and understand the process for ensuring detention is legal.

#### KEY POINTS

- Demonstrate effective communications with patients using verbal and non-verbal skills as appropriate.
- Demonstrate empathy, and remaining respectful and non-judgmental in manner. Act with compassion at all times.
- Apply the principles of risk assessment and management in harm to others.
- Ability to explain information to an angry patient, as well as general communication and de-escalation skills.
- Demonstrate an understanding of the contemporary mental health legislation and its local implementation with regard to emergency assessment and treatment of patients. Apply the legislation appropriately at all times.

#### RELEVANCE TO THE CURRICULUM

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#### WORKPLACE-BASED ASSESSMENTS

Curriculum	Details
ILO 1-4b Psychiatric emergencies	CBD, CP, Mini-PAT, supervisors report

#### FURTHER RESOURCES

Mental Health Act Code of Practice

**PARTICIPANT REFLECTION**

What have you learned from this experience? (Please try and list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?



**PARTICIPANT FEEDBACK**

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	<input type="checkbox"/>
Secondary Participant (e.g. 'Call for Help' responder)	<input type="checkbox"/>
Other health care professional (e.g. nurse/ODP)	<input type="checkbox"/>
Other role (please specify): .....	<input type="checkbox"/>
Observer	<input type="checkbox"/>

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand more about the scenario subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have more confidence to deal with this scenario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material covered was relevant to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.

**FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?