

# MENTAL HEALTH ACT - SECTION 5(2)

**MODULE: MHA ASSESSMENT FOR SECTION 5(2)**

**TARGET: PSYCHIATRY TRAINEES ST4-6**

## BACKGROUND:

Trainees are often asked to assess voluntary patients who request to leave hospital. This kind of assessment requires skill to evaluate risk of harm to self or others, social circumstances and other factors, while trying to balance the wellbeing of the patient against the risks. A small handful of tragedies occur each year when patients are discharged from hospital and go on to commit a serious crime or suicide.

## RELEVANT AREAS OF THE CURRICULUM

Curriculum	Details
ILO – 1 Assessment	Demonstrate the ability to undertake a thorough assessment including where possible obtaining all relevant information Assess and manage patients with multiple and complex pathologies Identify urgent psychopathology
ILO – 2 Formulation	Demonstrate the ability to construct formulations that include differential diagnosis, liaising with other agencies and specialists and making appropriate referrals
ILO – 3 Management and Treatment	Demonstrate the ability to use information obtained to inform an appropriate management plan taking into account biological, social and psychological domains
ILO 4 Risk	Demonstrate expertise in applying the principles of crisis intervention in emergency situations Make care plans in urgent situations where information may be incomplete
ILO 9 Work effectively with colleagues	Show competence in supervised autonomous working Use effective negotiation skills Manage divergent opinions on patient treatment or intervention
ILO 17 Act in a professional manner at all times	Maintain good professional attitudes and behaviour when responding to situations of ambiguity and uncertainty Support and advise colleagues in dealing with complex professional interactions Recognise own limitations

## 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: Interview room on ward  
 Expected duration of scenario: 12 mins  
 Expected duration of debriefing: 10 mins

### EQUIPMENT AND CONSUMABLES

### PERSONNEL-IN-SCENARIO

Patient

### PARTICIPANT BRIEFING

You are the registrar on call for the local psychiatric unit.

You have been asked to assess Bianca Jones, a 19 year old girl admitted four weeks ago on a Section 2. The junior doctor for the ward had to go home ill earlier so there is no ward doctor.

Bianca's diagnosis at that point was one of emotionally unstable personality disorder and depression and she was seen following a significant overdose of painkillers. She has been quite a challenging patient on the ward, pushing boundaries, making unreasonable demands of staff and generally being quite disruptive. She has attempted to tie a ligature and cut her arm with a broken cup. She is taking Sertraline and Quetiapine. Her section 2 has been allowed to lapse and she became informal today. It is now 10pm and she says she wants to go home. She says this place is making her worse and she would be better off back home with her parents. She says she is going now and you can't stop her.

Her parents have previously supported her sections saying that she needs help to get well. They are not contactable at the moment and there are no other relatives or friends available to speak to. You do not know this patient but the ward staff tell you it is her ward round day tomorrow.

#### **Instruction 17(a)**

**Assess this patient to determine whether detention under Section 5(2) of the Mental Health Act is appropriate**

#### **Instruction 17(b)**

**Following your assessment of the patient in the previous station, complete the Mental Health Act paperwork for Section 5(2)**

## 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

### 'VOICE OF THE MANIKIN' BRIEFING

No manikin

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

You are Bianca Jones, a 19 year old girl who lives with her parents and goes to college studying psychology. You have had a troubled life and have always been in trouble at school and labelled as naughty. You were expelled from one school when you became pregnant aged 14, following which you had a termination. You went off the rails completely after that, drinking heavily, using recreational drugs, running away from home and not attending school. You started self harming age 14 and have taken many overdoses. You don't really know who you are and feel empty all the time. You hope to get better and become a psychologist.

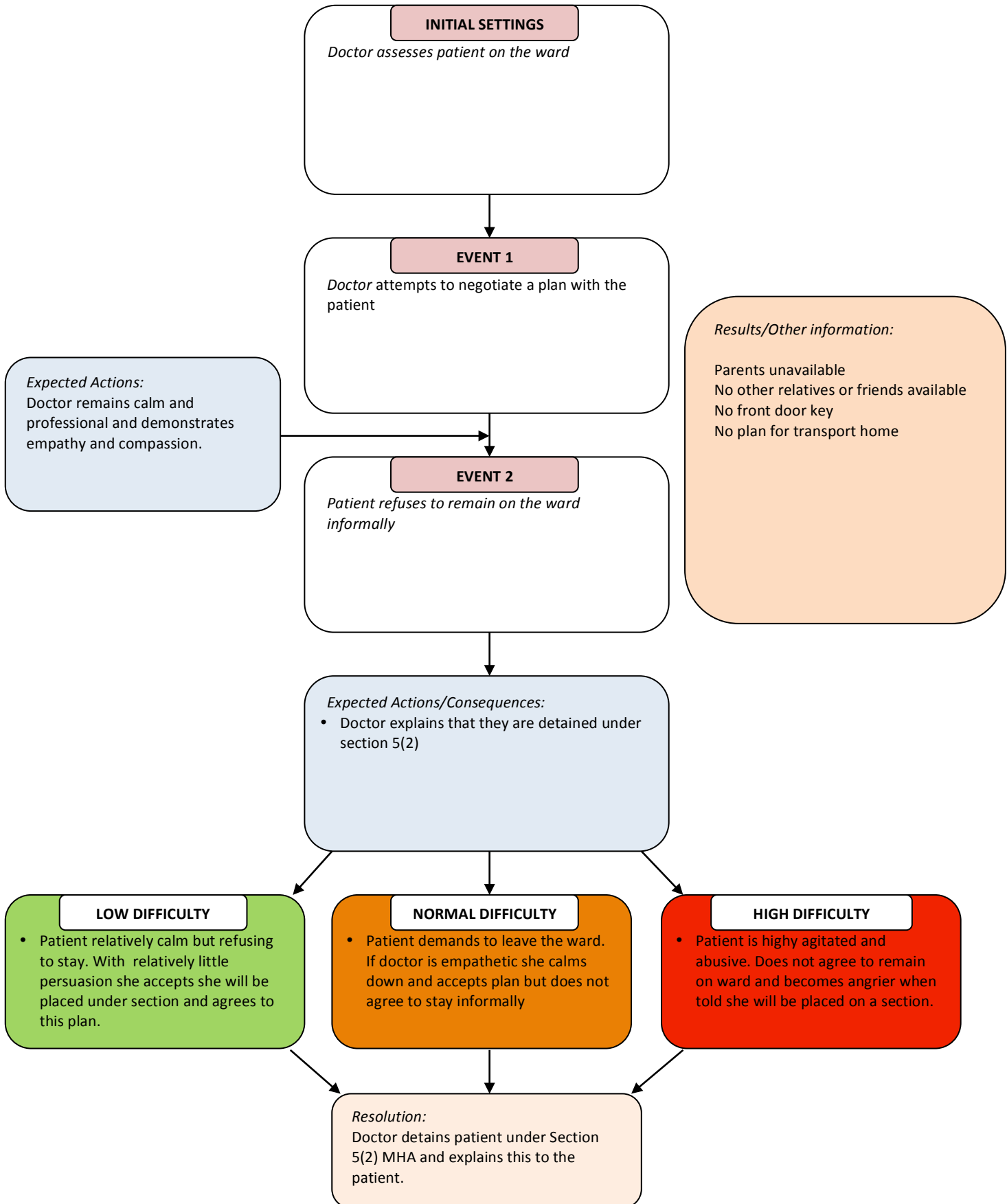
You have spend the past four weeks in hospital and know you have been quite difficult in that time but you don't really care about anything. You are aware that you are no longer detained and want to go home to pretend that you are fine and carry on as usual. You don't have a strong desire to kill yourself but you are totally ambivalent about your life. You mostly want to leave so you can get hold of some mephadrone which makes you feel alive temporarily.

You are totally fed up with being in hospital. You have been made to feel worse by staff who have made you feel like all this is your fault and you are taking up a bed which could be used for someone really ill. You have reacted to this attitude by being even more difficult and hate yourself more than ever. You particularly dislike one member of staff who you feel has decided you are a waste of space. You can be quite angry with the doctor if they do not seem to be understanding or empathetic enough and refuse to do anything except leave the ward, even threatening to harm yourself or others. Even if the doctor listens you are still adamant you are leaving. You think your parents are out and don't want to contact anyone else. You don't even have a front door key.

You might say:

*You can't keep me here*  
*I know my rights. I have the right to leave*  
*There's nothing wrong with me*  
*You lot haven't done anything to help me anyway*  
*You don't really care about me*  
*If you section me I'll kill myself*  
*You don't have the right to keep the door locked*

**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.

**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.

**Management**

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

Consider whether you would detain this person using Section 2 or 3 right now.

What would your management plan be if you did not think they warranted detention using Section 5(2) or other section?

## PSYCHIATRY – SCENARIO 11 - HANDOUT

### INFORMATION FOR PARTICIPANTS

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#### KEY POINTS

- Demonstrate effective communication with patients using verbal and non-verbal skills as appropriate.
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#### WORKPLACE-BASED ASSESSMENTS

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

## 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?