Health Education Thames Valley

MENTAL HEALTH ACT SECTION 136

MODULE: MHA SECTION 136 ASSESSMENT

TARGET: PSYCHIATRY TRAINEES ST4-6 INVOLVED IN SECTION 136 ASSESSMENTS

BACKGROUND:

Senior trainees in many specialities are expected to undertake assessments of individuals detained under Section 136 in police custody as part of their contracts. Few trainees receive any formal training in Mental Health Act assessments despite this being a complex area of law, clinical management and human rights. Section 136 of the Mental Health Act is a multi-agency issue which requires psychiatrists to work closely with the police, AMHP's, ambulance and nursing staff. Assessments are often undertaken in less than ideal circumstances involving inadequate information, inadequate staffing, confusion over legal powers and hospital policy. Patients can be highly agitated and risky with inadequate information about their risks and offending history accessible and little support available for them if their section is discharged.

This scenario allows trainees to practice assessing and managing an individual detained under section 136 as the basis for a session on relevant issues.

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

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: Training suite/simulation centre
Expected duration of scenario: 20mins Expected duration of debriefing: 10 mins

EQUIPMENT AND CONSUMABLES

PERSONNEL-IN-SCENARIO

Patient
AMHP on phone
Custody Sergeant

PARTICIPANT BRIEFING

You are the psychiatry registrar on call. You have never done a MHA assessment before and this is your first time on call as a senior (ST4) trainee. You were called around 9pm by the duty AMHP who informed you there was a lady in police custody on a section 136 waiting to be assessed. You were asked to go ahead and assess her and the AMHP said they would get there as soon as they could although they would probably be another hour or more. The AMHP said that from what they knew of the case the lady probably did not need to be detained and you would probably end up discharging her anyway. They asked you to call them when you had assessed her in case they didn't need to come in at all.

Instructions

Asssess Cherise and determine whether she warrants detention under the Mental Health Act
Phone the AMHP back to advise them of your findings
Answer the Custody Sergeant's questions.

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 Cherise, a 19 year old lady originally from Hackney who moved down here about two years ago to live with your boyfriend. Your boyfriend is a prominent local drug dealer who is involved in gang crime and is violent to you and the baby. You were expelled form school for bad behaviour aged 12 and cannot read or write. You were making money from dealing drugs or sex work before become pregnant by accident aged 18. Social services have been involved from the moment the baby was born because you were a registered heroin addict and had no fixed abode. They have been supporting you and your boyfriend and found you accommodation but recently there have been a few unexplained minor injuries and you have been intoxicated when they visited so the decision was made to take the baby into foster care for a period.

You have been detained under Section 136 of the Mental Health Act because you threatened to kill yourself when social services came to your house earlier today to take your nine month old child into care. You also made threats to kill the social worker and were arrested for this after you arrived in custody. This is the third time you have been detained on a section 136 in the past fortnight. You weren't detained on any of the previous occasions. You told police the last time that you made threats so they would take you away from your violent boyfriend.

You are a troubled lady and you don't really know what you want from your life. You love your child but you know you aren't able to take care of him at the moment. You can be quite insightful into your problems at times and at other times you can be very chaotic and irrational. You absolutely refuse to be admitted to hospital as you are convinced that this would mean you would never get custody of your child back again. You would rather be homeless then go to hospital. You don't want any psychiatric support for the same reason and don't think you need medication.

You are quite tearful at times and regret the decisions you have made in your life. You feel worthless and fairly hopeless but deny feeling actually suicidal or having any plans to end your life. You don't self harm although you do risky things like taking large amounts of drugs and alcohol and having unprotected sex because you don't value your life. You have never been admitted to psychiatric hospital. You had antidepressants for a while before you were pregnant but did not feel they helped. You were told by a drugs worked that you had a personality disorder and think this means you are untreatable anyway. You sometimes hear voices in your head telling you that you are nothing and saying derogatory things to you. They sometimes told you to harm your baby but you never have.

You quickly become annoyed with talking to the doctor and only tolerate about ten minutes of talking before you say you can't be bothered to talk to them any more. You say things like:

What's the point in talking about this, I know you aren't going to admit me
I don't want to go to hospital anyway
The only thing I care about is getting out of here and getting my boy back

IN-SCENARIO PERSONNEL BRIEFING - 'CUSTODY SERGEANT'

You are the Custody Sergeant in charge of the police cells tonight. You met Cherise on the last two occasions she was booked in and know her story well. You are an experienced custody sergeant but trained many years ago and are not particularly confident in matters of mental health law and defer to the psychiatrist on these. However, you are concerned that the girl might kill herself in custody or if she is released. If she does this within 24 hours of release this is considered a death in custody and you don't want to be part of an enquiry.

You might say:

Can I cancel the Appropriate Adult now you're here?
Can you tell us if she is fit for interview Doctor?
Don't you have to wait for the AMHP to arrive before you see her?
Do you want to see her in private?
I expect you will be admitting her to hospital won't you?
I think she's going to kill herself if we let her go

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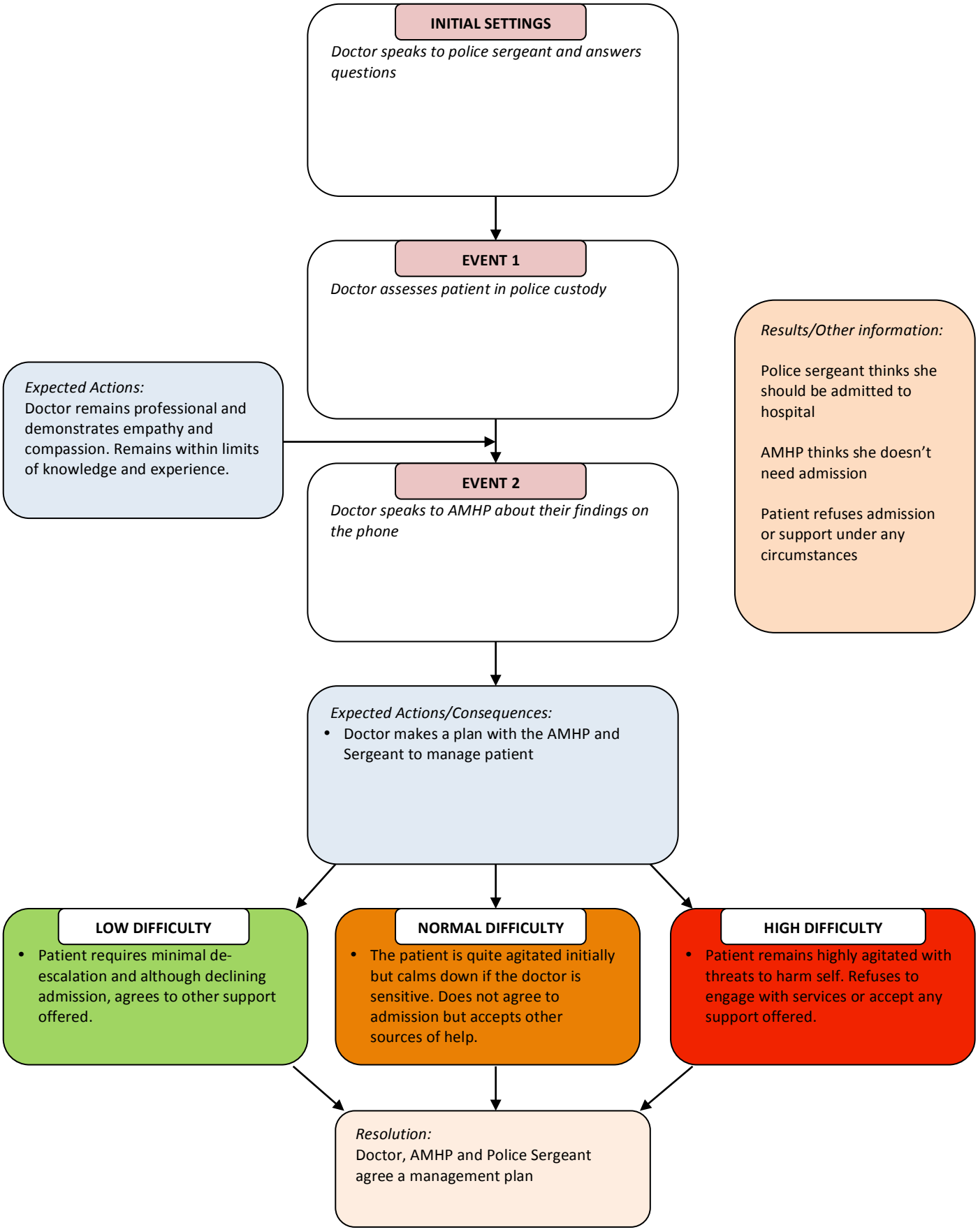
CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION

Appropriate Adult

Statutory role and responsibilities to support individuals through police interview and detention in custody. Not the same role as the legal representative.

Fit for Interview

'Fit' for PACE interview versus 'fit' for mental health assessment. It is up to the custody sergeant to determine whether someone is fit to be interviewed under PACE. There is a low threshold for someone being unfit for police interview, due to the standards of evidence required in court. This does not mean such an individual is unfit to be interviewed by a psychiatrist.

Sources of information in custody

You can request to view the custody log which can be a valuable source of information regarding a patient's mental state during their period in custody.
You can also ask to speak to the arresting/detaining officer as they will be able to tell you exactly what the person was like at the point of detention. Hey may have other valuable information about them

Other useful information about police custody

Deaths in custody – any death within 24 hours of detention in police custody is treated as a death in c ustody and requires an investigation

Constant observations are decided by the custody sergeant and require a police officer to be assigned to monitor the detained individual constantly.

PACE 1984 sets out the rights and duties of the police regarding arresting, searching and detaining individuals.

Individuals detained under Section 136 are treated as having the same PACE rights as someone arrested.

Section 136

The power of the police to remove a person to a place of safety from a public place if they appear to be mentally disordered and in immediate need of care or control. The power lasts for 72 hours and is specifically for the purpose of assessment by a medical practitioner to determine what their needs are.

It should be done by a section 12(2) approved doctor but the Code of Practice states this is merely recommended. Individuals can be transferred between places of safety on a section 136. There is no power to treat against an individuals wishes on this section.

DEBRIEFING RESOURCES

RCPsych Section 136 Policy
Code of Practice
Mental Health Act Manual

MENTAL HEALTH ACT 136 - HANDOUT

INFORMATION FOR PARTICIPANTS

Higher trainees are often expected to undertake Mental Health Acts assessments in police custody. These are frequently out-of-hours and there is often little senior support. This scenario allows trainees to practice this skill and explore some of the associated issues.

KEY POINTS

- 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.
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RELEVANCE TO THE CURRICULUM

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WORKPLACE-BASED ASSESSMENTS

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

FURTHER RESOURCES

Mental Health Act
Mental Health Act Code of Practice
Police and Criminal Evidence Act

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?

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PARTICIPANT FEEDBACK

Date of training session:.....

Profession and grade:.....

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

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify): ..... Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

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?