

# MENTAL HEALTH ACT

**MODULE: MENTAL HEALTH ACT STATUTORY DOCUMENTATION**

**TARGET: PSYCHIATRY TRAINEES ST4-6**

## BACKGROUND:

All senior trainees in psychiatry are expected to be Section 12(2) approved so they can undertake Mental Health Act assessments when on-call. Section 12 courses are of variable quality and content. Many trainees feel they lack confidence and knowledge of the process of detaining people under the Mental Health Act and every year there are a number of incidents involving inadequate completion of statutory forms leading in extreme cases to illegal detention and breaches of human rights. This scenario forms the basis for both an exercise in completion of statutory paperwork and a wider discussion of detaining people under the MHA. It can be linked with other simulated scenarios covering this issue.

## RELEVANT AREAS OF THE CURRICULUM

Curriculum	Details
ILO-1 Assessment	Perform specialist assessment of patient and record appropriate information
ILO-2 Formulation	Demonstrate ability to make formulations
ILO 4 Risk	Demonstrate ability to assess and record risk
ILO 4 1-4c Mental Health Act	Demonstrate knowledge and skill in applying Mental Health Act Legislation in accordance with the Code of Practice

## INFORMATION FOR FACULTY

### LEARNING OBJECTIVES

- Improvement in quality of record keeping and reduction in errors and illegal detentions
- Greater confidence in completing statutory forms
- Improved knowledge of Mental Health Act requirements
- Knowledge legal test nature vs degree

### SCENE SETTING

Location:	Training room or simulation suite
Expected duration of scenario:	10 min video plus 15 minutes for task
Expected duration of debriefing:	30 mins

### EQUIPMENT AND CONSUMABLES

(Can be linked to MHA 1 Doorstep Assessment or another simulation scenario)

Alternatively use 5-10 minute video or other observed scenario showing acutely disturbed patient detainable under the MHA  
e.g. Nottingham University video of manic patient Jan 2012 available free on YouTube 10 minutes.  
Alternatives include clip from movie e.g. Mr Jones (mania) or A Beautiful Mind (schizophrenia)

Statutory forms Section 2 MHA 1983

### PERSONNEL-IN-SCENARIO

(If linked to MHA 1 Doorstep Interview) 3 actors

### PARTICIPANT BRIEFING

#### Instructions

1. Observe the following scenario/video and make notes
2. Complete the statutory paperwork as you would in real life

#### Information:

Mr Adrian Peters  
Date of birth 27.2.1966  
Address: 102 Cranberry Terrace, Chandlers Ford, Southampton SO26 THX

## FACULTY BRIEFING

The faculty role in this scenario is to set the scene for the scenario including emphasising the importance of the issue, then to play the clip or facilitate the role-play and organise the task.

If possible it may be helpful to run this scenario jointly with a MHA Co-ordinator or Hospital Manager who will be knowledgeable about common mistakes and useful tips.

A knowledge questionnaire can be used pre and post session to determine how much trainees learn in the session.

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### 'VOICE OF THE MANIKIN' BRIEFING

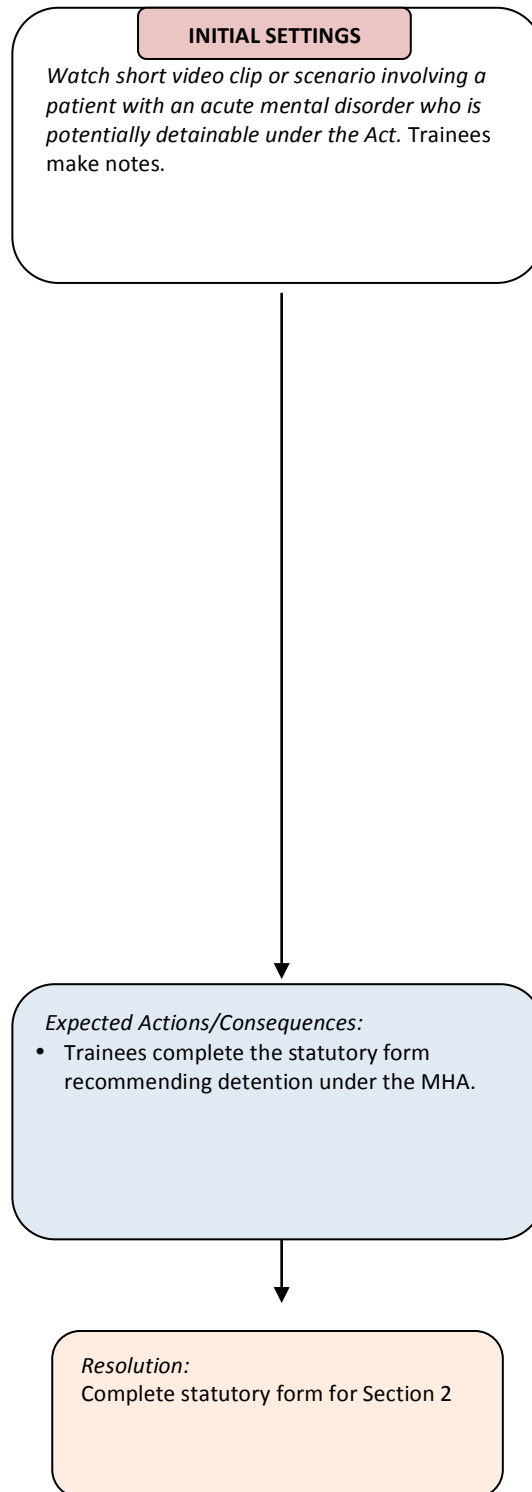
No manikin

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### IN-SCENARIO PERSONNEL BRIEFING

No briefing required

## CONDUCT OF SCENARIO



## DEBRIEFING

### POINTS FOR FURTHER DISCUSSION

#### **Making the decision to Detain Under the MHA or Not**

Once trainees have completed the Section 2 forms they can be asked to discuss these in small groups for a few minutes. Consider asking them to discuss some of the following:

**Deciding whether to detain someone under the MHA is straightforward**

**I never take bed availability into consideration when deciding whether to detain someone**

**I base my decision purely on whether the statutory criteria are met**

**My decision is influenced by the possible outcomes**

**The statutory criteria are so broad almost anyone can be detained are the statutory criteria?**

**Nature or Degree – what do they mean?**

#### **Application of the MHA in practice**

It can then be useful to discuss technical aspects of using the MHA. Trainees can be asked to complete a short questionnaire to facilitate this:

#### **Example Questions**

Please answer T/F

1. It is acceptable to complete a recommendation for a section 2 if the other doctor is your clinical supervisor
2. You must wait for the AMHP to arrive before you assess the patient for detention
3. You must complete an application for detention on the pink form
4. If two doctors from the same clinical team complete recommendations for detention it is a non-rectifiable error (i.e. illegal detention)
5. If you spell the patient's name incorrectly on the form it is invalid and the person is detained illegally
6. If the wrong hospital is written on the form the patient cannot be detained
7. If you forget to sign the form the patient is not detained
8. You should use lay person language on the form
9. You should only write in black ink on the form
10. As soon as you sign the form it becomes valid and the patient is detained
11. The original statutory form needs to be received by the managers of the hospital, a copy or fax is insufficient

### DEBRIEFING RESOURCES

Mental Health Act Code of Practice

## PSYCHIATRY SCENARIO 7 - HANDOUT

### INFORMATION FOR PARTICIPANTS

All senior trainees in psychiatry are expected to be Section 12(2) approved so they can undertake Mental Health Act assessments when on-call. Section 12 courses are of variable quality and content. Many trainees feel they lack confidence and knowledge of the process of detaining people under the Mental Health Act and every year there are a number of incidents involving inadequate completion of statutory forms leading in extreme cases to illegal detention and breaches of human rights.

### KEY POINTS

- Improvement in quality of record keeping and reduction in errors and illegal detentions
- Greater confidence in completing statutory forms
- Improved knowledge of Mental Health Act requirements
- Knowledge of statutory test including nature and degree

### RELEVANCE TO THE CURRICULUM

Curriculum	Details
ILO-1 Assessment	Perform specialist assessment of patient and record appropriate information
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### WORKPLACE-BASED ASSESSMENTS

Curriculum	Details
ILO – 1 Assessment	ACE, Mini ACE, CBD, Supervisor Report
ILO – 2 Formulation	ACE, Mini ACE, CBD, Supervisor Report
ILO- 4 Risk and MHA	CBD, CP, Mini-PAT, supervisors report

### FURTHER RESOURCES

Mental Health Act 1983 (amended 2007)  
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?