1.0 Summary of Changes

This procedure has been updated on its yearly review as follows:

- Changes the Policing and Crime Act 2017 (PACA) has made to the Mental Health Act 1983 (MHA);
- Change in the process for making a detention under Section 136 of the Mental Health Act (S136).

2.0 What this Procedure is about

The purpose of this procedure is:

- To provide officers with an understanding of what is required to implement a S136 detention appropriately.
- To set down clear procedures which conform to the good practice as set out in the Mental Health Act 1983 Code of Practice.
- To emphasise the need to treat individuals who suffer from any mental disorder with respect and recognise they are unwell and need help and treatment.
- To emphasise that serious medical issues could be masked by the apparent mental ill-health, drugs or alcohol and the need for person to be medically assessed.
- To outline the process for any S136 detention, including the identification of the correct Place of Safety (POS) and the handover process from police to health care professionals.
- To ensure compliance with Human Rights and Data Protection Act legislation.

There is also a multi-agency S136 policy with the North Essex Partnership Trust (NEP) and the South Essex Partnership Trust (SEPT). They merged as of the 1st April 2017 and are now the Essex Partnership University Trust (EPUT). It is in the process of being updated and is not presently in-line with the legislative changes.

2.1 Definition of Mental Ill Health or Mental Disorder

The term mental ill health is used broadly to refer to all those matters relating to mental health problems, including mental disorders, illness and mental health needs. Mental disorder is defined simply as “any disorder or disability of the mind”.

Compliance with this procedure and any governing policy is mandatory.
3.0 Detail the Procedure

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACA</td>
<td>Policing and Crime Act 2017</td>
</tr>
<tr>
<td>MHA</td>
<td>Mental Health Act 1983</td>
</tr>
<tr>
<td>S136</td>
<td>Section 136 Mental Health Act</td>
</tr>
<tr>
<td>AMHP</td>
<td>Approved Mental Health Professional</td>
</tr>
<tr>
<td>MHP</td>
<td>Mental Health Professional</td>
</tr>
<tr>
<td>POS</td>
<td>Place of Safety</td>
</tr>
<tr>
<td>HBPOS</td>
<td>Health Based Place of Safety</td>
</tr>
<tr>
<td>EEAST</td>
<td>East of England Ambulance Service</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department (formerly called A&amp;E)</td>
</tr>
</tbody>
</table>

When dealing with a person who appears to be suffering from a mental disorder who is in need of immediate care or control, police should consider if any less restrictive options are available to them before use of S136. A new provision requiring officers to consult, where practicable, with a health professional before exercising powers under S136 will assist with such decisions (see 3.4).

S136 provides a power for police to remove a person believed to be suffering from a mental disorder and to be in need of immediate care and control to a POS. This is a preserved power of arrest under Section 26 PACE and reasonable force may be used under Section 117 PACE. The detained person should be told they are detained but they should not be cautioned or the word arrest used. Amended by PACA the power to detain someone under S136 has been extended to enable officers to act in most locations other than a private residence. This is intended to remove any doubt about the ability to act in a person’s interests in places to which the public may have reasonably ready access but which are in fact private premises (e.g. railway tracks, roofs of car parks etc). The amended provisions state:

*If a person appears to a constable to be suffering 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:*

(a) Remove that person to a POS
(b) If the person is already at a POS, keep the person at that place or remove the person to another POS
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The power of a constable under S136 may be exercised where the mentally disordered person is at any place other than:

(a) Any house, flat or room where that person, or any other person, is living, or
(b) Any yard, garden, garage or outhouse that is used in connection with the house, flat or room, other than one that is also used in connection with one or more other houses, flats or rooms.

For the purpose of exercising the power a constable may enter any place where the power may be exercised if need be by force.

Police officers cannot de-arrest/release someone who has been detained under S136; the section can only be discharged by a doctor.

A S136 process flowchart has been created to outline the process for when a S136 detention is made. Exceptional circumstances may require deviation from this process, if it in the best interest of the person and for the safety of all persons involved.

3.1 Where Section 136 can be used

<table>
<thead>
<tr>
<th>Example of Locations Where S136 Can Be Now Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Railway lines</td>
</tr>
<tr>
<td>Private vehicles*</td>
</tr>
<tr>
<td>Rooftops of buildings</td>
</tr>
<tr>
<td>Shopping centres</td>
</tr>
<tr>
<td>Police stations (includes custody)</td>
</tr>
<tr>
<td>Offices</td>
</tr>
<tr>
<td>Schools</td>
</tr>
<tr>
<td>Communal residential gardens and car parks</td>
</tr>
<tr>
<td>Non-residential parts of residential buildings with restricted access</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locations Where S136 Cannot Be Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>In or on a dwelling including the associated grounds (i.e. garden)</td>
</tr>
<tr>
<td>A tent</td>
</tr>
<tr>
<td>A caravan or campervan*</td>
</tr>
<tr>
<td>A private room in a care home where a person lives</td>
</tr>
<tr>
<td>A place of state detention e.g. prison</td>
</tr>
</tbody>
</table>
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*The availability of S136 in relation to a person in a vehicle, such as a campervan or caravan, will partly depend upon where the vehicle is situated. For example, if it is parked on a public road S136 could be used. However, if it is situated on private land, to which the public do not generally have access, S136 could not be used.

Police can enter any location where S136 can be used, if necessary by force, to find and remove a person. Where possible, the help of a person responsible for that place to gain entry should be sought.

3.1.1 Use of Section 136 for someone who is in a Dwelling as a Trespasser

S136 cannot be used within someone’s own home OR within someone else’s home, assuming they are there with permission and not trespassing. So S136 can be used where someone is trespassing on premises for example:

- A home owners returns to their address to find someone who appears to be suffering from a mental disorder has broken into their home address. They are a trespasser and along with consideration of arresting them for offences like burglary, the use of S136 can be considered;
- Someone invites a friend into their home address but the friend who is suffering from a mental disorder is asked to leave by the home owner but refuses to go. They are now a trespasser and the use of S136 can be considered.

If someone is the owner, tenant or has any interest in a property they cannot be classed as a trespasser or S136 considered. For example a husband and wife both live in an address together but the husband becomes unwell, he appears to be suffering from a mental disorder and his wife asks him to leave the address. He is within his own home address and regardless of being asked to leave he is not a trespasser. As such the use of S136 cannot be considered.

3.2 Use of Section 136 in Relation to Children

With incidents involving children who are experiencing mental health problems or distress, the overriding consideration should always be the welfare of the child, ensuring protection from harm and access to assessment where appropriate. There is no age limit for using S136. However, children under the age of 18 may not be taken to a police station as a place of safety.

In addition and separate to the powers under the MHA any person under 18 years of age may be taken into police protection (PPO) using section 46 of the Children Act 1989. A PPO may help ensure that the child is not unnecessarily institutionalised or stigmatised by the process. A PPO also does not require a police officer to make judgement as to whether a child is likely to be suffering from a mental disorder and in need of care and control. There is also no restriction on using a PPO in a home or place to which the public do not have access, so police officers may use a PPO to move a disturbed child who is at home, in the interests of their health and safety.
Whilst detained under PPO officers are able to request that the child has access to all necessary assessments (including, if required, an assessment for detention under section 2 or section 3 MHA 1983, or a social care assessment).

### 3.3 Use of Section 136 or arrest for a criminal offence

There can be situations where the conditions are satisfied where police could arrest a person for committing/on suspicion of committing a criminal offence or determine that a S136 detention may be a more suitable approach. PACE allows for someone if necessary to have a MHA assessment while in custody in connection with arrest for a suspected criminal offence. The starting point is generally for police to arrest, so long as the arrest can be justified under Code G of PACE, where there is evidence of a criminal offence having been committed unless:

- The offence is trivial, especially if it is victimless and there is no risk identified to anyone;
- The victim is not seeking a response through the criminal justice system but is seeking help for someone they know to be suffering from mental ill-health;
- Declining to arrest for the criminal offence will not potentially leave the victim, or anyone else at a greater risk/create safeguarding issues which could have been more effectively mitigated by an arrest;
- That in the circumstances, the conduct is more likely than not attributable to mental health problems which should in the circumstances be prioritised.

Professional judgement will have to be applied, especially in respect of not arresting someone because the victim just wants help for the person. Advice from Street Triage or other MHP can help inform any such decision as outlined in 3.4.1. Key information will include whether the person has been detained under S136 before, if so how recently and the outcome.

**If a crime has been committed even if S136 is used the offence must still be recorded on Athena.** The use of S136 does not preclude the offence being investigated. In respect of safeguarding the use of S136 will see the person briefly detained but that is only until the result of their MHA assessment which may lead to:

- Detention under Section 2 MHA for up to 28 days to be assessed. This might suggest they did not have capacity at the relevant time. Even if they are found not to have had capacity, if the offence is sufficiently serious or there are significant risks identified linked to their offending the person can potentially still go through the criminal justice system;
- Detention under Section 3 MHA for up to 6 months (although this can be extended) for treatment. This might suggest they did not have capacity at the relevant time. Even if they are found not to have had capacity, if the offence is sufficiently serious or there are significant risks identified linked to their offending the person can potentially still go through the criminal justice system;
- Informal admittance, if suitable and they agree. They are, however, not detained under the MHA and so free to leave at any time;
• Discharge (release), if they are deemed not to have a mental disorder regardless of wider risks they may pose. They may be referred for support from community mental health or other services. Their release could be within hours of being detained and must be considered as part of any safeguarding.

If the incident fits the criteria of being a Domestic Abuse incident, regardless of whether the power under S136 has been used it should be recorded as a Domestic Abuse incident and the ATH-Risk forms completed.

3.4 Requirement to consult a professional

As a result of PACA requirement now exists to consult a Mental Health Professional where practicable prior to the use of S136, as follows:

Before deciding to remove a person to, or to keep a person at, a POS, the constable must, if it is practicable to do so consult one of the following:

• Registered medical practitioner;
• A registered nurse;
• An AMHP;
• A paramedic; or
• An occupational therapist.

Although there is a requirement to seek advice (provided it is practicable to do so) and it should be used to inform decision making, police are not bound or required to follow any advice provided.

This requirement is not intended that officers should need to research or obtain details of relevant health personnel themselves, nor that they need exhaustively to work through the list of potential advisers seeking advice.

3.4.1 Who can be Consulted under this Requirement in Essex

In Essex there are a number of potential sources of such advice. These include:

• At the scene: From a medical professional at the scene of an incident if one happens to be present i.e. at a hospital, or police station;
• Between 10:00 - 02:00 hours: Request Street Triage via FCR to attend the incident or provide telephone advice. It will attend for adults and children;
• Adults, between 02:00 - 10:00 hours: Phone the Essex Partnership University Trust (EPUT) Central Management Hub to get telephone advice from the nearest inpatient unit;
• Anyone under 18, between 02:00 - 10:00 hours: Phone the Emotional Wellbeing and Mental Health Service (EWMHS formerly CAMHS) for advice.

The contact details for the Central Management Hub and the EWMHS service are on the S136 mental health Connexions page.
3.4.2 What Information should be Sought

When requesting advice from a medical professional the police will explain that they are at an incident with a person who seems to have mental health problems and wish to consult on possible courses of action including whether use of S136 seems appropriate. The Police Officers will outline the circumstances of the encounter and although the following are not intended to be prescriptive, may wish to seek advice/information on the following 5 points:

(1) Whether the person is known to mental health services and any advice that may be provided as to how best to deal with the person;
(2) Any information relating to risks to person, or anyone else including the police, including whether or not information is held that they may possess items which could be used to harm themselves or police;
(3) If they are known, whether it is possible to access medical records or any care plan to determine medical history and suggest strategies for appropriately managing a mental health crisis;
(4) From the information relayed by the police and the information held on accessed health systems, is there any opinion which can be offered about whether a detention under S136 might be appropriate or an alternative proposed and any other information which they believe to be relevant?
(5) Where it is determined that use of S136 powers is not appropriate – identification and implementation of alternative arrangements (such as escorting the person home, to their own doctor, to hospital etc).

It is recognised in respect of point 4 that where the professional is not able to directly engage with the person it may be difficult for them to offer a formal opinion.

3.4.3 Where is it Not Practicable to Seek Advice

It is for police to determine whether or not it is practicable to consult an appropriate person. A Police Officer who decides that it is practicable should be satisfied that it is safe for them to do so, given the circumstances in which they have encountered the person. The officer’s judgment of whether it is safe to consult may be informed by the speed with which the advice can be provided. A police officer may consider that it is not practicable to do so; this will generally be for two principal reasons:

(1) Because consultation would not be in the immediate best interests of the safety or wellbeing of the detainee or others; for example in an urgent situation where the officer needs to use their powers to protect the person concerned or others from harm;
(2) Because the officer knows that there is no such advice service available to them to consult with sufficient timeliness.
3.5 Identification of what Place of Safety (POS) to Use

Once detained under S136 the person must be taken to a POS to be assessed under MHA. PACA made amendments to the MHA and section 135(6) effectively allows any suitable place to be designated a POS. The person who the Police Officer believes is responsible for managing a place must agree to its use as a POS. The 3 main places which will be used are:

- HBPOS;
- Emergency Department;
- Police station (strict conditions now exist, see section 3.5.4).

The attached S136 process flowchart details the means of identifying the most appropriate POS. A Health Based Place of Safety (HBPOS) is a secure suite managed by the Mental Health Trust. The expectation is, with very limited exception that a person’s needs will most appropriately be met by taking them to a HBPOS.

3.5.1 What if the Person is Incapable through Alcohol or Drugs?

The Association of Chief Police Officers and the Independent Police Complaints Commission (2012) describes drunk and incapable as an individual that has consumed alcohol to the point of being unable to either walk unaided or stand unaided or is unaware of their own actions or unable to fully understand what is said to them. Clinically where an individual meets the criteria for being ‘drunk and incapable’ there is potential for airway compromise and the individual may be in need of urgent medical attention. If someone appears to be drunk and showing any ‘aspect’ of incapability which is perceived to result from that drunkenness, then that person must be treated as drunk and incapable. A person found to be drunk and incapable by the police should be treated as being in need of medical assistance and conveyed by ambulance to ED. The same should occur for those who appear intoxicated by drugs to the point of being incapable.

3.5.2 Health Based Place of Safety (HBPOS)

If a HBPOS has been identified as being the most suitable place to use as a POS the EPUT Central Management Hub should be contacted, even if the detained person is a child. It will identify the nearest HBPOS in Essex which has capacity to take the detained person. It will then route the caller to that HBPOS so police can inform them they are on route and the circumstances of the detention.

<table>
<thead>
<tr>
<th>HBPOS for adults</th>
<th>HBPOS for anyone under 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Lakes – Colchester</td>
<td>The St Aubyns Centre has now closed.</td>
</tr>
<tr>
<td>The Linden Centre – Chelmsford</td>
<td>Any HBPOS with capacity can be used.</td>
</tr>
<tr>
<td>Derwent Centre – Harlow</td>
<td></td>
</tr>
<tr>
<td>Rochford (has 2 rooms)</td>
<td></td>
</tr>
<tr>
<td>Basildon (has 2 rooms)</td>
<td></td>
</tr>
</tbody>
</table>
In the event there is no HBPOS available and the exceptional circumstances as outlined in 3.3.3 are not made out to use a Police Station, the default alternative POS to use in Essex is one of the Counties 5 ED departments.

### 3.5.3 Emergency Department (ED)

ED departments are a POS, although they do not provide a particularly conducive environment for a MHA assessment. Accordingly, ED should normally only be used for the treatment of an emergency medical condition/injury. Once they have been treated the detained person will then be moved to an onwards POS, unless their assessment under the MHA can be promptly completed whilst they are in ED.

<table>
<thead>
<tr>
<th>TRIGGERS/RED FLAGS TO TAKE THE DETAINED PERSON TO ED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dangerous Mechanisms:</strong></td>
</tr>
<tr>
<td>Blows to the body</td>
</tr>
<tr>
<td>Falls &gt; 4 Feet</td>
</tr>
<tr>
<td>Injury from edged weapon or projectile</td>
</tr>
<tr>
<td>Throttling / strangulation</td>
</tr>
<tr>
<td>Hit by vehicle or occupant of vehicle in a collision</td>
</tr>
<tr>
<td>Ejected from a moving vehicle</td>
</tr>
<tr>
<td>Evidence of drug ingestion or overdose</td>
</tr>
<tr>
<td>Use of Taser</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Attempting self-harm:</strong></th>
<th><strong>Possible Acute Behaviour Disorder/Excited Delirium:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Head banging</td>
<td>Two or more from:</td>
</tr>
<tr>
<td>Use of edged weapon (to self-harm)</td>
<td>• Serious physical resistance / abnormal strength</td>
</tr>
<tr>
<td>Ligatures</td>
<td>• High body temperature</td>
</tr>
<tr>
<td>History of overdose or poisoning</td>
<td>• Removal of clothing</td>
</tr>
<tr>
<td><strong>Psychiatric Crisis</strong></td>
<td>• Profuse sweating or hot skin</td>
</tr>
<tr>
<td>Delusions / Hallucinations / Mania</td>
<td>• Behavioural confusion / coherence</td>
</tr>
<tr>
<td></td>
<td>• Bizarre behaviour</td>
</tr>
</tbody>
</table>

Presenting with any other symptoms which gives cause to suspect they require urgent medical attention.

Consider warning and information markers held on PNC.
When the Central Management Hub is contacted if there are no HBPOS available it will identify the nearest available ED department in Essex to use. The Central Management Hub will hold notifications of ED departments which are not available because:

- They are on divert and unable to accept any patients;
- They are already holding a person detained under S136.

It may be the nearest department is not available and the next nearest needs to be used. The caller will advise the Central Management Hub the nearest available ED department they intend to use. The Hub will then put the caller through to that ED department priority phone line (red phone) so the circumstances can be relayed and advise them that the detainee is on route to them.

3.5.4 A Police Station

PACA has amended the MHA and specified strict regulations for when a police station can be used as a POS. To assist officers and staff guidance notes for the use of police custody as a place of safety have been produced.

- It must be noted that the term police station applies not only to a custody suite but any part of a police station;
- **No-one under 18 detained under S135/S136 can be brought into a police station under any circumstances; PACA puts a total ban on this.**

An adult may only be removed to, kept at, or taken to a POS which is police station where an Inspector (or above) is satisfied that:

a) The behaviour of the detained person poses an **imminent risk of serious injury or death to anyone.**
b) Because of that risk, no other POS in Essex can reasonably be expected to detain them.
c) So far as reasonably practicable, a healthcare professional is present and available to the person throughout the entire period they are detained at the police station, **BUT**
d) **There must be a healthcare professional present in the police station to check on the welfare at least once every 30 minutes of the detained person, and any appropriate action for the treatment and care of the detained person.**

The decision maker must be satisfied that the person’s behaviour poses an imminent risk of serious injury or death to the person or to others. The decision-maker should consider whether, if no preventative action is taken:

- The person’s behaviour presents a risk of physical injury to the person or to others of a level likely to require urgent medical treatment, **AND**
- **That risk already exists or is likely to exist imminently.**
Such judgements will inevitably be partly subjective and based on the available information. For example, a verbal threat to use violence may not of itself meet the threshold. However, if the person has already been violent towards officers the consideration may be different. The likely ability of the person to inflict the degree of serious injury is also a factor (thus for example issues like stature, strength, and co-ordination may be relevant considerations).

Being intoxicated and/or uncooperative may not necessarily, of themselves, meet the threshold. Past behaviour (for example a criminal record for a violent offence) can be relevant, but should not be taken as an indication, in isolation from any demonstrable current behaviour, that the person poses an imminent risk of serious injury or death to themselves or others.

Even where the above regulations are met, there must be consideration for police support to staff at another POS rather than for a person to be held in a Police Station. Custody should not be used merely to enable officers to be released to other duties.

A healthcare professional would be someone who is classed as one of the following:

- Registered medical practitioner;
- A registered nurse;
- An AMHP;
- A paramedic; or
- An occupational therapist.

The normal process for requesting a healthcare professional will be to request one to supplied by G4S, following the same process as requesting one to assess a person in custody.

### 3.5.4.1 Decision Making to use a Police Station

If there is consideration for using a police station as a POS, the only part of the police station which will be used to hold the person for their own safety and the safety of others is custody. The following process will be applied:

- If the detaining officer believes that the detained person an **imminent risk of serious injury or death to anyone** they will contact the LPT Inspector;
- The LPT Inspector will then liaise with the custody/PACE inspector as to whether a police station will be used or other options considered such as officers to support at another POS (i.e., a HBPOS);
- The custody/PACE inspector will have to confirm the availability of a healthcare professional to attend the police station. If this requirement cannot be met then a police station cannot be used. The actual request for the HCP/confirming the ETA can be made by any member of custody staff;
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- From this discussion it may be (as detailed in 3.3) decided that it is more appropriate to arrest the person for a criminal offence. This can be done even if detained under S135/S136 and the requirements inserted by PACA (as detailed in 3.3.4) will then no longer apply. An arrest must never be made simply to get around the PACA regulations. The proportionality of any arrest for someone already detained under S135/S136 must be carefully considered. As they have been detained under S135/136 because it’s believed they may be very unwell and in custody the person will be deprived of the treatment and support they would receive at a HBPOS. As such there would need to be a properly considered and recorded rationale, guidance notes for the use of police custody as a place of safety have been produced;

- If the person is arrested for a criminal offence even though the requirements will no longer apply a healthcare professional should be present in the police station to check on their welfare at least once every 30 minutes. This is not a legislative requirement (as they will no longer apply) but will be done where practicable to attempt to ensure the welfare of the detained person;

- If the person is arrested for a criminal offence, they must have a MHA assessment as they are still detained under the MHA and this can only be discharged by a doctor;

- The final decision maker as to the use of a police station will be the custody/PACE inspector. Any disagreement should be escalated to the Silver Commander to resolve.

3.5.4.2 Review of a Detained Person held in a Police Station

If an adult is detained at a police station the Custody Sergeant must:

a) Ensure that there will be a healthcare professional present in the police station to check on their welfare at least once every 30 minutes, and any appropriate action is taken for the treatment and care of the detained person.

b) Ensure so far as reasonable practicable, a healthcare professional is present and available to the person throughout the entire period they are detained at the Police Station.

c) Review the behaviour of the detained person at least once an hour for the purpose of determining whether the circumstances still exist that:

   i) The behaviour of the detained person poses an imminent risk of serious injury or death to anyone.

   ii) Because of that risk, no other POS in Essex can reasonably be expected to detain the person.

d) When completing the review where reasonably practicable consult the healthcare professional that carried out the most recent check as per a).

e) The frequency of the reviews may be reduced to no less than once every three hours where the detained person is sleeping and the healthcare professional has not identified any risk that would require the person to be woken more frequently.
If when Custody Sergeant completes their review and they determine the circumstances set out in points c) i) and ii) do not still exist they must arrange for the detained person to be taken to another POS other than a police station. This does not apply where:

- Arrangements have been which will enable the MHA assessment to be commenced sooner at the Police Station than at another POS; AND
- To postpone the assessment would likely cause distress to the detained person.

In addition to the above The custody officer must, in accordance with PACE Code C paragraph 9.5 and the MHA, ensure that appropriate medical attention is given as soon as practicable to any detainee who:

- Appears to be physically ill, injured or need medical attention;
- Appears to be, they suspect, or have been told may be, experiencing mental ill health (or disablement or difficulty that means that the detainee is likely to be vulnerable or require additional support);
- Appears to have a drug or alcohol dependence or withdrawal likely to affect safety;
- Requests a medical examination.

3.5.4.3 Extension of detention in a police station

The period of maximum detention under the MHA has been reduced to 24 hours. Section 3.9.1 details the circumstances where the period of detention can be increased to 36 hours. If the detained person is in a police station the extension must first be authorised as it would be in any other POS by the responsible medical practitioner who is responsible for completing the MHA assessment. It must the, however, also be approved by a police officer of the rank of Superintendent or higher which would be recorded on the custody record.

3.6 Powers to Search

A new power of search has been inserted into the MHA by the PACA. The new search power is Section 136C which enables a Police Officer to search a person detained under S135 or S136 if the officer has reasonable grounds to believe that the person detained may be a danger to themselves or others and is concealing something which could be used to physically injure themselves or others. The search of a detainee should always be given full consideration given the nature of any detention under S136 and the associated risks.

The purpose of using these powers is to enable a Police Officer to take the necessary steps to ensure the safety of the person detained and others. Any use of these powers should support policing and health agencies to effectively provide the care and support required by a detained person. Therefore a search conducted by the officer under the new section 136C is limited to actions reasonably required to discover an item that the officer believes that the person has concealed. The officer may only remove outer clothing and they may search that person’s mouth. The new power does not permit police to conduct an intimate search.
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Taking into account other existing powers of search and the new power under section 136C, a person detained under S135 or S136 can be searched at any point during the period they are detained, in any location.

The new section 136C powers cover some scenarios not covered by other existing powers, including:

- At any other POS and no other relevant search powers apply;
- At any point during the removal to a place of safety under S136, for example during transportation.

Section 136C does not alter the applicability of other existing powers, including powers under section 32 or 54 of PACE, and the general powers of health professionals to search patients in hospitals. The applicability of other such powers does not prevent the new search powers from applying.

3.7 Conveyance of Detainee

East of England Ambulance Service Trust (EEAST) should be used as the primary source of transport for people detained under S135.

3.7.1 How to Request an Ambulance

EEAST be contacted by dialling 999, their response times have been revised from the National Protocol to be:

- For a standard S136 detention it will be graded by EEAST as a Category 2 Response and they should respond on average within 18 minutes;
- If restraint is involved or there are any urgent medical issues it will be escalated to a Category 1 Response and they should respond on average within 7 minutes. If the person is being actively restrained, there are urgent medical issues, or they are demonstrating behaviour suggestive of Acute Behavioural Disorder (ABD) this must be made clear when contacting EEAST.

3.7.2 Use of Police Vehicles to Convey a Detained Person

In exceptional circumstances the use of a police vehicle might be considered:

a) If the degree of violence being displayed would expose all parties to an excessive level of risk within an ambulance. In such a case it should be considered whether police will ride in the ambulance to assist in the restraint of the person rather than using a police vehicle;

b) When there is an excessive delay in an ambulance attending. What will be deemed to be an excessive wait will be dependent on the circumstances but typically anything over 1 hour. If a police vehicle is used and EEAST are on scene the most senior clinician should travel within the police vehicle with an appropriate level of equipment to deal with any medical emergency that may present. Where possible the EEAST resource should accompany the police vehicle to the POS.
PROCEDURE – Section 136 Mental Health Act 1983

Number: E 0501 Date Published: 10 April 2018

If officers at the scene are considering the use of a police vehicle Oscar 1 must be contacted for authorisation. Prior to Oscar 1 being contacted unless exceptional circumstances apply, officers at the scene should have requested an ambulance. Guidance notes to assist the decision making of Oscar 1 have been produced. The factors to be considered by Oscar 1 are:

- The ETA of the ambulance which has been provided by EEAST;
- Advice from any medical professionals at the scene;
- Whether there are any concerns for the person’s physical health and if it’s anticipated these could be aggravated by any restraint of the person;
- Does the person appear to be intoxicated or suffering from the effects of any drugs/substances which may place them at higher of physical health issues;
- Would the delay in waiting for an ambulance likely to result in prolonged restraint having to be applied which could put the person at increased risk;
- Is the patient showing signs of further mental state distress/deterioration due to the delays in conveyance;
- The number of officers in attendance to manage any risks;
- The length of the journey, the type of police vehicle to be used and how it is proposed to monitor a persons’ physical health whilst being conveyed;
- Any risks which might be present at the scene i.e. other persons;
- Is the person in public view such that their dignity is being compromised by the delay in conveyance.

The above list is not exhaustive and other factors may need to be considered depending on the individual circumstances of the incident.

If authority is given Oscar 1 should then consider given the circumstances, including the level of restraint which has/is being used, if known any existing health concerns and how the person is presenting whether they should be conveyed straight to ED. There they can be medically assessed, treated (if needed) and cleared prior to being taken onwards to a HBPOS.

Oscar 1 can delegate this decision to an LPT Inspector but only if the LPT Inspector is at the scene. It is not intended by this that LPT Inspector travels to the scene but can authorise the use of a police car where they already at the scene and actively managing the incident.

If the decision is made that officers should await the arrival of an ambulance the arrival time of the ambulance should be recorded on the STORM incident.

Any decision and the supporting rationale to use a police vehicle must be documented on STORM and the A287.
3.8 Handover of the Detained Person at a POS

Whatever POS is used Police Officers cannot legally leave the detainee without risking a subsequent verdict of negligence, unless the following duty of care has been compiled with:

1. Take reasonable steps to ensure that the detainee does not come to physical harm whilst in the care, custody or control of police;
2. To provide relevant information to those into whose care the detainee is going to be transferred;
3. Then take reasonable care only to release the detainee into a safe environment to an appropriate person who is willing to accept the detainee.

If an EEAST resource attends conveys the detained person, the EEAST clinician will give the medical handover to the Health Trust staff or custody Sergeant of the results of their assessment. If not assessed by a member of EEAST staff it is the responsibility of the accepting place of safety to consider if they need further medical treatment or assessment.

3.8.1 Handover of the detained person at a HBPOS or Mental Health Unit

On arrival at the receiving HBPOS/Mental Health Unit a joint risk assessment and handover process should commence. This is so that unless there is a continued need for police support, officers can withdraw and responsibility for the care of the person is passed to appropriate health professionals.

The A287 form is the basis of the joint handover. It should be used in conjunction with a body worn video recording (if available) and once completed it will outline:

- The reason and justification for the person’s detention;
- Any violence or aggression which the person has displayed;
- If the persons is suspected to be under the influence of drugs or alcohol;
- Means of conveyance, which will highlight if a physical health assessment has been completed by ambulance staff;
- Items seized when the person was searched;
- Risk factors identified by police and health professionals, including information held on police/health systems relevant to the assessment of risk;
- The final risk assessment and whether continued police support is required.

In accordance with guidance from the Royal College of Psychiatrists to commissioners, in most cases the police should be free to leave within 30 minutes, once the staff are satisfied they can safely manage the person.

The handover by police must include any known risks. The staff must then agree to take responsibility for the person in full knowledge of any relevant risks that need to be managed. The detainee should be informed that the police and NHS have a duty to share information with each other to ensure their safety.
Officers must ensure checks have been completed and relevant information shared, to include:

- Relevant convictions on PNC which would indicate the person presents a risk to harm persons or damage property;
- Any information regarding absconding or any attempts to flee lawful custody;
- Relevant warning markers on PNC or Athena;
- Relevant intelligence held on Athena which has a handling code which allows it to be disseminated to partners i.e. a PIR which reports the person has previously secreted razor blades on their person;
- Any safeguarding concerns which are relevant to the safety of the detainee at the POS i.e. victim of Domestic Abuse;
- Relevant health conditions especially those which are communicable (such as hepatitis).

Detained individuals should not be refused admissions to a HBPOS purely on the basis of being under the influence of alcohol or drugs. If the degree of intoxication is such that it may give rise to the need for urgent medical attention the response should be the same as if there were concerns the person had any other serious physical health concern. In that it will be for the decision of the suitability qualified doctor at the HBPOS as to whether the individual requires medical assistance at an ED department.
Below is the matrix for assessing the need for continued police support.

<table>
<thead>
<tr>
<th>POLICE SUPPORT AT A PLACE OF SAFETY</th>
<th>LOW RISK</th>
<th>MEDIUM RISK</th>
<th>HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current/recent risk indicators</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No currently present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>behavioural indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(other than very mild substance use)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AND</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no recent criminal / medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>indicators that the individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is violent OR poses an escape risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR is a threat to their own or</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>anyone else’s safety</td>
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</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some currently presented</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>behavioural indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including substance use)</td>
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<td></td>
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<tr>
<td><strong>AND / OR</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>some recent criminal / medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>indicators that the individual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>may be violent OR poses an escape</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>risk OR is a threat to their own</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or anyone else’s safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BUT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited in number OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>historic OR irrelevant;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>including violence graver than</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABH or involving weapons, sexual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>violence, violence towards NHS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>staff or vulnerable people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOW RISK patients who have</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>disengaged from treatment and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>where there are MEDIUM RISKS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>threats when disengaged.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Police support is NOT</strong></td>
<td>Police support MAY be required</td>
<td>Police support is VITAL</td>
<td></td>
</tr>
<tr>
<td><strong>required</strong></td>
<td>If police support is required decision to be reviewed every 30 minutes</td>
<td>If police support is required decision to be reviewed every 30 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>Previous indicators</strong></td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>Which are few in number</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>AND historic OR irrelevant;</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td><strong>BUT</strong></td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>Excluding violence graver than</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>ABH and not involving weapons,</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>sexual violence or violence</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>towards NHS staff or vulnerable</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
<tr>
<td>people</td>
<td>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</td>
<td></td>
</tr>
</tbody>
</table>

Any dispute in relation to the perceived risks or period the police are being required to remain will be resolved through the below escalation process. Police cannot leave until the receiving POS has formally taken over responsibility and released them.
PROCEDURE – Section 136 Mental Health Act 1983

Number: E 0501  Date Published: 10 April 2018

### Daytime hours between 09:00 – 17:00

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact</th>
<th>Role</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Sergeant</td>
<td>To liaise with counterpart</td>
<td>Clinical Manager/Matron</td>
<td></td>
</tr>
<tr>
<td>Duty Inspector</td>
<td></td>
<td>Service Manager</td>
<td></td>
</tr>
<tr>
<td>Tactical (Silver) Commander</td>
<td></td>
<td>Inpatient Director</td>
<td></td>
</tr>
</tbody>
</table>

### Weekends & out of hours between 17:00 – 09:00

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact</th>
<th>Role</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Sergeant</td>
<td>To liaise with counterpart</td>
<td>1st on call Manager</td>
<td></td>
</tr>
<tr>
<td>Duty Inspector</td>
<td></td>
<td>Senior on call Manager</td>
<td></td>
</tr>
<tr>
<td>Tactical (Silver) Commander</td>
<td></td>
<td>Executive Director on call</td>
<td></td>
</tr>
</tbody>
</table>

Post incident where the police feel that the NHS has insisted upon support inappropriately the police SPOC should be contacted to liaise with their counterpart. A list of police SPOCs for Essex HBPOS are on the S136 mental health Connexions page.

3.8.2 Handover of the Detained Person at ED

A detainee should normally only have been taken to ED as a POS for medical treatment. It has been agreed, however, in the event no HBPOS is available and the criteria to use a police station is not met ED will be used as the default alternative POS. The handover of a detained person to staff at ED is more complicated that at a HBPOS due to:

- ED is not a secure environment, especially when the detainee is in an open area or a curtained off cubical receiving medical treatment;
- The busy nature of ED and the volume of people in it;
- The general nursing staff are not trained in restraint.

There is an ED process flowchart for the use of an ED department as a POS (which is also in the reference section of the A287 form).

- On arrival make contact with the nurse or doctor in charge of ED, who will direct you to a designated room for the person to be held;
- The central management hub will advise you how long until a HBPOS will become available;
- If the wait for a HBPOS will be over 3 hours and ED staff advise a MHA Assessment team will not be able to attend within that time, it should be reviewed whether the person is safe to handover to ED staff. For someone to be suitable they must be low risk and there is no indication that restraint will be required or they may attempt to abscond;
- If police believe they are not suitable to be handed over, officers will have to remain until a HBPOS becomes available or the Mental Health Act Assessment can be completed in ED;
If ED is being used because no HBPOS is available and there is the potential for a prolonged wait in ED, the incident should also be escalated to EPUT as detailed above to request they make a HBPOS available.

If police believe the risk associated with the detained person could be managed by ED staff the handover process as outlined in 3.8.1 should be attempted. Where there is any disagreement as with 3.8.1 there is an equivalent escalation process for ED detailed below. **Police cannot leave until the receiving POS has formally taken over responsibility and released them.**

### Points of contact 24/7

<table>
<thead>
<tr>
<th>Points of contact 24/7</th>
<th>Points of contact 24/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Sergeant</td>
<td>To liaise with counterpart</td>
</tr>
<tr>
<td>Duty Inspector</td>
<td>Duty/On-call site Management</td>
</tr>
<tr>
<td>Silver Commander</td>
<td>On-call Manager</td>
</tr>
<tr>
<td></td>
<td>On-call Clinical Executive</td>
</tr>
</tbody>
</table>

As with 3.8.1 if issues at ED are encountered post incident to be raised with the police SPOC for that ED department. A list of SPOCs can be found on the S136 mental health Connexions page.

### 3.8.3 Handover of the Detained Person at a Police Station

A police station can only be used as a POS in accordance with the regulations as outlined in 3.5.4. The detained person will be booked into custody as per the normal custody process. The A287 form should still be completed up to the section where it’s highlighted not to proceed any further when custody is the POS.

A person at a police station who is detained under Section 136 MHA will be treated in accordance with the provisions of the Police and Criminal Evidence Act 1984 (PACE). In particular, under s 58 PACE they are entitled to legal advice and under s 56 to have a person notified of their whereabouts.

### 3.8.4 Transferring the Detained Person between Places of Safety

The transfer of a detained person legally requires authorisation by an AMHP or a Police Officer. Coordinating the conveyance of individuals between Health Based Places of Safety and ED departments and vice versa should be undertaken by the Mental Health Trusts and Acute Trusts respectively. Coordinating and arranging transport is not the police’s role unless there is mutual agreement between parties that it is in the best interest of the individual and there is resource to provide support.
3.9 Section 136 Mental Health Act Clock and the Maximum Detention Period

The MHA as amended by the PACA sets a maximum time someone can be detained of 24 hours. This period begins:

- For people being removed to a POS at the point when the person physically enters a POS. Time spent travelling to a POS or spent outside awaiting opening of the facility does not count;
- For people already in a place that may be deemed a POS and kept at that place - at the point the police officer takes the decision to keep them at that place for the purposes of an assessment i.e. a person’s home address.

In most situations the calculation of the 24 hour period should be clear cut. When a person detained under S136 is removed to a POS for purposes other than an assessment of their mental health, point 1 above still applies. For example, if a person has been taken to ED for physical treatment – and they are subsequently taken to another POS for the purposes of a MHA assessment – the detention period should begin to be counted at the point when the person arrived at ED.

3.9.1 Extending the Maximum Detention Period

There is provision for the new maximum period of detention of 24 hours to be extended by up to a further 12 hours – to a maximum of 36 hours – but only in very specific and limited circumstances. These are that, for medical reasons alone, it is not practicable to conduct (or complete) a meaningful mental health assessment within the 24 hour period. Such circumstances might arise, for example, if the person is too mentally distressed or is particularly intoxicated with alcohol or drugs.

Such decisions may only be taken by a responsible medical practitioner who is responsible for completing the MHA assessment, and must be based solely on the medical condition of the person concerned. A delay in a MHA being commenced is not a valid reason for extending a detention. Section 3.5.4.3 details the process for an extension where the person is detained in a police station.

3.10 Use of Body Worn Video

If officers are at an incident where it anticipated that a detention under S136 is going to be made the incident must be recorded on Body Worn Video (BWV), where BVW is available. The incident will be recorded through to:

- The conclusion of the incident if the person is not detained under S136;
- If they are detained under Section 136 until officers leave the person at the receiving POS. This includes the conveyance of the person and the handover to staff at the receiving POS.
PROCEDURE – Section 136 Mental Health Act 1983

Number: E 0501 Date Published: 10 April 2018

It is recognised that a Section 136 detentions are usually unplanned and can be a prolonged incidents and there is a limit on how much footage each device can record. Accepting there can always be unexpected developments in any incident, if it thought the incident may become prolonged, if possible, officers will alternate between the use of their BVW devices to increase the period which can be recorded.

3.11 Administration and Athena Process

A non-crime incident to be created on Athena for the classification for Mental Health Investigation – Detention under S136 Mental Health Act 1983.

The completed A287 should be scanned and:

- Uploaded to the Athena record;
- Create a general task on Athena and send it to PNC Bureau and ask them to record the S136 detention on PNC. The PNC Bureau will use the data from the A287 form uploaded to Athena to create the record on PNC;
- The A287 form will be reviewed by the detaining officers Sergeant. Although it will not be possible for a supervisor to be present at the point a detainee is handed over at a place of safety, however its completion must be reviewed and any feedback identified;
- Once the uploading officer has checked the A287 and A288 forms have been successfully uploaded to Athena the hardcopies will be disposed of, they will not be stored or retained.

Responsibility for completing the A287 and ensuring a copy is uploaded to Athena rests with the principal attending officer. Should the length of time police support is required at the POS require the officer to handover the detained person to other officers:

- They will complete the A287 as far as possible and give it to the officers taking over from them as part of the handover;
- The initial attending officers who made the S136 detention will create the Athena record;
- The final leaving officers leaving the detained person at the POS must ensure they leave with a copy of the completed A287 form and upload it to the created Athena record. Should they not leave with a copy of the form it will be the responsibility of the final officers at the POS to get a copy of the A287 form from the POS that received the person and upload it to Athena.

3.12 Staff Welfare

The distressing nature of some mental health incidents could potentially give rise to issues of staff welfare. The publication, engagement and use of staff welfare services are encouraged. Within Essex Police this means services provided by Occupational Health. Managers and supervisors should familiarise themselves with C 0201 Protocol - Trauma Risk Management (TRiM).
PROCEDURE – Section 136 Mental Health Act 1983

Number: E 0501  Date Published: 10 April 2018

Further guidance around staff welfare and health is available from the TRiM webpage and Health Services webpages. There is also helpful advice contained on the Blue Light Programme – support for emergency services.

4.0 Equality Impact Assessment

An Equality Impact Assessment has been carried out and shows the proposals in this procedure would have no potential or actual differential impact on grounds of age, sex, disability, race, religion or belief, marriage and civil partnership, sexual orientation, gender reassignment and pregnancy and maternity.

5.0 Risk Assessment

Police officers and police staff will consider real time risks in a dynamic manner in accordance with their individual roles, and take all reasonable steps to reduce these as far as possible.

7.0 Consultation

The below departments/roles were included in the consultation for this procedure:

- Unison
- Federation
- Equality and Diversity Co-ordinator
- Evolve
- Health & Safety
- FCR Chief Inspector
- Custody Chief Inspector
- Personal Safety Team Leader
- Policy author of the Body Worn Video Procedure
- Equality of Services Manager
- Support Networks
  - MESA
  - Disability Network
  - Women’s Leadership Development Forum
  - Work Life Balance
  - NEXUS – Acting Chair
  - Christian Police Association
- Equality of Services Manager
- Force Solicitor
- British Transport Police
- Section 135 and 136 System Preparedness Plan leads
- Essex Partnership University Trust (EPUT)
- East England Ambulance Service Trust (EEAST)
- Local Authority Leads:
  - North AMHP Lead
  - South AMHP Lead
  - Thurrock AMHP Lead
PROCEDURE – Section 136 Mental Health Act 1983

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- EDS AMHP Lead
- Emergency Department Leads:
  - Colchester Hospital University Foundation Trust
  - Broomfield Hospital
  - Princess Alexandra Hospital
  - Southend University Foundation Trust Hospital
  - Basildon and Thurrock University Hospital

8.0 Monitoring and Review

This procedure will be reviewed by, on or behalf of, the Head of Crime and Public Protection in consultation every 12 months.

9.0 Governing Force policy.

Related Force policies or related procedures

- E 0500 Policy – Mental Ill Health
- E 0502 Procedure - Section 135 Mental Health Act 1983
- E 0503 Procedure - Mental Capacity Act
- E 0505 Procedure – Acute Behavioural Disorder (ABD) and Excited Delirium (ED)
- B 1400 Policy - Protecting Vulnerable People
- B 1407 Procedure - Safeguarding Vulnerable Adults
- E 0100 Policy - Custody
- E 0104 Procedure – Post Reception Detainee Care
- B 1600 Policy – Missing Persons
- B 1601 Procedure – Missing Persons
- B 1602 Procedure – Found Persons
- A 0901 Procedure – Body Worn Video
- C 0201 Protocol – Trauma Risk Management (TRiM)

10.0 Other source documents, e.g. legislation, Authorised Professional Practice (APP), Force forms, partnership agreements (if applicable)

- College of Policing mental health Authorised Professional Practice (APP).
- Department of Health and Home Office guidance for the implementation of changes to police powers and places of safety provision in the Mental Health Act 1983.
- College of Policing briefing document, Mental Health Act Amendments 2017.
- Royal College of Psychiatrists, Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983
- Royal College of Emergency Medicine, brief guide to Section 136 for Emergency Departments.
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- National Ambulance protocol for the conveyance of persons detained under Section 136
- Essex Police and Essex Partnership University Trust Triage Operational Policy
- Form A287 – Section 136 and 135 Mental Health Act