



Public – To be published on the Trust external website

Section 136 – removal of mentally disordered persons without warrant

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1 Introduction

The Mental Health Act Code of Practice (2015) requires that there is a jointly agreed local policy in place governing all aspects of the use of Sections 135 and 136 of the Mental Health Act 1983 (MHA). The Government's Mental Health Crisis Care Concordat sets a national context around responses to mental health crises and mirrors this requirement at local level.



Some definitions within the MHA Code of Practice have been superseded by The Policing and Crime Act 2017. This policy refers to these updates throughout.

This inter-agency policy aims to ensure that best practice is followed to help create the best possible experience for people who are detained under a s136.

To help create a great experience for our partners, this policy has been developed and agreed with the following:

- Borough and County Councils of City of York , Darlington, Durham, Hartlepool, Middlesbrough, North Yorkshire, Redcar & Cleveland, Stockton
- Cleveland Police. Durham Constabulary. North Yorkshire Police. British Transport Police
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Harrogate and District NHS Foundation Trust (HDFT)
- North Tees and Hartlepool NHS Foundation Trust (NTHFT)
- South Tees Hospitals NHS Foundation Trust (STHFT)
- York Teaching Hospitals NHS Foundation Trust (YTH)
- North East Ambulance Service (NEAS)
- Yorkshire Ambulance Service (YAS)
- The ICB for the Durham Tees Valley area and the IBC for York and Yorkshire

2 Why we need this policy

2.1 Purpose

This policy will help guide all those involved in the s136 process to work collaboratively to provide a consistent, systematic, and legal approach to care for patients subject to s136.

2.2 Objectives

- To complete s136 assessment as quickly and safely as possible
- To ensure the legal framework of s136 is followed
- To ensure that the person being assessed remains in a safe environment and free from harm until the assessment is completed
- To ensure that during the assessment period any potential risks to the public and those involved in the assessment, care and detention process are kept to a minimum and appropriately managed
- To ensure that appropriate arrangements are made for any care and treatment post assessment
- To record and monitor the use of s136

3 Scope

3.1 Who this policy applies to

This policy applies to all who are involved in the care and assessment of patients held under a s136, including all partner agencies who are signatories to this inter-agency policy.

3.2 Roles and responsibilities

Role	Responsibility
All Trust staff	To follow the requirements and guidance included in this policy.
Line Managers	To ensure staff within their team are adhering to this policy.
Mental Health Legislation Department	To report on the use of s136 to the Mental Health Legislation Committee.

4 Section 136

This policy covers Section 136 MHA – removal of mentally disordered persons without a warrant.

Where it appears to a police constable that a person is suffering from a mental disorder and they are in immediate need of care or control, the officer may remove the person to a place of safety if they think it is necessary in the interests of the person's own health or safety or for the protection of others.

The person can be removed from any place without warrant but may not be removed from:

- Any house flat or room where that person, or any other person is living.
- Any yard, garden, garage, or outhouse 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.

The police will follow the guidance produced by their own force on:

- The circumstances where entry using force is appropriate.
- The circumstances where it is not practicable to consult prior to removal to a place of safety.
- The authority to 'hold' the person prior to using s136 power whilst they do consult.

4.1 Consultation

Where practicable, the police officer must consult the agreed single point of contact for their force area before using their powers under s136. Examples include the Street Triage Team, mental health professional in Force Control, staff at the mental health place of safety or Crisis Team.

The purpose of the consultation is for the officer considering use of their powers under s136 to obtain timely and relevant mental health information and advice that will support them to decide a course of action. The nature of the consultation may vary across areas and individual circumstances. The police officer retains ultimate responsibility for the decision to use their powers under s136.

4.2 Place of Safety

A place of safety is defined as:

- Residential accommodation provided by a local social services authority
- A hospital
- A police station (never to be used for someone under 18)
- An independent hospital or care home for mentally disordered persons
- Any other suitable place (please see below)

A venue can only be considered a 'suitable place' if the management of that place agrees to its use. An example of this may be a person who is made subject to s136 in a cinema and taken to the manager's office. With the agreement of the manager the constable may use the manager's office as a place of safety.

A house, flat or room where a person is living may not be regarded as a suitable place unless the officer believes that the environment and presentation of the person is suitable, and appropriate agreement is given if the person believed to be suffering from a mental disorder is:

- The sole occupier of the place and that person agrees to the use of the place.
- Not the sole occupier but both that person and one of the other occupiers agree to the use of the place.
- Not an occupier of the place, both that person and the occupier (or, if more than one, one of the occupiers) agree to the use of the place as a place of safety

4.3 Most appropriate Place of Safety



Mental Health based assessment facilities will be staffed as per local arrangements. Within TEWV there should always be a minimum of 2 staff present. In rare circumstances when a person subject to s136 is taken to an inpatient ward, patient observation levels should be based on risk assessment and clinical need.

The determination should be based on the outcome of the consultation. If it has not been practicable to consult, the officer should make their decision on the factors below.

- **Mental Health Based Place of Safety**
 - This is usually the preferred option.
 - Person is intoxicated or under the influence of substances but with no suspected physical risk.
 - There are no 'red flag' criteria (see below)
- **Emergency Department** (first 4 points are red flag criteria):
 - Dangerous mechanisms: e.g., blows, falls from more than 4 feet, RTC, evidence of drug ingestion or overdose, injury from edged weapon/projectile, throttling/strangulation.
 - Serious physical injuries: e.g., head injury, unrousable to verbal commands, loss of consciousness at any point (even if conscious now), facial swelling, bleeding from nose/ears, deep cuts, suspected broken bones.

- Attempting/actual self-harm: e.g., actively head-banging, use of edged weapon/ligatures to self-harm, self-reported overdose/poisoning
- Possible Acute Behavioural Disturbance which may include one or more of the following (see [Royal College of Emergency Medicine](#) guidance for further details):
 - Agitation
 - Constant physical activity
 - Bizarre behaviour (incl. paranoia, hypervigilance)
 - Fear, panic
 - Unusual or unexpected strength
 - Sustained non-compliance with police or ambulance staff
 - Pain tolerance, impervious to pain
 - Hot to touch, sweating
 - Rapid breathing
 - Tachycardia
- Other medical issues: e.g., low, or high blood sugar levels, seizures.
- Person is intoxicated or under the influence of substances where their physical health is at immediate risk.

- **A Police Station**

- The person is aged 18 years or over and:
 1. Their behaviour poses an imminent risk of serious injury or death to that person or others.
 2. Because of the risk posed, no place of safety other than a police station can reasonably be expected to detain the person.
 3. So far as is reasonably practicable, a healthcare professional is present and available to the detainee throughout the period they are detained at the police station.
- Authorisation has been given from a police officer of the rank of at least inspector.
- Authorisation must be given *before* the detained person arrives at, or a decision to keep him/her there is implemented.
- In rare circumstances other suitable places may be considered (see [Places of Safety](#))



If the local TEWV place of safety is not available, it is the responsibility of TEWV staff in that area to identify an alternative place of safety. Staff should refer to local guidance on finding alternative suites.



The police officer should always request an ambulance to attendance to advise if ED should be the preferred place of safety and to transport the person.

Anybody with red flag criteria as set out above should not be transported in a police vehicle.

4.4 Contacting the Assessors

If contact has not already been made via a consultation, either the police officer or Communication Centre/Force Control Room (CC/FCR) will contact the identified place of safety to request availability of the assessment facility and provide details on the person detained under s136.

On being informed of a new s136, the appropriate member of staff as agreed locally (referred to as s136 co-ordinator from this point on) will begin to complete the s136 monitoring documentation.

4.5 Searching

Section 136C MHA 1983 authorises a police officer to search the person at any time while they are detained. This includes removal of outer coat/jacket and gloves and a mouth search if the constable has reasonable grounds to believe that the person is:

- A danger to themselves or others.
- Concealing an item that could be used to cause physical injury to themselves or others.

The police officer may seize and retain anything found if there are reasonable grounds for believing that the person may use the article to cause physical injury to themselves or other.



All personal property should be secured until the assessment is completed.

4.6 Arrival at the Place of Safety

On arrival at the assessment facility the s136 co-ordinator will confirm with the police that this is a s136 and not a 'voluntary attender'. The detaining Police Officer should inform staff if, and to what extent, the person has been searched.

The health staff at the place of safety will check if the patient is physically OK, take physical observations if indicated, orientate them to the suite and offer a drink and food if required.

The detaining Police Officer will inform the s136 Coordinator if the police wish to consider any other action, outside the remit of the mental health legislation. If so, the s136 Coordinator will

ensure that the police are informed of the outcome of the assessment so they may respond accordingly.

4.7 Rights

A person detained under section 136 MHA 1983 must receive a verbal and written explanation of their rights as soon practicable after they arrive at the place of safety. The patient information leaflet is available from TEWV staff by following [this link](#).

If interpretation services are required, each organisation will follow their own internal procedure. For TEWV, please see the [interpreting guidance](#).

4.8 Assessment

The person must be examined by a Registered Medical Practitioner (RMP) and interviewed by an Approved Mental Health Professional (AMHP) as soon as possible after arrival at the place of safety.

The Code of Practice sets out that good practice is that the doctor and AMHP should attend within 3 hours, unless there are clinical grounds to delay the assessment. AMHPs should also consider other reasons to delay their interview, eg are daytime teams available to agree to, or carry out the arrangements made, are family and/or carers available to discuss.



It is expected that when the use of s136 is identified close to the end of a shift, the staff involved will still endeavour to plan for the assessment to commence as soon as possible.



It is always the expectation that the RMP and the AMHP will arrive and start an assessment together. The RMP or AMHP commencing an assessment on their own should only happen in exceptional circumstances, or if the 3 hours will be reached with no clinical grounds present to delay the assessment start.

In the exceptional circumstances where the RMP examines the individual before the arrival of the AMHP, and they conclude that the person **is not** mentally disordered, the person can no longer be detained under section 136. They must be immediately discharged from detention and the AMHP must be informed. Please note: this is not that the person has a diagnosed mental disorder but does not require admission at this time. The doctor can only discharge without the AMHP interviewing the person if the person has NO mental disorder. Any indication of mental disorder, either present at the time or previously diagnosed, requires that the person is interviewed by an AMHP. If the person appears to have other needs for care and support, they should be signposted

to an appropriate service for assessment under the Care Act 2014 or offered the opportunity to wait and discuss with the AMHP.

If the person detained is under the age of 18, or has a learning disability, the assessment team should contact a s12 Approved Doctor with experience in working with Children and Young People or Learning Disabilities, either to carry out the assessment or to provide telephone advice to the assessors.



A second doctor should only be contacted by the AMHP after the initial assessment has concluded that admission under MHA is indicated (CoP 16.74).

4.8.1 Emergency Department as a Place of Safety

If the person is taken to the emergency department (ED), they should be seen by the Liaison Psychiatry Team to provide advice to the ED staff. If the Liaison Psychiatry Team includes a section 12 doctor, they may commence the s136 assessment where this is contractually agreed.



If there are no physical healthcare needs the police may be requested to take the person to an alternative mental health place of safety.

4.8.2 Police Station as a Place of Safety

If the person is taken to a police station, the custody officer is responsible for overseeing the period of detention. Regulations require that this includes:

- a. A healthcare professional is present and available to the detained person, so far as is reasonably practicable, throughout the duration of the detention.
- b. The welfare of the detained person is checked by a healthcare professional at least once every thirty minutes and any appropriate action taken for their treatment and care.

'Reasonably practicable' may be interpreted that whilst the healthcare professional is dealing with someone else, takes a comfort break, or are unexpectedly unavailable and there is a short wait for a replacement, the condition would not be breached.

The custody officer is responsible for ensuring that they review whether the justification for using a police station as a place of safety remains. This must be done at least hourly and where practicable must consult the healthcare professional who carried out the most recent 30-minute check.



The interval for the custody officer checks may reduce to not less than once in every 3 hours if the person is sleeping and the healthcare professional carrying out 30-minute checks has not identified a risk that requires more frequent waking

Where the custody officer determines that the criteria for using the police station as a place of safety no longer exist, the person must be taken to another place of safety that is not a police station.

4.9 Duration of Detention

The person under a s136 may be detained at the place of safety for no more than **24 hours** beginning with the time when the person physically enters the place of safety or the time when the officer takes the decision to keep them at that place.

There are some circumstances where the registered medical practitioner (RMP) responsible for examining the patient can extend the s136 by up to 12 hours.

If a police station is being used as a place of safety, this can only be done by the RMP with the agreement of a person of the rank of Superintendent or above.



This extension can only be given if it is necessary because the condition of the person detained means it would not be practicable for the assessment to be carried out within 24 hours, or, if the assessment began, for it to be completed. An extension cannot be given to allow for delays in the attendance of assessors, or delays in identifying a suitable available bed if admission is required.

Transferring a person between places of safety does not affect the duration. The time does not restart if the person is transferred.

4.10 Police Presence

The police officer will remain in attendance until a handover has been provided to the place of safety and a joint risk assessment has been completed. See monitoring form for risk assessment details.

For **green** risk assessments, the police are not required to stay unless an increase in risk is anticipated. For **amber**, police officers will be required to remain for a period agreed between

them and the hospital staff. For **red**, police officers must remain until the risk is jointly re-assessed and has diminished, or there are sufficient hospital-based staff present to manage the risk.



The joint risk assessment outcome will be documented on the Section 136 monitoring documentation.

Risks should be jointly reviewed on a regular basis. If risks require prolonged police attendance, or if there are any disputes regarding the continuing need for police attendance, the Duty Inspector will discuss continuing attendance with the Duty Senior Manager.



If risks change after police leave the premises, they may be requested to return and assist until the risks reduce.

4.11 Transfer

The person may be transferred between different place of safety by a police officer, an AMHP or a person authorised by either the police officer or an AMHP. The decision to transfer a person between places of safety should reflect the individual circumstances, including the person's needs and level of risk and in all cases must be in the interests of the person's safety, welfare and promoting the person's recovery.

Unless it is an emergency, a person should not be transferred without the agreement of an AMHP, a doctor or other healthcare professional who is competent to assess the impact of the transfer on the person's safety and well-being (other than where the place of safety is another suitable place and consent to remain has been withdrawn).

Except in unavoidable emergencies, a person should never be moved from one place of safety to another unless it has been confirmed that the new place of safety is willing and able to accept them.

The MHA 1983 Code of Practice states that the transport between places of safety should be by ambulance. Police transport should only be used exceptionally, such as cases of extreme urgency, where there is a risk of violence or if the person is likely to abscond.

4.12 Treatment

Section 136 is excluded from Part IV MHA.

If the person requires treatment while subject to section 136 this can only be given:



- With the consent of the patient, if they have the capacity to consent; or
- Under the MCA 2005, if the patient lacks the capacity to give consent and the treatment is in their best interests

4.13 Outcome

If it is confirmed that the person suffers from mental disorder appropriate care or treatment must be identified.

4.13.1 Community follow-up

Once the assessment has concluded, where the person does not require admission to hospital, the assessing team, including the doctor and the AMHP, will make any necessary arrangements for subsequent care and treatment. For example, by arranging follow up appointments with the persons care team or new referrals if the person is not known to services.

If the person is not known to services but appears to the AMHP to meet the criteria for an assessment under the Care Act 2014, they should be offered a Care Act assessment.

The assessing team, including the doctor and the AMHP must ensure that the person is aware of what follow up arrangements have been made.



Appropriate arrangements must be made for the person to be returned to the community. This may include the s136 Coordinator calling a contract taxi.

4.13.2 Admission to hospital

If it is decided to admit the patient either informally or under the MHA, the relevant Crisis Team must be involved, and an appropriate bed must be identified.

If the person is to be admitted informally, then a capacity assessment must be carried out and documented to establish the person has capacity and is consenting.

If the person is to be detained under the Mental Health Act 1983, the AMHP will arrange for the attendance of another doctor to provide the second medical recommendation.



If the RMP assesses that admission is required, either informally or under the MHA, and there is likely to be a significant delay while the AMHP and/or second doctor attends, the person may be moved to an appropriate ward within the hospital where they are being assessed to await further assessment by the second doctor and/or AMHP.

S136 and power to detain remains in place until either the assessment is concluded or the 24-hour period is reached.

The RMP should complete an appropriate medical recommendation at this point if admission is required under the MHA and make themselves available to discuss the assessment with the second doctor and/or AMHP.

If the person is to be admitted to a different hospital under Part II MHA, conveyance to the hospital must follow the agreed Multi-agency Conveyance Policy.

If the person is to be admitted to a different hospital as an informal patient, transport that is appropriate to the needs of the patient must be used.

4.14 Recording

The s136 Coordinator must ensure that the Trust's s136 monitoring documentation is fully completed and a copy of this information is sent to the MHL Department for their locality.

Contemporaneous notes, a record of the assessment and assessment outcome, including any follow-up arranged, must be made in the electronic patient records.

AMHPs must complete their LA statutory MHA Assessment Report, and any associated documentation, e.g. capacity assessment or conveyance plan.

4.15 Repeat Detentions

When an individual is detained under s136 on more than two occasions in a 30-day period, or six occasions in a 6-month period, and no hospital admission occurs; any signatory to this policy may call a multi-agency case review. The objective of the review will be to attempt to determine the overall needs of the individual, develop a management plan and an appropriate pathway to attempt to address the identified needs.

The multi-agency meeting can seek a review of the Risk and Relapse Management Plan for the person via Care Coordinator or Lead Professional; raise a concern via adult's or children's safeguarding (if appropriate), and/or refer into the individual's local team or refer into the Familiar Faces meetings, where applicable.

5 Definitions

Term	Definition
ED	Emergency department of a hospital, also known as A&E
AMHP	Approved Mental Health Professional
RMP	Registered medical practitioner. This is any doctor
MD	Mental Disorder. The MHA defines mental disorder as 'any disorder of disability of the mind'
LA	Local Authority
MHA	The Mental Health Act 1983
CoP	Code of Practice for the Mental Health Act
CRHT	Crisis Resolution and Home Treatment
IHT	Intensive Home Treatment
HBPOS	Health Based Place of Safety

6 Related documents

DH Guidance for the implementation of changes to police powers and places of safety provisions in the mental health act 1983 (October 2017)

[Code of Practice MHA 1983 \(2015\)](#)

Policing and Crime Act 2017

[Section 135 Policy](#)

[Multi-Agency Conveyance Policy](#)

[Harm Minimisation Policy](#)

[Acute Behavioural Disturbance - RCEMLearning](#)

7 How this policy will be implemented

- This policy will be published on the Trust intranet both internally and externally
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- It will be shared at the Trust Multi-Agency MHL Operational Groups

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Trust staff with a professional registration	MHL Mandatory e-learning level 2	3 hours	2 yearly
All clinical staff without a professional registration	MHL Mandatory e-learning level 1	3 hours	2 yearly

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
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1	Number of s136's	Frequency = minimum of 3 times per year Method = s136 report Responsible = MHL Department	Reported to the Mental Health Legislation Committee
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9 References

See [related documents](#)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	18 March 2025
Next review date	18 March 2028
This document replaces	MHA-0003-v9.5
This document was approved	v10 – MHLC 13 January 2025
This document was approved	v10.1 TEWV Executive Medical Director 29 January 2025* and 11 March 2025**
This document was ratified by	Management Group
This document was ratified	18 March 2025
An equality analysis was completed on this policy on	July 2024
Document type	Public
FOI Clause (Private documents only)	Not applicable

Change record

Version	Date	Amendment details	Status
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9	21 Nov 2017	Full rewrite in line with new legislation	Withdrawn
9	Feb 2019	Review date extended with full 3 year review period applied at request of policy lead following consultation period - changing from review date 6 June 2018 extended full review date of 06/12/2020.	Withdrawn
9.1	February 2019	Minor amendment - Consulted again for any changes post implementation, Northallerton removed as TEWV Place of Safety	Withdrawn
9.1	08 July 2020	Links to inTouch removed. Review date extended by six months to 06 June 2021.	Withdrawn
9.2	10 Feb 2021	Full 3 year review with updates to:- 1/ Policy template; 2/ 136 monitoring form reviewed, updated and formatted; 3/ Clarification of 4.7.5, 4.7.6, 5.3.5 and 5.3.6; 4/ CCG mergers reflected.	Withdrawn
9.3	14 Dec 2022	S136 Monitoring form - addition of box that asks staff to identify the 'police force'. (note - this was a request from the police and helps to improves data quality)	Withdrawn
9.4	15 Mar 2023	Updated to reflected changes in the new organisational structure. Section 8 – removal of reference to MHL interagency group as this meeting no longer takes place. Following discussion with Trust Crisis services police and AMHP service, the s136 monitoring form has been updated to better capture the information required. Additionally, appendix 2 has been added to give overview notes around the existing s136 process.	Withdrawn
9.5	18 Oct 2023	Minor wording change In sections 4.7.9 and 4.10.5, "Paris" was changed to "electronic patient record" In sections 4.7.9, 4.8.9 and 4.10.5, "MHA Department" changed to "MHL Department"	Withdrawn
9.5	Feb 2023	Review Date extended from 10 Feb 2024 to 31 July 2024.	Withdrawn

10	18 Mar 2025	<p>3 yearly review.</p> <p>Policy has been transferred to the new Trust template.</p> <p>Time scales for assessment to start have been amended.</p> <p>Major revisions to condense the text and make a more user-friendly document.</p> <p>Updates to the monitoring documentation.</p>	Withdrawn prior to publication(note - changes at v10 were ratified at same time as version v10.1)
10.1	18 Mar 2025	<p>Note v10.1 superseded v10 prior to the publication of v10.</p> <p>Section 4.3 – addition of text:</p> <p>“In rare circumstances when a person subject to s136 is taken to an inpatient ward, patient observation levels should be based on risk assessment and clinical need.”*</p> <p>Section 4.3 The term “excited delirium” and associated symptoms has been updated with “Acute Behavioural Disturbance”, which follows the guidance from the RCEM.**</p> <p>*This change approved by MHLC chair and Executive Medical Director on 29 Jan 2025.</p> <p>**This change was approved by Executive Medical Director on 11 Mar 2025.</p> <p>The changes at v10.1 will be formally retrospectively approved at the next Mental Health Legislation Committee.</p>	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trust-wide
Title	Section 136: Removal of mentally disordered person without a warrant policy
Type	Policy
Geographical area covered	Trust-wide
Aims and objectives	This policy will help guide staff on how to work collaboratively with our partners to provide a consistent, systematic, and legal approach to care for patients under a s136.
Start date of Equality Analysis Screening	10 May 2024
End date of Equality Analysis Screening	July 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	TEWV Staff, Police, Acute staff, Local Authority staff, patients.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	Not applicable
Describe any positive impacts / Human Rights Implications	The Mental Health Act and associated Code of Practice both undergo extensive consultation and are fully compliant with Human Rights legislation.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Mental Health Act Menth Health Act Code of Practice Police and Crime Act (2017)
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Mental Health Inter-Agency Operational Groups (DTVF and NYY) Durham, Cleveland and North Yorkshire Police 6-week Trust wide consultation process
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Not applicable

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	Not applicable
Describe any training needs for patients	Not applicable
Describe any training needs for contractors or other outside agencies	Not applicable

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 - Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	

6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	

Appendix 3 - Overview Notes on s136

Pre-Arrival	<ul style="list-style-type: none"> Where practicable, police considering use of s136 are required to consult with MH professional. This could be staff at HBPOS, Crisis Team staff or other identified contact point. Police contact MHBPOS to ascertain availability of MHBPOS. Police provide info, ideally in advance of arrival. MHBPOS in use, TEWV staff to consider timescales to free up, or identify alternative space, or alternative MHBPOS and inform police.
Arrival	<ul style="list-style-type: none"> On arrival at MHBPOS, joint risk assessment completed and recorded. This must be reviewed if police remain. S136 coordinator to contact relevant registered medical practitioner (RMP) and Approved Mental Health Professional (AMHP) Only one RMP should be contacted as required by s136, unless it is very clear that admission under MHA will be required. The coordinator should notify the AMHP of this when contacting them to allow the AMHP to locate a second RMP. Neither RMP or AMHP should wait for the other if this will exceed target assessment time.
Assessment	<ul style="list-style-type: none"> RMP may end s136 if there is NO evidence of mental disorder, bearing in mind person may already be known and have a diagnosis. Person may wait to see an AMHP but is free to leave. If MD present, person MUST be interviewed by an AMHP to make any necessary arrangements. RMP's who are not Approved Clinician's (AC) may consult with the on-call AC out of hours, or other medical AC in hours for advice. The S136 co-ordinator may assist the doctor and the AMHP in making any follow up arrangements. If the MHA admission is the outcome, follow TEWV bed management procedure.
Extending	<ul style="list-style-type: none"> S136 may be extended for up to an additional 12 hours but only where the assessment cannot be concluded within 24 hours due to the condition of the patient. It cannot be extended due to inability to locate a bed. Only the RMP carrying out the assessment may extend the power beyond 24 hours. If the assessment is not complete at 24 hours, or exceptionally, the 36-hour point, the s136 ends.
Detaining	<ul style="list-style-type: none"> If med recs for detention are made, the person remains subject to s136 until an application is made. An application cannot be made until a bed is identified. Neither s136 nor a completed application provide any authority to treat under the MHA. If treatment is required, then alternative authority must be considered (capable consent or MCA). This must be clearly recorded.
Discharge	<ul style="list-style-type: none"> If the assessment is completed and the decision made not to detain, the person is free to leave and should be informed of the arrangements made for follow up, where applicable. The arrangements made must be recorded in the electronic patient record. The person should be assisted to return home, particularly where they have been brought to an out of area MHBPOS. This could include provision of a taxi, contacting relatives to assist (with agreement of person) or police assistance where available and agreed.