<table>
<tr><td>Reference Number: UHB442

Version Number: 2</td><td>Date of Next Review: 25/10/2025
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<tr><td colspan="2">Application for admission to hospital under Part II of the Mental Health Act, 1983 Procedure</td></tr>
<tr><td colspan="2">Introduction and Aim

This document supports the Application for admission to hospital under Part II of the Mental Health act, 1983 Policy.

To ensure staff are aware of their individual and collective responsibilities when considering admission to hospital under Part II of the Mental Health Act.

To Provide clear direction and guidance to staff in relation to their legal responsibilities under the Mental Health Act 1983 as amended by the MHA 2007.

To Ensure that statutory requirements under the Mental Health Act 1983 are met.</td></tr>
<tr><td colspan="2">Objectives

This Procedure describes the following with regard to admission to hospital under Part II of the Mental Health Act:
The purpose of admission to hospital under Part II of the Mental Health Act
The process for assessing the suitability for admission to hospital under Part II of the Mental Health Act
The duties of the practitioners and agencies involved in the management of patient’s subject to admission to hospital under Part II of the Mental Health Act
Practitioners must have due regard to the Mental Health Act Code of Practice generally and specifically to the Guiding Principles when they are considering the use of a doctors’ holding power. This will ensure that considerations are given as to whether the objectives can be met in a less restrictive way.</td></tr>
<tr><td colspan="2">Scope

This policy is applicable to employees within all Mental Health inpatient settings, community settings and general hospital settings, including those with honorary contracts.</td></tr>
<tr><td>Equality and Health Impact Assessment</td><td>There is potential for both positive and negative impact. The procedure is aimed at improving services and meeting diverse needs. Mitigation actions are already in place to offset any potential negative outcome, e.g. through the monitoring of the procedure. There is nothing, at this time, to stop the procedure being implemented.</td></tr>
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Documents to read alongside this Procedure	• The Mental Health Act 1983 (as amended by the Mental Health Act 2007) • Mental Health (hospital, guardianship, community treatment and consent to treatment) (Wales) regulations 2008 • The Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards delegated to this Act under the Mental Health Act 2007) • The respective Codes of Practice of the above Acts of Parliament • The Human Rights Act 1998 (and the European Convention on Human Rights) • Domestic Violence, Crime and Victims Act, 2004 • Mental Health (Wales) Measure 2010 All Cardiff and Vale policies on the Mental Health Act 1983 as appropriate including: Section 5(2) Doctors' Holding Power Policy Section 5(2) Doctors' Holding Power Policy Section 5(4) Nurses' Holding Power Policy Section 5(4) Nurses' Holding Power Procedure Hospital Managers' Scheme of Delegation Policy Hospital Managers' Scheme of Delegation Procedure Receipt of Applications for Detention under the Mental Health Act Policy
Approved by	Pending – Mental Health and Capacity Legislation Committee

Accountable Executive or Clinical Board Director	*Chief Operating Officer*
Author(s)	*Mental Health Act Manager*

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	*12/02/2019*	*TBA*	*New document*

2	*25/10/2025*		*Removal of Glossary.* *Enhanced section to clearly explain the procedure in relation to receiving detention papers on behalf of the Hospital Managers.* *Expanded on paragraphs throughout for easier reading and understanding.*

CONTENTS

1. INTRODUCTION 5
2. PROCEDURE STATEMENT 5
3. SCOPE 5
4. MENTAL DISORDER 5
4.1. Dependance on alcohol or drugs 6
4.2. Learning disabilities 6
4.3. Autistic spectrum disorders 6
4.4. Personailty disorders 6
5. NATURE OR DEGREE 6
6. APPROPRIATE MEDICAL TREATMENT 7
7. APPROPRIATE MEDICAL TREATMENT TEST 7
8. SECTION 2: ADMISSION FOR ASSESSMENT 7
9. SECTION 3: ADMISSION FOR TREATMENT 8
10. SECTION 4: ADMISSION FOR ASSESSMENT IN CASES OF EMERGENCY 10
11. MEDICAL RECOMMENDATIONS 11
12. APPLICATIONS UNDER THE ACT 13
13. CONFLICT OF INTEREST 184
14. RECEIPT AND SCRUTINY OF DOCUMENTS 185
15. OUTCOME OF DETENTION 186
16. MONITORING 18
17. TRAINING 18
18. IMPLEMENTATION 18
19. RESPONSIBILITIES 18
19.1 Chief Executive 18
19.2 Chief Operating Officer 18
19.3 Designated Individuals 18
20. REFERENCES 188

1. INTRODUCTION

Part II of the Act deals with patients who are detained in hospital but have no criminal proceedings against them. These are referred to as civil sections.

This policy provides relevant professionals with guidance to facilitate compliance with the requirements in respect of admission to hospital under Part II of the Mental Health Act 1983.

Part II of the Mental Health Act relates to the following:

- Section 2 – Admission for assessment
- Section 3 – Admission for treatment
- Section 4 – Admission for assessment in cases of emergency
- Section 5 – Application in respect of patient already in hospital
- Section 6 – Effect of application for admission

2. PROCEDURE STATEMENT

This procedure has been developed to guide staff on the implementation and management of patient’s subject to Part II of the Act in accordance with the Mental Health Act 1983 as amended by MHA 2007. This guidance has been developed in line with the Mental Health Act 1983 Code of Practice for Wales 2016 (Code of Practice).

3. SCOPE

The Health Board has in place appropriate governance arrangements to monitor and review the exercise of functions under the Act on its behalf. The Mental Health and Capacity Legislation Committee is specifically for this purpose.

This procedure is applicable to all professionals within all Mental Health inpatient settings and general hospital settings.

4. MENTAL DISORDER

Mental disorder is defined in section 1 of the Mental Health Act as any disorder or disability of mind.

It is up to the relevant professionals involved to determine whether a person has a disorder or disability of the mind in accordance with good clinical practice and accepted standards of what constitutes such a disorder or disability.

The fact that someone has a mental disorder is never sufficient grounds for any compulsory measure to be taken under the Act. Compulsory measures are only permitted where specific grounds about the potential consequences of the person's mental disorder are met. There are many forms of mental disorder which are unlikely ever to call for compulsory measures.

4.1 Dependence on alcohol or drugs

There are no grounds under the Act for detaining a person in hospital on the basis of alcohol or drug dependence alone. However, alcohol or drug dependence may be accompanied by, or associated with, a mental disorder which does fall within the Act's definition. Individuals with a dual diagnosis should receive equitable care and treatment and support. If the criteria for detention are met, it is appropriate to detain people who are diagnosed with a mental disorder, even though they are also dependent on alcohol or drugs and/or if the mental disorder in question results from the person's alcohol or drug dependence.

Disorders or disabilities of the mind which are related to the use of alcohol or drugs e.g. withdrawal state with delirium or associated psychotic disorder, acute intoxication, or organic mental disorders associated with prolonged abuse of drugs or alcohol remain mental disorders for the purposes of the Act.

4.2 Learning disabilities

Learning disabilities are forms of mental disorder as defined in the Act. However, someone with a learning disability and no other form of mental disorder may not be detained for treatment or made subject to guardianship or a Community Treatment Order under the Act unless their learning disability is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned. They can however be detained for assessment under section 2 of the Act.

4.3 Autistic spectrum disorders

It is possible for someone with an autistic spectrum disorder to meet the criteria for compulsory measures under the Act without having any other form of mental disorder, even if their autistic spectrum disorder is not associated with abnormally aggressive or seriously irresponsible behaviour.

4.4 Personality disorders

The Act does not distinguish between different forms of mental disorder and therefore applies to all types of personality disorders in exactly the same way as it applies to other mental disorders. Personality disorder must never be viewed as a diagnosis of exclusion.

5. NATURE OR DEGREE

Nature refers to the particular disorder from which the patient is suffering, its chronicity, its prognosis and the patient's previous response to receiving treatment for the disorder.

Degree refers to the current manifestation of the person's mental disorder.

6. APPROPRIATE MEDICAL TREATMENT

When a patient has been detained under a treatment section of the Act, there must be appropriate medical treatment available for their mental disorder. This is to ensure that nobody is detained unless they are actually to be offered treatment for their mental disorder.

Medical treatment for mental disorder means medical treatment for the purpose of alleviating or preventing a worsening of a mental disorder or one or more of its symptoms or manifestations.

Appropriate medical treatment does not have to involve medication or individual or group psychological therapy. In particular cases appropriate treatment consists solely of nursing and specialist day to day care under the clinical supervision of an approved clinician.

7. APPROPRIATE MEDICAL TREATMENT TEST

The appropriate medical treatment test requires a clinical judgment about whether an appropriate package of treatment for the mental disorder is available and accessible for the individual within the setting in which they are receiving that treatment. Where the appropriate medical treatment test forms part of the criteria for detention, the medical treatment in question is treatment for the mental disorder in the hospital in which the patient is to be detained. Where it is part of the criteria for a Community Treatment Order (CTO), it refers to the treatment for mental disorder that the person will be offered while on CTO.

8. SECTION 2: ADMISSION FOR ASSESSMENT

Detention under section 2 allows for assessment and treatment of people who have, or are believed to have a mental disorder for a maximum period of up to 28 days.

The person can be given treatment for mental disorder with or without their consent (under Part 4 of the Mental Health Act 1983).

If the person absconds, they can be forcibly returned to hospital by any authorised member of hospital staff or by the police (under Section 18 Mental Health Act 1983).

Criteria:

- The person is suffering from mental disorder ***and***
- It is of a nature or degree to warrant detention in hospital for assessment or assessment followed by treatment for at least a limited period ***and***
- The person ought to be detained in the interests of their own health ***or*** safety ***or*** with a view to the protection of others.

Section 2 pointers:

- An assessment as an inpatient is required in order to produce a treatment plan.
- A judgement is required on whether the patient will accept treatment on a voluntary/informal basis after admission.
- A judgement has to be made on whether a proposed treatment, which can only be administered to the patient under Part 4 of the Act, is likely to be effective.
- The condition of a patient who has already been assessed, and who has been previously admitted compulsorily under the Act, is judged to have changed since the previous admission and further assessment is required.
- The diagnosis and/or prognosis of a patient's condition is unclear.
- It has not been possible to undertake any other assessment in order to formulate a treatment plan.

Forms:

HO1 or HO2	Application by nearest relative ***or*** approved mental health professional (AMHP) ***and***
HO3 or HO4	Joint (x1) or single medical recommendations (x2)
HO14	Record of detention in hospital

Not renewable:

If the patient is required to stay in hospital, this would be either as an informal patient or detained for treatment under section 3, **except** it can be extended when an approved mental heath professional (AMHP) wishes to make an application to further detain a patient under section 3 but the nearest relative objects to the making of the application. As the objection prevents the application being made, the AMHP can consider displacing the nearest relative under section 29 of the Mental health Act 1983 (MHA) by making an application to the County Court. If the application is lodged with the court, the section 2 can be extended under section 38 of the County Court Act 1984 whilst consideration is being given to displacing the nearest relative.

9. SECTION 3: ADMISSION FOR TREATMENT

Detention under section 3 allows for detention and treatment of people in hospital for up to six months.

The person can be given treatment for mental disorder with or without their consent (under Part 4 of the Mental Health Act 1983).

If the person absconds, they can be forcibly returned to hospital by any authorised member of hospital staff or by the police (under Section 18 Mental Health Act 1983).

Criteria:

- The person is suffering from mental disorder ***and***
- It is of a nature or degree which makes it appropriate for them to receive medical treatment in hospital ***and***
- It is necessary for the health **or** safety of the person **or** for the protection of others that they receive that treatment ***and***
- Treatment cannot be provided unless they are detained ***and***
- Appropriate medical treatment is available for them

Learning disability – under the provisions of section 3 of the Act, learning disability is only considered to be a mental disorder if it is associated with ***abnormally aggressive or seriously irresponsible conduct*** on the part of the person concerned (this does **not** apply to section 2).

Section 3 pointers:

- The patient is considered to need compulsory admission for the treatment of mental disorder, which is already known to his or her clinical team, and has recently been assessed by that team.
- The patient is detained under section 2 and assessment indicates a need for compulsory treatment under the Act beyond the existing period of detention. In such circumstances an application for detention under section 3 should be made at the earliest opportunity and should not be delayed until the end of the existing period of detention.

Appropriate medical treatment must be available in all cases; the recommending doctors are required to state on the form that 'appropriate treatment' is available, including the name of one of more hospitals who can provide the treatment.

Forms:

HO 5 or HO6	Application by nearest relative ***or*** approved mental health professional (AMHP) ***and***
HO7 or HO8 (x2)	Joint (x1) or single medical recommendations

HO14 Record of detention in hospital

Renewable:

Initial detention is for a period of up to six months, renewable for a further six months and annually thereafter.

Before a patient's detention expires, the Responsible Clinician must decide whether or not the statutory criteria are met in order to renew the detention. They must also consult with one or more people professionally concerned with the patient's treatment.

10. SECTION 4: ADMISSION FOR ASSESSMENT IN CASES OF EMERGENCY

Detention under section 4 allows for admission to hospital in an emergency for a maximum period of up to 72 hours. It may be applied when section 2 would be appropriate but the team are unable to obtain the two medical recommendations required and the patient needs urgent hospital admission.

Section 4 should only be used where the patient's urgent need for assessment outweighs the alternative of waiting for a medical examination by a second doctor. The section should never be used for medical or administrative convenience, for example because it is more convenient for the second doctor to examine the patient as an inpatient rather than in the community.

An emergency arises when those involved cannot safely manage the mental state or behaviour of the patient. To be satisfied that an emergency has arisen, there must be evidence of:

- An immediate and significant risk of mental or physical harm to the patient or others
- The immediate and significant danger of serious harm to property
- The need for physical restraint of the patient

Criteria:

- The criteria for detention for assessment under section 2 are met
- The patient's detention is required as a matter of urgent necessity; and
- Obtaining a second medical recommendation would cause undesirable delay

The AMHP making the application for detention under section 4 must have personally seen the patient within the previous 24 hours. The patient must be admitted within 24 hours from when the medical recommendation was made.

Forms:

HO9 or HO10	Application by nearest relative ***or*** approved mental health professional (AMHP)
HO11	Medical recommendation for emergency admission
HO4	Required to convert to section 2
HO14	Record of detention in hospital

Not renewable:

This section may be converted to section 2 within the 72-hour period by the addition of one other medical recommendation. Upon conversion, the 28-day period begins from the date of the section 4 (which is the time/date that the patient was admitted to hospital)

As a matter of good practice, it should be noted that section 4 should only be used if there is serious intent for the patient to be placed on section 2. Arrangements for obtaining a second medical recommendation must be initiated immediately. During office hours the MHA dept will assist nursing staff to arrange a second doctor if necessary.

If the approved clinician in charge of the patient's treatment considers that section 3 is more appropriate, two fresh recommendations and a new application must be made within the 72-hour period. The treatment order would begin from the date the section 3 is formally accepted on behalf of the Hospital Managers.

11. MEDICAL RECOMMENDATIONS

An application must be supported by written recommendations from two doctors who have personally examined the patient. Except for section 4 when only one medical recommendation is required.

Recommendations may be made separately by each doctor or as a joint recommendation signed by both.

A medical examination must involve:

- A direct personal examination of the patient and their mental state, and
- Consideration of all available relevant clinical information, including that in the possession of others, professional or non – professional
- If the risk of violence from the patient makes direct examination unsafe then an examination by observation can be undertaken, such circumstance must be fully documented.

Where practicable, at least one of the medical recommendations should be provided by a doctor who has previous acquaintance with the patient. Preferably, this should be a doctor who has

personally treated the patient. It is sufficient for the doctor to have had some previous knowledge of the patient's case. A patient's GP will usually have knowledge of the patient's physical health and family circumstances, which may be helpful in any assessment.

It is preferable that a doctor who does not have previous acquaintance with the patient be approved under section 12 of the Act. The Act requires that at least one of the doctors must be so approved.

Doctors must give reasons for the opinions stated in their recommendations. When giving a clinical description of the patient's mental disorder as part of these reasons, doctors should include a description of the patient's symptoms and behaviour, not merely a diagnostic classification.

Where patients are subject to the short-term effects of alcohol or drugs, whether prescribed or self administered, which make interviewing them difficult, the doctors should either wait until the effects have abated before interviewing the patient or arrange to return later. If it is not realistic to wait, because of the patient's disturbed behaviour and the urgency of the case, the assessment will also have to be based information the doctor can obtain from reliable sources. This will also apply if the patient is not willing to speak to the doctor. This should be made clear in the doctor's recommendation.

When making recommendations for detention under section 3, doctors are required to state that appropriate medical treatment is available for the patient. It is their responsibility to take the necessary steps to secure a hospital bed; it is not the responsibility of the applicant.

Except for emergency applications under section 4, the limits are:

- The date on which the applicant last saw the patient must be within the period of 14 days ending with the date of the application.
- The dates of the medical examinations of the patients by the two doctors who gave the recommendations (not the dates of the recommendations themselves) must be not more than 5 clear days apart.
- The dates of signatures of both medical recommendations must not exceed the date of the application.
- The patient's admission to hospital (or if the patient is already in hospital the reception of the documents by a person authorised by the hospital managers to receive them) must take place within 14 days beginning with the date of the later of the two medical examinations.

When an emergency application is made under section 4 it is accompanied in the first place by only one medical recommendation. The time limits, which apply to emergency applications, are:

- The time at which the applicant last saw the patient must be within the period of 24 hours ending with the time of the application
- The patient's admission to hospital must take place within the period of 24 hours starting with the time of the medical examination.
- An emergency application is founded on a medical recommendation therefore the date/time of an application must be later/ the same as the date/time of the medical recommendation.
- The second medical recommendation must be received on behalf of the managers not more than 72 hours after the time of the patient's admission. The two medical recommendations must then comply with all the normal requirements except the requirement as to the time of the signature of the second recommendation.

12. APPLICATIONS UNDER THE ACT

An application for detention may only be made by an AMHP or the patients nearest relative. An AMHP is usually a more appropriate applicant than a patient's nearest relative, given their professional training and knowledge of the legislation and local resources. This also removes the risk that an application by the nearest relative might have an adverse effect on their relationship with the patient.

An application must be supported by two medical recommendations, other than an emergency application, given in accordance with the Act. Doctors who are approached directly by a nearest relative about the possibility of an application being made should advise the nearest relative of their right to require a local authority to arrange for an AMHP to consider the patients case.

When AMHP's make an application for admission under section 2, they must take such steps as are practicable to inform the nearest relative that the application is to be (or has been) made and of the nearest relative's power to discharge the patient. The AMHP should also inform the main carer (if a different person from the nearest relative) that an application has been made.

Before making an application for admission under section 3, AMHP's must consult the nearest relative, unless it's not reasonably practicable or would involve unreasonable delay. When coming to a decision to consult the nearest relative the applicant will need to give consideration to the patient's Article 5 and Article 8 rights.

The applicant must be satisfied that detention in hospital is the most appropriate way of providing the care and medical treatment that the patient needs, and that the criteria for that particular section is met. Consideration should be given to all the circumstances of the case, including:

- The benefit to the patient of the involvement of their nearest relative, including to protect the patients Article 5 rights

- The patient's wishes, including taking into account whether they have the capacity to decide whether they would want their nearest relative involved and any statement of their wishes they have made in advance. However, a patient's wishes will not solely determine whether it is reasonably practicable to consult the nearest relative
- Any detrimental effect that involving the nearest relative would have on the patient's health and wellbeing
- Whether there is good reason to think that the patient's objection may be intended to prevent information relevant to the assessment being discovered.

If the nearest relative is not consulted or informed, AMHP's should record their reasons. Consultation must not be avoided purely because it is thought that the nearest relative might object to the application.

If the nearest relative objects to an application being made for admission for treatment under section 3, the application cannot be made. If it is thought necessary to proceed with the application to ensure the patients safety or that of others and the patient continues to object, the AMHP will need to consider applying to the county court for the nearest relative's displacement under section 29 of the Act.

13. CONFLICT OF INTEREST

Conflicts of interest may arise which prevent an AMHP from making the application for a patient's detention, and a doctor from making a recommendation supporting the application.

The potential conflict of interest may arise for a number of reasons. Those reasons are the existence of a professional, financial, business or personal relationship between that person and another assessor, or between that person and with the patient or, where the application is to be made by the patients nearest relative.

Assessor's have a potential conflict if any of the following apply:	
The assessor has a financial interest in the outcome of the decision whether or not to give a recommendation or make the application	
The assessor employs	The patient, or Either of the other assessors making the recommendations or application
The assessor directs the work of	
The assessor is closely involved in the same business venture (which includes being a partner, director, other office-holder or major shareholder) as	
The assessor is the wife, ex-wife, husband, ex-husband, civil partner, ex-civil partner, mother, father, sister, brother, half-sister, half-brother, daughter, son, aunt, uncle, grandmother, grandfather, grandson, granddaughter, first cousin, nephew, niece, mother-in-law, father-in-law,	The patient, or Either of the doctors making the recommendations on which the application is

daughter-in-law, son-in-law, sister-in-law, brother-in-law, grandmother-in-law, grandfather-in-law, granddaughter-in-law, grandson-in-law, (including adoptive and step-relationships) of	based The applicant (whether an AMHP or the nearest relative
The assessor is living as wife, husband or civil partner with	
The assessors making the recommendations and application are members of the same team organised to work together for clinical purposes on a routine basis	
The assessors and the patient are members of the same team organised to work together for clinical purposes on a routine basis	
Both doctors are on the staff of an independent hospital to which the patient's admission is being considered	

An application which relied on a recommendation made by a doctor who had a potential conflict of interest would be invalid.

Among the effects of this are that:

- only one of the recommendations in support of an application for admission to an independent hospital may be made by a doctor on the staff of that hospital, and
- three professionals involved in an application may not all be in the same clinical team, as described above.

Note that 'in-law' relationships include relationships based on civil partnerships as well as marriage. They do not include relationships based on people living together as if they were married or in a civil partnership.

14. RECEIPT AND SCRUTINY OF DOCUMENTS

Once the application has been completed, the section papers must be delivered to the appropriate officer acting on behalf of the Hospital Managers.

The UHB has delegated the receipt of detention documents on behalf of the Hospital Managers to:

- Mental Health Act Office
- Shift Co-ordinator

Officers responsible for receiving detention papers should accept them as soon as possible on a statutory form HO14 (sections 2, 3 and 4 – record of detention in hospital). An administrative scrutiny checklist for receiving detention papers should be used each time and attached to the detention papers.

During office hours (9.00am to 5:00pm) detention papers must be submitted to the Mental Health Act Office in Hafan Y Coed, UHL to enable the team to undertake receipt and scrutiny. Other sites must make contact with the Mental Health Act Office to inform them that they have detention papers to be received and make arrangements to fax or scan the papers as a priority. The AMHP who completed the application must complete a receipt to confirm that the detention papers have either been given directly to the Mental Health Act Office or to a member of HB staff who will give the papers to the relevant person in the scheme of delegation who is authorised to receive them on behalf of the Hospital Managers.

Outside of office hours between 5:00pm and 8.30pm the Shift Coordinator for the appropriate area i.e. Hafan Y Coed, MHSOP or Rehab must be contacted via bleep or through the main switchboard in order to make arrangements to receive detention papers. The AMHP must e-mail or call the Mental Health Act Office with details of the patient that has been detained to ensure they are aware of the detention.

The Night Site Manager is the delegated officer between 8.30pm and 8.30am for the purpose of receipt of detention papers and can be contacted by bleep or the main switchboard.

The ward must keep a copy of the section papers in the patients file until the final version which has been processed by the Mental Health Act Office is available via PARIS.

For further information see Receipt of applications for detention under the Mental Health Act 1983 policy UHB 340:

http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/300573

15. OUTCOME OF DETENTION

The Responsible Clinician's power of discharge:

Section 23 of the Act allows Responsible Clinicians to discharge Part 2 patients, by giving a discharge order in writing. As Responsible Clinicians have the power to discharge patients, they must keep under review the appropriateness of using that power. If, at any time a Responsible Clinician concludes that the criteria which would justify renewing a patient's detention are not met, they should exercise their power of discharge. They should not wait until the patient's detention is due to expire.

Section 2:

- Discharge by Responsible Clinician *Form HO17*
- Discharge by Mental Health Review Tribunal for Wales
- Discharge by Hospital Managers' hearing *Form HO17*

- Discharge by the nearest relative

Section 3:

- Discharge by Responsible Clinician **_Form HO17_**
- Discharge by Mental Health Review Tribunal for Wales
- Discharge by Hospital Managers' hearing **_Form HO17_**
- Discharge by the nearest relative
- Placed onto a community treatment order **_Form CP1_**

Section 4:

Discharge by Responsible Clinician **_Form HO17_**

The nearest relative's power of discharge:

Section 25 of the Act allows the nearest relative to order a patient's discharge from detention under section 2 or 3.

The nearest relative must give 72 hours notice in writing to the hospital. The 72 hours will commence as of when the notice is received by either the Mental Health Act Office or the shift coordinator on duty (whichever is the earlier). The nearest relatives order may be barred if within the 72-hour period, the Responsible Clinician provides a written report using form NR1 stating that they consider the patient, if so discharged, ***would be likely to act in a manner dangerous to other persons or to himself***. This question focuses on the probability of dangerous acts, such as causing serious physical injury or lasting psychological harm, not merely on the patient's general need for safety and others general need for protection.

The barring report prevents the nearest relative from ordering discharge again at any time in the six months following the date of the report.

If the patient were detained under section 2 at the time of the discharge request the nearest relative cannot take the matter further.

If the patient were detained under section 3 at the time of the discharge request then the nearest relative may, within 28 days of the barring report being issued, apply to the Mental Health Review Tribunal for Wales for the patients discharge instead.

The Hospital Managers must consider holding a review when the Responsible Clinician makes a report to them barring an order by nearest relative to discharge a patient.

When deciding whether to consider the case, Hospital Managers should take into account whether the Mental Health Review Tribunal for Wales has recently considered the patients case or is due to do so in the near future. If

the decision is not to consider the case reasons why not should be documented.

16. MONITORING

It is essential that compliance with the legal requirements of the Act and the Mental Health Act Code of Practice for Wales, Revised 2016 are monitored.

Hospital Managers should monitor the use of section 4 and ensure second doctors are available to visit a patient within a reasonable time after being requested. This will also be monitored by Healthcare Inspectorate Wales.

17. TRAINING

The Health Board will provide ongoing training for staff who have a delegated duty under the scheme of delegation. Details of training courses available can be found by contacting the Mental Health Act Office or looking on the Mental Health Act intranet page via CaV web.

18. IMPLEMENTATION

This document will be widely disseminated to staff in Cardiff and Vale University Health Board. It will be published on the organisations intranet sites and referred to during training relevant to the Act.

19. RESPONSIBILITIES

19.1 Chief Executive

The Chief Executive Officer has overarching responsibility for ensuring that Cardiff and Vale University Health Board is compliant with the law in relation to the Mental Health Act.

19.2 Chief Operating officer

The Chief Operating Officer is the Executive Lead for Mental Health. He has overarching responsibility for ensuring compliance with the contents of this procedure.

19.3 Designated Individuals

This procedure applies to all of those who have defined responsibilities under the provisions of the Act.

20. REFERENCES

All staff will work within the Mental Health Act 1983 and in accordance with the Code of Practice for Wales 2007, Mental Capacity Act 2005, and Human Rights Act 1998.

Mental Health Act 1983 - www.legislation.gov.uk/ukpga/1983/20/contents
Mental Capacity Act 2005 - www.legislation.gov.uk/ukpga/2005/9/schedule/7
Mental Health Review Tribunal for Wales - www.justice.gov.uk/tribunals/mental-health
Human Rights Act 1998 - www.legislation.gov.uk/ukpga/1998/42/contents
Mental Health Act 1983, Code of Practice for Wales, Revised 2016 - https://gov.wales/docs/dhss/publications/160920mentalacten.pdf
Reference Guide to the Mental Health Act 1983 - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/417412/Reference_Guide.pdf