##  Section 136 Monitoring Form (page 1)

**Section 136 Mental Health Act 1983 Communication/Registration Form (Police to complete pages 1 and 2)**

**(AMHP/Health Professional to complete page 3)**

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| Custody number(if applicable) |  | Police Log Number |  |
| **Section 136 of the Mental Health Act 1983 empowers a constable to remove to ‘a place of safety’ any person who is found in a place to which the public have access and appears to be suffering from a mental disorder** |
| AND who is in need of immediate care |  | or control  |
| AND who needs to be removed in their own interests |  | or for the protection of others  |
| Date: |  |  |  |  |  | Time of arrival at PoS: |  |  |  |
| Place (where person arrested): |  |  |  |  | City or Town: |  |  |
| **Person detained –** Surname: |  |  |  | Forenames: |  |  |  |  |
| Address: |  |  |  |  |  |  |  | Postcode: |
| Place of birth: |  |  |  |  |  | Date of birth: |  |  |  | Age: |
| Known Disability: |  | Interpreter required? Y/N |  | Language: |  |  |  |  |
| Gender: | ID code: | PNC code: |  |  | PNC & local check done? | Yes  | No  |
| **Notes of the Incident / arrest:**(Describe fully the behaviour and circumstances that resulted in detention) |
| Telephone triage used Y/N By whom:Advice/recommendations given: |
| Since detention, has the person received any medical attention prior to arrival at a place of safety? | Yes  | No  |
| If ‘yes’, describe: |
| Has the person been restrained? Yes  No  If ‘yes’, how and for how long? |
| Has the person been searched? Yes  No  If ‘yes’, has anything been retained? |
| Is the person on medication? Yes  No  Unknown  |
| Is the person suffering from the effects of drink or drugs? | Yes  | No  | Unknown  |
| Has the person taken an overdose? |  | Yes  | No  | Unknown  |
| Initial place of safety: | HBPoS (S136 Suite)  |  |  | Police Custody  |  |  |
| Private Home |  | A&E used as place of safety (if not designated HBPoS)  Other  Unknown  |
| If not 136 suite, explain why: | Suite full  | Intoxicated  | Violent  | Potentially violent  | Other(describe) Staffing Levels |
| If police station used explain why: | Joint risk assessment | HBPOS nocapacity | Arrested substantive offence | Not Known HBPOS refusedadmissionOther |

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| **Page 2****Risk factors that the place of safety or assessment staff should be aware of?**(Consider self-harm, suicide, physical aggression, impaired judgement, self-neglect, absconding, etc)PER form attached: Yes No  |
| Any PNC warning marks? Yes  No  Any Local (intelligence systems) checks completed? Yes  No If yes, details please: |
| Ambulance  Police vehicle  Other (describe) Conveyed to place of safety by:Not known  Health Vehicle  None (already at PoS)  |
| Date of arrival: Time of arrival:Received by: |
| Reasons why Police vehicle used:Ambulance/other vehicle not available in 30 mins  Ambulance not required Police/ambulance/other vehicle risk assessment (behaviour)  Ambulance crew refused to convey  Ambulance/other vehicle re-tasked to higher priority call  Not known  |
| **Details of relative or friend**Name:Address:Tel no: Informed? Yes  No  |
| **Examined by FME** Yes  No  If ‘Yes’, Name:Address: |
| GP (if known) | Name:Address: |
| Date of departure (police) : Time of departure (police): |
| Officer detaining (signature): Print name: |
| Rank/Collar no. Station: |
| Officer completing form: Person receiving form:Signature: Signature: |

**Section 136 Mental Health Act 1983-Communication/Registration Form (AMHP/Nurse to complete)Page3**

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| **Patient –** Surname: |  |  |  |  | Forenames: |  |  |
| 1. Place of safety where assessment carried out: |
| 2. AMHP notified (name):by: Date: Time: |
| 3. Section 12(2) Doctor notified (name):by: Date: Time: |
| 4. Rights leaflet was given, and rights read and explained by (if appropriate): |
| Signed: (nurse, AMHP or Custody Officer) |  |  | Date: |  | Time: |  |
| 5. Background information: |  |  |  |  |  |  |  |  |
| a - currently known to mental health services | Yes  | No  | If yes, on CPA | Yes  | No |
| b - past history of Section 136 detention |  | Yes  | No  |  |  |  |
| c - past history of psychiatric contact |  | Yes  | No  |  |  |  |
| 6. Patient examined by Section 12(2) Doctor (signature): |
| Print name: |  |  |  |  | Date: |  | Time: |  |
| Section 12 Approved: | Yes  | No If no, explain why not: |  |  |
| 7. Patient interviewed by AMHP (signature): |
| Print name: |  |  |  |  | Date: |  | Time: |  |
| 8. Patient examined by 2nd Doctor: | Not applicable  | or signature: |  |  |
| Print name: |  |  |  |  | Date: |  | Time: |  |
| Section 12 Approved |  | Yes  | No  |  |  |  |
| 9. Has the person required transfer to another place of safety Yes  No  |
| Name of unit: |  |  |  |  |  |  |  |  |
| Date of arrival at 2nd place of safety: |  |  |  | Time of arrival: |  |
| Reason for transfer: |  |  |  |  |  |  |  |  |
| If further transfer | Yes  | No  | Record above information on separate form and attach to this |
| 10. Arrangements made after initial assessment |
| a. Was not suffering from mental disorder and was discharged:  |
| b. Did not require admission and was discharged:  Referred to CMHT  CRHT  Other |
| c. If discharged having seen one doctor, were they approved under Section 12 Yes  No  |
| Time discharged: |  |  |  |  | Date discharged: |  |  |
| d. Was admitted or transferred on an informal basis  or under Mental Health Act Section 2  or under Mental Health Act Section 3  Other  |
| To (ward): |  |  |  |  | Hospital: |  |  |
| Date arrival onward: |  |  |  |  | Time of arrival: |  |  |
| Signed (person completing): |  |  |  |  | Date: |  |  |
| 11. Time and date when detention under Section 136 ceased: Date: Time: |
| **Any serious untoward incident following detention including in place of safety?** Yes  No  |
| If yes, Minor self-harm  Self harm requiring medical attention  Assault  Other  |
| Details of incident (please write on back of sheet if you need to):Signature: Print name: |