

positive about mental health

Mental Health Act Committee

Annual Report 2006 - 2007

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Chairman
Mental Health Act Committee
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Executive Summary

The Mental Health Act 1983 requires that NHS Trusts appoint a committee or sub-committee to undertake the functions of the Hospital Managers. The legislation allows such a Committee to be composed of Non-Executive Directors of the Trust, external people appointed as Associate Hospital Managers or a mixture of the two. The Code of Practice to the Mental Health Act requires the Committee to report formally to the Board with an account of its activities not less than once a year (paragraph 22.5 Code of Practice).

Most of the Hospital Managers responsibilities may be delegated to officers of the Trust, but the power to discharge patients may only be exercised by three or more Committee members who are not also employees of the Trust. The Hospital Managers retain responsibility for the performance of all delegated duties and must ensure that those acting on their behalf are competent to undertake such duties.

This annual report relates to the use of the Mental Health Act 1983 within Sussex Partnership NHS Trust which was created in April 2006 from the merger of West Sussex Health & Social Care NHS Trust, East Sussex County Healthcare NHS Trust and the mental health, learning disabilities and substance misuse services from South Downs Health NHS Trust and covers the period 1 April 2006 – 31 March 2007. This is monitored through the Mental Health Act Committee and the Associate Hospital Managers in the locality forums for West Sussex, East Sussex and Brighton & Hove. The Hospital Managers are legally required to monitor a range of issues affecting detained patients and data was collected on these for the three localities and compared within the Trust, with other NHS trusts and nationally.

This report begins with details of the use of the Mental Health Act 1983 within the Trust and information about detained patients, such as the use of seclusion, which the Hospital Managers are required to monitor by the Code of Practice. It goes on to provide some comparisons with other Trusts and against national statistics and the report concludes with the Committee's objectives for 2007-08.

Total formal admissions in Sussex have grown steadily over recent years, reflecting the national trend. However, there are marked differences between the localities in recorded admissions under Section 2 (East Sussex 72% of admissions) and Section 3 (Brighton & Hove 64% of admissions), which reflect differences in practice. Within West Sussex, more adults and older people were admitted under detention than in the other localities. This would be likely given the comparative size of population although the overall increase is still higher than 2005-06. However, more people are admitted under detention to the PICU (Pavilion ward) in Brighton & Hove than to the Neptune ward PICU in Chichester. East Sussex locality, by contrast, has the highest proportion of uses of court and prison disposals (due to the location of the Secure Services units there), although admissions under forensic sections within the Trust are lower than the national average.

Section 4 (emergency admission) is hardly used in the Trust, compared to a national average of 5-6% of formal admissions.

There are differences in practice between the localities regarding whether patients detained under Section 2 (for assessment) are able to appeal to the Hospital Managers as well as to the Mental Health Review Tribunal, which will be addressed during 2007-08. In addition, the number of recorded applications by older people in West Sussex (9) to both the Managers and the Tribunal is significantly low compared with East Sussex (44) and to a lesser extent with Brighton & Hove (29). Following a total of 256 recorded Tribunal hearings, 35 patients were discharged, while following a total of 237 Managers hearings, 7 patients were discharged.

Feedback from Mental Health Act Commission visits highlighted a number of issues, such as the need for Responsible Medical Officers (RMOs) to evidence discussions with patients in relation to Section 58 (Consent to Treatment). In this case, part of the Trust's response involved organising 2 mandatory training sessions at which Patricia Gregory (Area Commissioner) and Dr Kevin O'Shea (Associate Medical Director, West Sussex) gave presentations. However, the Commission feedback was often positive, for example noting improvements to the environments or praising staff/patient interaction or therapeutic input.

The Trust implemented a strategy to introduce hospital-based places of safety to all localities and construction of the units began in West Sussex. None had commenced operation during 2006-07.

Currently a service level agreement to provide Mental Health Act administration only exists between Sussex Partnership NHS Trust and East Sussex Hospitals NHS Trust. It is proposed to expand this into a Trust-wide service level agreement with all other relevant NHS Trusts during 2007-08.

The gender mix of formally detained patients is consistent with the national average. By contrast, the numbers of people who identify themselves as black or minority ethnic in Sussex are lower than the national average and this is reflected in the percentage of mental health inpatients of black or minority ethnic origin in West Sussex (12.7%), East Sussex (10.3%) and Brighton & Hove (16.9%) as at 31 March 2006. However, the percentage of patients of black or minority ethnic origin *formally detained* in 2006-07 was significantly higher in Brighton & Hove (32.7%) compared to West Sussex (17%) and East Sussex (9%). The Brighton & Hove figure may reflect national trends which record higher rates of detention among certain (but not all) minority ethnic groups.

The Committee's objectives for 2007-08 include improving the quality of data provision (particularly in relation to issues such as Absent Without Leave, use of Prevention and Management of Violence and Aggression techniques and seclusion); recruiting and training of new Associate Hospital Managers; preparing for the implications of the Mental Health Act 2007 and the introduction of hospital-based places of safety.

Sussex Partnership NHS Trust's vision and values - challenging stigma; being positive about mental health; putting the people who use the Trust's services at the centre of all decision making and working in partnership to provide effective services were published during 2006-07 (see www.sussexpartnership.nhs.uk for more information). These vision and values are central to the work of the Mental Health Act Committee.

Objectives for 2007-08

- Revising the provision of statistical data, including CAMHS monitoring
- Reviewing Committee feedback structure via Associate Directors
- Recruiting and training new Associate Hospital Managers and Non Executive Directors
- Mental Capacity Act 2005 – awareness and updates on implementation
- Preparation for implementation of the Mental Health Act 2007
- Mental Health Act Commission – continue to work to address commonly identified issues (S58, S132, S17)
- Implement revised Mental Health Act Department Structure
- Implementation of IT system for MHA administration
- Implementation of Places of Safety – use of the MHA 1983 (s136)
- Further standardisation of non-statutory paperwork and administration procedures across localities
- Improving systems for the provision of Mental Health Review Tribunals and Hospital Managers reports

Legislative Reform 2006-2007

In March 2006, the government announced plans to amend the Mental Health Act 1983 in order to: introduce supervised treatment in the community for suitable patients following an initial period of detention and treatment in hospital; expand the skill base of professionals who are responsible for the treatment of patients treated without their consent; improve patient safeguards by taking order-making powers with regard to the Mental Health Review Tribunal; introduce a new, simplified, single definition of mental disorder and abolish the current four categories of mental disorder; introduce into the criteria for detention a new test of whether appropriate treatment is available; and bring provisions in relation to the identification of nearest relatives fully into line with the Civil Partnership Act 2004 and the European Convention on Human Rights. A Mental Health Bill to this end was introduced in Parliament in November 2006.

(Source: *The Information Centre, Mental Health Statistics, Statistical Bulletin 2007*)

The Mental Health Act 1983

For further information about the Act, please see the attached *Brief guide to the most commonly used sections of the Mental Health Act 1983* and *Glossary of Terms*, which provide a basic introduction to some of the legal provisions and concepts referred to in this report.

Appendix 1: Brief guide to the most commonly used sections of the Mental Health Act 1983

Appendix 2: Glossary of Terms

Appendix 5: Internal reporting structure showing responsibility for MHA 1983 (Board and Localities)

Appendix 6: Sussex Partnership NHS Trust Inpatient Units

Appendix 7: Mental Health Act Services Team

Section One - Monitoring the use of the Mental Health Act 1983

Sources of data

Sources for comparisons between the three Sussex Partnership NHS Trust localities

The data under this heading is the sum of all figures presented to the Committee from the three Localities during 2006-07. These are based on numbers recorded and counted either manually by Mental Health Act Administrators or generated by computer function in East Sussex where a computerised administration system is in use (Protocol). The figures for West Sussex were all checked and verified (as far as possible) by the Senior Mental Health Act Administrator and any identified anomalies were discussed by the Senior Mental Health Act Team. While the current systems within the Mental Health Act department are consistent and rigorously applied, there is some scope for human error in the recording and counting process, even where the figures are computer-generated, and small discrepancies may arise.

In certain cases for example, *formal admissions by locality and care group compared with 2005-06* and *Patient Appeals to the Hospital Managers and Mental Health Review Tribunal by locality and care group*, a comparison with 2005-06 figures is given. These figures were collated for the Hospital Managers Committees of the previous mental health NHS Trusts in Sussex and while they provide a reasonable basis for comparison, may well be less consistent in the way they were gathered and less accurate in terms of reporting and counting.

In some areas (particularly *use of urgent treatment powers by locality (Section 62)*), there are clear discrepancies between different localities which seem more likely to be caused by recording discrepancies than (vast) differences in clinical practice. These will be monitored and explored further in 2007-08.

Regarding data that was not collected through the Mental Health Act department (*Absent Without Leave (AWOL)*, *Prevention & Management of Violence & Aggression (PMVA) techniques and Seclusion*), these figures are based on data provided by the Health & Social Care Governance department based on Incident Reporting forms completed within the Trust. Members of the Committee have consistently expressed concerns about the accuracy of the reported figures and both the means of collection and use of these figures is in the process of being reviewed in line with recent revisions to the Trust policies on these issues.

Some information (*Use of holding powers by locality (Section 5)*) was sourced from the KP90 return (see below).

The Mental Health Act Commission provides written feedback on each of its visits to Trust units and the Trust provides responses to the issues raised. These are then compiled into the Commission's Annual Report on the Trust (which runs on a calendar year January – December), with the Trust again having the opportunity to respond to the Report, both of which are then posted on the Commission's website. The Commission's initial feedback forms the basis of the reports provided to the Committee by the Mental Health Act Services Manager, which are summarised on pages 22 - 24.

Sources for comparisons with other NHS Trusts and national figures

The figures in this section are based on the Department of Health KP90 returns compiled by the Mental Health Act administrators for 2006-07. They cover West Sussex Health & Social Care Trust, East Sussex County Healthcare NHS Trust and the mental health, learning disabilities and substance misuse services from South Downs Health NHS Trust, West Kent NHS and Social Care Trust, East Kent NHS and Social Care Partnerships Trust (both courtesy of Kent & Medway NHS and Social Care Partnership Trust) for 2005-06. Historical figures, figures for the South East Coast and other Strategic Health Authority areas and for England (NHS Trusts) are taken from The Information Centre (Government Statistical Service) publication, *Inpatients formally detained in hospitals under the Mental Health Act 1983 and other legislation, England 1995-06 to 2005-06*, published 2007.

The KP90 survey provides information on the numbers of men and women detained on admission or during admission or on discharge back into the community under particular sections of the Mental Health Act, on the numbers transferred from one section to another and on the numbers of discharges within particular Trusts and within particular periods of time (1 April – 31 March). This provides a basis for comparison across NHS Trusts and with the national average. While it provides a basis for comparison between men and women, the KP90 return does not, however, provide information on ethnicity or between care groups (i.e. between people falling into different age groups or between civil and forensic areas). Neither does the KP90 return take account of transfers between NHS Trusts or renewals of sections (it does not reveal how many people have been in hospital for a long time, for example).

Data on national rates of AWOL incidents and use of PMVA techniques was obtained from the National Patient Safety Agency's *Patient Safety Observatory Report 2 - With Safety in Mind: mental health services and patient safety* (July 2006).

Sources for ethnicity data

Figures represent patients' own description of their ethnicity (but see also below).

The source for the figures for ethnicity of detained patients by gender and locality and for Sussex Partnership NHS Trust 2006-07 was the Mental Health Act Commission's (MHAC) annual request for statistical information, the results of which will be published in the Mental Health Act Commission's twelfth Biennial Report. No comparison figures were available for 2005-06 for the three former NHS Trusts in Sussex. The MHAC request asks for separate figures to be provided for children and adolescent detentions. Generally, the ethnicity of patients appears to be accurately recorded. The number of recorded entries in the "Not stated/Not recorded" category is relatively small, which indicates that the data is being collected within the Trust.

The source for the ethnicity of all mental health patients (whether or not detained) in Sussex, Kent, Surrey and England & Wales for 2006 was the Commission for Healthcare Audit and Inspection report, *Count Me In 2006: Results of the 2006 national census of inpatients in mental health and learning disability services in England and Wales*, March 2007. The *Count Me In* census surveyed inpatients on the mental health wards of 238 NHS and independent healthcare organisations in England and Wales on 31 March 2006. This does not allow direct comparison with the ethnicity figures for all detained patients within Sussex Partnership NHS Trust during the entire period from 1 April 2006 – 31 March 2007 but the limitations of the conclusions which may be drawn are set out in that section.

Other sources

Unfortunately, the Mental Health Review Tribunal does not appear to publish national statistics about rates of application to the Tribunal, rates of discharge by the Tribunal, statistics concerning outcomes of hearings or concerning the numbers of adjourned hearings or withdrawn or cancelled applications. This may change now that responsibility for the Tribunal has passed from the Department of Health to the Tribunals Service within the Department of Constitutional Affairs. In 2007-08, it may also be possible to benchmark data against any obtainable from the mental health NHS Trusts for Surrey or Kent.

Section Two

Monitoring the use of the Mental Health Act 1983 – Comparisons between the three Sussex Partnership NHS Trust localities

Formal admissions by locality and care group compared with 2005-06

These figures include transfers into the localities and renewals of existing sections.

Formal admissions by care group for West Sussex Health & Social Care Trust, East Sussex County Healthcare NHS Trust and South Downs Health NHS Trust 2005-06

2005-06																											
Care group	WAAMHS				OPMHS				PICU				SSS				CAMHS				Total (Sussex – All care groups)						
Trust name	W S	E S **	S D	All	W S	E S **	S D	All	W S	E S	S D	All	W S	E S **	S D	All	W S	E S	S D	All	W S	E S	S D	All			
Section 2	177	164	107	448	68	108	35	211	4	-	19	23	0	0	-	0	0	-	-	0	249	272	161	682			
Section 3	187	167	172	526	43	44	44	131	1	-	31	32	1	10	-	11	0	-	-	0	232	221	247	700			
Section 4	7	0	3	10	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	7	0	3	10			
Section 5	90	119	103	312	19	31	7	57	2	-	5	7	0	0	-	0	0	-	-	0	111	150	115	376			
Section 25A	10	12	1	23	0	1	0	1	0	-	0	0	1	0	-	1	0	-	-	0	11	13	1	25			
Part III	3	3	2	8	0	0	0	0	1	-	2	3	0	23	-	23	0	-	-	0	4	26	4	34			
Total	474	465	388	1327	130	184	86	400	8	-	57	65	2	33	-	35	0	-	-	0	614	682	531	1827			
Total	1327				400				65				35				0				1827						

The care groups are: WAMHS (Working Age Mental Health Services); OPMHS (Older People Mental Health Services); PICU (Psychiatric Intensive Care Units); SSS (Specialist Secure Services); CAMHS (Child & Adolescent Mental Health Services)

* WSH&SC PICU figures are for January – March only; otherwise PICU figures are included in WAAMHS

** ESCH March figures are incomplete (Eastbourne and Weald area is excluded)

Learning Disability and Children & Young People 2005-6

There were no formal admissions of people with learning disabilities to any inpatient units in Sussex or of children or young people to adult mental health units recorded in Sussex during the period 2005-06 (this may be due simply to the lack of recording at that time).

Formal admissions by locality (West Sussex, East Sussex and Brighton & Hove) and care group to Sussex Partnership NHS Trust 2006-07

[illegible]

* WSH&SC Psychiatric Intensive Care Unit (PICU) figures are for January – March only; otherwise PICU figures are included in WAAMHS

There are no PICUs in East Sussex, no Secure Services inpatient units in Brighton & Hove and no Children & Young People's inpatient units in Brighton & Hove or East Sussex.

The low number of uses of Section 25A (Supervised discharge into the community following a Section 3 admission for treatment) recorded in both South Downs Health NHS Trust in 2005-6 and then Brighton & Hove locality in 2006-7 is significant. This may represent a recording anomaly or a difference in practice.

The low number of uses of Section 3 in East Sussex is significant. This may be due to the advice given by Richard Jones in the MHA Manual and in his training sessions given to ASWs in East Sussex. Jones states that however well known a patient might be to services, the factors that precipitated the need for detention and their impact on the patient need to be assessed. He therefore strongly suggests that it was Parliament's intention for s2 to be used as the initial detaining section, because that section specifically provides for the patient's assessment. An application under s3 need only then be made if the patient needs a further period of treatment under detention.

There were very few uses of Section 5 on older people recorded in Brighton & Hove.

West Sussex detain more working age adults than East Sussex or Brighton & Hove and the difference has become more marked from 9 more and 86 more respectively in 2005-06 to 145 more and 180 more in 2006-07. West Sussex also detained more older people in 2006-07 than in 2005-06, while detention of older people in East Sussex and Brighton & Hove fell.

However, once the working age adults detained in PICUs and Secure Services units are taken into account, the figures even out.

Significantly more people are consistently detained in the PICU ward (Pavilion ward at Mill View hospital) in Brighton & Hove than in Neptune ward PICU at Centurion Mental Health Centre in West Sussex (even accounting for the recording inconsistency – see notes above – when the West Sussex figures are multiplied by four to reflect the fact that they only represent three months of the year, they only amount to approximately half of the Brighton & Hove totals). This is likely to reflect deprivation factors.

East Sussex consistently demonstrate the highest proportion of uses of Part III of the Mental Health Act 1983, which deals with the detention of people being diverted out of the criminal justice system. This is due to the location of the Secure Services units at Hellingly in East Sussex. Use of Part III of the Act at Jupiter House (Low Secure Rehabilitation) in Centurion Mental Health Centre, Chichester in West Sussex appears to have increased.

Due to the long periods which Part III patients tend to spend in hospital either in acute or rehabilitation settings, the number of formal admissions under these sections does not reflect the numbers of Part III actually detained to the Trust at any one time. Equally, while Trust doctors may have been involved in the sense of being asked to provide reports on the mental state of such individuals, their admission to hospital is as a result of decisions by the courts. However, Part III patients often make use of their rights to appeal against their detention (which are mainly rights to appeal to the Mental Health Review Tribunal) in order to advance the process of moving towards conditions of lesser security into accommodation in the community where this is possible. Thus the fact that the percentage of Part III admissions within the Trust is lower than the national average cannot be ascribed to a lack of provision within the Specialist Secure Services care group. It may be more closely linked to the already high bed occupancy in the existing units and the relatively low turnover of patients.

Learning Disability and Children & Young People 2006-07

2006-07									
Care Group	Learning Disability					Children & Young People			
Locality	W	E	B	All		W	E	B	All
Mental impairment (MHA 1983 Legal category – Learning Disability only)	0	1	1	2					
Severe mental impairment (MHA 1983 Legal category – Learning Disability only)	0	3	2	5					
Section 2						0	5	0	5
Section 3						0	6	0	6
Section 5						0	7	0	7
Total Detained patients with Learning Disability	0	4	3	7					
Total Children & young people detained on adult units						0	18	0	18

There are no recorded detentions of people with learning disabilities in West Sussex or of children & young people in adult units in Brighton & Hove during 2006-07. This may be a recording anomaly or reflect a difference in practice.

There are a significant amount of people under the age of 18 being admitted under detention to adult units in East Sussex in 2006-07, compared to none being recorded for 2005-06. This may reflect a genuine increase or, more likely, a move to more accurate recording. The difference in the level of such admissions in West Sussex and Brighton & Hove may be due to a combination of differences in the levels of CAMHS involvement in Mental Health Act assessments and the existence of the children and young people's inpatient unit Sussex Centre for Children and Young People (formerly, Colwood) in Haywards Heath, West Sussex. However, it is a clear aim of CAMHS across the Trust to find alternatives to formal admission of children and young people whenever possible. Overall, the numbers of children and young people under the age of 18 detained within the Trust at any one time are very small (3-5).

The report of the Children's Commissioner for England *Pushed into the shadows – young people's experience of adult mental health facilities* (January 2007) recommends that mental health trusts should ensure that adult wards are not used for the care and treatment of under 16s and, wherever possible, adult wards should be avoided for 16 and 17 year olds, pointing out that the Department of Health's report on the implementation of Standard 9 of the Children's National Service Framework (NSF) states that it should be possible to eliminate the use of adult wards within a five year period. It also recommends that the national shortage of emergency CAMHS beds needs to be addressed. The report also stresses the need for compiling data about the numbers of young people admitted to adult wards (whether detained or not) and makes a number of recommendations regarding appropriate treatment of children and young people on adult wards, staff training, communication and respect for rights.

Use of holding powers by locality (Section 5)

Period	2005-06				2006-07			
Trust (2005-06)/ Locality (2006-07)	W	E	S	All	W	E	B	All
Informal to Section 5(4)	37	39	40	116	32	30	30	92
Informal to Section 5(2)	90	75	40	205	96	73	51	220
Section 5(4) to Section 5(2)	30	21	34	85	20	15	18	53
Section 5(4) to Section 2	0	2	0	2	0	0	1	1
Section 5(2) to Section 2	31	33	17	81	30	26	7	63
Section 5(4) to Section 3	0	0	1	1	0	0	2	2
Section 5(2) to Section 3	47	20	26	93	39	20	27	86
Section 5(2) to Informal	48	52	31	131	44	48	30	122
Section 5(4) to Informal	10	17	5	32	13	17	10	40

(Source: KP90 return)

Exceptions are reported to the Associate Hospital Managers Locality Forums and from there, should the Forum so decide, to the Mental Health Act Hospital Managers Committee. Exceptions are calculated as follows: for Section 5(4) (the nurse's holding power) where the doctor did not arrive to assess the patient within four hours (out of a possible six hours); for Section 5(2) (the doctor's holding power) where the patient is held for more than 24 hours pending an assessment (out of a possible 72 hours).

In 2006-07, only one exception was forwarded to the Committee. In general, the vast majority of exceptions reported to the Forums concerned Section 5(2). Of these, the majority of delays occurred because the holding power was put in place either during or just prior to a weekend. On other occasions, delays were caused by an absence of clear annual leave or sickness absence cover arrangements for RMOs or the limited availability of out of hours ASW cover which led to assessments being postponed until the following day.

Allowing for recording inaccuracies, the figures for 2005-06 and 2006-07 are largely comparable. Due to uses of the powers both before the start of and after the end of the recording periods, the number of uses of the powers and the numbers of discharges or transfers from the powers will not add up. The use of Section 5(4) for both periods in both West and East Sussex relative to Brighton & Hove/South Downs remains somewhat lower than might be expected given the overall proportions of detained patients between the localities. This might be explained by historic differences in nursing practice and the availability of appropriate doctors to immediately apply s5(2) holding powers.

Use of urgent treatment powers by locality (Section 62)

Details of occasions where urgent treatment powers have been used in each locality are reported to the Associate Hospital Managers Locality Forums. Exceptions (involving unlawful or bad practice) are also reported and investigated. It was not possible to ascertain from the reporting methods used in 2006-07 the number of patients involved in the number of total reported uses of urgent treatment powers; only the total number of occasions of use were reported. Thus some of the occasions reported may have involved the same patient.

Locality	West Sussex	East Sussex	Brighton & Hove
Number of occasions of use of Section 62 reported	1	54	7
Number of exceptions reported and investigated	0	2	0

During 2006-07, it appears that only East Sussex locality was accurately reporting the use of urgent treatment powers. It would appear unlikely that there should be such a marked disparity in the use of urgent treatment powers between the localities. This can be confirmed by comparison with future annual reporting periods.

General exception reporting by locality

General exception reporting of examples of unlawful or bad practice involving the use of the Mental Health Act 1983 are provided to each Associate Hospital Managers Locality Forum. The Committee only receives details of incidents that the relevant Forum was unable to resolve or where the Forum considers that the Committee should be made aware of the incident. No exceptions were taken forward to the Committee during 2006-07.

Ward audits by locality

Locality	West Sussex	East Sussex	Brighton & Hove
Number of ward audits conducted 2006-07	2	39	1

In East Sussex, ward audits are carried out on a regular basis. A Mental Health Act Liaison nurse has been allocated for each ward and they are responsible for ensuring that regular audits are carried out on the ward files of detained patients. Checks are also made to ensure that staff are wearing name badges, Mental Health Act Commission leaflets are available, all patients' ethnicity and preferred language are clearly recorded and that patients have access to advocacy services (where available).

Ward audits were introduced in West Sussex and Brighton & Hove during 2006-07 and Mental Health Act Liaison nurses were identified. The number of ward audits carried out in East Sussex in 2006-07 should be seen as indicative of the likely number in West Sussex, while the total for Brighton & Hove will be correspondingly lower given its lower number of wards.

Absent Without Leave (AWOL) and use of Prevention & Management of Violence & Aggression (PMVA) techniques by locality

Details of the recorded incidents of AWOL by patients and the use of PMVA control and restraint techniques on patients by staff are provided to the Associate Hospital Managers Locality Forums. The Forums may elect to bring these to the attention of the Committee.

The term AWOL (Absent Without Leave) applies to a detained patient who leaves the ward without permission or breaches terms of leave, while PMVA (Prevention and Management of Violence and Aggression) restraint techniques are used to manage disruptive or aggressive behaviour by patients, while seeking to protect patients' human rights. Such management may also involve the use of seclusion (see below). According to the National Patient Safety Agency's (NPSA) latest Patient Safety Observatory Report (July 2006), AWOL incidents account for 9% of all incidents in acute mental health inpatient settings nationally (the fourth most frequently reported). Meanwhile, incidents involving disruptive or aggressive behaviour are the second most frequently reported, accounting for nearly 25% of all reported incidents, with 91% of these being reported from inpatient settings. In a survey of 200 incidents involving disruptive or aggressive behaviour, the NPSA found that restraint techniques were used in 23 incidents.

Locality	West Sussex	East Sussex	Brighton & Hove
Number of AWOL incidents recorded (* incomplete recording)	15*	31	86*
Number of PMVA incidents recorded (* incomplete recording)	26*	93	58*

The potential to draw meaningful conclusions from these figures is very limited. The numerical inconsistencies appear to be derived not only from inaccurate recording, but also from different interpretations of what it means to be absent without leave and what degree of control and restraint counts as PMVA. This is reflected in inconsistent completion of the IR1 Incident reporting form (which does not allow the specific recording of the use of PMVA techniques) and inconsistent data collection. These issues will be addressed in the statistics for 2007-08.

Over and above the recording problems, it appears that Brighton & Hove follow a more wide ranging approach to monitoring the absence of patients without leave than the other localities, which reflects the high numbers of reported AWOL incidents.

Uses of Seclusion by locality

Details of any uses of seclusion of patients are provided to the Associate Hospital Managers Locality Forums. The Forums may elect to bring these to the attention of the Committee.

Locality	West Sussex	East Sussex	Brighton & Hove
Number of uses of seclusion recorded (* incomplete recording)	33	12	105
Exceptions reported	0	0	0

Location of Seclusion rooms

West Sussex Chichester	Neptune Ward PICU, Centurion Mental Health Centre, Rose Ward, Horsham Hospital Downsview ward, Princess Royal Hospital, Haywards Heath
East Sussex	Ashen Hill Medium Secure Unit, Hellingly Southview SSS Unit, Hellingly
Brighton & Hove	Pavilion Ward, Mill View Hospital, Hove

The above figures refer to the total number of uses of seclusion during 2006-07. It was not possible to ascertain from the reporting methods used in 2006-07 the number of patients involved in the number of total recorded uses of seclusion. Thus some of the uses recorded may have involved the same patient.

There is clearly a very significant disparity between the localities in terms of the recorded uses of seclusion. The figures should represent the uses of seclusion in the identified seclusion rooms listed above, where detailed monitoring and recording in the seclusion register is carried out. However, the differences between East Sussex and Brighton & Hove, where the figures are apparently accurate, is very marked. If accurate, these figures clearly reflect significant differences in practice.

As of January 2007, Sussex Partnership NHS Trust has a *Seclusion Policy and Procedure*. This offers the following comprehensive definition of seclusion: "the supervised isolation and confinement of a person in a designated locked room arranged specifically for the purpose of minimising the risk of serious harm to others. It is an emergency facility the use of which cannot be planned for and which is a necessary measure to prevent serious harm to others". However, the policy also makes the following comments regarding isolation: "The Trust takes the view that the practice of nursing a patient in a room (or rooms) with continual nursing supervision, in isolation, is *de facto* seclusion and that therefore this policy and procedure must be used in such circumstances, which includes the use of the Secluded Patient Record that has been developed for use with this policy". At present, it is not clear incidents of isolation are being treated as seclusion and monitoring and recorded appropriately. Thus the actual number of uses of seclusion within Sussex Partnership NHS Trust may be higher than the figures recorded.

It is also important to consider how many uses of seclusion affect the same patient and the duration of seclusion. In Brighton & Hove, for example, one patient was reportedly secluded six times, in three groups of two occasions, either on the same day or within 24 of each other and the total time secluded for this patient was 31 hours 25 minutes. In West Sussex, a patient who was described as being threatening, unpredictable and as having attacked staff, was reportedly secluded for nearly 5 days (113 hours).

Patient Appeals to the Hospital Managers and Mental Health Review Tribunal by locality and care group

2006-07 Care Group	WAAMHS				OPMHS				PICU				SSS				CAMHS				TOTAL			
Locality	W	E	B	All	W	E	B	All	W	E	B	All	W*	E	B	All	W	E	B	All	W	E	B	All
Patient appeals to the Hospital Managers from detention under Section 3 (including appeals against renewals of detention)																								
Applications received	85	70	115	270	2	18	11	31	3	-	24	27	0	12	-	12	0	-	-	0	90	100	150	340
Pt discharged before hearing	29	17	26	72	1	6	3	10	0	-	1	1	0	1	-	1	0	-	-	0	30	24	30	84
Pt withdrew before hearing	8	0	1	9	0	1	0	1	0	-	1	1	0	0	-	0	0	-	-	0	8	1	2	11
Hearings held	47	42	77	166	1	7	8	16	5	-	11	16	3	18	-	21	0	-	-	0	56	64	96	216
Pt discharged at hearing	1	0	3	4	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	1	0	3	4
Patient appeals to the Hospital Managers from detention under all other sections (including Section 2)																								
Applications received	1	48	2	51	2	6	0	8	1	-	0	1	0	7	-	8	0	-	-	0	4	61	2	67
Pt discharged before hearing	0	21	0	21	0	3	0	3	0	-	0	0	0	0	-	0	0	-	-	0	0	27	0	27
Pt withdrew before hearing	0	0	0	0	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	0	0	0	0
Hearings held	0	10	2	12	0	2	0	2	2	-	0	2	0	5	-	5	0	-	-	0	2	17	2	21
Pt discharged at hearing	0	2	0	2	0	1	0	1	0	-	0	0	0	0	-	0	0	-	-	0	0	3	0	3

2006-07 Care Group	WAAMHS				OPMHS				PICU				SSS				CAMHS				TOTAL			
Locality	W	E	B	All	W	E	B	All	W	E	B	All	W*	E	B	All	W	E	B	All	W	E	B	All
Patient appeals to the Mental Health Review Tribunal from detention under forensic sections (Part III MHA 1983)																								
Applications received	8	2	1	11	0	0	0	0	11	-	0	11	0	23	-	23	0	-	-	0	19	25	1	45
Pt discharged before hearing	2	0	0	2	0	0	0	0	0	-	0	0	0	1	-	1	0	-	-	0	2	1	0	3
Pt withdrew before hearing	1	0	0	1	0	0	0	0	0	-	0	0	0	2	-	2	0	-	-	0	1	2	0	3
Hearings held	5	1	1	7	0	0	0	0	9	-	0	9	1	13	-	14	0	-	-	0	15	14	1	30
Pt discharged at hearing	2	0	0	2	0	0	0	0	4	-	0	4	0	3	-	3	0	-	-	0	6	3	0	9
Patient appeals to the Mental Health Review Tribunal from detention under all other sections																								
Applications received	2	0	0	2	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	2	0	0	2
Pt discharged before hearing	0	0	0	0	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	0	0	0	0
Pt withdrew before hearing	2	0	0	2	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	2	0	0	2
Hearings held	3	0	0	3	1	0	0	1	1	-	0	1	0	0	-	0	0	-	-	0	5	0	0	5
Pt discharged at hearing	0	0	0	0	0	0	0	0	0	-	0	0	0	0	-	0	0	-	-	0	0	0	0	0
Total activity (Indicator of MHAA department workload)	436	437	470		17	85	60		48	-	102		4	104	-		0	-	-		-	-	-	-

Patient Appeals

The total applications received under any heading will not necessarily equal the total of patient discharges, patient withdrawals and hearings held during 2006-07 because the figures do not record applications received, withdrawals, hearings and discharges made before the start of or after the end of the recording period. However, in some areas there are significant disparities which may point to inaccurate recording. (The figure of 107 WAAMHS appeals against Section 3 in Brighton & Hove, for example, and the corresponding total of 152 applications would appear to leave over 50 appeals unresolved within 2006-07.)

As can be seen from the "activity indicator" row (totalling all the numbers), the vast majority of appeals against detention are made by working age adult patients, with Pavilion ward PICU in Brighton & Hove and Secure Services in East Sussex also generating significant work for the Mental Health Act administrators. There also appears to be significantly less work around older people's appeals in West Sussex.

The disparity in activity between the localities under the heading of appeals to Hospital Managers "other sections" is due mainly to the fact that patients detained under Section 2 in Brighton & Hove and West Sussex are not given the opportunity to appeal to the Hospital Managers as well as to the Mental Health Review Tribunal. This is because the Tribunal is obliged by law to provide a hearing within seven days of a patient's application against Section 2 and historically this has led to problems organising a subsequent Hospital Managers hearing by which time the patient may either have been discharged or placed on Section 3. This difference in practice between the localities will be addressed in 2007-08.

Of concern is the significantly low number of recorded applications both to the Hospital Managers and the Mental Health Review Tribunal by older people in West Sussex compared with East Sussex and to some extent with Brighton & Hove. This might be explained by any number of factors, such as patients being unwilling or unable to exercise their rights of appeal or delaying doing so or their rights of appeal not being properly explained to them by staff or by patients deciding not to appeal in the face of pressure from their families or in response to treatment and care from staff and their multidisciplinary team. However, it is clear that the numbers of detained older people in West and East Sussex are extremely similar, while the number of recorded applications is significantly different.

In terms of the likelihood of discharge of patients by the Hospital Managers and the Mental Health Review Tribunal, patients detained under Part III (forensic) of the MHA 1983 had a 30% chance overall of being discharged by the Tribunal, but this was twice as likely (40%) in Centurion Mental Health Centre in Chichester in West Sussex as in Secure Services in East Sussex (21%). The vast majority of these applications went to Tribunal, with very few patients withdrawing or being discharged by their RMO prior to the hearing.

Leaving aside the numbers of Section 3 applications (which may be to some degree inaccurate in all three localities), there is still a significant disparity between the chances of being discharged by the Tribunal in each locality: 19% in Brighton & Hove, 4% in West Sussex and 3% in East Sussex. This is not reflected in Section 2 hearings, where the chances are 19% in West Sussex, 9% in East Sussex and 8% in Brighton & Hove, although when taken together, the chances of being discharged from Section 2 either by the RMO or Tribunal having appealed are 54% in West Sussex and 46% in East Sussex but only 24% in Brighton & Hove. While interesting, the size of the sample rules out inferring too much from this.

However, it is apparent that of a recorded 256 hearings before the Tribunal, 35 patients were discharged, whereas at a recorded 237 hearings before the Hospital Managers, only 7 patients were discharged.

Patients discharged by their Responsible Medical Officer within five days of a pre-arranged Hospital Managers or Mental Health Review Tribunal hearing by locality and ward

Managers/Tribunal	Prior to Hospital Managers hearing	Prior to MHRT			
Locality			W	E	B
Ward					
Caburn, Mill View	3	4			7
Woodlands, Hastings	2	4		6	
Regency, Mill View		5			5
Mercury, Chichester		5	5		
Pavilion PICU, Mill View	1	3			4
Meridian, Mill View	2	2			4
Bodiam, Eastbourne	1	2		3	
Promenade, Mill View		2			2
Amberley, Eastbourne		2		2	
St Anne's Centre, Hastings	1	1		2	
Rowan, Meadowfield		2	2		
Rothermay, Eastbourne		1		1	
Maple, Meadowfield		1	1		
Rose, Horsham		1	1		
Downsview, H Heath		1	1		
Orion, Chichester		1	1		
Neptune PICU, Chichester		1	1		
Total by locality			12	14	22

See *Patient Appeals to the Hospital Managers and Mental Health Review Tribunal by locality and care group* for total patient applications made and total numbers of hearings held during 2006-7. The numbers in the table above are very small in relation both to the total number of discharges of patients by RMOs and the total number of applications made/hearings held.

Mental Health Act Commission Visits by locality

Please refer to Appendix: Sussex Partnership NHS Trust Inpatient Units for care group and type of units visited

West Sussex

11.04.06 Clayton Ward, Princess Royal Hospital, Haywards Heath
19.04.06 Jupiter House, Centurion Mental Health Centre, Chichester
12.05.06 Rose Ward, Horsham Hospital
22.05.06 Rose Ward, Horsham Hospital
23.05.06 Villa Ward, Princess Royal Hospital, Haywards Heath
25.04.06 Colwood (now Sussex Centre for Children and Young People), Haywards Heath
07.06.06 Orion Ward, Centurion Mental Health Centre, Chichester
11.07.06 Rowan Ward, Meadowfield, Worthing
11.07.06 Maple Ward, Meadowfield, Worthing
06.10.06 Martlett Lodge, Princess Royal Hospital, Haywards Heath
07.12.06 Mercury Ward, Centurion Mental Health Centre, Chichester
07.12.06 Neptune Ward PICU, Centurion Mental Health Centre, Chichester
14.12.06 Kendal House, Worthing
14.12.06 Shepherd House, Worthing
25.01.07 Downsview Ward, Princess Royal Hospital, Haywards Heath

01.02.07	Primrose Cottages, Chichester
01.02.07	Towers Ward, Harold Kidd Unit, Chichester
01.02.07	Connolly House, Chichester
01.02.07	Nightingale Ward, Harold Kidd Unit, Chichester
01.02.07	Richmond Ward, Harold Kidd Unit, Chichester
22.02.07	Richard Hotham Unit, Bognor Regis
01.03.07	The Burrowes, Salvington Lodge, Worthing
01.03.07	Larch Ward, Meadowfield, Worthing

East Sussex

18.08.06	Ashen Hill, Hellingly
31.08.06	Amberley Ward, Eastbourne DGH (formerly Rothermay ward)
31.08.06	Bodiam Ward, Eastbourne DGH (formerly Rothermay ward)
14.09.06	Beechwood, Uckfield Hospital
29.09.06	Amberstone, Hellingly
20.10.06	Amber Lodge, Hellingly
17.11.06	Milton Court
30.11.06	Rosslyn House, Hellingly
19.01.07	St Anne's Centre, Hastings
02.03.07	Woodlands, Hastings
12.03.07	Southview, Hellingly

Brighton & Hove

10.08.06	Pavilion Ward PICU, Mill View
21.09.06	Caburn Ward, Mill View
13.10.06	Promenade Ward, Mill View
16.11.06	Meridian Ward, Mill View
23.11.06	Brunswick Ward, Nevill Hospital
23.11.06	Churchill Ward, Nevill Hospital
15.03.07	Hanover Crescent, Hove
15.03.07	Rutland Gardens, Hove
22.03.07	Regency Ward, Mill View

Common issues raised by the Mental Health Act Commission and action taken by the Trust 2006-07

Evidencing by RMOs of discussions with patients about treatment and of assessments of capacity and consent to treatment as required by Section 58 MHA 1983

RMOs and consultant psychiatrists were reminded of the relevant legal requirements, copies of the Trust's Capacity and Consent policies were brought to the attention of all staff and 2 mandatory training sessions were organised on the issues for all RMOs, Specialist Registrars and Mental Health Act Administrators, at which Patricia Gregory, Area Commissioner for the Mental Health Act Commission and Dr Kevin O'Shea, Associate Medical Director, West Sussex, gave presentations. Further scrutiny systems are under development.

Recording leave and leave review dates under Section 17 MHA 1983

A Trust-wide leave policy was ratified setting out the relevant legal requirements and a new Section 17 leave form developed which allows all the relevant information to be clearly set out, including any conditions of leave and the review date. Following obtaining legal advice the policy is currently undergoing further review.

Regularly reminding patients of their legal rights and recording their understanding – Section 132 MHA 1983

Action was taken to address practice and compliance in each of the cases raised. The Trust's Section 132 policy is in the process of being reviewed, which will result in a new Trust-wide policy and rights recording form, which will standardise the frequency of rights information giving across the Trust and further clarify the legal requirements.

Gender separation in Trust wards and units

Many of the issues raised are directly caused by the physical layout of the buildings concerned, however the Trust is aware of the issues and has taken steps to address them in the ongoing Estates strategy of planning and building new units. The Trust will continue to take steps to address this issue, which remains one for the wider NHS.

Incomplete or missing documentation

Action was taken (usually immediately) to address each issue raised, in partnership with Social Services where appropriate if an ASW was involved.

Specific issues relating to the physical environment in particular units or wards, such as the identification of ligature points, bathing/showering facilities or privacy issues

Action was taken by ward managers in association with Trust management and the Estates Department to rectify any identified issues as quickly as possible. The Commission was kept informed of progress. Sometimes, environmental problems will only be fully resolved by fundamental changes, such as the replacement of the Trust inpatient units in Northwestern Sussex with a new hospital at Langley Green, Crawley due to open in 2008, but in the meantime, interim steps were taken.

Examples of positive feedback

The Commission feedback was by no means all negative during 2006-07 and it was particularly good for Trust staff to receive positive feedback on changes that had been implemented in response to previous feedback from the Commission or where previous negative feedback was replaced by positive. Improvements were particularly noted by the Commission in relation to: St Anne's Centre, Hastings and Hanover Crescent in Hove. The redevelopment of Larch Ward for older people with functional mental health problems and the complete refurbishment of The Burrowes unit for older people with dementia in Worthing and the potential for therapeutic activity was highlighted.

The Commissioners went out of their way to praise the staff/resident interaction at Primrose Cottages in Chichester, the helpfulness and dedication of staff at Connolly House and the Harold Kidd Unit in Chichester and the work of the Occupational Therapy team at Southview unit at Hellingly to overcome the challenges of engaging the relatively young group of residents.

See also: *Mental Health Act Commission Annual Report: Sussex Partnership NHS Trust December 2006 (not included)*
Sussex Partnership NHS Trust Response to the Mental Health Act Commission Annual Report April 2007 (not included)
Individual Visit feedback from the Commission and Trust responses (not included – available from MHA Department)

Place of safety admissions report (Section 136)

No hospital-based Places of Safety were in use in Sussex Partnership NHS Trust during 2006-07.

Sussex Partnership NHS Trust implemented a strategy to introduce hospital-based Places of Safety to all localities during 2006-07. A phased programme of planning and building new facilities and extensions to existing units began with Centurion Mental Health Centre in Chichester and Meadowfield in Worthing. Brighton & Hove, Eastbourne DGH and Woodlands, Hastings are planned to follow, along with the new unit for North West Sussex, Langley Green Hospital, due to open in 2008. Following development of appropriate policies and procedures, agreeing staffing levels and responsibilities and detailed liaison with Sussex Police and Ambulance services, the first Places of Safety are due to become operational in West Sussex in Autumn 2007.

In the meantime, statistics relating to the use of Section 136 in the current places of safety in Police Custody and Accident & Emergency departments are critically examined and any exceptions actioned within the 5 Locality S136 Liaison meetings, which report to the Trust-wide Mental Health Act Monitoring Group.

Administration of the Mental Health Act 1983 on behalf of other NHS (Acute) Trusts

Use of the Mental Health Act 1983						
Trust name	Brighton & Sussex University Hospitals NHS Trust	South Downs NHS Trust	East Sussex Hospitals NHS Trust	Royal West Sussex NHS Trust	Worthing & Southlands NHS Trust	Total
Hospitals	Royal Sussex County, Brighton	Southlands Rehabilitation, Shoreham	Conquest, Hastings & Eastbourne DGH	St Richard's, Chichester	Worthing General	
Locality	Brighton & Hove	Brighton & Hove	East Sussex	West Sussex	West Sussex	
Section 2			5			5
Section 3	1			1		2
Section 4						0
Section 5			10		1	11
(Section 5 exceptions)			(3)			(3)
Section 25A						0
Part III						0
Total	1		15	1	1	18
Total per locality	1		15	2		18

Sussex Partnership NHS Trust does not currently have a Trust-wide Service Level Agreement in place to provide Mental Health Act Administration to Acute NHS Trusts based on adjoining hospital sites. However, it is hoped that such an agreement will be developed during 2007-08. The most comprehensive provision of services is currently provided by East Sussex locality Mental Health Act Administration to the Conquest Hospital in Hastings and Eastbourne District General Hospital, where there is a Service Level Agreement in place to provide Mental Health Act administration services and some staff training.

The above figures are based on figures reported to the Committee for 2006-07, but activity levels would be expected to increase in the presence of a Trust-wide Service Level Agreement.

Details of appeals to the Associate Hospital Managers and the Mental Health Review Tribunal administered by the Sussex Partnership NHS Trust Mental Health Act Administration department on behalf of Acute NHS Trusts for patients detained under the Mental Health Act 1983 in general hospitals have not been provided for 2006-07 due to the unavailability of complete data.

Deaths of detained patients by locality

These are reported to the Mental Health Act Commission by the Mental Health Act Administration in each locality. Full details are provided to the Locality Forums who may decide to pass on information to the Committee in certain cases.

Locality	West Sussex	East Sussex	Brighton & Hove
Number of deaths of detained patients by locality	2	1	1
Total 2006-07	4		

Section Three

**Monitoring the use of the Mental Health Act 1983 –
Comparisons with other NHS Trusts and national figures**

Formal admissions by locality and for Sussex Partnership NHS Trust 2006-07; for West Sussex Health & Social Care NHS Trust, East Sussex County Healthcare NHS Trust and South Downs Health NHS Trust and for Sussex 2005-06, for Sussex, Kent and England 2005-06 and for Sussex, Kent, Surrey and England, 2003-04

Formal admissions by locality and for Sussex Partnership NHS Trust 2006-07

Area	West Sussex		East Sussex		Brighton & Hove		Sussex Partnership Trust	
Period	2006-07		2006-07		2006-07		2006-07	
		%		%		%		%
Total admissions	2834		1422		1704		5961	
Total formal admissions (excluding Place of Safety)	385 (14%)	100	259 (19%)	100	351 (21%)	100	995 (17%)	100
Total admissions under Part II	381	99	249	96	348	99	978	98
2	253	35	186	72	123	66	562	56
3	127	64	62	24	224	33	413	42
4	1	0	1	0	1	0	3	0
Total court & prison disposals	4	1	9	4	3	1	16	2

Formal admissions for South Downs Health NHS Trust, East Sussex County Healthcare NHS Trust and West Sussex Health & Social Care NHS Trust and for Sussex 2005-06

Area	West Sussex Health & Social Care NHS Trust		East Sussex County Healthcare NHS Trust		South Downs Health NHS Trust		Sussex (composite)	
Period	2005-06		2005-06		2005-06		2005-06	
		%		%		%		%
Total admissions	1667		1489		NA		NA	
Total formal admissions (excluding Place of Safety)	356 (21%)	100	304 (20%)	100	312	100	972	100
Total admissions under Part II	347	97	284	93	307	98	938	97
2	204	57	185	61	144	46	533	55
3	142	40	99	33	161	52	402	41
4	1	0	0	0	2	0	3	0
Total court & prison disposals	9	3	20	7	5	2	34	3

Formal admissions for Sussex, Kent and England 2005-06

Area	Sussex (composite)		Kent* (composite)		England**	
Period	2005-06		2005-06		2005-06	
		%		%		%
Total admissions	NA		2225		NA	
Total formal admissions (excluding Place of Safety)	972	100	742 (33%)	100	25740	100
Total admissions under Part II	938	97	635	86	24317	95
2	533	55	438	59	14683	57
3	402	41	176	24	8435	33
4	3	0	21	3	1199	5
Total court & prison disposals	34	3	27	4	1361	5

* West Kent Health & Social Care NHS Trust and East Kent NHS and Social Care Partnerships NHS Trust (Part X admissions under Section 135 & 136 have been excluded for comparative purposes)

** All NHS facilities (including high security psychiatric hospitals) (Part X admissions under Section 135 & 136 have been excluded for comparative purposes)

Formal admissions for Sussex, Kent, Surrey and England, 2003-04

Area	All Sussex NHS Trusts		All Surrey NHS Trusts		All Kent NHS Trusts		All England NHS Trusts	
Period	2003-04		2003-04		2003-04		2003-04	
		%		%		%		%
Total admissions	NA		NA		NA		NA	
Total formal admissions (excluding Place of Safety)	938	100	401	100	660	100	24805	100
Total admissions under Part II	903	96	393	98	641	97	23468	95
2	597	64	224	56	444	67	13650	55
3	298	32	120	30	182	28	8235	33
4	8	1	49	12	15	2	1583	6
Total court & prison disposals	35	4	8	2	19	3	1322	5

Total formal admissions have grown steadily in Sussex over recent years from 938 to 995 (17% of all admissions), in relation to a population of approximately 1.55 million people. This reflects the national trend. Kent, by contrast, in 2005-06 recorded a lower number of formal admissions (742) which is 33% of a significantly lower figure for total admissions (2225), in relation to a slightly larger population of approximately 1.6 million people. This suggests a different method of calculating numbers of admissions, which is confirmed by the fact that between 2005-06 and 2006-07, the number of admissions recorded within West Sussex has apparently risen from 1667 to 2834 while the number for East Sussex is almost the same. However, even taking this into account, the proportion of all admissions which are formal detentions under the Mental Health Act may be significantly (10%) lower than in Kent.

The proportion of Section 3 admissions within East Sussex locality for 2006-07 (24%) is low relative to West Sussex (33%) and significantly low relative to Brighton & Hove (64%). The proportion of Section 2 admissions is correspondingly high (72%) – even higher than West Sussex and twice that of Brighton & Hove. These proportions are even more marked than they were in 2005-06. This may well reflect differences in practice between ASWs in these areas. In East Sussex, the practice is generally to use Section 2 initially for new admissions, even in the case of well known patients, whereas in other localities, there is a tendency to use Section 3 more on admission, especially where the patient is known to the team. The West Sussex and Brighton & Hove practice appears to reflect the Code of Practice guidance. However, the East Sussex practice appears to reflect Richard Jones advice as detailed on page 11.

Uses of Section 2 and Section 3 for 2006-07 are inversely proportional between West Sussex, with two thirds of admissions being on Section 2, and Brighton & Hove, with two thirds of admissions being on Section 3, compared to a near 50-50 split when Brighton & Hove locality was South Downs Health NHS Trust in 2005-06.

Section 4 (emergency admission) is hardly used at all in Sussex Partnership NHS Trust, compared to a national average of 5-6% of formal admissions. Use appears to have varied in Kent and Sussex, with an increase from 2-3% in Kent in recent years but a fall from 12% (twice the national average) to less than 1% in Surrey over the same period.

Total court and prison disposals (diversions from the criminal justice system of mentally disordered offenders into hospital care) fell slightly in 2006-07, to 2% approximately half the national average (5%). Nationally, disposals stayed the same between 2005-06 and 2006-07, but have fallen by a fifth since 1995-06.

Use of Section 2 and Section 3

Use of Section 2 and Section 3 by locality and for Sussex Partnership NHS Trust, 2006-07

Locality/Area	West Sussex		East Sussex		Brighton & Hove		Sussex Partnership NHS Trust	
Period	2006-07		2006-07		2006-07		2006-07	
		%		%		%		%
Total uses of MHA 1983 sections (excluding place of safety)	692	100	533	100	587	100	1812	100
Section 2								
Total uses of Section 2	332	48	239	45	145	25	716	40
Admission	253		186		123			
Informal to Section 2	19		27		14			
Section 5(2) to Section 2	30		26		7			
Section 5(4) to Section 2	0		0		1			
Section 4 to Section 2	0		0		0			
Section 3								
Total uses	271	39	165	31	306	52	742	41
Admission	127		62		224			
Informal to Section 3	53		40		28			
Section 5(2) to Section 3	39		20		27			
Section 5(4) to Section 3	0		0		2			
Section 4 to Section 3	0		0		1			
Section 2 to Section 3	52		43		24			
Total uses Sections 2 & 3	603	87	404	76	451	77	1458	81

Use of Section 2 and Section 3 for East Sussex County Healthcare NHS Trust, South Downs Health NHS Trust and West Sussex Health & Social Care NHS Trust and for Sussex, 2005-06

Locality/Area	WSH&SC NHS Trust		ESCH NHS Trust		SDH NHS Trust		Sussex (Composite)	
Period	2005-06		2005-06		2005-06		2005-06	
		%		%		%		%
Total uses of MHA 1983 sections (excluding place of safety)	761	100	609	100	555	100	1925	100
Section 2								
Total uses of Section 2	296	39	251	41	167	30	714	37
Admission	204		185		144			
Informal to Section 2	60		31		5			
Section 5(2) to Section 2	31		33		17			
Section 5(4) to Section 2	0		2		0			
Section 4 to Section 2	1		0		1			

Section 3								
Total uses	297	39	203	33	252	45	752	39
Admission	142		99		161			
Informal to Section 3	57		37		17			
Section 5(2) to Section 3	47		20		26			
Section 5(4) to Section 3	0		0		1			
Section 4 to Section 3	2		0		0			
Section 2 to Section 3	49		47		47			
Total uses Sections 2 & 3	593	78	454	75	419	75	1466	76

Use of Section 2 and Section 3 for Sussex, Kent and England, 2005-06

Locality/Area	Sussex Partnership NHS Trust		Kent (composite)		England	
Period	2006-07		2005-06		2005-06	
		%		%		%
Total uses of MHA 1983 sections (excluding place of safety)	1812	100	2922	100	56884	100
Section 2						
Total uses of Section 2	716	40	1049	36	21592	38 (100)
Admission	562		438		14683	(68)
Informal to Section 2	60		74		3425	(16)
Section 5(2) to Section 2	63		79		2691	(12)
Section 5(4) to Section 2	1		0		32	(0.1)
Section 4 to Section 2	0		20		761	(4)
Section 3						
Total uses	742	41	575	20	22117	39 (100)
Admission	413		176		8435	(38)
Informal to Section 3	121		218		5467	(25)
Section 5(2) to Section 3	86		41		3009	(14)
Section 5(4) to Section 3	2		2		34	(0.2)
Section 4 to Section 3	1		1		179	(0.8)
Section 2 to Section 3	119		137		4993	(23)
Total uses Sections 2 & 3	1458	81	1624	56	43709	77

Once total uses of Section 2 and Section 3 are taken into account, rather than simply their use on a patient's admission to hospital, the discrepancies between the localities regarding the admission figures become disguised as they are offset by corresponding increases or decreases in the use of those sections during the patient's admission. Total uses of Sections 2 and 3 as a proportion of total uses of the Mental Health Act 1983 within Sussex Partnership NHS Trust are consistent with the national average.

However, the current level of use of Section 2 in Brighton and Hove in 2006-07 is significantly low (10% below the national average and 15% below the other localities and Kent).

The total uses of Section 3 recorded for Kent in 2005-06 also appears significantly low, with the total uses of Section 2 and Section 3 being well below the national average as a proportion of total uses of the Mental Health Act 1983. This is unlikely to be a recording error as the figures are the sum of a number of different KP90 totals recorded for two separate NHS Trusts at the time. This remains unexplained, as Kent has a below average number of uses of forensic sections.

Rates of detention per 100,000 population

Area/Trust	Period	Rate of detention per 100,000 population	
Sussex Partnership NHS Trust	2006-07	67	(excludes place of safety admissions)
Sussex (composite)	2005-06	65	(excludes place of safety admissions)
England	2005-06	87	National average
South East SHA area (Kent, Surrey, Sussex)	2005-06	79	
South Central SHA area	2005-06	75	
South West SHA area	2005-06	80	
London SHA area	2005-06	132	Highest nationally
East of England SHA area	2005-06	67	Lowest nationally

Given that the Sussex figures for 2005-06 and 2006-07 exclude place of safety figures (because Sussex had no hospital-based places of safety during these periods and therefore admissions under Section 135 and 136 are excluded), the rates of detention are not properly comparable. However, after adding an average of the place of safety figures for Surrey and Kent for 2005-06 (370 further detentions) to the Sussex figures, the comparable rates of detention might be 91 for 2006-7 and 90 for 2005-06, which are much closer to the 2005-6 national average. However, activity figures collated on the East Sussex Daytime ASW Service for 2006-07 (not reproduced here) suggest that the current total place of safety admissions to police custody and A&E across Sussex Partnership NHS Trust may be significantly higher.

Use of Hospital-based Places of Safety for Surrey 2003-04 and for Kent and England 2005-06

Area	Surrey (composite) 2003-04	%	Kent (composite) 2005-06	%	England (All NHS) 2005-06	%
Section 135	14	1.8	10	1	314	1
Section 136	381	48	335	33	4765	16
Total formal admissions	796	100	1007	100	29884	100

The total number of place of safety detentions in hospital-based places of safety in England has steadily increased from 1,413 in 1995-06 to 5,877 in 2005-06. Of these, the vast majority are detentions under Section 136. This rise may partly be due to better recording but also reflects greater use of hospitals for this purpose. Sussex Partnership NHS Trust is currently developing hospital-based places of safety which will begin operating in 2007-008.

Activity figures collated on the East Sussex Daytime ASW Service for 2006-07 (not reproduced here) (East Sussex includes Beachy Head and has the largest number of place of safety detentions in Sussex Partnership NHS Trust) suggest that the number of hospital-based places of safety in Sussex may exceed those recorded for Surrey and Kent once the hospital-based places of safety in Sussex become fully operational. It remains to be seen what percentage of total formal admissions this might constitute or how it might compare to the national average.

Monitoring the use of the Mental Health Act 1983 – Gender

Formal admissions by gender, by locality, for Sussex Partnership NHS Trust, 2006-07 and England 2005-06

Area	West Sussex		East Sussex		Brighton & Hove		Sussex Partnership NHS Trust		England	
Period	2006-07		2006-07		2006-07		2006-07		2005-06	
		%		%		%		%		%
Total formal admissions	385	100	258	100	351	100	994	100	25740	100

Male										
Total formal admissions	184	48	114	46	188	54	486	49	13940	54
Total Part II admissions	182	47	105	41	185	53	472	47	12693	91
Total courts & prison disposals	2	0.5	9	3.5	3	1	14	1.4	1207	9

Female										
Total formal admissions	201	52	144	54	163	46	508	51	11800	46
Total Part II admissions	199	52	144	54	163	46	506	51	11624	99
Total courts & prison disposals	2	0.5	0	0	0	0	2	0.2	155	1

The locality and Sussex figures are broadly consistent with the national average.

Monitoring the use of the Mental Health Act 1983 – Ethnicity

Ethnicity of Detained Patients – WAAMHS and OPMHS by gender and locality and for Sussex Partnership NHS Trust 2006-07

Locality	West Sussex			East Sussex			Brighton & Hove			Total		
Gender	M	F	Total	M	F	Total	M	F	Total	M	F	Total
White												
British	223	236	459	165	174	339	110	96	206	498	506	1004
Irish	1	2	3	1	0	1	3	4	7	5	6	11
Any Other White Background	17	18	35	5	10	15	11	26	37	33	54	87
Mixed												
White & Black Caribbean	3	0	3	1	1	2	3	0	3	7	1	8
White & Black African	1	2	3	2	0	2	6	0	6	9	2	11
White & Asian	0	1	1	0	0	0	0	2	2	0	3	3
Any Other Mixed Background	1	1	2	0	1	1	1	4	5	2	6	8
Asian or Asian British												
Indian	2	3	5	0	0	0	0	0	0	2	3	5
Pakistani	0	1	1	0	0	0	0	0	0	0	1	1
Bangladeshi	0	0	0	0	0	0	0	2	2	0	2	2
Any Other Asian Background	3	6	9	4	2	6	3	4	7	10	12	22
Black or Black British												
Caribbean	4	2	6	0	0	0	3	0	3	7	2	9
African	4	2	6	2	0	2	5	1	6	11	3	14
Any Other Black Background	4	0	4	1	0	1	2	0	2	7	0	7
Other Ethnic Groups												
Chinese	0	0	0	2	1	3	1	0	1	3	1	4
Any Other Ethnic Background	1	2	3	0	0	0	4	3	7	5	5	10
Not Stated/Recorded												
Not Stated/Recorded	1	9	10	0	0	0	8	4	12	9	13	22
Total	265	285	550	183	189	372	160	146	306	608	620	1228

Ethnicity of Detained Patients – Children and Young People by gender and locality and for Sussex Partnership NHS Trust 2006-07

Locality	West Sussex				East Sussex				Brighton & Hove				Total		
Gender	M	F	Total		M	F	Total		M	F	Total		M	F	Total
White															
British	3	0	3		6	2	8		0	0	0		9	2	11
Irish	0	0	0		0	0	0		0	0	0		0	0	0
Any Other White Background	0	1	1		0	0	0		0	0	0		0	1	1
Mixed															
White & Black Caribbean	0	0	0		0	0	0		0	0	0		0	0	0
White & Black African	0	1	1		0	0	0		0	0	0		0	1	1
White & Asian	0	0	0		0	0	0		0	0	0		0	0	0
Any Other Mixed Background	0	0	0		0	0	0		0	0	0		0	0	0
Asian or Asian British															
Indian	0	0	0		0	0	0		0	0	0		0	0	0
Pakistani	0	0	0		0	0	0		0	0	0		0	0	0
Bangladeshi	0	0	0		0	0	0		0	0	0		0	0	0
Any Other Asian Background	0	0	0		0	0	0		0	0	0		0	0	0
Black or Black British															
Caribbean	0	0	0		0	0	0		0	0	0		0	0	0
African	0	0	0		0	0	0		0	0	0		0	0	0
Any Other Black Background	0	0	0		0	0	0		0	0	0		0	0	0
Other Ethnic Groups															
Chinese	0	0	0		0	0	0		0	0	0		0	0	0
Any Other Ethnic Background	0	0	0		0	0	0		0	0	0		0	0	0
Not Stated/Recorded															
Not Stated/Recorded	0	0	0		0	0	0		0	0	0		0	0	0
Total	3	2	5		6	2	8		0	0	0		9	4	13

Ethnicity of Detained Patients – percentages by locality and for Sussex Partnership NHS Trust 2006-07

Locality	BME number	White British number	Total	BME %	White British %
West Sussex locality	93	462	555	17%	83%
East Sussex locality	33	347	380	9%	91%
Brighton & Hove locality	100	206	306	32.7%	67.3%
Sussex Partnership NHS Trust	226	1015	1241	18.2%	81.8%

Ethnicity of All Mental Health Patients (whether or not detained) – Sussex, Kent, Surrey and England & Wales 2006

The *Count Me In* census surveyed inpatients on the mental health wards of 238 NHS and independent healthcare organisations in England and Wales on 31 March 2006.

NHS Trust name	BME number	White British number	Total	BME %	White British %
England & Wales average				21%	79%
West Sussex Health & Social Care Trust	42	285	332	12.7%	85.8%
East Sussex County Healthcare NHS Trust	22	191	213	10.3%	89.7%
South Downs Health NHS Trust	23	113	136	16.9%	83.1%
Sussex total	87	589	676	12.9%	87.1%
West Kent Mental Health & Social Care NHS Trust	42	285	332	12.7%	85.8%
East Kent NHS & Social Care Partnerships Trust	24	261	285	8.4%	91.6%
Kent total	66	546	612	10.8%	89.2%
Oxleas NHS Trust	132	281	416	31.7%	67.5%
Surrey & Borders NHS Trust	75	377	453	16.6%	83.2%
Surrey total	207	658	865	23.9%	76.1%
South East Coast Strategic Health Authority Area (Kent, Surrey, Sussex)	360	1793	2167	16.6%	82.7%

Ethnicity

Levels people from black and minority ethnic (BME) backgrounds across Sussex are generally lower than the national average, except for Crawley, which is a “new town” at the northernmost tip of West Sussex, with a higher proportion of the population (16%) who identify themselves as of black or minority ethnic origin. Gatwick Airport is adjacent to Crawley and the Trust derives a not insignificant workload from people from all over the world using the airport. There are also pockets of people who have moved to Sussex from Eastern Europe, as well as a number of asylum seekers and people who identify themselves as travellers.

Although the ethnicity figures for *detained* patients within Sussex Partnership NHS Trust record different data (for different periods) from the ethnicity figures for *all mental health inpatients* for Sussex, Surrey, Kent and England, it is significant that within East Sussex approximately the same percentage of BME patients are detained as are mental health inpatients, although the percentage of BME mental health patients is approximately half the national average. In West Sussex, which may be in part due to the proximity of Gatwick Airport and the ethnicity of patients being admitted from there, the percentage of detained BME patients more closely approximates to the national average than to percentage of BME mental health inpatients, which is again lower than the national average, but not as low as in East Sussex.

In Brighton and Hove, however, the percentage of BME patients detained under the MHA 1983 during 2006-07 is approximately double (32.7%) the percentage of BME mental health inpatients in that area (16.9%) on 31 March 2006. While it could be argued that the *Count Me In* survey figure from 31 March 2006 might be unrepresentative, it might nevertheless be the case that twice as many BME patients are detained under the MHA 1983 relative to the White British population in Brighton & Hove locality as are typically mental health inpatients within that locality. In addition, nearly twice as many BME patients were detained in Brighton and Hove compared to West Sussex and over three times as many compared to East Sussex during 2006-07.

While the *Count Me In* figures show that the percentage of BME mental health inpatients in the South East Coast SHA area (particularly East Kent and East Sussex) are between 4% and 13% lower than the national average, which clearly reflects the composition of the population in this area, the Brighton & Hove figures for detained BME patients may reflect national trends which record higher rates of detention among certain ethnic groups. The *Count Me In* survey reports that national rates of detention in Black and White/Black Mixed group were between 19% and 38% higher than average. In the Black Caribbean and Other Black groups, the higher detention rate was apparently largely attributable to higher than average rates of detention under Section 37/41 (diversion from the criminal justice system under a hospital order with Home Office restrictions). However, detentions under civil sections (Part II of the Act) nationally were either lower than average in these groups (Section 2) or no different from average (Section 3), which together make up approximately two thirds of all detentions. No differences in detention rates were apparent nationally for other minority ethnic groups. The *Count Me In* survey thus concludes that it is important not to generalise about people from black and minority ethnic groups, given the very different patterns observed for the various groups.

Objectives for 2007-08

- Revising the provision of statistical data, including CAMHS monitoring
- Reviewing Committee feedback structure via Associate Directors
- Recruiting and training new Associate Hospital Managers and Non Executive Directors
- Mental Capacity Act 2005 – awareness and updates on implementation
- Preparation for implementation of the Mental Health Act 2007
- Mental Health Act Commission – continue to work to address commonly identified issues (S58, S132, S17)
- Implement revised Mental Health Act Department Structure
- Implementation of IT system for MHA administration
- Implementation of Places of Safety – use of the MHA 1983 (s136)
- Further standardisation of non-statutory paperwork and administration procedures across localities
- Improving systems for the provision of Mental Health Review Tribunals and Hospital Managers reports

Section Four - Appendices

Appendix 1:

Brief guide to the most commonly used sections of the Mental Health Act 1983

Appendix 2:

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Development of constitution

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Sussex Partnership NHS Trust Mental Health Act Committee Terms of Reference

Appendix 5:

Internal reporting structure showing responsibility for Mental Health Act 1983 (Board and Localities)

Appendix 6:

Sussex Partnership NHS Trust Inpatient Units

Appendix 7:

Mental Health Act Services Team

Brief guide to the most commonly used sections of the Mental Health Act 1983

Section 2 – A 28 day assessment section to allow for a patient's mental state to be assessed. Treatment for mental disorder can be administered without the patient's consent (with the exception of ECT, see Section 58 below).

Section 3 – Gives the legal authority for a patient with mental disorder to receive treatment for their mental disorder. The Section 3 lasts for up to 6 months, can be renewed by the Responsible Medical Officer for a further 6 months, and then renewed on a yearly basis.

Section 4 (see Code of Practice, Chapter 6) – Admission for assessment in an emergency where the patient meets the criteria for detention under Section 2 but it is not possible to obtain a second medical recommendation and there is evidence that further delay would cause a significant risk of harm and/or serious harm to property and/or the need for physical restraint of the patient. The patient will then be admitted to hospital under Section 4 which will last for up to 72 hours to allow time for a second medical recommendation to be completed which converting the Section 4 to a Section 2.

Section 5(2) (see Code of Practice para 8.1 to 8.17) – Authorises the doctor in charge of the patient's care to detain an inpatient for up to 72 hours where the doctor concludes that an application for admission under one of the relevant sections of the Act is appropriate. The period of detention commences at the moment the doctors report (Form 12) is delivered to the Hospital Managers, or someone authorised to receive such a report on their behalf.

Detention under Section 5(2) will end immediately where either (a) an assessment for admission under section 2 or 3 is made and a decision is taken not to make an application for detention under section 2 or 3; or (b) the doctor decides that no assessment for possible detention under section 2 or 3 needs to be carried out.

Section 5(4) (see Code of Practice para 9.1 to 9.10) – Authorises a nurse of the prescribed class to lawfully prevent an informal in-patient from leaving the hospital for a period of up to 6 hours or until a doctor with the power to use Section 5(2) arrives.

Section 17 (see Code of Practice para 20.1 to 20.13) – Only the Responsible Medical Officer or, in their absence the authorised acting Responsible Medical Officer can authorise the patient to have leave from hospital. The patient can either be given Escorted Leave (Section 17(3)) which puts the detained patient in the custody of the escort, or they can be granted Accompanied Leave which requires another person to accompany the patient, Unaccompanied Leave allows the patient to go out alone, or Extended Leave of Absence for overnight leave. If the patient is also subject to a restriction order (Section 41 or 49), then all leave must be authorised by the Home Office.

Section 19 – Gives authority for patients detained under certain Sections to be transferred to another hospital. Section 19(1) allows for patients to be transferred between Trusts and Section 19(3) allows for patients to be transferred between hospitals that are part of the same Trust.

Section 20 – Authorises the Responsible Medical Officer to renew the detention of a patient if they are subject to either Sections 3 or 37 if they consider that further treatment will likely to alleviate or prevent a deterioration in the patient's mental state. The Hospital Managers are required to review a patient's detention whenever a Responsible Medical Officer renews a patient's detention.

Section 23 (see Code of Practice para 23.1) – Gives the Responsible Medical Officer, Hospital Managers or Nearest Relative the authority to discharge the patient from section.

Section 25a (see Code of Practice para 28.1 to 28.9) – After-care under supervision allows for a patient who has been detained in hospital under certain sections to be made subject to formal supervision when discharged from hospital. It requires the patient to give access to a supervisor, but does not give any legal authority for treatment to be enforced.

Section 37 (see Memorandum para 157-161)– A court can make an order for an offender to be admitted to hospital to receive treatment for a mental disorder. Once admitted to hospital the powers and responsibilities conferred on the RMO by the Section 37 order are similar to those of Section 3.

Section 58 (see of Code of Practice chapter 16) – Provides authority for detained patients (except those under section 4, 5(4), 5(2), 35, 135, 136 and 37(4) and those on a conditional discharge under section 42(2)) to receive certain forms of medical treatment for mental disorder without their consent for the first three months of detention.

For the patient to be given medication after the first three months either the patient's consent must be received (if they have capacity), or, if the patient is refusing to consent or lacks the requisite capacity, a Second Opinion Appointed Doctor should be requested.

In order to be given ECT treatment at any time either the patient's consent must be received (if they have capacity), or, if the patient is refusing to consent or lacks the requisite capacity, a Second Opinion Appointed Doctor should be requested.

Section 62 (see Code of Practice para 16.40 to 16.41) – Allows for urgent treatment to be administered without the patient's consent where the legal criteria is satisfied. It can be used to administer ECT in an emergency or to give medication beyond the first three months.

Section 117 (see Code of Practice Chapter 27) – Places a legal obligation on Health and Social Services to provide after-care for patients who are detained under Sections 3, 37, 45a, 47 and 48.

Where such a patient has a Mental Health Review Tribunal or Hospital Manager's hearing, Health and Social Services are required to ensure that some discussion of after-care needs have taken place prior to the hearing so that suitable after-care arrangements can be implemented in the event of the patient being discharged.

Section 132 (see Code of Practice Chapter 14) – Provides the Hospital Managers with the legal duty to ensure that detained patients are informed of their rights both verbally and in writing. It also requires the Hospital Managers to advise the nearest relative of their rights, unless the patient objects to the nearest relative being contacted.

Section 135(1) – Allows for a magistrate to issue a warrant to authorise an Approved Social Worker to gain access to a property, with the aid of the police, for the purposes of assessing a person who they believe to be suffering from a mental disorder and is at risk of neglect or ill-treatment.

Section 135(2) – Allows for a magistrate to issue a warrant to the police, based on information provided by hospital staff for the purpose of returning to hospital a detained patient who is AWOL (Absent Without Leave) . The warrant will give the police authority to enter the premises along with a member of the Hospital staff (usually a qualified nurse) and physically remove the patient and return them to hospital.

Section 136 (see Code of Practice Chapter 10)– Gives the legal authority for a police officer to remove a person from a public place to a place of safety if they believe that person to be suffering from a mental disorder and to be in need of care and control. The place of safety is agreed by policy and will either be in a hospital or a police custody suite, dependent on the local area policy and facilities.

Glossary of abbreviations

ASW	Approved social worker
AWOL	Absent without leave (Absconding)
DOH	Department of Health
ECT	Electroconvulsive therapy
Form 38	A statutory MHA form completed by the RMO if the patient has capacity and is consenting to treatment
Form 39	A statutory MHA form completed by the SOAD if the patient lacks capacity to consent to treatment or if the patient has capacity but is refusing to consent to treatment
MHA	Mental Health Act 1983
MHAC	Mental Health Act Commission
MHRT	Mental Health Review Tribunal
PMVA	Prevention and management of violence and aggression (approved control and restraint techniques used by a team of trained staff)
RMO	Responsible Medical Officer (Consultant psychiatrist)
Section	Detention under the MHA (various, referred to by the section (numbered paragraph) of the Act to which they relate)
Section 2	Liability to detention for up to 28 days for assessment or assessment followed by psychiatric treatment
Section 3	Liability to detention for up to 6 months for psychiatric treatment
Section 12	Refers to recognition by the DOH that a doctor has special experience in the diagnosis or treatment of medical disorder and is thus authorised by the SHA to make recommendations for detention under the MHA
SHA	Strategic Health Authority
SOAD	Second Opinion Approved Doctor (appointed by the MHAC)

Development and constitution of the Sussex Partnership NHS Trust Mental Health Act Hospital Managers Committee, April 2006

The Committee came into existence in April 2006 following the merger of West Sussex Health and Social Care NHS Trust, East Sussex County Healthcare NHS Trust and the mental health, learning disabilities and substance misuse services from South Downs Health NHS Trust to form Sussex Partnership NHS Trust, with responsibility for mental health services for the whole of Sussex. Previously, each of the former three Trusts had had their own Mental Health Act Committees and the new Committee took over the responsibilities of all three. An Associate Hospital Managers Locality Forum was established for each locality (corresponding to the areas managed by each former Trust) reporting to the Committee, composed of all the Locality Hospital Managers, the Mental Health Act administrators and an Associate Director of Sussex Partnership NHS Trust. The Forums meet bimonthly to carry out the legal responsibilities of the Hospital Managers within each Locality in relation to overseeing the use of the Mental Health Act 1983, to consider any local incidents or problems in detail and to report these to the Committee if it is considered appropriate. The Committee meets bimonthly, alternately with the Forums. For further information, see also the Committee *Terms of Reference*.

Appendix 4: Sussex Partnership NHS Trust Mental Health Act Committee Terms of Reference, April 2006.

The Committee's membership as at 31 March 2007 was as follows:

- Bill Turner (Non-Executive Director) (Chair)
- Melanie Carter (Non-Executive Director)
- Sue Morris (Executive Director, West Sussex and Director with responsibility for the Mental Health Act 1983)
- Marcia Carter (Mental Health Act Services Manager)
- Edward Lepper (Senior Mental Health Act Administrator, West Sussex locality)
- Jolene Pont (Senior Mental Health Act Administrator, East Sussex locality)
- Anne Penfold (Mental Health Act Administrator, Brighton and Hove locality)
- Seamus Watson (Associate Director, Working Age Adult Mental Health Service, West Sussex and Chair of West Sussex Locality Forum)
- Hilary Leigh (Associate Hospital Manager and Chair of Brighton & Hove Locality Forum)
- Gill Temple (Associate Hospital Manager and Chair of East Sussex Locality Forum)
- Dick Ansell (Associate Hospital Manager, West Sussex locality)
- Morag Murray (Associate Director, Working Age Adult Mental Health Services, East Sussex)
- Colin Lindridge (Associate Director, Older People Mental Health Services, Brighton & Hove)
- Vincent Badu (Director of Social Care)
- Dr Kevin O'Shea (Associate Medical Director, West Sussex locality)

Pam Oates (Chair of Sussex Partnership NHS Trust) regularly attended meetings.

The Associate Hospital Managers

The membership of the Associate Hospital Managers Locality Forums as at 31 March 2007 were as follows:

West Sussex

- Seamus Watson (Associate Director, Working Age Adult Mental Health Service, West Sussex) (Chair)
- Julia Franklin (Associate Hospital Manager, West Sussex)
- Edward Lepper (Senior Mental Health Act Administrator, West Sussex)
- Amanda Deane (Mental Health Act Administrator, Northern West Sussex)
- Debbie Hoddinett (Mental Health Act Administrator, Western Sussex)
- Janne Wells (Mental Health Act Administrator, Mid Sussex)
- Lizzie Williams (Mental Health Act Administrator, Adur, Arun & Worthing)
- Dick Ansell (Associate Hospital Manager, West Sussex)
- Jennifer Barker (Associate Hospital Manager, West Sussex)
- Jane Bowen (Associate Hospital Manager, West Sussex)
- Caroline Hansen (Associate Hospital Manager, West Sussex)
- Myra Hayles (Associate Hospital Manager, West Sussex)
- Rubina Khan (Associate Hospital Manager, West Sussex)
- Claire Ockwell (Associate Hospital Manager, West Sussex)
- Geoff Oxlade (Associate Hospital Manager, West Sussex)
- Buddhi Vinitharatne (Associate Hospital Manager, West Sussex)

East Sussex

- Gill Temple (Associate Hospital Manager, East Sussex) (Chair)
- Morag Murray (Associate Director, Working Age Mental Health Services, East Sussex)
- Jolene Pont (Senior Mental Health Act Administrator, East Sussex)
- Alison Hunt (Mental Health Act Administrator, Eastbourne)
- Gary Porter (Mental Health Act Administrator, Eastbourne)
- Andrea Stevens (Mental Health Act Administrator, Hastings)
- Rose Beck (Associate Hospital Manager, East Sussex)
- Anthony Boulter (Associate Hospital Manager, East Sussex)
- Caroline Brookes (Associate Hospital Manager, East Sussex)
- Fiona Carr (Associate Hospital Manager, East Sussex)
- Richard Collison (Associate Hospital Manager, East Sussex)
- Barrie Gent (Associate Hospital Manager, East Sussex)
- Phyllida De Salis (Associate Hospital Manager, East Sussex)
- Carole Millard (Associate Hospital Manager, East Sussex)
- Tim Pearce (Associate Hospital Manager, East Sussex)
- Clif Penny (Associate Hospital Manager, East Sussex)
- Linda Phillips (Associate Hospital Manager, East Sussex)
- Sybil Roughley (Associate Hospital Manager, East Sussex)
- David Tarbuck (Associate Hospital Manager, East Sussex)
- David Watts (Associate Hospital Manager, East Sussex)
- Sue Williams (Associate Hospital Manager, East Sussex)

Brighton & Hove

- Hilary Leigh (Associate Hospital Manager, West Sussex) (Chair)
- Colin Lindridge (Associate Director, Older People Mental Health Services, Brighton & Hove)
- Rebecca Hills (Associate Director, Acute Services, Working Age Adult Mental Health Services, Brighton & Hove)
- Terry Pegler (Associate Director, Community Mental Health Services, Brighton & Hove)
- Anne Penfold (Mental Health Act Administrator, Brighton & Hove)
- John Duffy (Mental Health Act Administrator, Brighton & Hove)
- Jackie Harris (Mental Health Act Administrator, Brighton & Hove)
- Sandy Thompson (Support Service Manager, Brighton & Hove)
- Dr Roy Gimbrett (Consultant Psychiatrist)
- Shyam Beeharee (Inpatient Manager, Nevill Hospital, Older People Mental Health Services)
- David Belgrove (Nurse Manager, Mill View Hospital)
- Deon Loudon (Psychiatric Liaison Nurse, Mill View Hospital)
- Judith Matthews (ASW Locality Manager, Brighton & Hove PCT)
- Jenny Backwell (Associate Hospital Manager, Brighton & Hove)
- Zuzana Bristow (Associate Hospital Manager, Brighton & Hove)
- Julie Bose (Associate Hospital Manager, Brighton & Hove)
- Anne Caborn (Associate Hospital Manager, Brighton & Hove)
- Laurence Coles (Associate Hospital Manager, Brighton & Hove)
- Gerald Creek (Associate Hospital Manager, Brighton & Hove)
- Melanie Gill (Associate Hospital Manager, Brighton & Hove)
- Enid Gilmore (Associate Hospital Manager, Brighton & Hove)
- Alana Gladwell (Associate Hospital Manager, Brighton & Hove)
- Jennifer Keating (Associate Hospital Manager, Brighton & Hove)
- Mo Marsh (Associate Hospital Manager, Brighton & Hove)
- John Parker (Associate Hospital Manager, Brighton & Hove)
- Gaynor Platt (Associate Hospital Manager, Brighton & Hove)

The role and responsibilities of the Associate Hospital Managers were reviewed by the Committee and set out in December 2006 in the *Associate Hospital Managers Recruitment and Review Pack*. The Associate Hospital Managers have significant legal responsibilities in relation to patients detained under the Mental Health Act 1983. As hospital managers, they are, as it were, the legal guardians of the Trust's power to detain patients and they can review at appeal hearings whether the criteria for continued detention of patients are met. However, they are also responsible for ensuring that all detentions are lawful and for monitoring of the use of particular Mental Health Act provisions in the cases of detained patients, such as the use of seclusion and restraint, in addition to being responsible for many of the day-to-day operations which are delegated to the Mental Health Act Administration Department. All these legal responsibilities govern the presentation of statistical data both to the Locality Forums and to the Committee.

See also: Associate Hospital Managers Recruitment and Review Pack, Mental Health Act Hospital Managers Committee, December 2006 (not attached)



MENTAL HEALTH ACT COMMITTEE

TERMS OF REFERENCE (May 2006)

Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Mental Health Act Committee. The Mental Health Act Committee will discharge responsibilities through 3 locality Mental Health Act Forums.

Membership

2 non executive directors (one as Chair)
Executive Director, West Sussex Locality
Director, Social Care
Medical Director
Mental Health Act Services Manager
Chair from each locality Mental Health Act Forum (3)
Associate Hospital Manager from each locality (3)
Senior Mental Health Act administrators (3)

Quorum

1 non executive director
1 executive director
1 associate hospital manager
Mental Health Act Services Manager or 1 Senior Mental Health Act administrator
1 Chair of locality Mental Health Act Forum

Frequency

Bi-monthly

Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference.

Duties

The duties of The Committee can be categorised as follows:

To ensure that the Trust's statutory responsibilities under the Mental Health Act 1983 (and any subsequent amendments) are met.

To produce an Annual Report for the Board

To review and audit the Trust's policies and procedures relating to the Mental Health Act.

To review issues raised through Mental Health Act Commission visits and the Mental Health Act Commission Annual report and receive reports on implementation of recommendations.

To ensure appropriate training programmes are in place for Trust staff and Associate Hospital Managers

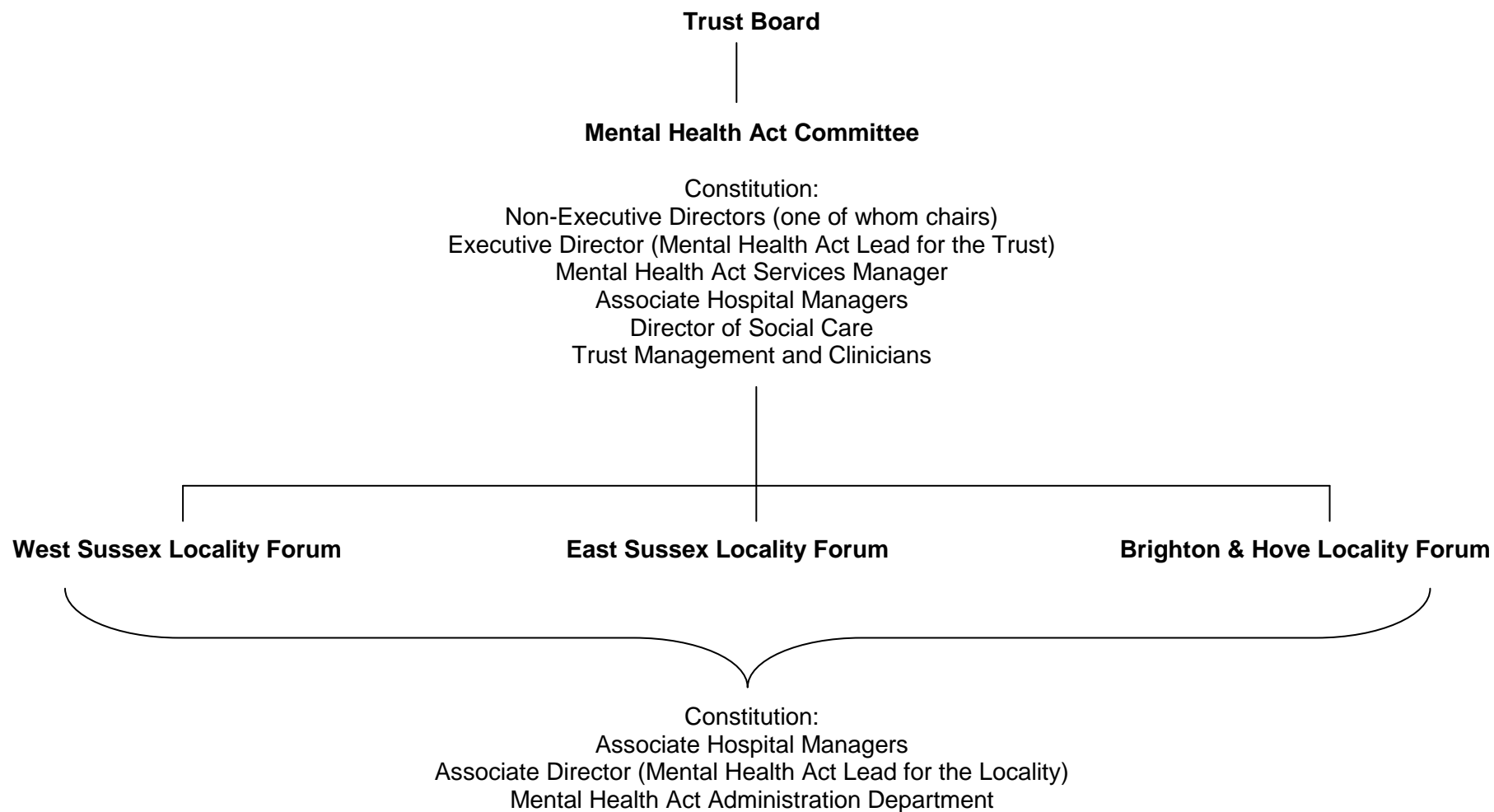
Reporting

The minutes of The Committee's meetings shall be formally recorded and submitted to the Board for information.

Review Date

The terms of reference of the Committee will be reviewed in May 2007

Internal reporting structure showing responsibility for Mental Health Act 1983 (Board and Localities)



Sussex Partnership NHS Trust Inpatient Units (as at 31 March 2007)

Key

CAMHS – Child & Adolescent Mental Health Services; WAA – Working Age Adults Mental Health Services; OP – Older Peoples' Mental Health Services; PLD – People with Learning Disabilities; SSS – Specialist Secure Services

Brighton & Hove

Administrator	Group	Site	Ward Type	Beds
JD/AP	WAA	Caburn Ward, Mill View	Acute	18
JD/AP	WAA	Meridian Ward, Mill View	Acute	17
JD/AP	WAA	Promenade Ward, Mill View	Acute	19
JD/AP	WAA	Regency Ward, Mill View	Acute	20
JD/AP	WAA	Pavilion Ward, Mill View	PICU	10
JD/AP	WAA	Haven Ward, Mill View	Substance Misuse	5
JD/AP	WAA	Hanover Hostel	Recovery	10
JD/AP	WAA	Rutland Gardens	Recovery	11
JH/ST	OP	Brunswick Ward, Neville Hosp	Acute	15
JH/ST	OP	Churchill Ward, Neville Hosp	Acute	20

East Sussex

Administrator	Group	Site	Ward Type	Beds
AH/GP	WAA	Amberley, Eastbourne DGH	Acute	25
AH/GP	WAA	Bodiam, Eastbourne DGH	Acute	18
AH/GP	OP	Beechwood	Acute	16
AH/GP	OP	Heathfield	Acute	16
AH/GP	OP	Milton Court	Acute	14
AH/GP	SSS	Ashen Hill, Hellingly	MSU	20
AH/GP	SSS	Amber Lodge, Hellingly	MSU	6
AH/GP	SSS	Lavender Lodge	Specialist	6
AH/GP	SSS	Southview, Hellingly	Specialist	20
AH/GP	SSS	Rosslyn House, Hellingly	Hostel	4
AH/GP		Amberstone	Rehabilitation	28
AS	WAA	Woodlands, Hastings	Acute	33
AS	OP	St Anne's Centre, Hastings	Acute	28

West Sussex

Administrator	Group	Site	Ward Type	Beds
AD	WAA	Rose Ward, Horsham	Acute	29
AD	OP	Dove Ward, Crawley	Functional Assessment	12
AD	OP	Iris Ward, Crawley	Organic Assessment	12
AD	PLD	Martyn Long Centre, Crawley	Assessment & Treatment	6
(AD)	PLD	Beech House, Crawley	Residential	8
(AD)	PLD	Birch House, Horsham	Residential	7
(AD)	PLD	Elm Lodge, Horsham	Residential	7
(AD)	PLD	The Larches, Horsham	Residential	9
DH	WAA	Mercury Ward, Centurion MH Centre	Acute	15
DH	WAA	Orion Ward, Centurion MH Centre	Acute	15
DH	WAA	Neptune Ward, Centurion MH Centre	PICU	10
DH	WAA	Jupiter House, Centurion MH Centre	Low Secure Rehabilitation	10
DH	WAA	Connolly House, Chichester	Rehabilitation	15
DH	WAA	1 & 2 Foxholme Cottages, Chichester	Continuing Care	8
DH	WAA	1 & 2 Primrose Cottages, Chichester	Continuing Care	8
DH	OP	The Towers ward, Harold Kidd Unit	Functional Assessment	16
DH	OP	Richmond ward, Harold Kidd Unit	Organic Assessment	16
DH	OP	Nightingale ward, Harold Kidd Unit	Slow stream Rehabilitation	12
(DH)	PLD	Hartland Court, Emsworth, Hants	Residential	8
(DH)	PLD	Post Office Cottages, Donnington, Chichester	Residential	6
(DH)	PLD	1 & 2 Police Houses, Nyetimber, Pagham, Bognor Regis	Residential	6
(DH)	PLD	1 & 2 Rotherfield Mews, Midhurst	Residential	8
JW	CAMHS	Sussex Centre for Children and Young People, Princess Royal, Haywards Heath	Acute	12
JW	WAA	Villa Ward, Princess Royal	Acute	24
JW	WAA	Downsview Ward, Princess Royal	PICU	6
JW	WAA	Martlett Lodge, Princess Royal	Recovery	10
JW	OP	Clayton ward, Princess Royal	Functional & Organic Assessment	18
(JW)	PLD	Ash Lodge, Haywards Heath	Residential	7
(JW)	PLD	Aspen Lodge, Haywards Heath	Residential	7

(JW)	PLD	Rowan House, Haywards Heath	Residential	7
LW	WAA	Maple Ward, Meadowfield, Worthing	Acute	16
LW	WAA	Rowan Ward, Meadowfield	Acute	16
LW	WAA	Shepherd House, Worthing	Rehabilitation	15
LW	WAA	Kendall House, Worthing	Continuing Care	10
LW	OP	Larch Ward, Meadowfield	Functional Assessment	18
LW	OP	The Burrowes, Salvington Lodge	Organic Assessment	18
(LW)	PLD	36 Alinora Crescent, Worthing	Residential	6
(LW)	PLD	1, 2, 3 Boundary Close, Worthing	Residential	9
(LW)	PLD	4 The Saltings, Lancing	Residential	6
(LW)	PLD	38 Alinora Crescent, Worthing	Residential	6

PLD – This identifies residential accommodation for people with learning disabilities. These very rarely accommodate detained patients, which is why the responsible administrator's initials are in brackets.

Mental Health Act Services Team (as at 31 March 2007)

The MHA Services Manager, assisted by her Personal Assistant who is also a qualified MHA administrator, manages the MHA Team across all three localities, although the Senior MHA Administrator, West Sussex (who is also the deputy MHA Services Manager) line manages the West Sussex team. Currently, the Support Service Manager, Brighton & Hove line manages the MHA administrators in that locality.

During 2006-07, a revised departmental structure was implemented which will lead to the appointment of Senior MHA Administrators to manage all three Locality MHA Administration teams. The new structure will also see the current temporary MHA Administration posts being put on a permanent footing.

Name	Title	Base	Initials
Amanda Burke	MHAA (senior), East Sussex (currently on maternity leave)	Dept of Psychiatry, Eastbourne DGH	AB
Marcia Carter	MHA Services Manager	Woodlands, Hastings	MC
Amanda Deane	MHAA, West Sussex	Horsham Hospital	AD
John Duffy	MHAA, Brighton & Hove	Mill View, Hove	JD
Jackie Harris	MHAA (Part time), Brighton & Hove	Neville Hospital, Hove	JH
Debbie Hoddinett	MHAA, West Sussex	Centurion MH Centre, Chichester	DH
Alison Hunt	MHAA, East Sussex	Dept of Psychiatry, Eastbourne DGH	AH
Edward Lepper	Senior MHAA, West Sussex	Meadowfield, Worthing	EL
Angela Moss	Temporary administrative assistant	Centurion MH Centre, Chichester (West Sussex)	
Anne Penfold	MHAA, Brighton & Hove	Mill View, Hove	AP
Jolene Pont	MHAA (senior), East Sussex	Woodlands, Hastings	JP
Gary Porter	MHAA (Temporary), East Sussex	Dept of Psychiatry, Eastbourne DGH	GP
Andrea Stevens	MHAA (Temporary), East Sussex	Woodlands, Hastings	AS
Sandy Thompson	Support Service Manager, Brighton & Hove	Neville Hospital, Hove (Line manages Brighton & Hove team; assists JH with MHA)	ST
Sarah Wickenden	PA to MC, MHA Administrator (MHAA), East Sussex	Woodlands, Hastings	SW
Janne Wells	MHAA, West Sussex	Princess Royal, Haywards Heath	JW
Lizzie Williams	MHAA, West Sussex	Meadowfield, Worthing	LW