



MENTAL HEALTH SERVICES POLICY

POLICY FOR THE RECEIPT & SCRUTINY OF MHA DOCUMENTS

1. Introduction

The regulations require specific statutory forms to be used for certain applications, recommendations, decisions, reports and records under the Act. The forms are set out in the regulations themselves.

The regulations state that applications for detention under the Act must be delivered to a person who is authorised by the Hospital Manager to receive them. That person must make sure that they are in the proper form, as incorrectly completed or indecipherable forms may not constitute authority for a patient's detention.

ALL FORMS MUST BE RECEIVED & CHECKED BY

- **THE NOMINATED NURSE RECEIVING THE ADMISSION AND THEN**
- **SCRUTINISED BY THE NURSE IN CHARGE OF THE SHIFT**

2. Receipt & Scrutiny of Documents

There are distinctions between receiving documents and scrutinising them.

- Receipt involves physically receiving documents and checking that they appear to amount to an application that has been duly made (since that is sufficient to give managers the power to detain the patient)
- Scrutiny involves more detailed checking for omissions, errors and other defects and, where permitted, taking action to have the documents rectified after they have already been acted on.

When a patient is being admitted on the application of the Approved Mental Health Profession (AMHP) the receiving officer should go through the documents and check their accuracy with the AMPH

Medical recommendations should also be scrutinised by someone with appropriate clinical expertise to check that the reasons given appear sufficient to support the conclusions stated in them.

3. Invalidating Deficiencies

Deficiencies that render the Application invalid and further detention of the patient unlawful for example:

- Applications and Medical Recommendations completed outside of the specified time limits.

- Applications or Medical Recommendations signed by an unauthorised person e.g. an applicant who is not the nearest relative or an AMHP; a doctor who is not registered.
- Application or Medical Recommendation with no signature
- Conveying patients to hospital outside of the specified time limit.
- Use of incorrect forms for the section under which the patient is to be detained
- Significant miss spelling or illegibility of patient's name

4. Rectifiable Deficiencies

Genuine minor errors and omissions in the compilation of the documents where such error or omissions misrepresent the fact that the correct procedure was followed.

In such cases, the defective documents must be returned to the Applicant as quickly as possible with a covering letter, on behalf of the MHA Managers, identifying the deficiency. The rectified document must be returned to the Hospital Management within 14 days of the patient's admission otherwise authority to detain the patient may lapse. Examples of rectifiable deficiencies are:

- Date entered incorrectly when in fact the procedural timescale laid down were adhered to
- Minor spelling errors or omissions relating to names, places or qualifications
- Medical recommendations containing insufficient details of the patient's condition
- Medical recommendations, which are each in themselves correct, but where neither are from an approved clinician. Further Medical recommendation must be sought from an Approved Clinician.

5. General

In practice, staff receiving admission documents may accept them at face value. In other words, if the contents of the documentation appear to conform to regulations, receiving staff can accept them as valid even though the actual procedure may not have been followed correctly.

Where a nominated officer or managers become aware that the procedure has not been followed they must investigate the circumstances of the admission and the continued validity of the detention.

A comprehensive checklist has been produced to assist staff in their perusal of admission documents.

NOVEMBER 2008

TO BE REVIEWED NOVEMBER 2011

FILE: PAT New Mental Health Policies



Mental Health Services

ADMISSION FOR TREATMENT

Section 3 – CHECKLIST

PATIENT'S NAME: _____
HOME _____

FOR ALL DOCUMENTS

1. a) Is the Patient's Correct name and address the same on all documents? **YES/NO**

APPLICATION

2. *a) Is there an Application on Form A6 or Form A5? **YES/NO**
- *b) If the Application is on Form A5, has it been signed and dated by the nearest relative? **YES/NO**
or
 If the Application is on Form A6, has it been signed and dated by an Approved Mental Health Professional? **YES/NO**
- *c) Is the date on which the Applicant last saw the patient within 14 days of the date of the Application? **YES/NO**

MEDICAL RECOMMENDATIONS

3. *a) Have 2 Medical Recommendations now been received, on Form A8? **YES/NO**
- *b) Have both Medical Recommendations been signed by the two doctors? **YES/NO**
- *c) Are the dates of the medical examinations by the two doctors the same or not more than 5 days apart? **YES/NO**
- d) Is one of the Medical Recommendations signed by a **YES/NO**

- doctor previously acquainted with the patient?
- e) If NO, has it been explained why this is not so? **YES/NO**
- *f) Is one of the Medical Recommendations signed by a doctor approved for the purpose of Section 12 of the Act? **YES/NO**
- *g) Are the dates of signature on both Medical Recommendations on or before the date of the Application on Form A5 or A6? **YES/NO**
- h) Is the date of admission on Form H3 within 14 days of the later Medical Recommendation? **YES/NO**
- i) Do the Medical Recommendations state why informal admission is not appropriate? **YES/NO**
- j) Is the patient stated to be suffering from a mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital? **YES/NO**
- k) Does the Form A8 state whether the AC is approved under Section 12 of the Act as having special experience in the diagnosis of treatment of mental disorder? **YES/NO**
- *l) Does the form of mental disorder agree with the medical recommendation(s) (Form A8) and with the Application Form A6 (if applicable)? **YES/NO**
4. Has Form H3, the Record of Admission been fully completed and signed? **YES/NO**

FOR ALL DOCUMENTS

6. a) Are all alternatives/options deleted? **YES/NO**
- b) Is handwriting legible? **YES/NO**
7. Has the patient been informed of his/her legal status and rights and been issued with Leaflet 7? **YES/NO**
8. Does the patient want his/her nearest relative to be sent a copy of the rights leaflet? **YES/NO**

PLEASE NOTE

Ensure that **ALL** forms mentioned have been completed.

* Indicates non-rectifiable errors.

If the answer to questions marked * is **NO**, the documents must be declared invalid and there is no authority to detain the patient. New forms will have to be provided.

For all other questions where the answer is **NO**, arrangements may be made by Mental Health Act staff for the documents to be amended by the person originally completing them.

Any amendments are to be made within 14 days of the documents being originally completed.

TO BE COMPLETED AT THE MENTAL HEALTH ACT OFFICE

Checked by: _____ Paperwork valid/invalid
 record (If invalid, please
 who informed and date)

Date: _____

Date Leaflet issued to nearest relative: _____

