

309 Wellington House 133-155 Waterloo Road London SE1 8UG

#### THE MENTAL HEALTH ACT 1983

## GUIDANCE FOR GENERAL PRACTITIONERS : MEDICAL EXAMINATIONS AND MEDICAL RECOMMENDATIONS UNDER THE ACT

#### Introduction

1. The purpose of this guidance is to assist GPs in understanding the processes involved in undertaking mental health assessments under the Mental Health Act 1983 and to clarify their role in those processes.

#### The role of the GP

2. GPs play a vital role in caring for the mental health needs of their patients. Arranging or undertaking assessments of their patients for possible compulsory admission to hospital for assessment and/or treatment is an important part of that task. GPs can bring detailed knowledge of the patient, including relevant information about their medical history, and sometimes about their personal situation, that may be important for a proper understanding of the person's circumstances and assessing whether compulsory powers should be used.

#### The role of the "applicant" for admission to hospital under the Act

3. In addition to the medical recommendations which doctors make there must also be an application for the admission of a person to hospital under the Act. The applicant may be an "approved social worker"(ASW) or the "nearest relative". However the Code of Practice states that it is usually preferable for the ASW to do this and doctors should advise nearest relatives of this. The applicant cannot make an application unless or before the requisite medical recommendations have been received.

## Initiating an assessment under the Act

4. GPs are frequently approached in the first instance by a relative or other carer of a patient, worried about the mental health of a patient. Following his/her own assessment it is normal practice for the GP to request a domiciliary visit by a consultant psychiatrist where this is warranted. If following an examination by the consultant psychiatrist a patient needs admission to hospital and it appears that informal admission is not appropriate an ASW should be contacted to make arrangements for the patient to be formally assessed for admission to hospital

under the Act. There will be situations, however, for example where an emergency admission is required, where it is not possible or practicable for a consultant psychiatrist to examine a patient before a request for a compulsory admission to hospital is made. In these situations the GP should approach the ASW directly.

- 5. Where a GP does not have a telephone number for the ASW Service it should be possible to contact the duty ASW both during and out of normal office hours by ringing the general telephone number for the SSD or local council.
- 6. Where the patient is thought to need hospital admission but is unwilling to be admitted to hospital as a informal patient the ASW will make the arrangements for the patient to be formally assessed for admission under the Act. The ASW will usually ask the GP to carry out a medical examination and, if appropriate, provide a written medical recommendation for detention of the patient under the Act.

#### The Mental Health Act 1983

- 7. The Act makes statutory provision for the compulsory assessment, care and treatment in hospital of patients with a mental disorder as defined in section 1 of the Act <sup>1</sup>. The patient may be in the community or in hospital at the time of assessment. The most common civil sections of the Act under which patients are compulsorily admitted to a hospital are:
- section 2 : admission to hospital for up to 28 days for assessment,
- section 3: admission to hospital for up to 6 months for treatment and
- section 4 : admission on an emergency basis for up to 72 hours.
- 8. A patient may also in some circumstances be detained by the police under section 136 to enable him to be examined by a registered medical practitioner and interviewed by an approved social worker. Where this happens the patient's GP, where known, will usually be contacted.
- 9. Except in the case of emergencies, applications for compulsory admission to hospital require two written medical recommendations based on current medical examinations of the patient. An ASW<sup>2</sup> co-ordinates the mental health assessment procedure. He/she has a duty to interview the patient, consult the nearest relative, where practicable, and to arrive at an independent decision as to whether or not a patient should be admitted to hospital for assessment and/or treatment.
- 10. The ASW's application for the compulsory admission to hospital of a patient must be founded on the medical recommendations and it cannot therefore be made until the medical examinations have taken place and the medical recommendations have been completed and received by the ASW.

<sup>1</sup> In the Act, mental disorder means "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind."

The ASW will also be able to explain what is required under the other provisions of the Act (guardianship, supervised discharge, aftercare) should a GP be asked to provide input under these provisions.

#### The Medical Recommendations

- 11. The recommendations required for the purposes of an application for admission to hospital under the Act have to be provided by two doctors ("registered medical practitioners") who have personally examined the patient either jointly or separately. In the case of an application for an "emergency admission" under section 4 however only one medical recommendation is required. This recommendation may also be provided by a GP.
- 12. First medical recommendation: Every application must be supported by a recommendation from a practitioner approved under section 12(2) of the Act "as having special experience in the diagnosis or treatment of mental disorder". Health Service Guidelines HSG (96)3, available from the Department of Health (see details below), sets out criteria for approval under section 12(2) of the Act. GPs may also apply to become "section 12 approved". The local HA should be able to provide further information about what is required.
- 13. Second medical recommendation: In accordance with section 12(2) of the Act the second recommendation shall, if practicable, be provided by a doctor with "previous acquaintance" with the patient unless the doctor making the first medical recommendation has previous acquaintance with the patient. GPs are often best placed to undertake this role, and do not need to be specially approved under the Act to do so. Where there is no obvious person to provide the second medical recommendation, for example, because the patient is not registered with a GP or is not known to local mental health services, another section 12 approved doctor is usually asked to assess the patient. In cases where this is not practicable any registered medical practitioner may provide the second recommendation as long as they do not work in the same hospital as the doctor providing the first recommendation.

#### Notes:

- First and second medical recommendations must be made on the relevant statutory forms. (See Appendix 1 for copies of the forms to be used)
- There are different forms for separate and joint medical recommendations and care should be taken that the correct form is completed in each case. An incorrectly completed form may make an application for detention invalid. Examples of correctly completed forms are attached in Appendix 1.
- The second medical recommendation may be completed before the first but the medical examinations must be completed within 5 clear days of each other.
- The Code of Practice states that "unless there are good reasons for undertaking separate assessments, assessments should be carried out jointly by the ASW and doctor(s)". When this is not possible a doctor may undertake the examination, make the recommendation and, where clinically appropriate, leave the scene. However, he/she must make arrangements for the form to be given to the ASW or to the admitting hospital in those instances where the patient is already an inpatient. But "it is essential that at least one of the doctors undertaking the medical assessment discusses the patient with the applicant (ASW or nearest relative) and desirable for both of them to do this". (Code of Practice, para 2.3)
- Health Authorities are required to maintain and provide lists of section 12 approved doctors.

#### **Good Practice**

14. It will generally be in the interests of good patient care for a GP to undertake the second medical examination when a patient on their list is being considered for compulsory admission to hospital because of the knowledge of the patient's circumstances and medical history they may have. But GPs are not obliged to undertake such assessments and the NHS (General Medical Services) 1992 Regulations specify that a GP is not required to visit a patient at a place outside the practice area.

### Conflict of interest

15. Section 12(5) prohibits certain people from making medical recommendations in support of an application for a patient's compulsory admission to hospital under this Act. This includes, for example, circumstances where the person making the recommendation "receives or has an interest in the receipt of any payments" made for that patient's care. However, a general practitioner who is employed parttime in a hospital is allowed to make medical recommendations in respect of patients who may be admitted to that hospital.

## The medical examination and recommendation

- 16. The Code of Practice provides guidance to doctors, managers and staff of hospitals and registered mental nursing homes, and ASWs on how they should proceed when undertaking duties under the Act. Chapter 2 sets out what factors should be considered during formal assessments under the Act. The assessment should include consideration of:
- a. whether the patient is suffering from mental disorder within the meaning of section 1 of the Act; and if so,
- b. whether the mental disorder is sufficiently serious to need further assessment and/or medical treatment in hospital; and
- c. whether the patient needs to be compulsorily admitted under the Act in the interests of his or her own health or safety, and/or for the protection of other people.
- 17. The informal admission of a patient should always be considered as the first option. The Code of Practice indicates that this "is usually appropriate when a mentally capable patient consents to admission". If informal admission is found not to be appropriate, the full reasons for this should be stated at (c) on Forms 3 and 4 (see Appendix 1). The doctor will also be required to set out on the form those aspects of the patient's symptoms and behaviour that lead him/her to conclude that the legal criteria for admission under the Act are met.

## "Previous Acquaintance with the Patient":

18. According to the Code of Practice a doctor with "previous acquaintance" of a patient is "one who knows the patient personally in his or her professional capacity". However, patients registered with one GP in a practice are sometimes known to and seen by other GPs within the practice. When a request for a medical examination under the Act is made GPs will need to consider on a case-

by-case basis what knowledge they have of the patient, and how useful that knowledge is to the decision-making process

## Payment and claiming fees

19. A fee can be claimed each time a formal medical examination under the Act is carried out, whether or not this results in a medical recommendation for admission being made. The entitlement arises only where the examination was requested by an ASW, the consultant psychiatrist or the hospital, in the context of a possible use of the Act. It is the responsibility of the HA to pay such fees. The current fees are set out in section A, paragraph 3 of the BMA's Fees Guidance Schedule 2, 'Work for Local Authorities'. Doctors should clarify arrangements within their own area for claiming fees. The HA or ASW should be able to provide further details. Currently the fees payable are £59.70 for section 12 approved doctors, and £49.00 for other registered medical practitioners excluding travel expenses.

#### "Out-of-hours" assessments under the Mental Health Act

- 20. Every effort should be made by all concerned to complete assessments for possible compulsory admission under the Act during normal working hours to ensure that all available information is taken into account before an application is made. Where a medical recommendation is required out of hours, provision differs across the country. Planning for providing an out of hours service needs to take proper account of the individual health economy in which the service is delivered and the recent Review of GP Out-of-Hours Services recommends that PCTs (or PCGs and Health Authorities) are given responsibility for planning an integrated GP out-of-hours service in their local area. This should include links to the mental health out-of-hours service and ensure provision for making medical recommendations (s12 approved doctors' medical recommendations and second medical recommendations) under the Mental Health Act 1983 is in place in a mutually supportive way.
- 21. The provision of information about patients will ultimately be met by the introduction of the single Electronic Health Record which will assist ASWs in determining whether an application under the Act is appropriate. In the meantime, out-of-hours providers including NHS Direct, GP co-ops and others will need to develop systems for the sharing of clinical data for patients with special needs.
- 22. NHS Direct is developing a specific programme to address the mental health needs of callers. The service is increasingly becoming one of the major gateways to services out of hours and consideration is being given to how best to support and facilitate faster access to local services linking with out of hours provision. Two mental health pilots in Walk-in Centres linked to primary care are being established. Guidance has been issued with regard to the confidentiality needs of its callers, professionals and patients.
- 23. The Independent Review of GP Out-of-Hours Services (*Raising Standards for Patients, New Partnerships in Out-of-Hours Care*) was published at the end of October 2000 and the Out-of-Hours National Advisory Group is considering a

range of options to address the recommendations. Further information is available at <a href="https://www.doh.gov.uk/pricare/oohreport.htm">www.doh.gov.uk/pricare/oohreport.htm</a>.

## Patients who are in hospital

- 24. Patients admitted to hospital, either as informal patients or under an emergency section of the Act will sometimes need to be detained under another section of the Act. In these situations GPs may be asked to undertake an examination and, if appropriate, provide a second medical recommendation. Where it is appropriate for them to do so, they should respond to such requests as quickly as possible because further care and treatment cannot be provided under compulsory powers until the medical recommendations have been made and an application has been submitted to the hospital.
- 25. When it is necessary to make corrections to a form after a patient has been admitted to hospital under the Act, the corrected form has to be received by the managers of the hospital within 14 days of the date of the original application by the ASW.

12 July 2001 Department of Health

This guidance can be accessed on <a href="http://www.doh.gov.uk/mhact1983.htm">http://www.doh.gov.uk/publications/pointh.html</a>

#### **Further details from:**

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Fax: 020 7972 4451

## **Further Information**

#### Mental Health Act 1983: Code of Practice

Published in March 1999 by The Stationery Office: ISBN 0-11-322111-8: Tel: 020 7873 9090. Fax: 020 7873 8200. Available on Department of Health website: http://www.doh.gov.uk/mhact1983.htm

#### Mental Health Act 1983: Memorandum on Parts I to VI, VIII and X

Published in March 1998 by The Stationery Office: ISBN 0-11-322112-6: Tel: 020 7873 9090. Fax: 020 7873 8200. Available on Department of Health website: http://www.doh.gov.uk/mhact1983.htm

**Mental Health Act Manual** by Richard Jones MA, Solicitor - 6th edition Published in 1999 (reprinted 2000) by Sweet and Maxwell Ltd, 100 Avenue Road, Swiss Cottage, London NW3 3PF (ISBN 0-421-67480-6): website: http://www.smlawpub.co.uk

**The Mental Health Act 1983: GPs' responsibilities** - Guidance for GPs in England and Wales, November 1999
British Medical Association, BMA House, Tavistock Square, London WC1H 9JP

Mental Health Act Commission: Guidance Note – GN 1/2000 - (Reissued May 2000) – General Practitioners and the Mental Health Act.

Maid Marian House 56 Hounds Gate, Nottingham NG1 6BG

Tel: 0115 943 7100. Fax No: 0115 943 7101. website <a href="http://www.mhac.trent.nhs.uk">http://www.mhac.trent.nhs.uk</a>

**Mental Health Act Statutory Forms Manual** - Institute of Mental Health Act Practitioners and Trecare NHS Trust (IMHAP), 4 Redan Street, Ipswich IP1 3PQ. Phone/Fax 01473 218630: E-mail - <a href="marsenluther@flexnet.co.uk">marsenluther@flexnet.co.uk</a>

**Health Service Guidelines - HSG (96)3** - Approval of Doctors under section 12 of the Mental Health Act 1983 - Issued February 1996 Available from Department of Health, Room 308, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Independent Review of GP Out-of-Hours Services (Raising Standards for Patients, New Partnerships in Out-of-Hours Care), October 2000 Further information is available at http://www.doh.gov.uk/pricare/oohreport.htm

Turner information is available at <a href="http://www.doir.gov.ak/pricare/oonreport.htm">http://www.doir.gov.ak/pricare/oonreport.htm</a>

Making a Difference - Reducing GP Paperwork - available from Leslie Mayne at the Cabinet Office

Tel: 020 7276 2170 or e-mail psinfo@cabinet-office.x.gsi.gov.uk)

#### **APPENDIX 1**

## FORMS TO BE USED IN MAKING MEDICAL RECOMMENDATIONS FOR ADMISSION TO HOSPITAL UNDER THE MENTAL HEALTH ACT 1983

section 2: Form 3 (Joint Medical Recommendation for Admission for Assessment) or Form 4 (Medical Recommendation for Admission for Assessment)

section 3: Form 10 (Joint Medical Recommendation for Admission for Treatment) or Form 11 (Medical Recommendation for Admission for Treatment)

**section 4 :** Form 7 (Medical Recommendation for Emergency Admission for Assessment)

- The "joint medical recommendations" forms should only be used when the two doctors have examined the patient together.
- Annotated forms (examples of how the forms could be completed) and clean forms (provided by IMHAP) are attached. These forms may be photocopied but they should preferably be photocopied on pink paper so that they can be easily identified.
- ASWs also often provide the forms. Faxed forms may be used in emergencies provided an original form follows.
- It is important that the forms are completed correctly. An incorrectly completed form may make an application for detention invalid.

## Joint medical recommendation for admission for assessment

#### Mental Health Act 1983 Section 2

## THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and	We	
addresses of both		
medical practitioners)		
( 1.11	registered medical practitioners, recommend that	
(name and address of patient)		
	be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983	
(name of first	I	
practitioner)		
(date)	last examined this patient on	
*Delete if not applicable	*I had previous acquaintance with the patient before I conducted that examination.  *I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.	
(name of second practitioner) (date)	I last examined this patient on	
(dute)	and oranimou this patient on	
*Delete if not applicable	*I had previous acquaintance with the patient before I conducted that examination.	
11	*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.	

We are of the opinion

	(a) wari		this patient is suffering from a mental disorder of a nature or degree which the detention of the patient in a hospital for assessment		
	AND				
Delete the indents not applicable	(b)	this patient ought to be so detained			
		(i)	in the interests of the patient's own health		
		(ii)	in the interests of the patient's own safety		
		(iii)	with a view to the protection of other persons		
	AND				
- - - -	(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-				
	(The full reasons why informal admission is not appropriate <u>must</u> be given)				
-					
	Sign	ıed	Date		
	Sign	ied	Date		

# Medical recommendation for admission for assessment

#### Mental Health Act 1983 Section 2

(full name and	I		
address of medical practitioner)			
F,	a registered medical practitioner, recommend that		
(full name and address	a registered incured practitioner, recommend that		
of patient)			
	be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983		
	I last examined this patient on		
(date)			
*Delete if not applicable	*I had previous acquaintance with the patient before I conducted that examination.		
	*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.		
	I am of the opinion		
	(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment		
	AND		
Delete the indents not applicable	(b) that this patient ought to be so detained		
not applicable	<ul><li>(i) in the interests of the patient's own health</li><li>(ii) in the interests of the patient's own safety</li><li>(iii) with a view to the protection of other persons</li></ul>		
	AND		
	(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-		
	(The full reasons why informal admission is not appropriate <u>must</u> be given)		
•			
•			
	Signed Date		

## Medical recommendation for emergency admission for assessment

#### Mental Health Act 1983 Section 4

## THIS FORM IS ONLY TO BE USED FOR AN EMERGENCY APPLICATION

(full name and	I		
address of			
medical practitioner)			
(full name and	a registered medical practitioner, recommend that		
address of patient)			
address of patient,			
	be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983		
(date)	I last examined this patient on		
(time)	at		
*Delete if not applicable	*I had previous acquaintance with the patient before I conducted that examination.		
	*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.		
	I am of the opinion		
	(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period		
	AND		
Delete the indents not	(b) that this patient ought to be so detained		
applicable	<ul><li>(i) in the interests of the patient's own health</li><li>(ii) in the interests of the patient's own safety</li><li>(iii) with a view to the protection of other persons</li></ul>		
	AND		
	(c) that informal admission is not appropriate in the circumstances of this case.		

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

(state reasons)	In my opinion an emergency exists, provisions would cause about such a delay might result in harm as	follows	that compliance with those hours' delay, and I consider
	to		
	*(a) the patient *(b) those now caring for him *(c) other persons.		
	I understand that the managers of the ask me for further information relevant		
	I was first made aware that his cond warrant immediate admission to hos		nxiety, such that it might
†Delete whichever do not apply	†(a) Today at (time) †(b) Yesterday †(c) On (date if within one week) †(d) more than a week ago		
	Signed	I	Date
		7	Гіте

## Joint medical recommendation for admission for treatment

#### Mental Health Act 1983 Section 3

## THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and	We
addresses of both	
practitioners)	
	registered medical practitioners, recommend that
(full name and address	
of patient)	
	be admitted to hospital for treatment in accordance with Part II of the Mental Health Act 1983
(name of first	I
practitioner)	1
•	
(date)	last examined this patient on
*Delete if not	$^{\ast}\mathrm{I}$ had previous acquaintance with the patient before I conducted that examination.
applicable	*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.
(name of second practitioner)	I
(date)	last examined this patient on
*Delete if not applicable	stI had previous acquaintance with the patient before I conducted that examination.
applicable	*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

	In our opinion this patient is suffering from -	
	(complete (a) or (b))	
**Delete the phrase which does not apply	(a) mental illness/severe mental impairment ** and or degree which makes it appropriate for him to recohospital;	
	(b) psychopathic disorder/mental impairment ** a nature or degree which makes it appropriate for him hospital and such treatment is likely to alleviate or p condition.	to receive medical treatment in a
	This opinion is founded on the following grounds:-	
	(Give clinical description of the patient's mental cor	ndition)
•		
	We are of the opinion that it is necessary	
Delete the indents not applicable	(i) in the interest of the patient's own health	
muents not applicable	(ii) in the interests of the patient's own safety	I
	(iii) with a view to the protection of other per	rsons
	that this patient should receive treatment and it can detained under section 3 of the Act, for the following	
	(Reasons should indicate whether other methods of treatment or local social services authority services) not appropriate, and why informal admission is not	are available and if so why they are
		_
	Signed	Date
	Signed	Date

# Medical recommendation for admission for treatment

#### Mental Health Act 1983 Section 3

(full name and address of	Ι		
practitioner)			
(full name and address	a registered medical practitioner, recommend that		
of patient)			
	be admitted to hospital for treatment in accordance with Part II of the Mental		
	Health Act 1983		
(date)	I last examined this patient on		
*Delete if not applicable	$^{*}(a)$ I had previous acquaintance with the patient before I conducted that examination.		
	*(b) I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.		
	In my opinion this patient is suffering from -		
	(complete (a) or (b))		
**The phrase which does not apply <u>must</u> be deleted	(a) mental illness/severe mental impairment ** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;		
	(b) psychopathic disorder/mental impairment ** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.		
	This opinion is founded on the following grounds:-		
	(Give clinical description of the patient's mental condition)		
•			
	I am of the opinion that it is necessary		
Delete the	(i) in the interest of the patient's own health		
indents not applicable	(ii) in the interests of the patient's own safety		
	(iii) with a view to the protection of other persons		

not appropriate, and why informal admi:	
Signed	Date

## Joint medical recommendation for admission for assessment (s.2)

When deciding whether to detain under s.2 or s.3, use chapter 5 of the Code and the list of 'pointers'. Remember that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

HAVE THE RIGHT Makes sure that all **FORM** Form 3 names and addresses Joint medical recommendation for Mental Health Act 1983 This form is for **joint** are correct and are admission for assessment medical correctly spelt. This recommendations for THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESEN is very important. admission for assessment (s.2) only. Use it if you (full names and addresses of both dical practitioners) WE RUTH CAROLINE FOWLER and the other medical EIGHT STREET NINESVILLE CORNWALL practitioner have TR40 IBC NOTE THAT examined the patient ALAN HOWARD JACKSON (i) At least one of the together. Use FORM 4 if 3, FOUR STREET, FIVESVILLE, recommending you examine the patient TR30 2BC practitioners should have registered medical practitioners, recommend that independently. been approved under JOSEPH PAULWICKS s.12; 1, TWO STREET, THREESVILLE CORNWALL AND 1245 1ZA (ii) If neither of you has be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983. Enter here the dates on had previous which you each last acquaintance with the examined the patient. patient, the appropriate As this is a **joint** medical section on the I RUTH CAROLINE FOWLER recommendation the application form must dates should be the last examined this patient on &9 DECEMBER 1998 be completed to explain same. Also note that the why \*I had previous acquaintance with the patient before I conducted that examination patient must be admitted \*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder. within 14 days of this date. Remember that a s.2 I ALAN HOWARD JACKSON admission should not (date) last examined this patient on 29 DECEMBER follow closely a \*I had previous acquaintance with the patient before I conducted that examination Section 2 detention.

CHECK THAT YOU

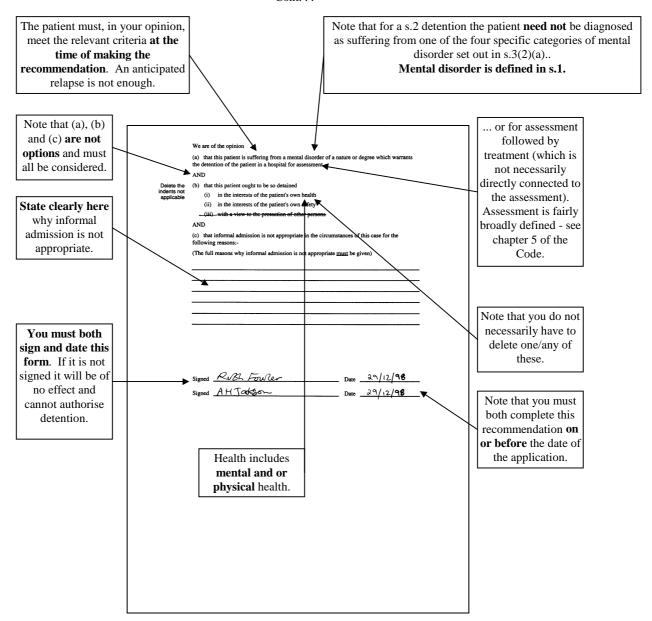
Advice about doctors who work in private practice completing medical recommendations can be found in chapter 4 of the Code.

#### NOTE

Medical Practitioners should complete their name in full. i.e. Do not use initials.

## Joint medical recommendation for admission for assessment (s.2)

Cont. . .



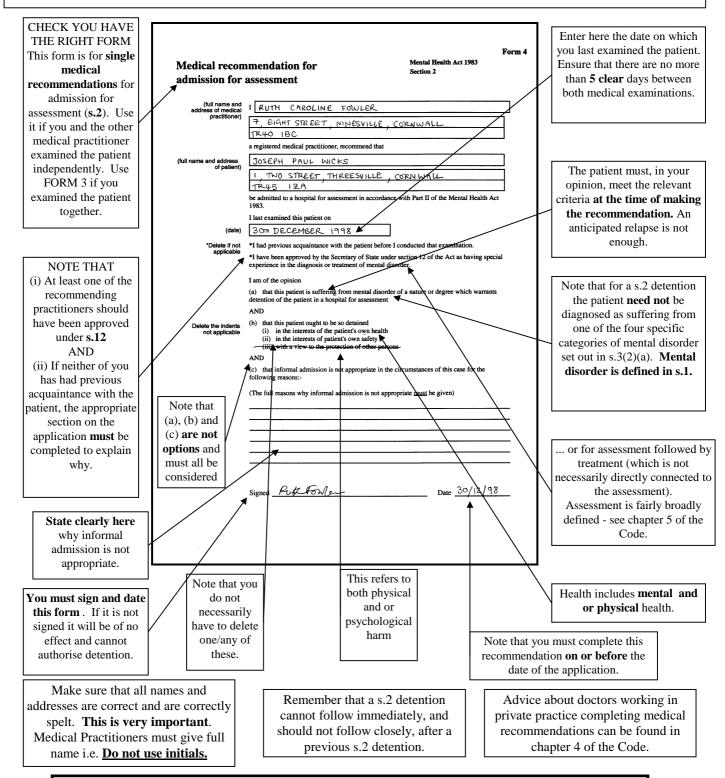
#### OTHER FORMS TO COMPLETE SECTION

For a **s.2** application there will also need to be:

- an application for admission (FORM 1 if nearest relative is applicant, FORM 2 if ASW is applicant) - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

## Medical recommendation for admission for assessment (s.2)

When deciding whether to detain under s.2 or s.3, use chapter 5 of the Code and the list of 'pointers'. **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.



#### OTHER FORMS TO COMPLETE SECTION

For a .s.2 application there will also need to be:

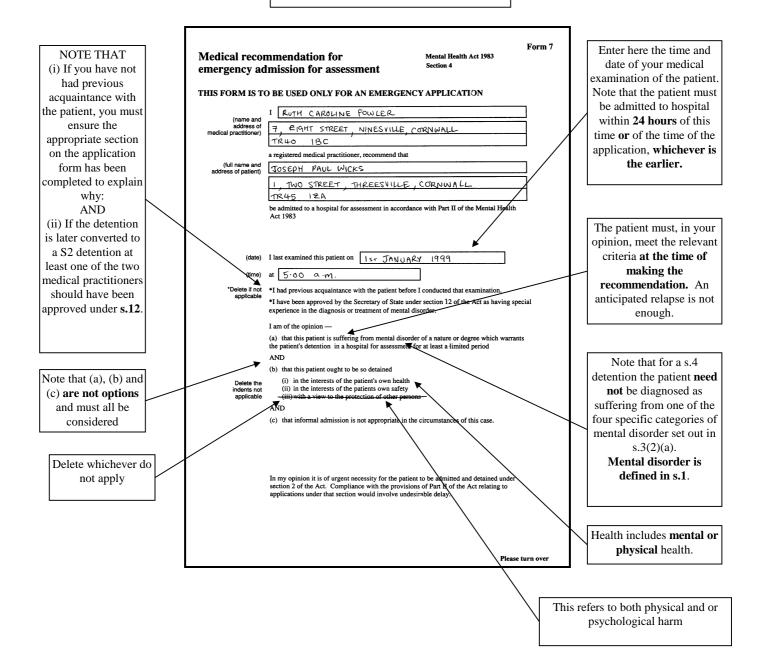
- an application for admission (FORM 1 if nearest relative is applicant, FORM 2 if ASW is applicant)
   another single medical recommendation (FORM 4)
  - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14) For a **s.4 to s.2** conversion there will also need to be:
    - completed s.4 forms
  - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

## Medical recommendation for emergency admission for assessment (s.4)

#### REMEMBER THAT

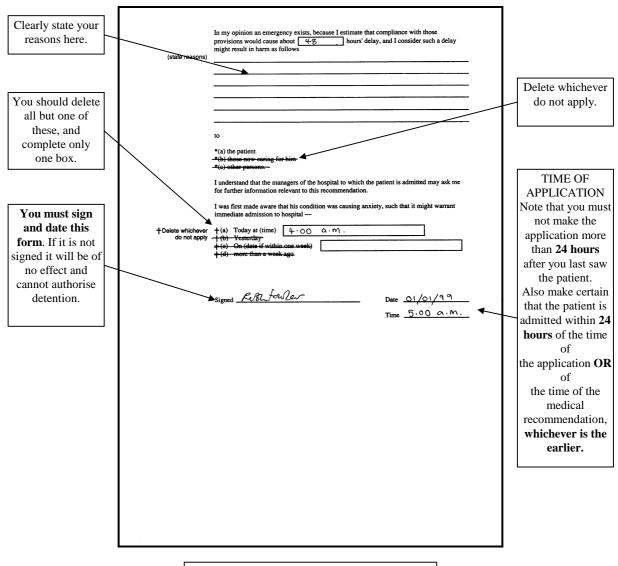
**s.4** should only be used where the need for the patient's admission is so urgent that it is not possible to obtain a second medical recommendation. See Code of Practice Chapter 6. That it is **impractical** or **inconvenient** for a second doctor to attend is not sufficient justification for its use.

Medical practitioners must give full name i.e. **Do not use initials** 



## Medical recommendation for emergency admission for assessment (s.4)

Cont. . .



Advice about doctors working in private practice completing medical recommendations can be found in chapter 4 of the Code.

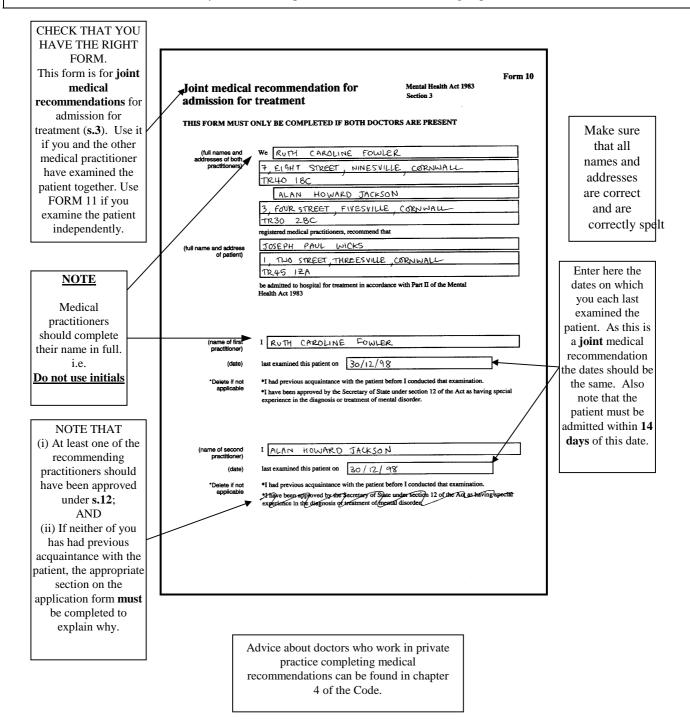
#### OTHER FORMS TO COMPLETE SECTION

For a **s.4** admission there will also need to be:

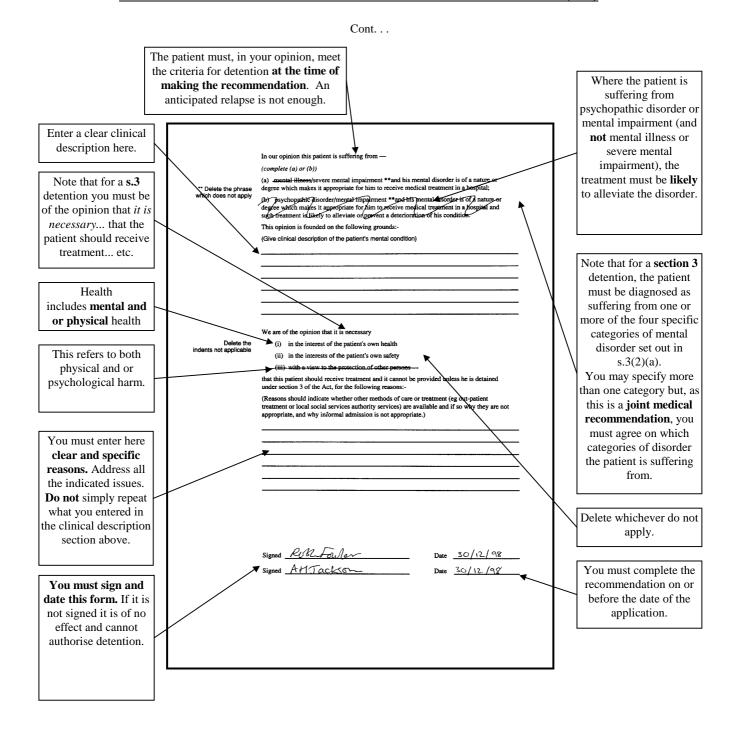
- an application for admission (FORM 5 if nearest relative is applicant, FORM 6 if ASW is applicant) - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

## Joint medical recommendation for admission for treatment (s.3)

When deciding whether to detain under s.2 or s.3, use **chapter 5** of the Code and the list of "pointers". **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.



## Joint medical recommendation for admission for treatment (s.3)

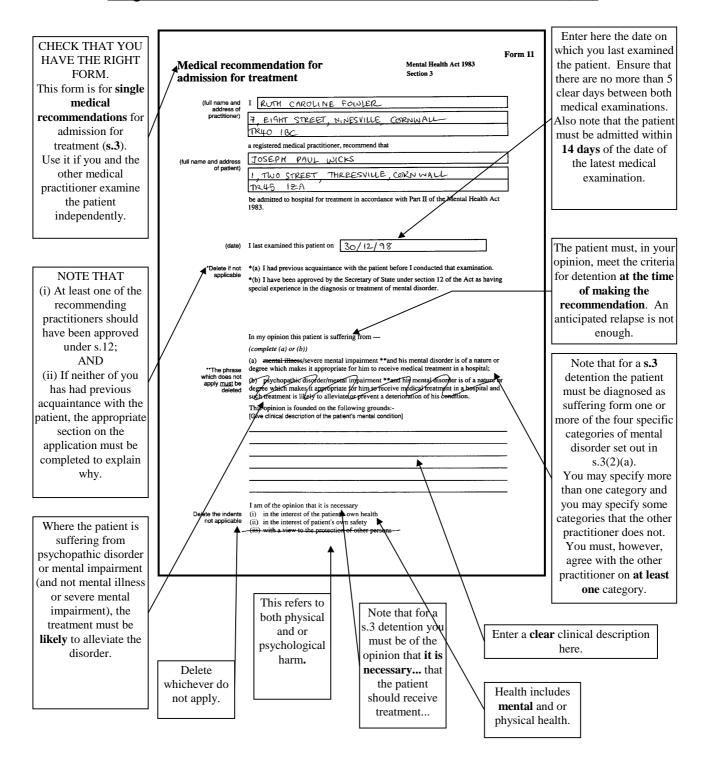


## OTHER FORMS TO COMPLETE SECTION

For a **s.3** application there will also need to be:

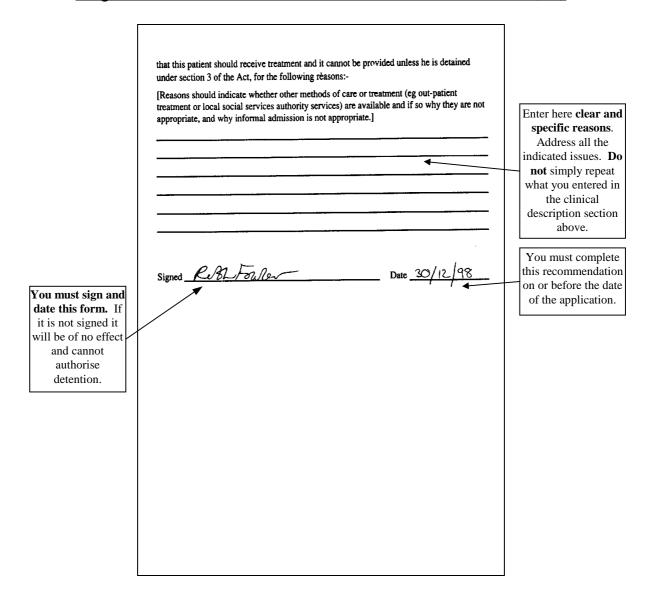
- an application for admission (FORM 8 if nearest relative is applicant, FORM 9 if ASW is applicant) - a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

## Single medical recommendation for admission for treatment (s.3)



When deciding whether to detain under s.2 or s.3, use **chapter 5** of the Code and the list of "pointers". **Remember** that a s.3 detention need not last any longer than a s.2 detention. **Do not** be influenced by a desire to void consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

## Single medical recommendation for admission for treatment (s.3)



#### OTHER FORMS TO COMPLETE SECTION

The second medical recommendation. For a **s.3** application there will also need to be:
- an application for admission (FORM 8 if nearest relative is applicant, FORM 9 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

#### **APPENDIX 2**

#### **MENTAL HEALTH ACT 1983**

## KEY ACTION POINTS FOR GPS IN MAKING ASSESSMENTS AND RECOMMENDATIONS FOR ADMISSION

- 1. When a patient with mental health problems is referred to a GP he/she will need to decide
- a. whether the person can be cared for and treated in the community without the involvement of specialist psychiatric services, or
- b. whether the person needs to be seen by a psychiatrist or other mental health worker.
- 2. If the person needs to be seen by a specialist and the case is not urgent the GP should arrange for the person to be seen by a psychiatrist or other specialist mental health worker, e.g. CPN.
- 3. If the patient needs to be admitted to hospital every attempt should be made to persuade him to go in as an "informal" patient.
- 4. Where a patient needs to go into hospital but is unwilling to go, an Approved Social Worker (ASW) should be contacted by the GP or the local psychiatric services. The ASW will arrange for the medical examination(s) of the patient and, if appropriate, make an application for the patient to be admitted compulsorily under the Act.
- 5. When the situation is not urgent the ASW will require two medical recommendations, at least one of which shall be provided by a doctor specially approved under section 12 of the Act. The other recommendation may be provided by the GP or any other doctor. The ASW will usually ask the patient's GP to provide a recommendation because of the background knowledge of the patient and of his medical history.
- 6. Ideally the patient should be examined jointly by the two doctors with the ASW also being present. Where this is not possible each doctor may carry out a separate examination. If the ASW is not present it is essential that at least one of the doctors discusses the patient with the ASW.
- 7. Before making a medical recommendation each doctor needs to examine the patient and be satisfied that the patient
- a. is suffering from a mental disorder;
- b. requires assessment and/or treatment in a hospital; and,
- c. needs to be admitted compulsorily to hospital in the interests of his or her health or safety, and/or for the protection of other people.

- 8. Following the examination the GP needs to make sure that the correct medical recommendation form is completed: Form 3 or 4 for a section 2 (Admission for Assessment), Form 10 or 11 for a section 3 (Admission for Treatment), or Form 7 for a section 4 (Emergency Admission).
- 9. When an *emergency admission* is required only one medical recommendation is needed and this can be provided by any doctor. The patient's GP will frequently be asked to provide this by the ASW.
- 10. GPs need to take particular care to complete the forms correctly as mistakes will have to rectified later.
- 11. When the ASW is not present at the medical examinations the GP will need to arrange with the ASW for the medical recommendation form to be collected.
- 12. GPs are entitled to claim a fee and travel expenses when they carry out a medical examination under the Act, whether or not a medical recommendation is made.