Pan-London all age Section 136 pathway
Highlight briefing for Police Officers

1. Where practicable, officers should consult with a suitable health professional prior to detaining an individual under s136.

2. If the individual is detained, the police officer involved should phone ahead to the nearest agreed HBPoS to inform them of the individual’s imminent arrival and to confirm that the site is able to receive them.

3. If the HBPoS does not have the capacity to receive the person, the s136 coordinator at the site should advise of an alternative HBPoS and/or escalate the matter as required.

4. An ambulance should always be considered first to convey the individual, however a police vehicle may be used if the ambulance is likely to be significantly delayed (over 60 minutes). The police officer should notify the Duty Officer, or if unavailable, a supervisor, as soon as practicable and must inform the ambulance service of their decision.

5. The police officer or ambulance crew who are bringing the individual to the relevant place of safety must always check that the HBPoS or A&E staff are aware that it is their responsibility to make contact with the AMHP service for the area where the HBPoS is located. This should be done as soon as is practicable.

6. On arrival at a HBPoS site the police must remain with the detainee until HBPoS staff have accepted responsibility for the individual’s custody and the s136 papers (form 434) have been handed over.

7. Information about the individual’s needs, and any associated risks, should be clearly explained to staff receiving the individual and also documented in the s136 paperwork.

8. At HBPoS sites not based in A&E, the Police should in most cases be free to leave within 30 minutes of the handover. However if requested by staff, Police will remain at the HBPoS up to a maximum of an hour.

9. A longer time period may be negotiated if there is mutual agreement between parties that it is in the best interest of the individual and permission is granted by the Police supervising officer that there is the resource to provide further support.

10. If the s136 coordinator and HBPoS team feel unable to meet the physical needs of the individual and they need to go to A&E, staff at the HBPoS have the right of refusal to the site. However concerns should always be escalated to an on call doctor.

11. A&E can itself be a Place of Safety within the meaning of the Mental Health Act, therefore if a detained individual requires protracted physical health treatment, the acute trust should, where appropriate, accept the s136 papers and take legal responsibility for the individual for the purpose of the mental health assessment.

12. Due to the challenges of managing individuals detained under s136 in A&E departments, where A&E staff accept legal responsibility for the individual police officers will provide the necessary support required unless there is mutual agreement between the department and the police officers that they are able to leave.

13. A person removed to a place of safety under section 136 may be detained there for a period of up to 24 hours. If the individual is taken to A&E first, this 24 hour period commences on arrival at A&E, not when they subsequently arrive at the HBPoS.

14. In cases where it is not practicable for the mental health assessment to be carried out within the initial 24 hours due to the condition of the individual, for example, the person is too intoxicated, the doctor involved in the mental health assessment has the power to extend the detention period by up to 12 hours.

15. If police officers provide assistance to restrain an individual, healthcare staff should take over that restraint as soon as control has been achieved. During any period of restraint within an A&E or a HBPoS, healthcare staff are responsible for the health and safety of that patient and should monitor the patient throughout the restraint.

16. If a decision is taken to transfer an individual from A&E to a HBPoS for the purpose of the mental health assessment, it is the police’s responsibility with support of the s136 coordinator in A&E to confirm that the HBPoS has capacity and is willing to receive the individual before the transfer takes place.

17. Coordinating the conveyance of individuals to the HBPoS should be undertaken by the acute trust, led by the s136 coordinator in A&E. Coordinating and arranging transport is not the police’s role unless there is mutual agreement that it is in the best interest of the individual and there is resource to provide support.

This briefing has been developed as a summary of key points from the pan-London s136 pathway. The full guidance can be found online here: https://www.myhealth.london.nhs.uk/healthy-london/latest/publications/mental-health-crisis-care-londoners.