

LPT Section 132 Policy

This Policy sets out the requirements for staff in providing Section 132 Rights information to ensure timely and accurate information giving to patients detained under the Mental Health Act. Giving patients their rights under the mental health act is a statutory requirement.

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Policy on a page

Providing Legal Rights to patients on admission and throughout their legal detention on MHA Sections is an important patient right and in line with legal obligations under the MHA and through the Code of Practice. It is an expectation that all patients receive timely information on their legal rights and are made aware by staff of their legal rights both as detained and informal patients during their involvement with mental health services both in Hospital and in the Community.

This policy sets out those rights, how and when to complete legal rights and the staff responsibility to evidence where they have attempted to provide rights information and what they have done to support providing these in a way that is accessible to the patient.

In hospital rights should be given within 24 hours of admission, regardless of legal status.

Informal patients rights should be revisited monthly or if capacity/ legal status changes

Section 2 patients rights should be revisited every 3rd day up until day 14 if rights have not been understood to allow a patient opportunity to appeal.

Section 3 & other sections such as S37 rights should be revisited within 7 days if not understood and then monthly.

CTO rights should be given as soon as the CTO starts and then at time periods identified within the CTO action plan appropriate to the patient understanding and clinician knowledge of the patient's capacity to understand.

Patients should be supported in understanding their rights in the best way possible for them and this should be individualised where needed to support understanding.

A staff guide on the practicalities on completing patient rights on the electronic record is included in Appendix 3.

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Summary and aim

The purpose of this policy is to ensure all staff have a clear framework for implementing statutory and best practice responsibilities in relation to S132 Mental Health Act (MHA) in relation to giving patients their legal rights and ensuring Carers or Family members are appropriately involved in the process of giving legal rights under the MHA code of practice and in line with best practice guidance available.

To detail the responsibilities and duties of staff in relation to Section 132 and detail the monitoring arrangements in place to monitor compliance with the legal requirements and best practice guidance in relation to Section 132.

Target audience

Clinical Nursing staff in Inpatient/ Community areas

Clinical Medical staff

MHA Office

Training

MHA training for Nurses and Doctors is available as a mandatory requirement alongside Mental Capacity Act training for all staff groups. This policy will need to be incorporated into the MHA training for Doctors & Nurses.

Key requirements

MHA Code of Practice sets out statutory requirements to ensure patients have the required information and given every opportunity to understand their legal rights when detained under the Mental Health Act alongside ensuring appropriate Carer/ Family involvement where Capacity of the patient may be doubted to understand their legal rights under the MHA.

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Introduction and Purpose

Concise purpose and introduction which allows the reader to know whether it will be relevant to their needs;

- To give clinical staff a clear framework in which to fulfil the legal requirements of Section 132
- To provide a consistent approach across the directorate in the application of Section 132
- To state the monitoring arrangements from a Quality & Safety perspective as well as to ensure compliance with legal and statutory obligations.

Process

All patients on admission should have their legal rights explained to them and this should be recorded within the first 24 hours of admission. Informal patients should be given their informal rights and this should be documented on the Patient Electronic Patient Record (EPR) template.

Detained patients should be informed of their rights and this should be documented on the S132 template on the Patient EPR.

If there is a change to a patients legal status such as from informal to detained or from section 2 to 3 rights should be given as appropriate within 24 hours of the change of legal status and recorded on the Patient EPR.

The information given to patients should both be verbal and in writing and detained patients **must** be given a copy of the statutory information leaflet which is provided by the Department of Health.

Staff should aim their conversations to ensure a Patient understands their rights as well as being provided the statutory information. Where a patient may only partially understand or not at all understand their rights consideration should be made as to appropriate steps to support improving their understanding of the information given.

This is especially important where capacity to understand may fluctuate and changes in capacity should trigger a re-reading of rights to ensure the Patient has every opportunity to understand their rights.

Information to informal Patients

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Section 132 does not apply to informal patients, however information regarding their legal rights as informal patients should still be provided (recorded under *Informal rights and responsibilities*) and where capacity to consent to an informal admission is doubted, a capacity assessment should be carried out and recorded on the Patient Electronic Record and the appropriate legal framework considered eg DOLS.

Informal patients should be made aware that if they wish to leave hospital, but it is felt that they need to remain for a period of assessment and treatment, they could be assessed for possible detention under the Mental Health Act.

Information to detained patients

Any detained patient must be informed as soon as possible (and at least within 24 hours) both verbally and in writing of the following:

- Of the provisions of the MHA 1983 under which they are being detained or subject to CTO and the effects of those provisions
- That they are entitled to have a copy of their detention paperwork (See Appendix 5)
- Of the rights (if any) of their nearest relative to discharge them (and what can happen if their responsible clinician does not agree with that decision)
- For community patients, of the effect of the CTO, including the conditions which they are required to keep and the circumstances in which their responsible clinician may recall them to hospital
- That help is available to them from an IMHA, and how to obtain that help
- The reasons for their detention or CTO
- The maximum length of the current detention or CTO
- that their detention or CTO will not automatically be renewed or extended when the current period of detention or CTO ends
- the reasons for being recalled
- for patients subject to a CTO, the reasons for the revocation of a CTO
- their rights of appeal to both the hospital managers and the first tier tribunals service. Appropriate details of address and phone number should also be given along with guidance on how to make an application.
- That if they are detained on a treatment order (including a CTO) if it is renewed or extended for a further 6 month period and they do not appeal to the first tier tribunal in the first period of detention, then the trust will automatically refer their case.
- That they have the right of legal representation at the first tier tribunal and are given a list of solicitors who are specifically trained in mental health law

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- The role and powers of the CQC and how to make a complaint to them.
- Their rights to receive or send correspondence and whether there are any constraints on this
- The power of the patients nearest relative to request discharge or to make an appeal on the patients behalf
- The procedure for making a formal complaint to the trust
- Inform of any aftercare entitlement under Section 117 (if applicable) and the implications of this.
- Of their right to have their nearest relative informed of the detention

If capacity to understand their rights is doubted a capacity assessment should be undertaken and recorded on the Patient Electronic Record (EPR) and the patient's nearest relative should be informed of the patients detention by recording this on the appropriate rights template on the Patient EPR.

Staff should also review the patients capacity to understand within at least 7 days if capacity to understand their rights has been doubted on admission/ regrade.

Information on Consent to Treatment

All patients, regardless of their legal status, must be informed of:

- The nature, purpose and likely effects of any treatment which is being planned
- The circumstances (if any) in which they can be treated without their consent and the circumstances in which they have a right to refuse treatment
- The role of the second opinion appointed doctors (SOAD's) and the circumstances in which they may be involved
- (where relevant) the rules on electro-convulsive therapy (ECT) and medication administered as part of ECT.

Information on rights to vote

The Representation of the People Act 2000 makes it clear that in most circumstances, detained patients can still exercise their right to vote in general or other elections.

The Trust should ensure patient's understand their voting rights and that the Trust sets out plans to facilitate patients exercising this right.

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Information on access to the Independent Advocacy Services

Patients have access to independent advocacy services in all areas and regardless of their legal status should be given information on this service and how to access it.

For those patients detained under the MHA who are eligible to an Independent Mental Health Advocate (IMHA) the mental health act office will automatically make a referral to the independent advocacy service on receipt of section papers, including for CTO's.

For Inpatient services, information will be displayed on relevant notice boards and/or media screens to include when the advocates will be available on the unit.

Information to the nearest relative of detained patients

On admission or at least within the first 24 hours of admission, the patient should be made aware of the fact their nearest relative, within the meaning of the MHA 1983, will be supplied with a copy of the written information of their rights, unless the patient objects.

Staff should check if there is an advance statement in place giving details of any other person that they wish to be notified of their detention and if there is, the Mental Health Act office should be notified so that arrangements can be made for the advance statement to be followed.

The Mental Health Act office can only send information to the nearest relative if this has been correctly completed on the Section 132 recording form at the point of detention by clinical staff.

A copy of the letter sent by the Mental Health Act office to the patient's nearest relative will be held in the patient records (See Appendix 6 for template letter).

If the patient does not wish their nearest relative to be informed of their detention this should be recorded on the appropriate Section 132 form at that point of detention or regrade.

If the patient initially declines for information to be shared with their nearest relative but on later completion of their rights changes their mind and wishes their nearest relative to be informed of their detention, then the ward will need to contact the nearest relative to provide this information as the MHA Office can only complete this task on the initial reading of rights and not following subsequent reviews.

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Action if there is no nearest relative

Under the MHA 1983 the nearest relative is empowered to undertake key functions which safeguard the interests of the patient and for this reason it is important that all detained patients have someone to act in this capacity.

The responsibility for identifying the patients nearest relative rests with the approved mental health practitioner (AMHP) and for patients who have no known nearest relative or the nearest relative is unwilling or unable to act, the AMHP should advise the patient of their right to make an application to the county court for the appointment of a person to act as their nearest relative. If the patient lacks capacity to decide for themselves, the AMHP should apply to the county court.

Discharge from detention

When the patient is discharged from detention or if the authority for detention expires, the section's end date and time and the patient's right to leave hospital must be made known to them immediately.

Responsibility for explaining legal rights

The responsibility for explaining a patient's rights to them under Section 132 rests with the Hospital Managers, however in practice this is delegated so that all registered staff involved in the care and treatment of the patient have a responsibility to for ensuring rights are explained.

Explaining rights to a patient should be done in a suitable manner, at a suitable time, taking into account the patient's mental state and any communication needs they may have that might mean the information needs to be provided in a bespoke manner to support them to be able to understand and weigh up the information. This should be done in a private area with minimal interruption and allow time for questions or where necessary the involvement of carers and advocates to aid understanding.

Staff should provide information in different formats if required and use interpreters if necessary to support the patient to understand their rights as best as possible. The MHA Office have access to information in other languages as well as on the Trust Intranet. Where there is a language not covered a specific request can be made from interpreting services for translation services.

If rights have been explained and it is identified that a patient lacks the capacity to understand even if all attempts to assist them have been undertaken, their lack of capacity should be recorded on the Section 132 form.

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For Section 2 if the patient lacks capacity their rights should be re-read every 3 days for the first 14 days to see if capacity changes and still allow the opportunity for the patient to appeal.

For Section 3 if the patient lacks capacity rights should be re-read within 7 days and then default to monthly re-reading of rights.

Trauma Informed Care and Language

Points to consider when discussing rights with patients:

- **Avoid rushing** the explanation of rights immediately after detention if the person is clearly distressed or disorganised.
- **Use calm, plain language**, avoiding legalistic or authoritative tone where possible.
- **Break information into manageable chunks**, rather than delivering everything in one sitting.
- **Return to rights later**, once the person is more settled, and re-explore understanding over time.
- **Be alert to signs of trauma responses** (shutdown, agitation, dissociation) and pause or adapt accordingly.
- **Offer advocacy early** and reinforce this verbally, recognising that trauma can undermine a person's ability to self-advocate.

Recording of reading of rights to a patient

- At the point of detention or regrading of legal status the patients rights should be read as soon as practicable and at least within 24 hours.
- An entry should be made on the correct Section 132 template according to the activity eg. Rights on detention, Regrade, Revisit, CTO
- Staff should ensure each item in section 1 of the S132 form is explained to the patient in a way they can understand it and mark it off as discussed on the EPR form.
- If the patient lacks capacity to understand the rights on detention/ regrade should be revisited - Section 2 every 3 days until the 14th day and Section 3/

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37 within at least 7 days or sooner if capacity/ presentation is felt to have changed.

- Staff should provide information about patients rights verbally and in leaflet form
- Staff should confirm the patient does or does not understand their rights information and note any adjustments made to support understanding of rights eg, interpreter use where English is not a first language/ communication aids.
- Staff should Assess the patients capacity to consent or decline to their nearest relative being informed of their detention. Also to note any specific information they may not wish being shared.
- The reading of rights for Section 2 patients should occur on admission (or at least within 24 hours) and then further revisited if capacity is doubted every 3 days for the first 14 days to ensure enough time for the patient to exercise their right to appeal.
- The reading of rights for Section 3 and Section 37 patients should occur on admission/ regrade (or at least within 24 hours) and should be revisited within at least 7 days if the patient has lacked capacity to understand. Thereafter rights should be repeated on a minimum of a monthly basis.
- Community Treatment Order rights should be given at the time of the section being applied and revisited by their care coordinator in line with the CTO SOP at 3 months into a 6 month period and 6 months into a 12 month period.
- If English is not the Patient's first language, staff should confirm if the Patient requires an interpreter and/ or written information in their first language.

Appealing Section

If a Patient wishes to appeal their section they should be given the list of approved Solicitors and supported to contact a Solicitor in order to appeal their section. Staff make no recommendations as to which Solicitor should be used for appeals, other than they must be approved in Leicestershire for the purposes of Mental Health Act Tribunals.

If a Patient does not wish to contact a Solicitor or wishes to represent themselves but wishes to appeal their section by any method eg Tribunal Process or Hospital Managers, staff should complete an appeal form to be submitted to the Mental Health Act Office and if a Solicitor is required one will be appointed on the Patient's behalf.

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Detention Paperwork

Under the Code of Practice all patients have a right to receive a copy of their detention paperwork (section forms). Where patients request this paperwork the staff member should consider whether there is any third party information or information that could reasonably be detrimental to the patient or others if shared. If it is considered that there could be information contained that may be harmful if provided to the patient this should be discussed as an MDT with the ward Consultant to decide if it is appropriate or not to provide the detention paperwork. If redaction is required this request can be forwarded to the Data Privacy Team to complete with information of what specifically would need to be redacted. (see appendix 5).

If simple redaction of 3rd party information is required eg contact details of the Doctors/ AMHP's assessing these can be redacted by ward Business Admins.

Redaction should only occur on copies of detention paperwork that have been uploaded onto the patient EPR by the MHA Office as this version is the copy that has completed all scrutiny steps to ensure it is a valid detention (see Appendix 1).

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Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

- Lead Executive Director
 - The Director Nursing, AHP & Quality is responsible for ensuring that this policy is carried out effectively, is addressed and managed effectively across the organisation.
 - Will communicate, disseminate, and ensure Directorates implement the policy and provide assurance through the Trust's Quality Governance Framework.
- Executive Management Board
- Governance Group level 1 and 2
 - To ensure that the policy is carried out effectively
 - To monitor the clinical effectiveness and receive assurance of effective implementation via audit tools from clinical service lines.
 - To ensure any legislative changes reflect on reviews of the policy
- Policy Team
 - To ensure the oversight of the policy review dates and timely review prior to expiration of the policy
 - To maintain the policy within relevant domains so that it is accessible to staff via electronic means
- Policy Authors
 - To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.
- Operational leads
 - Responsible for ensuring that arrangements are in place for adherence to the policy and that staff are aware of the policy, have clear instructions and access to the document.
- Staff
 - All staff have an individual responsibility to be aware of how this policy impacts on their practice and to follow its specific requirements.
 - Clinicians who manage and administer processes under the Mental Health Act are required to read and follow this policy

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- Clinicians are responsible for ensuring that patients are provided their legal rights under the mental health act in a timely manner and in a way that supports them to understand their rights.
- Clinicians have a responsibility to ensure that nearest relatives and family members are provided with information regarding their loved ones rights, capacity and consent dependent.
- Clinicians are responsible for the accurate recording and revisiting of rights as set out in the policy.
- Clinicians are responsible for ensuring patients have every possible opportunity to access Advocacy and Tribunal appeals.

Consent

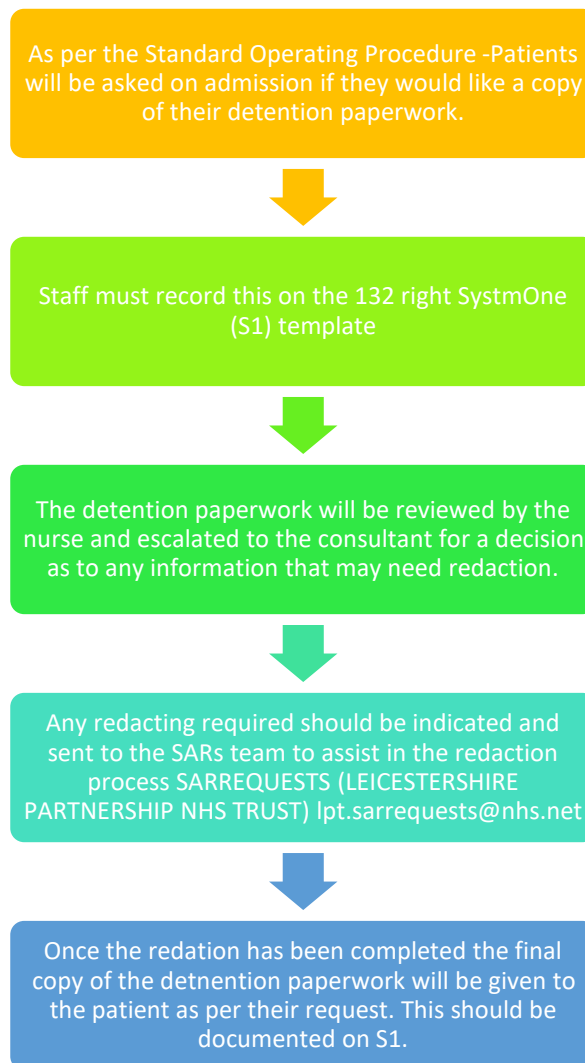
Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

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Appendix One: Flow Chart for Providing Detention Paperwork



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Appendix Two: Sample Nearest Relative Letter for informing them of the Patient's detention under the MHA.

Mental Health Act Office
Herschel Prins Centre
Glenfield Hospital Site
Groby Road
Leicester
LE3 9DZ

Direct dial: 0116 295 3030

Tel: 0116 225 6000
www.leicspart.nhs.uk

16th October 2025

IN STRICTEST CONFIDENCE

Miss Arthur Test-TestPatient
900 The Crescent
Colchester Business
Colchester
CO4 9YQ

Dear

Name: Arthur Test-TestPatient
NHS No: 123 456 7891
Section: of the Mental Health Act 1983

You have been identified as the above named patients nearest relative, under the meaning of the Mental Health Act 1983, who is currently a patient on [insert ward] at [insert hospital] and has been made subject to a period of compulsory detention under the provisions of the Mental Health Act 1983, as stated above.

The precise details regarding this period of detention are set out in a leaflet, which has been given to the patient. A copy of that leaflet is enclosed for your information.

If you have any queries regarding treatment, you should talk to the Doctor named on the leaflet. Any queries regarding the patient's legal position, or concerns of a general nature should be addressed to the undersigned Mental Health Act Administrator. You may also speak with the Care Quality Commission for guidance, the address of which is in the attached leaflet.

Yours sincerely,

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Appendix Three: Guidance for Completing Patient Rights

Guidance for completing Patient Rights (Detained and Informal Patients)

All patients should understand their rights when they are receiving care from LPT services and as a trust we should take all reasonable steps to ensure patients can be supported in understanding their rights, along with, where appropriate, carers and family members.

This guidance sets out changes to providing patients with their rights, whether they are detained under the MHA or informal patients.

INPATIENT SERVICES

All patients should be given their rights on admission, and this should ideally form part of their introduction and orientation to the ward area. There may be times where this is not immediately possible, therefore rights should be given to patients within at least the first 24 hours of being on a ward.

All patients should be given rights information both verbally and in writing.

Patients whose first language is not English should have consideration for using an interpreter to help explain their rights and this should not delay reading of rights to a patient. Interpreters should be utilised to help the patient understand their rights. If patients have other communication needs, these should be considered and all reasonable steps taken to ensure we have supported the patient to understand their rights.

Link to staffnet: [Interpreting and translation services](#) or call 0121 554 1981

Informal Patients

Informal rights should be recorded using the informal rights template on SystemOne, in particular noting the capacity considerations if they do not agree to be in hospital and the escalation route of considering either powers under the MHA or DOLS.

Informal patients should be given a copy of their rights both verbally AND in writing.

Following initial completion of informal rights this should be repeated monthly.

If a patient moves from being detained to becoming an informal patient, their informal rights should be completed immediately on regrade and recorded on the informal rights template on SystemOne.

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Detained Patients

Detained patients rights should be recorded on the S132 template on SystmOne selecting the correct S132 status e.g., At the point of detention/ Revisit/ Renewal or extension of section/ CTO.

On selecting the correct S132 status, staff should then complete PART A of the form. Section 1 outlines all the items that staff must discuss, and these should all be marked as complete on the left hand side check box. Any gaps means the patient has not had their rights explained to them fully:

Section 2 is for confirmation that Patient rights information has been given both verbally and in leaflet (writing) form, which is a key requirement of the MHA Code of Practice and CQC guidance. The leaflets are accessible on StaffNet if required.

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2 I confirm that I have provided the following information verbally and provided a leaflet containing information about their rights:

- Verbally
 Leaflet



Section 3 consider whether the patient has understood the information given to them. If they do not understand or refuse, then capacity may be doubted, and rights will need to be re-read either as soon as capacity changes or within the following time scales:

MHA Section 2 – Repeat every third day up until the 14th day of detention, unless capacity changes before this. This is to ensure the patient has the ability to understand their rights, but also that they may have opportunity to appeal their section if they regain capacity.

MHA Section 3 & 37 – within 7 days and then monthly

Please ensure reminders are clearly logged in the diary on the necessary dates.

Section 4 of the form considers what adjustments were made to support the patient to understand their rights, eg Language Line, communication cards, spending additional time with a patient and explaining in different ways to aid understanding.

4 Were any adjustments made to support the patients understanding (i.e. interpreter/ sign language)



Section 5 is for recording the patient lacks capacity or refused to listen, therefore specifies the timeframe for the next repeating of rights, ideally with a date they should next be read on for clarity. The expectation is that this is then diarised and added to the patient handover. **This task should then not be deferred in the diary for another day without attempting to repeat rights first.**

Section 6 & 7 is about capacity for the patient to consent to information about their detention being shared with their nearest relative or carer. This is important as Nearest Relatives have rights under the MHA, but they can't exercise those rights if we have not confirmed the patients wishes and capacity to make those wishes known.

If the patient has capacity, specifically to consent to their nearest relative being informed of their detention, staff should mark the appropriate box which will then give a drop down to ask if they wish specific information not to be shared. Staff would then mark question 7. as **No**, because the patient does not object to the nearest relative receiving information. On detention or regrade the MHA Office will provide the information to be sent to the nearest relative. If staff have revisited rights and the patient has just changed from not

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wanting to share information, to now sharing information, then the ward will need to complete this via a letter to the nearest relative. Advice can be sought from the MHA Office if you are unclear on who the nearest relative is.

6 Assessing the patient's capacity to consent or decline to their nearest relative/ carer being presented with the information of their detention, I assessed the patient and:

the patient has capacity and they consent

the patient has capacity and declines information being shared

the patient lacks capacity

6b Please indicate if the patient has requested any specific information be withheld

7 Does the patient object to their nearest relative receiving written information about their detention

Yes

No

If the patient has capacity but declines information being shared, then question 7. Would be **YES**, the patient does object to their nearest relative receiving information. A further drop down will pop up to input a reason why the patient objects to info being shared. No information will therefore be shared.

6 Assessing the patient's capacity to consent or decline to their nearest relative/ carer being presented with the information of their detention, I assessed the patient and:

the patient has capacity and they consent

the patient has capacity and declines information being shared

the patient lacks capacity

7 Does the patient object to their nearest relative receiving written information about their detention

Yes

No

7b Please state why?

Finish

Similarly, the patient may lack capacity to consent to sharing of information and either object or not object. If they object a reason why is required.

6 Assessing the patient's capacity to consent or decline to their nearest relative/ carer being presented with the information of their detention, I assessed the patient and:

the patient has capacity and they consent

the patient has capacity and declines information being shared

the patient lacks capacity

7 Does the patient object to their nearest relative receiving written information about their detention

Yes

No

7b Please state why?

Finish

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In which case a best interest decision would need to be made regarding the sharing of information and recorded as a decision specific assessment under MCA.

Section 8 is to ask if the patient would like a copy of their

8 Does the patient wish to have a copy of their detention papers?

Yes

No



8b If yes: Is there a reasonable reason for withholding these?



detention paperwork, all patients must be asked. If there is any reason to withhold the paperwork, then this should be clearly documented:

The form will then be saved as final version, as it is such a quick form it is not anticipated that staff would need to return and re edit and prevents the risk of the form only being partially completed before saving and preventing the false illusion that a form has been completed.

Providing detention Paperwork

Patient's who have requested copies of their detention paperwork should be provided with copies of the Section documents (not the AMHP report) once they have been uploaded to SystmOne by the MHA Office. This is to ensure that the medical scrutiny has taken place of the section forms to ensure validity and that there are no errors and that legally rectifiable errors have been rectified.

If it is considered that there may be information contained in the section documents that may reasonably be harmful to the patient or others if shared then the Nurse will need to discuss with the MDT if redaction is required. If redaction is felt to be required prior to giving the section papers they should be forwarded to the Data Privacy Team with information on what specifically should be redacted. Once received back and reviewed they can then be given to the patient.

Likely reasons for redacting or withholding section paperwork could be as a result of safeguarding concerns, for example. However it would be anticipated that in the majority

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of cases this would not be applicable. If redaction is required this should not unduly delay the process for giving a patient their section documents. If the documents are being withheld due to concerns, the rationale should clearly be documented in the clinical record and discussed with the patient.

Redaction may also be required if there is 3rd party information within the section paperwork – if you are unsure whether there is 3rd party information then a request can be made to data privacy team for clarification and redaction if required.

Once the patient has been given a copy of their section paperwork, a clinical entry should be made “Patient given copies of detention paperwork at their request on [date given] by [staff name].”

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Definitions

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Nearest Relative: The mental health act sets out those people considered as a relative as:

Husband/Wife/ Civil Partner;

Son/ Daughter;

Father/ Mother;

Brother/ Sister;

Grandparent;

Grandchild;

Uncle/ Aunt;

Nephew/ Niece.

Where more than one relative survives with a category the elder/ eldest is preferred in hierarchical order. The Approved Mental Health Professional chooses who the nearest relative should be. If there is no nearest relative a County Court can appoint someone.

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Governance

Version control and summary of changes

Version number	Date	Description of key change
V1	21/05/25	Policy creation
V2	14/07/25	Additional Content Creation
V3	29/08/25	Flow chart addition
V4	16/10/25	Revision with EPR changes
V5	24/11/25	Revision
V6	25/03/26	Revision
V7	15/04/26	Revisions from feedback

Responsibilities

Responsibility	Title
Executive Lead	Medical Director
Policy Author	Deputy Head of Nursing
Advisors	MHA Office
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality and Safety Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Mental Health Act Development Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Monthly MHA census report of detentions and legal documentation received to the MHA office.	Monthly report to MHADG
Monthly monitoring of detained patients' quality of S132 documentation - AMAT Audit	Monthly report and feedback to local Q7S and MHADG

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Training Requirements

Training is recognised as a critical control measure in minimising risks associated with healthcare delivery. Ensuring that staff possess the appropriate knowledge and skills significantly reduces the potential for errors, omissions, and unsafe practice.

Managers

- Assess the training needs of staff to ensure they are equipped to meet the expectations set out within this policy.
- Facilitate staff access to all relevant training required for safe and effective compliance with this policy.
- Ensure all staff complete mandatory and role-essential training in line with Trust policy.
- Where gaps in available training are identified, collaborate with the policy author or subject matter expert to develop and agree a training or development plan.

Staff

- Maintain compliance with all mandatory and role-essential training as required by Trust policy.
- Identify any personal learning needs necessary for the safe and effective implementation of this policy, and work with your manager to agree an appropriate training plan to meet these needs.

Relevant training currently available to equip staff to deliver the requirements of this policy

Training topic title	Source of training e.g. ulearn, CPD
Mental Health Act (Nurses/ Doctors/ Community)	Seminar - Ulearn

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References

Department of Health, Mental Health Act (1983), Code of Practice (2015)

Include a list of all documents referred to in the Policy including those from other Trust's policies. The date of the document should be included. Do not include electronic links or embedded documents to other policies/guidelines and are in a standard format.

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