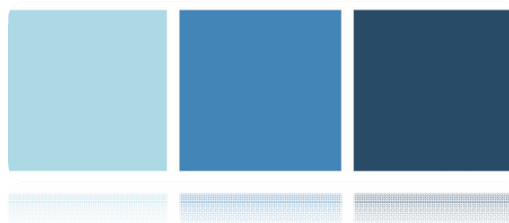


## Mental Health Act (1983) Policy (3)

<b>Author and Contact details:</b>	[REDACTED]	
<b>Responsible Director:</b>	Medical Director	
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*Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.*



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## 1. Introduction

Many general hospitals use the powers of the Mental Health Act 1983 (MHA 1983) to detain a small but significant number of patients. This raises two areas of concern:

- The registration system for health and adult social care requires that any hospital using the MHA 1983 to detain patients must be specifically registered to do so.
- The detention of a patient under the MHA 1983 by a hospital that is not specifically registered to do so will be a breach of that hospital's compliance with their own registration requirements, and may call the legality of that detention into question.

The Walton Centre is a specialist Neuroscience centre and in the vast majority of cases, management of the neurological/neurosurgical care would be provided under the MCA 2005.

There would also be certain conditions e.g. delirium which would come under the preview of both MHA 1983 and MCA 2005 and where either of the legal framework or in rare occasion both might be used to provide safe support to the patient. Assessors are reminded to consider such complexity on a case by case basis. It would be good practice to involve the larger MDT and certainly the in house Neuropsychiatry service if further support is required.

The Trust's Hospital Managers have a statutory duty to ensure that all relevant functions of the Mental Health Act 1983 (MHA) are applied and monitored according to given standards. These standards are primarily detailed in the Code of Practice Mental Health Act 1983 (2015 edition).

The purpose of this policy and procedure is to provide support and guidance for those working within the framework of the Mental Health Act 1983. It does this by cross referencing required standards of delivery with the Act's Code of Practice, case law and any other relevant literature/documentation.

### 1.1. Aims

### 1.2. This policy describes the standards expected and the supporting processes for:

- The clinical and administrative application of the Mental Health Act 1983
- Describing the interface processes that exist between the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards
- The monitoring of the clinical and administrative application of the Mental Health Act 1983
- Supporting those applying or monitoring the Mental Health Act 1983
- Review and monitoring of the above process.

## 2. Scope

This policy and procedure is applicable in part and/or in whole to:

- All patients who are detained under the MHA at the Trust
- All staff working with patients who are detained under the MHA at the Trust

## 3. Definitions

All definitions are explained in full within the policy.

## 4. Duties

### 4.1. Trust Board:

The Trust Board has a duty to ensure that the Trust has applied for and has been registered to accept and work with anyone who is managed under the authority of the Mental Health Act 1983.

### 4.2. The Hospital Managers and the Mental Health Act Managers (MHAM):

The Hospital Managers are defined as the Trust Board and are responsible for the Trust's implementation and management of the Mental Health Act, 1983. These functions are exercised by a sub-committee of the Board The Mental Health Act Managers (who are the individuals in charge of the hospital and their subcommittee.) and are authorised under section 23(4) of the Act. Many of these responsibilities are formally delegated to other Trust personnel through a Scheme of Delegation (by the Trust Safeguarding Committee) ratified, up-dated and held by the Trust Board.

### 4.3. Managers are responsible for ensuring:

- that the staff for which they are responsible are aware of their responsibilities for Mental Health Act practice commensurate with their role;
- that an infrastructure is in place to support the training of all staff required for mental health law practice;
- all staff in their area are aware of their duty to pay due regard to the Code when working within the framework of mental health law. The Mental Health Act 1983 Code of Practice can be found at [www.gov.uk/government/publications/code-of-practice-mental-health-act-1983](http://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983)

All staff in their area have ready access to the Code of Practice and are aware of and understand their duty to apply the 5 Guiding (Key) Principles whenever they are working within the framework of the Act.

### 4.4. Responsible Clinicians (RCs):

All Responsible Clinicians acting within the Trust are responsible for ensuring that their registered Approved Clinician status (within the meaning of s.34 of the Act) is up-to-date. It is unlawful for a practitioner who does not have current s.34 Approved Clinician status to practice as a Responsible Clinician. Responsible Clinicians include WCFT Consultant Neuropsychiatrist(s) or those provided by Mersey Care NHS Foundation Trust and must ensure that they follow all relevant policies and procedures.

### 4.5. Mental Health Act Lead:

The nominated Mental Health Act Lead (the Neuropsychiatry Clinical Nurse Specialist) is responsible for auditing the use of MHA within WCFT, ensuring this policy reflects current, up to date legislation, ensure compliance with MHA review tribunals and provides supervision to the Mental Health Act Administrator.

Disputes/disagreements between multiagency professionals are discussed during the Safeguarding Group which provides opportunity for lessons learnt regarding MHA.

### 4.6. Staff are responsible for ensuring:

- that they pay due regard to the Code of Practice when working within the framework of the Mental Health Act

- that they apply the Code's 5 Guiding (Key) Principles when working within the framework of the Mental Health Act
- that they keep up-to-date with mental health law practice commensurate with their role
- that patients/service users have information about rights and treatments - In a format such as easy read or Braille or a language which they request
- patients, carers and advocates are signposted to the patient experience team for support

## 5. Guidance

All staff working within the framework of the Mental Health Act 1983 must electronically download (or must be able to download as required) the Code of Practice Mental Health Act 1983 (2015 ed).

The Code of Practice Mental Health Act 1983 (2015 ed). Can be electronically accessed by clicking on the following link or typing this into your web browser:

<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

All earlier versions of the Code of Practice (electronic or hard copied) must be disposed of.

### 5.1. Mental Health Act Holding Powers and Detention Orders which may be used:

#### 5.1.1 Section 17 Leave

The Trust may be asked to admit patients who are detained by a mental health services but also need treatment for their physical health that cannot be provided in a mental health hospital.

In such cases, it will usually be appropriate for the mental health service to remain the detaining authority, and for the patient to be granted leave of absence from the mental health hospital (using powers under section 17 of the MHA 1983) to be admitted to the Trust for treatment.

The advantage of this arrangement is that mental health services retain the responsibility for the patient's detention and treatment under the MHA 1983, and should ensure that all legal requirements under the MHA 1983 are met in the patient's day-to-day treatment.

#### 5.1.2 Section 5(4) Nurses Holding Power

Section 5(4) gives nurses of the prescribed class (Mental Health RNMH/Learning Disability RNLD) the ability to detain patients for up to 6 hours. This is often used only in services whereby there is no medical cover routinely on the hospital grounds (i.e. mental health inpatient settings). Nurses would be advised to contact the on-call doctor who can offer assessment under section 5(2) MHA.

#### 5.1.3 Section 5(2) Doctors Holding Power

These guidelines outline the use of holding powers available to doctors under section 5(2) of the Mental Health Act 1983 (MHA) within the Walton Centre NHS Foundation Trust (the Trust). It should be read in conjunction with the Mental Health Act Code of Practice and the Reference Guide to the Mental Health Act.

What is a section 5(2)?

A Section 5(2) is more commonly referred to as the DOCTOR'S HOLDING POWER and allows a doctor in charge of the treatment of a hospital in-patient (or their nominated deputy) to prevent someone who is suspected to be suffering from a mental disorder from leaving the hospital for a period of up to 72 hours in order that an assessment can be made for possible detention under Section 2 or 3 of the Mental Health Act 1983 (MHA).

A section 5(2) can only be applied if the person is receiving care as an informal inpatient. It is only to be used in an emergency situation when all other least restrictive measures have been tried and failed and when it is not possible or safe to wait for the completion of an assessment for detention under Section 2 or 3. The holding power should only be used immediately after the doctor has **PERSONALLY** examined the patient (Code of Practice 2015 (18.10)).

A summary of the relevant details of s.5(2) is set out below:

<b>Criteria</b>	<i>"5.....(2) If, in the case of a patient who is an in-patient in a hospital, it appears to the registered medical practitioner or approved clinician in charge of the treatment of the patient that an application ought to be made under this Part of the Act for the admission of the patient to hospital, he may furnish to the managers a report in writing to that effect; and in any such case the patient may be detained in the hospital for a period of 72 hours from the time when the report is so furnished"</i>
<b>Nearest Relative</b>	No right to object and/or request patient discharge.
<b>Purpose</b>	Authority to hold a hospital in-patient from leaving to make provision for a Mental Health Act assessment.
<b>Duration</b>	Up to a maximum of 72 hours.
<b>Expiry</b>	On completion of the Mental Health Act Assessment, where admission under the MHA is not considered appropriate or on completion of the Mental Health Act Assessment and arrangements being made for the patient's subsequent detention or after 72 hours, whichever is first.
<b>Renewal</b>	No authority to renew or extend
<b>Outcomes</b>	Either Discharge or Regrade to one of: Mental Capacity Act, informal, section 2 or section 3 status within the 72 hours.
<b>Treatment</b>	There is no power under s.5(2) to provide treatment to the person without consent. If treatment is required then this can be administered either with patient consent, using the Mental Capacity Act where applicable, or possibly under common law where this is required to prevent immediate risk of harm to self, other(s) and/or damage to the property of other(s).
<b>Leave</b>	Section 17 leave of absence not authorised for section 5(4)
<b>Absence</b>	If patient succeeds in leaving without authority, section 18 powers apply. Activate 'missing person's protocol' and the patient may be returned at any time within the 72 hour period.
<b>Transfer</b>	Formal section 19 Transfer not authorised for s.5(2). A patient who is subject to section 5(2) MHA but needs to go to another hospital urgently for treatment, security or other exceptional reasons, can only be taken there: <ul style="list-style-type: none"> <li>• If they consent to the transfer.</li> <li>• If the patient lacks capacity to consent to the transfer, any transfer must be carried out in accordance with the MCA, including that it is in the person's best interests and any restrictions on the person's liberty are permitted by the MCA.</li> </ul>

	If the patient requires lifesaving treatment (such as following an overdose) Section 5(2)) lapses once they leave the hospital site to which the Section 5(2) applies. On reaching the new hospital site, consideration should be given to imposing a fresh Section 5(2) should they try to leave the hospital
<b>Appeals</b>	No appeals for discharge to either the Mental Health Tribunal or the Hospital Managers are authorised under this section.
<b>IMHA</b>	The patient does not qualify for access to the Independent Mental Health Advocacy (IMHA) service for section 5(2) purposes – see section 130C(2) MHA
<b>Aftercare</b>	Neither section 117 Aftercare, nor Supervised Community Treatment are authorised under this section
<b>Documentation</b>	
<b>Form H1</b>	Mental Health Act 1983 section 5(2) — report on hospital in-patient <a href="http://www.mentalhealthlaw.co.uk/media/Form_H1_section_5(2)_-report_on_hospital_in-patient.pdf">http://www.mentalhealthlaw.co.uk/media/Form_H1_section_5(2)_-report_on_hospital_in-patient.pdf</a>
<b>Form H1A</b>	Mental Health Act 1983 section 5(2) – Record of Disposal of section 5(2). This is an internal form which can be sought via MHA Administrator.
<b>Rights</b>	Section 5(2) Rights Leaflet must be explained to the patient and provided with a copy of the leaflet
<b>Code of Practice</b>	Chapter 18, paras. 18.1 – 18.21 & 18.37-18.45, pp

## 5.2. Section 5(2) Process:

Ward staff notify the s.5(2) clinician who will examine the patient. The Doctor (usually the Consultant) in charge of the patients care is responsible for their overall care and treatment whilst they are receiving care as an inpatient. Wherever possible the Doctor should be involved in decision making, and have a responsibility to provide the required care in the least restrictive way.

If that Doctor is not available when an assessment for detention under section 5(2) is required then the MHA makes provision for them to nominate a 'deputy' (definition, a Doctor with GMC registration) to assume their responsibilities in their absence. In the event that a deputy exercises their nominated powers to the Doctor should review the decision to detain at the earliest opportunity.

**Nominated Deputy:** The Code of Practice 2015 (18.12) allows the Doctor in charge of an in-patient's treatment to nominate a deputy to exercise section 5(2) powers in their absence. The responsibility will therefore devolve to the Deputy.

It is permissible for deputies to be nominated by title, rather than by name e.g. the junior doctor on call (provided that there is only one nominated deputy for any patient at any time and it can be determined with certainty who that nominated deputy is). If nominated deputies are not Approved Clinicians (or Section 12(2) approved Doctors) they should, wherever possible seek advice from the person for whom they are deputising before using a Section 5(2).

It is also to be noted that only doctors who are fully registered to practice can apply a section 5(2). Therefore FY1 Doctors cannot apply a section 5(2) as they only have provisional registration.

**NB: Only a doctor or approved clinician of the same hospital may be a nominated deputy. It is unlawful for a nominated deputy to nominate another. (Code of Practice 2015 (18.13)).**

If the patient is discharged or is considered appropriate for management under the Mental Capacity Act or informal status, the patient is to be notified and an entry made in their notes without s.5(2) being activated. Otherwise, section 5(2) is applied by the Doctor completing Form H1 and The admitting Nurse/Bleep holder must then scan the MHA papers, emailing one copy to [REDACTED] and placing a photocopy in the patients notes. The original papers must be placed in the wards controlled drugs cupboard for collection by the Mental Health Act Administrator. Once section 5(2) has been applied, any registered nurse must ensure that the patient's rights are explained to them, both verbally and in writing and documented.

During weekends and Bank Holidays the Registrar or Consultant on call at Mersey Care NHS Foundation Trust must be notified by the detention under Section 5(2). They are contactable via 0151 250 3000 and can provide further advice and/or assessment. The Registrar or Consultant on call via Mersey Care can make a 1<sup>st</sup> recommendation for further assessment/treatment or terminate the Section 5(2).

If sections 2 or 3 are to be applied, and if the examining clinician is section 12 approved, s/he will complete the relevant medical recommendation form. If not, a request for one must be made.

The section 2 or 3 must be completed within the 72 hour period and the AMHP 14 day application rule for these sections does not apply. The section 5(2) ends once the section 2 or 3 has been completed (or when one of the gatekeepers decides that such detention is not necessary).

Form H1A must be completed upon termination of section 5(2).

### 5.3. Section 2 – Assessment

<b>Criteria</b>	<p>“2(2) An application for admission for assessment may be made in respect of a patient on the grounds that—</p> <p>(a) he is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; and</p> <p>(b) he ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons.”</p>
<b>Nearest Relative</b>	<p>The patient's Nearest Relative has no power to object to a section 2 being applied, but, should nonetheless be offered the opportunity to discuss the proposed detention. Once detained the Nearest Relative may exercise their power of discharge under section 23 MHA by writing to the Hospital Managers notifying them of their intent.</p> <p>The RC can issue a barring certificate within 72 hours of the notice of discharge being given. If no barring certificate is issued then after 72 hours the patient's detention under the MHA ceases.</p>
<b>Purpose</b>	<p>Authority to detain and convey a patient from the community to hospital or to detain a patient who is already in hospital for the purpose of conducting assessment or assessment followed by treatment.</p>
<b>Duration</b>	<p>Up to a maximum of 28 Days.</p>
<b>Expiry</b>	<p>No later than by midnight of the 28th day.</p>



<b>Renewal</b>	No authority to renew but may be extended in two specific circumstances:- 1. If the patient goes absent without leave and is returned with less than 7 days of the section remaining, the section 2 expiry date is deferred to no later than 7 days from the date of return. 2. If a patient is to be detained under section 3 but the Nearest Relative objects AND... if an application for displacement of that Nearest Relative is submitted to the Courts, the status quo is maintained and the patient remains detained under the section 2 until the Court has reached a decision.
<b>Outcomes</b>	Either Discharge or Regrade to one of: Mental Capacity Act, informal, or section 3 status within the 28 Day period (unless extended by the Courts (see Renewal section above).
<b>Treatment</b>	Treatment can be delivered with patient consent or without consent if it is authorised under the MHA in accordance with Part IV powers.
<b>Leave</b>	Leave of absence can be authorised under s.17 MHA
<b>Absence</b>	If the patient succeeds in leaving without authority, section 18 powers apply. Activate 'missing person's protocol' and the patient may be returned at any time within the 28 Day period.
<b>Transfer</b>	Patients can be transferred under s.19 MHA
<b>Appeals</b>	1. A patient may appeal to the Tribunal against their detention provided they notify the Tribunal Office within the first 14 days of the section. 2. An appeal against detention can be made to the Hospital Managers at any time during the 28 Day period.
<b>IMHA</b>	The patient is entitled to access the Independent Mental Health Advocacy (IMHA) service for section 2 purposes and staff should assist her/him to do this if necessary.
<b>Aftercare</b>	Neither section 117 Aftercare, nor Supervised Community Treatment are authorised under this section
<b>Documentation</b>	
<b>Form A1</b>	Mental Health Act 1983 section 2 — application by nearest relative for admission for assessment Approved Mental Health Professional should offer support to nearest relative re. completion (NOT required if Form A2 is completed)
<b>Form A2</b>	Mental Health Act 1983 section 2 — application by an approved mental health professional for admission for assessment NOT required if Form A1 has been completed.
<b>Form A3</b>	Mental Health Act 1983 section 2 — joint medical recommendation for admission for assessment. NOT required if two separate Forms A4 have been completed.
<b>Form A4</b>	Mental Health Act 1983 section 2 — medical recommendation for admission for assessment. Two forms required by two separate doctors. NOT required if Form A3 has been completed.
<b>Form H3</b>	The admitting nurse on the ward receives the section papers (a process which must include a basic check to confirm they have been duly completed) and completes Form H3. The patient is now formally detained under section 2.
<b>Section 23</b>	Mental Health Act 1983 section 23 — regrade to informal by responsible clinician. This is an internal form used by WCFT who provide the RC cover. If this form has been completed it means that the patient is no longer detained under the MHA.
<b>Rights</b>	Section 2 rights leaflet
<b>Code of Practice</b>	Chapter 14, paras. 14.1 – 14.129, pp.113-135

#### 5.4. Process:

The admitting nurse on the ward receives the section papers (a process which must include a basic check to confirm they have been duly completed) and completes Form H3. The patient is now formally detained under section 2.

The admitting nurse must then scan the MHA papers, emailing one copy to [REDACTED] and placing a photocopy in the patients notes. The original papers must be placed in the wards controlled drugs cupboard for collection by the Mental Health Act Administrator.

As soon as is practicable after admission, any nurse must ensure that the patient's rights are explained to her/him, both verbally and in writing and documented. The Nurse should determine if the patient understands her/his rights and a second verbal explanation of rights should be routinely given (and documented). If, after the second explanation of rights, the nurse either believes the patient has not understood her/his rights OR is not sure if the rights were understood, further attempts must be made. Repetition of rights can stop once it is clear that the patient understands them or, conversely, once it is confirmed that s/he will never be able to understand them. Both these outcomes should be fully documented.

There must be a clear plan for the patient's assessment, care and treatment in place which identifies what assessments, care and treatment is required to be provided under the MHA. This plan should be directed by the Approved Clinician in charge of the treatment. This will be the RC allocated by Mersey Care.

All assessments, care and treatment which is identified as falling outside of this plan i.e. assessment and treatment for the patient's physical health would need to be delivered with the patient's consent or using the MCA 2005 where applicable. Please also refer to the Mental Capacity Act Policy.

The section 2 ends once the patient is either discharged or regarded to one of:- The Mental Capacity Act, informal, or section 3 status within the 28 Day period (unless extended by the Courts (See Renewal above). Where Form section 23 (Regrade to informal by RC) is completed this confirms that the patient is no longer subject to detention under the MHA.

If the section 2 runs its full 28 days then it automatically lapses.

5.5. Section 3 – Admission for Treatment (this would be extremely rare however not beyond the realms of possibility)

<b>Criteria</b>	<p><i>“3(2)An application for admission for treatment may be made in respect of a patient on the grounds that—</i></p> <p><i>(a) he is suffering from [F1mental disorder] of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital; and</i></p> <p><i>(b) it is necessary for the health or safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section; and</i></p> <p><i>(c) appropriate medical treatment is available for him.”</i></p>
<b>Nearest Relative</b>	<p>The patient’s Nearest Relative has the power to object to a section 3 being applied and therefore has a statutory right to be consulted by the AMHP regarding the intention to detain. If the Nearest Relative objects the section 3 cannot proceed except on Court authority and only then following its formal displacement of the nearest relative.</p> <p>Once detained the Nearest Relative may exercise her/his section 23 powers of discharge from section by writing to the Hospital Managers notifying them of their intent.</p>
<b>Purpose</b>	Authority to detain and convey a patient from the community to hospital or to detain a patient who is already in hospital for the purpose of providing treatment.
<b>Duration</b>	6 months (May be discharged earlier) on initial detention – subject to renewal periods below.
<b>Expiry</b>	No later than by midnight of the date of detention in the relevant calendar month following detention (subject to the relevant period of detention i.e. initial detention on 24 January would require renewal on or before 24 June).
<b>Renewal</b>	<p>Can be renewed (DURATION: 1st renewal = 6 months, subsequent renewals = 12 months)</p> <p>May also be extended in two specific circumstances:-</p> <p>a) If the patient goes absent without leave and is returned with less than 7 days of the section remaining, the section 3 expiry date is deferred to no later than 7 days from the date of return.</p> <p>b) If a patient goes absent without leave s/he may be returned at any time within 6 months from the date of going absent OR when the section is due to expire (WHICHEVER OCCURS LATEST)</p>
<b>Outcomes</b>	<p>Either Discharge (either Absolutely or under section 17A, Supervised Community Treatment) or Regrade to one of:- Mental Capacity Act or informal status within the 6 month period (section 3 and 1st Renewal) or 12 month period (2nd and subsequent renewals)</p> <p>The section 3 ends on the completion of Form Mental Health Act 1983 section 23.</p> <p>The patient can be discharged by the RC, Nearest Relative or Hospital Managers. If the section 3 is not renewed within the strict renewal periods then it will automatically lapse.</p>
<b>Treatment</b>	Treatment under section 3 without consent is authorised under the Mental Health Act in accordance with Part IV powers.
<b>Leave</b>	Section 17 leave of absence is authorised for section 3 patients. If 7 or more consecutive days leave are granted then the Responsible Clinician must record the justification of this decision, explaining why the patient was not placed in receipt of section 17A Supervised Community Treatment.
<b>Absence</b>	If the patient succeeds in leaving without authority, section 18 powers apply. Activate ‘missing person’s protocol’ and the patient may be returned at any time within the

	limits outlined in RENEWAL section above.
<b>Transfer</b>	Formal section 19 Transfer is authorised for s.3. patients
<b>Appeals</b>	A patient may appeal once to the Tribunal against their detention at any time during the first 6 month period and thereafter once during each period of section 3 renewal.  There are no limits to the number of times the patient can ask the Hospital Managers to review their detention.
<b>IMHA</b>	The patient is entitled to access the Independent Mental Health Advocacy (IMHA) service for section 3 purposes and staff should assist her/him to do this if necessary.
<b>Aftercare</b>	On discharge from hospital a patient who has been detained under section 3 is entitled to section 117 Aftercare, Patients may be placed in receipt of section 17A Community Treatment Orders.
<b>Documentation</b>	
<b>Form A5</b>	Mental Health Act 1983 section 3 — application by nearest relative for admission for treatment Approved Mental Health Professional should offer support to nearest relative re. completion. NOT required if Form A6 is completed.
<b>Form A6</b>	Mental Health Act 1983 section 3 — application by an approved mental health professional for admission for treatment. NOT required if Form A5 has been completed.
<b>Form A7</b>	Mental Health Act 1983 section 3 — joint medical recommendation for admission for treatment. NOT required if two separate Forms A8 have been completed.
<b>Form A8</b>	Mental Health Act 1983 section 3 — medical recommendation for admission for treatment. Two forms required by two separate doctors. NOT required if Form A7 has been completed
<b>Form H3</b>	The admitting nurse on the ward receives the section papers (a process which must include a basic check to confirm they have been duly completed) and completes Form H3. The patient is now formally detained under section 3.
<b>Section 23</b>	Mental Health Act 1983 section 23 — regrade to informal by responsible clinician. This is an internal form used by WCFT who provide the RC cover. If this form has been completed it means that the patient is no longer detained under the MHA.
<b>Rights</b>	Section 3 Rights Leaflet
<b>Code of Practice</b>	No specific chapter but the following sections are particularly useful: Chapter 14 – Applications for detention in Hospital Chapter 23 – appropriate medical treatment test; Chapters 24 -26– concern medical treatment/use of restraint Chapter 27 – leave Chapter 32 Detention and CTO renewal extension and discharge Chapter 33 – Aftercare Chapter 34 – Care Programme Approach

### 5.5.1 Process:

The admitting nurse on the ward receives the section papers (a process which must include a basic check to confirm they have been duly completed) and completes Form H3. The patient is now formally detained under section 3.

The admitting nurse must then scan the MHA papers, emailing one copy to [REDACTED] and placing a photocopy in the patients notes. The original papers must be placed in the wards controlled drugs cupboard for collection by the Mental Health Act Administrator.

As soon as is practicable after admission, a registered nurse must ensure that the patient's rights are explained to her/him, both verbally and in writing and documented. The Nurse should determine if the patient understands her/his rights and a second verbal explanation of rights should be routinely given (and documented). If, after the second explanation of rights, the nurse either believes the patient has not understood her/his rights OR is not sure if the rights have been understood, further attempts must be made.

Repetition of rights can stop once it is clear that the patient understands them or, conversely, once it is confirmed that s/he will never be able to understand them. Both these outcomes should be fully documented

There must be a clear care and treatment plan in place which identifies the patients care and treatment required to be provided under the MHA. This care and treatment plan should be directed by the Approved Clinician in charge of the treatment. This will be the RC allocated by Mersey Care.

All care and treatment which is identified as falling outside of this care and treatment plan i.e. treatment for the patient's physical health would need to be delivered with the patient's consent or using the MCA 2005 where applicable. Please also refer to the Mental Capacity Act Policy.

## **6. Advocacy**

- Independent Mental Health Advocates (IMHAs) support people with issues relating to their mental health care and treatment. They also help people understand their rights under the Mental Health Act. The Mental Health Act Administrator makes IMHA referrals. Staff can request this via [REDACTED]
- IMHA's can provide advocacy for patients excluding those detained on short term sections (sections 4, 5, 135 and 136).

## **7. Training**

MHA training is provided by the Neuropsychiatry Team and is available for all clinical and managerial staff 3 yearly.

## **8. Monitoring Arrangements**

This Policy will be monitored by the Safeguarding group and the Clinical Effectiveness Services Group. Any issues with the operation of this document will be brought to the attention of the Safeguarding Group who will report any required actions to the Clinical Effectiveness Services Group.

## **9. References**

- Department of Health, Mental Health Act 1983.
- Department of Health, Code of Practice, Mental Health Act 1983, (2015)
- CQC, Use of the Mental Health Act 1983 in general hospitals without a psychiatric unit, Mental Health Act Commission; revised April 2010.

## **10. Supporting policies/clinical guidance**

- Mental Capacity Act policy
- Deprivation of Liberty Safeguards policy
- Safeguarding Adults policy
- Safeguarding Children's policy
- Management of Violent and Aggressive Individuals policy
- Restrictive Interventions policy
- Neuropsychiatry SOP

## **11. Appendices**

- Section 2 Patient Rights Leaflet (Appendix 1)
- Section 3 Patient Rights Leaflet (Appendix 2)

## Appendix 1 - Admission to hospital for assessment

### ADMISSION TO HOSPITAL FOR ASSESSMENT

(Section 2 of the Mental Health Act 1983)



The Walton Centre  
NHS Foundation Trust

1. Patient's name	
2. Name of the person in charge of your care (your "responsible clinician")	
3. Name of hospital and ward	

### 1. Why am I in hospital?

You are being kept in this hospital under section 2 of the Mental Health Act 1983. You have been examined by two doctors and they think that you have a mental disorder and you must stay in hospital so that the person in charge of your care (your responsible clinician) can find out what is wrong and how to help you.

### 2. How long will I be here?

You can be kept here for up to 28 days.

During this time you must not leave unless your responsible clinician tells you that you may. If you try to leave the staff can stop you, and if you do leave you can be brought back.

If you were already being kept in hospital under section 4 of the Mental Health Act, then the time you have already been in hospital counts as part of the 28 days.

In your case the 28 days end on:

Date:
-------

### 3. What happens next?

Your responsible clinician will tell you if they think you are well enough to leave hospital. This could be at any time during the 28 days.

Your responsible clinician may decide that you need to be in hospital for longer than 28 days, in which case you may be kept in hospital under section 3 of the Mental Health Act instead. They must make this decision before the 28 days are up. If this happens, you will be given another leaflet that explains what it means.

#### **4. What treatment will I be given?**

Your responsible clinician and other members of staff will talk to you about any treatment they think you need. In most cases you will have to accept their advice.

There are different rules for some special treatments, like electro-convulsive therapy (ECT). If the staff think you need one of these special treatments, the rules will be explained to you and you will be given another leaflet.

#### **5. Can I appeal?**

Yes, you can appeal against the decision to keep you in hospital under section 2.

To do this, you can ask the Hospital Managers to let you leave. You can do this at any time. The Hospital Managers are a special committee of people set up within the hospital to decide whether people should be kept in hospital. They may want to talk to you before deciding whether to let you leave.

You can write to the Hospital Managers at:

Or you can ask a member of staff to help you contact the Hospital Managers.

Your nearest relative can also write to the Hospital Managers to say that they want you to be allowed to leave hospital. This leaflet explains further down who your nearest relative is. If your nearest relative does this, the Hospital Managers must let you leave within 72 hours unless your responsible clinician tells them you might be a danger to yourself or other people if you are allowed to leave. If this happens, it will be another six months before your nearest relative will be able to tell the Hospital Managers again that they want you to leave, if you are still being kept in hospital then.

You can also ask a Tribunal to say you should no longer be kept in hospital. You can only do this during the first 14 days of the 28 days you can be kept in hospital.

#### **6. What is a Tribunal and what happens?**

The Tribunal is an independent panel which can decide whether you should be allowed to leave the hospital. It will hold a meeting with you and with staff from the hospital who know you. This meeting is called a “hearing”. You can ask someone else to come to the hearing to help you, if you want. Before the hearing, the members of the Tribunal will read reports from the hospital about you and your care. One of the members of the Tribunal will also come to talk to you.

If you want to apply to the Tribunal you can write to:



The Tribunals Service  
PO BOX 8793  
5th Floor  
Leicester  
LE1 8BN

Tel. 0845 2232022

You can ask a solicitor to write to the Tribunal for you and help you at the hearing. The hospital and the Law Society have a list of solicitors who specialise in this. You will not have to pay for help from a solicitor with this. It is free of charge under the Legal Aid scheme.

## **7. Letting your nearest relative know**

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative.

There is a list of people in the Mental Health Act who are treated as your relatives. Normally, the person who comes highest in that list is your nearest relative. The hospital staff can give you a leaflet which explains this and what rights your nearest relative has in connection with your care and treatment.

In your case, we have been told that your nearest relative is:

If you do not want this person to receive a copy of the leaflet, please tell your nurse or another member of staff.

## **8. Changing your nearest relative**

If you do not think this person is suitable to be your nearest relative, you can apply to the County Court for someone else to be treated as your nearest relative instead. The hospital staff can give you a leaflet that explains this.

## **9. Your letters**

All letters sent to you while you are in hospital will be given to you. You can send letters to anyone except someone who has said they do not want to get letters from you. Letters to these people can be stopped by the hospital staff.

## **10. Code of Practice**

There is a Code of Practice that gives advice to the staff in the hospital about the Mental Health Act and treating people for mental disorder. The staff have to consider what the Code says when they take decisions about your care. You can ask to see a copy of the Code, if you want.

## 11. How do I complain?

If you want to complain about anything to do with your care and treatment in hospital, please speak to a member of staff. They may be able to sort the matter out. They can also give you information about the hospital's complaints procedure, which you can use to try to sort out your complaint through what is called local resolution. They can also tell you about any other people who can help you make a complaint.

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. The Commission monitors how the Mental Health Act is used, to make sure it is used correctly and that patients are cared for properly while they are in hospital. The hospital staff can give you a leaflet explaining how to contact the Commission.

## 12. Further help and information

If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this leaflet has not answered.

Please ask if you would like another copy of this leaflet for someone else.

## Appendix 2 - Admission to Hospital for Treatment

### ADMISSION TO HOSPITAL FOR TREATMENT

(Section 3 of the Mental Health Act 1983)

1. Patient's name	
2. Name of the person in charge of your care (your "responsible clinician")	
3. Name of hospital and ward	
4. Date detention under section 3 began	

#### 1. Why am I in hospital?

You are being kept in this hospital under section 3 of the Mental Health Act 1983. This means that two doctors think that you have a mental disorder and you need to be in hospital so that you can be given treatment and care.

#### 2. How long will I be here?

You can be kept here for up to six months at first so that you can be given the treatment you need.

You must not leave during this time unless the person in charge of your care (your responsible clinician) tells you that you may. If you try to leave, the staff can stop you, and if you do leave, you can be brought back.

#### 3. What happens next?

Your responsible clinician will tell you when they think you are well enough to leave hospital. If your responsible clinician thinks that you need to stay in hospital for longer than six months, they can renew how long you can be kept in hospital for up to another six months, and then for up to a year at a time. Your responsible clinician will talk to you about this towards the end of each period.

#### 4. What treatment will I be given?

Your responsible clinician and other members of staff will talk to you about any treatment they think you need. In most cases you will have to accept their advice.

After three months, there are special rules about any medicine or drugs you are being given for your mental disorder. If you do not want the medicine or drugs, or are too ill to say whether you want them, a doctor who is not from this hospital will visit you. This independent doctor will talk

to you and to staff at the hospital who know you. The independent doctor will decide what medicine and drugs you can be given. Unless it is an emergency, these are the only medicine and drugs you can be given without your agreement.

This independent doctor is called a SOAD (Second Opinion Appointed Doctor) and is appointed by an independent Commission which monitors how the Mental Health Act is used.

There are different rules for some special treatments, like electro-convulsive therapy (ECT). If the staff think you need one of these special treatments, the rules will be explained to you and you will be given another leaflet.

## **5. Can I appeal?**

Yes, you can appeal against a decision to keep you in hospital under section 3.

To do this, you can ask the Hospital Managers to let you leave. You can do this at any time. The Hospital Managers are a special committee of people set up within the hospital to decide whether people should be kept in hospital. They may want to talk to you before deciding whether to let you leave.

You can write to the Hospital Managers at:

Or you can ask a member of staff to help you contact the Hospital Managers.

Your nearest relative can also write to the Hospital Managers to say that they want you to be allowed to leave hospital. This leaflet explains further down who your nearest relative is. If your nearest relative does this, the Hospital Managers must let you leave within 72 hours unless your responsible clinician tells them you might be a danger to yourself or other people if you are allowed to leave. If this happens, it will be another six months before your nearest relative will be able to tell the Hospital Managers again that they want you to leave, if you are still being kept in hospital then.

You can also ask a Tribunal to say you should no longer be kept in hospital.

## **6. What is a Tribunal and what happens?**

The Tribunal is an independent panel which can decide whether you should be allowed to leave the hospital. It will hold a meeting with you and with staff from the hospital who know you. This meeting is called a “hearing”. You can ask someone else to come to the hearing to help you, if you want. Before the hearing, the members of the Tribunal will read reports from the hospital about you and your care. One of the members of the Tribunal will also come to talk to you.

## **7. When can I apply to the Tribunal?**

You can apply to the Tribunal once at any time in the first six months you are kept in hospital under section 3. You may then apply once at any time during the second six months, and then once during every year that you are kept in hospital after that.

If your nearest relative told the Hospital Managers that they wanted you to be allowed to leave hospital, but your responsible clinician said you were not allowed to leave, your nearest relative can also apply to the Tribunal. Your nearest relative must do this within 28 days of being told that your responsible clinician did not think you should be allowed to leave hospital.

If you want to apply to the Tribunal you can write to:

The Tribunals Service  
PO BOX 8793  
5th Floor  
Leicester  
LE1 8BN  
Tel. 0845 2232022

You can ask a solicitor to write to the Tribunal for you and help you at the hearing. The hospital and the Law Society have a list of solicitors who specialise in this. You will not have to pay for help from a solicitor with this. It is free of charge under the Legal Aid scheme.

## **8. Help from an independent mental health advocate**

You are entitled to help from an independent mental health advocate if you want it. These advocates are independent of people involved in your care. They can help you get information about your care and treatment, why you are being kept in hospital, what it means and what your rights are. They can come to see you and help you understand what you are told by people involved in your care and treatment. If you want, they can help you talk to these people or they can talk to them for you. They can also help you with the Tribunal.

You can contact the independent mental health advocacy service yourself. There should be a telephone where you can contact the advocacy service and talk to them in private. You can ask a member of staff where this telephone is.

The telephone number for the advocacy service is:

If you do not want to contact the advocacy service yourself, you can ask a member of staff to contact the advocacy service for you. You can also ask your nearest relative to contact the advocacy service for you.

## **9. Letting your nearest relative know**

A copy of this leaflet will be given to the person the Mental Health Act says is your nearest relative.

There is a list of people in the Mental Health Act who are treated as your relatives. Normally, the person who comes highest in that list is your nearest relative. The hospital staff can give you a leaflet which explains this and what rights your nearest relative has in connection with your care and treatment.

In your case, we have been told that your nearest relative is:

If you do not want this person to receive a copy of the leaflet, please tell your nurse or another member of staff.

## **10. Changing your nearest relative**

If you do not think this person is suitable to be your nearest relative, you can apply to the County Court for someone else to be treated as your nearest relative instead. The hospital staff can give you a leaflet that explains this.

## **11. Your letters**

All letters sent to you while you are in hospital will be given to you. You can send letters to anyone except someone who has said they do not want to get letters from you. Letters to these people can be stopped by the hospital staff.

## **12. Code of Practice**

There is a Code of Practice that gives advice to the staff in the hospital about the Mental Health Act and treating people for mental disorder. The staff have to consider what the Code says when they take decisions about your care. You can ask to see a copy of the Code, if you want.

## **13. How do I complain?**

If you want to complain about anything to do with your care and treatment in hospital, please speak to a member of staff. They may be able to sort the matter out. They can also give you information about the hospital's complaints procedure, which you can use to try to sort out your complaint locally. They can also tell you about any other people who can help you make a complaint, for example an independent mental health advocate (see above).

If you do not feel that the hospital complaints procedure can help you, you can complain to an independent Commission. This is called the Care Quality Commission and it monitors how the Mental Health Act is used, to make sure it is used correctly and that patients are cared for properly while they are in hospital. The hospital staff can give you a leaflet explaining how to contact the Commission.

#### **14. Further help and information**

If there is anything you do not understand about your care and treatment, a member of staff will try to help you. Please ask a member of staff to explain if there is anything in this leaflet you do not understand or if you have other questions that this leaflet has not answered.

Please ask if you would like another copy of this leaflet for someone else.

### Appendix 3 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

**Part 1**

- 1. Person(s) Responsible for Assessment: [REDACTED]
- 2. Contact Number: [REDACTED]
- 3. Department(s): [REDACTED]
- 4. Date of Assessment: Jan 2019
- 5. Name of the policy/procedure being assessed: Mental Health Act Policy
- 6. Is the policy new or existing?  
 New  Existing
- 7. Who will be affected by the policy (*please tick all that apply*)?  
 Staff  Patients  Visitors  Public
- 8. How will these groups/key stakeholders be consulted with?
- 9. What is the main purpose of the policy? See Section 1
- 10. What are the benefits of the policy and how will these be measured? Within body of policy
- 11. Is the policy associated with any other policies, procedures, guidelines, projects or services? See Section 9
- 12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics?

Protected Characteristic	Positive Impact ( <i>benefit</i> )	Negative ( <i>disadvantage or potential disadvantage</i> )	No Impact	Reasons to support your decision and	Mitigation/adjustments already put in place



				evidence sought	
Age	Applies to everyone.	Older people may be more likely to be deemed vulnerable due to known factors and/or ageist attitudes or communication barriers due to increased frailty or ill health together with those with mental health problems or learning disabilities.			Implementation of the Mental Health Act Policy to promote independence and choice.
Sex	The MHA (1983) Policy does not discriminate between men and women. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs				Any action taken to safeguard people must be in line with the Safeguarding Policy.
Race	The MHA (1983) Policy is not expected to impact in any different way on different racial or ethnic groups. The Trust has provisions in place so that staff are aware of their responsibilities to different ethnic group groups and if the deed to ensure that safeguards is operated fairly and equitably the Trust will provide interpreting and translation and responds to requests of information in alternative formats.	Lack of understanding/ awareness of how to take account of the cultural background of the individual concerned.			Trust Equality and Diversity Team will provide support and guidance on cultural issues.
Religion or Belief	The MHA (1983) Policy does not discriminate between religions or beliefs. A principle on	Staff are not always aware of the implications for service provision taking into account the person's religion or beliefs			Trust Equality and Diversity Team will provide support and guidance on cultural
Disability	The MHA (1983) Policy provides important safeguards for people who are vulnerable because of their disability and/or circumstance. The Trust will provide interpreting and translation and respond to requests of information in alternative formats	This will largely affect individuals with significant learning disabilities, older people suffering from dementia or similar disability. This also includes other causes such as neurological conditions such as brain injury. DRC report 2007-			Any action taken to safeguard people must be in line with the appropriate Multi Agency Policy which the Trust policy underpins.

		Independent living & the Commission for Equality & Human Rights highlights how health staff may have paternalist approach to disabled people which can Team to poor practice.			
Sexual Orientation	The MHA (1983) Policy does not discriminate between sexual orientation is expected to be positive overall, because the principles on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.	There may be a potential difficulty for some partners of those who lack capacity to have a voice when decisions relating to their partner are being considered.			In any event the MHA (1983) Policy would apply which requires that in considering what is in the best interests of a person lacking capacity, the decision -maker must take into account all of the issues relevant to the individual including the person's past and present wishes and feelings. A person's sexual orientation would need to be included in any consideration of their best interests.
Pregnancy /maternity	The MHA (1983) Policy does not discriminate against women. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs				Any action taken to safeguard people must be in line with the Safeguarding Policy.
Gender Reassignment	The MHA (1983) Policy applies to all people and together with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation provides important 'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need Trust Equality and Diversity Team will provide support and guidance on cultural issues. Safeguarding Adults Policy safeguards for people who lack capacity to consent to the arrangements made for their care or treatment and who need to be deprived of their liberty for their own safety.	'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need or training across NHS staff.			Trust Equality and Diversity Team will provide support and guidance on cultural issues.

Marriage & Civil Partnership	The MHA (1983) Policy does not discriminate between types of relationships. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.				
Other					

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998?

**If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to the HR ED&I Lead for further support.**

Action	Lead	Timescales	Review Date

**Declaration**

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

**No major change needed**

**Adjust the policy**

**Adverse impact but continue with policy**

**Stop and remove the policy**

Name  Date: March 2021 Signed:

## Appendix 4 - Policy approval checklist

The Mental Capacity Act Policy is presented to the Safeguarding Group for Approval.

In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

### Policy review stage

Table 1

The reviewing group should ensure the following has been undertaken:	Approved?
The author has consulted relevant people as necessary including relevant service users and stakeholders.	Yes
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	Yes
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	Yes
The policy fits within the wider organisational context and does not duplicate other documents.	Yes
An Equality Impact Assessment has been completed and approved by the HR Team.	Yes
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	Yes
The document clearly details how compliance will be monitored, by who and how often.	Yes
The timescale for reviewing the policy has been set and are realistic.	Yes
The reviewing group has signed off that the policy has met the requirements above.	Yes
<b>Reviewing group chairs name:</b> ██████████	<b>Date:</b> Mar 2021

### Policy approval stage

<input type="checkbox"/> The approving committee/group approves this policy. <input type="checkbox"/> The approving committee/group does not approve the policy.	
<b>Actions to be taken by the policy author:</b>	
<b>Approving committee/group chairs name:</b>	<b>Date:</b>



## Translation Service

If you require this leaflet in any other language or format, please contact the Patient Experience Team on 0151 556 3091 or 3093, or email [patientexperienceteam@thewaltoncentre.nhs.uk](mailto:patientexperienceteam@thewaltoncentre.nhs.uk) stating the leaflet name, code and format you require.

Arabic	إذا كنت بحاجة إلى هذه النشرة بأي لغة أو تنسيق آخر، فيرجى الاتصال بفريق متابعة تجارب المرضى على الرقم 0151 556 3091 أو 3093، أو إرسال بريد إلكتروني إلى <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> موضحاً اسم النشرة، والرمز، والشكل الذي تطلبه.
Chinese	如果你想索取本传单的任何其他语言或格式版本，请致电0151 556 3091或3093联络「病人经历组」，或发电邮至 <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> ，说明所需要的传单名称、代码和格式。
Farsi	۰۱۵۱۵۵۶۳۰۹۱ شماره با بیمار تجربه تیم با لطفاً دیگری زبان یا هر فرم به بروشور این به نیاز صورت در بگيرد زیر تماس ایمیل با یا ۳۰۹۳ یا <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> خود نیاز مورد قالب و کد، بروشور نام ذکر با
French	Si vous avez besoin de ce dépliant dans une autre langue ou un autre format, veuillez contacter Patient Experience Team (équipe de l'expérience des patients) au 0151 556 3091 ou 3093, ou envoyez un e-mail à <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> en indiquant le nom du dépliant, le code et le format que vous désirez.
Polish	Jeśli niniejsza ulotka potrzebna jest w innym języku lub formacie, należy skontaktować się z zespołem ds. opieki nad pacjentem (Patient Experience Team) pod numerem telefonu 0151 556 3091 lub 3093, lub wysłać wiadomość e-mail na adres <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> , podając nazwę ulotki, jej kod i wymagany format.
Punjabi	ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਜ਼ਰੂਰੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੇਂਟ ਐਕਸਪੀਰੀਏਂਸ ਟੀਮ ਨਾਲ 0151 556 3091 ਜਾਂ 3093 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> 'ਤੇ ਈਮੇਲ ਕਰੋ ਅਤੇ ਪਰਚੇ ਦਾ ਨਾਮ, ਕੋਡ ਅਤੇ ਆਪਣਾ ਲੋੜੀਂਦਾ ਫਾਰਮੈਟ ਦੱਸੋ।
Somali	Haddii aad u baahan tahay buug-yarahan oo luqad kale ku qoran ama isaga oo qaab kale ah, fadlan Kooxda Waayo-arragnimada Bukaanka kala soo xiriir 0151 556 3091 ama 3093, ama email-ka <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> oo sheeg magaca iyo summadda buug-yaraha iyo qaabka aad u rabtid.
Urdu	اگر آپ کو یہ کتابچہ کسی دیگر زبان یا شکل میں درکار ہو تو، براہ کرم پیشنٹ ایکسپیریننس ٹیم سے 0151 556 3091 یا 3093 پر رابطہ کریں، یا کتابچے کا نام، کوڈ اور اپنی مطلوبہ شکل کا ذکر کرتے ہوئے <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> پر ای میل کریں۔
Welsh	Pe byddech angen y daflen hon mewn unrhyw iaith neu fformat arall, byddwch cystal â chysylltu gyda'r Tîm Profiadau Cleifion ar 0151 556 3091 neu 3093, neu ebostiwch <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> gan nodi enw'r daflen, y cod a'r fformat sydd ei angen arnoch.

If you require this leaflet in any other language or format, please contact the Patient Experience Team on 0151 556 3091 or 3093, or email [patientexperienceteam@thewaltoncentre.nhs.uk](mailto:patientexperienceteam@thewaltoncentre.nhs.uk) stating the leaflet name, code and format you require.

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Chinese	如果你想索取本传单的任何其他语言或格式版本。请致电0151 556 3091或3093联络「病人经历组」。或发电邮至 <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> ，说明所需要的传单名称、代码和格式。
Farsi	شماره با بیمار تجربه تیم با لطفاً دیگری زبان یا هر فرم به بروشور این به نیاز صورت در بگيرد زیر تماس ایمیل با یا ۳۰۹۳ یا <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> خود نیاز مورد قالب و کد، بروشور نام ذکر با
French	Si vous avez besoin de ce dépliant dans une autre langue ou un autre format, veuillez contacter Patient Experience Team (équipe de l'expérience des patients) au 0151 556 3091 ou 3093, ou envoyez un e-mail à <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> en indiquant le nom du dépliant, le code et le format que vous désirez.
Polish	Jeśli niniejsza ulotka potrzebna jest w innym języku lub formacie, należy skontaktować się z zespołem ds. opieki nad pacjentem (Patient Experience Team) pod numerem telefonu 0151 556 3091 lub 3093, lub wysłać wiadomość e-mail na adres <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> , podając nazwę ulotki, jej kod i wymagany format.
Punjabi	ਜੇ ਵਰਤਾਨੂੰ ਡਿਪਲਿਅਟ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਜ਼ਰੂਰੀ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੇਂਟ ਐਕਸਪੀਰੀਅੰਸ ਟੀਮ ਨਾਲ 0151 556 3091 ਜਾਂ 3093 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> 'ਤੇ ਈਮੇਲ ਕਰੋ ਅਤੇ ਪਰਚੇ ਦਾ ਨਾਮ, ਕੋਡ ਅਤੇ ਆਪਣਾ ਲੋੜੀਂਦਾ ਫਾਰਮੈਟ ਦੱਸੋ।
Somali	Haddii aad u baahan tahay buug-yarahan oo luqad kale ku qoran ama isaga oo qaab kale ah, fadlan Kooxda Waayo-arragnimada Bukaanka kala soo xiriiir 0151 556 3091 ama 3093, ama email-ka <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> oo sheeg magaca iyo summadda buug-yaraha iyo qaabka aad u rabtid.
Urdu	اگر آپ کو یہ کتابچہ کسی دیگر زبان یا شکل میں درکار ہو تو، براہ کرم پیشنٹ ایکسپیریئنس ٹیم سے 0151 556 3091 یا 3093 پر رابطہ کریں، یا کتابچے کا نام، کوڈ اور اپنی مطلوبہ شکل کا ذکر کرتے ہوئے <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> پر ای میل کریں۔
Welsh	Pe byddech angen y daflen hon mewn unrhyw iaith neu fformat arall, byddwch cystal â chysylltu gyda'r Tîm Profiadau Cleifion ar 0151 556 3091 neu 3093, neu ebostiwch <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> gan nodi enw'r daflen, y cod a'r fformat sydd ei angen arnoch.

