# **https://jobs.bmj.com/getasset/a43eb1a6-48cf-400c-af2a-54f2a79c2d62/**

# **Clinical Site Coordinator Mental Health Act Scrutiny Document – to be filed in patient records**

**Section 5(2) Mental Health Act 1983**

##### Patient’s Name *(please print)...*….………………………………………. NHS No………………………

Ward……………………………… Date of admission …………………

Date of Section…………………..Time of Section…………….

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Do you have the correct forms for the Section?** |  |  |
|  | Form H1 – Report on Hospital in-patient | Yes | No |
|  | Section 132 – Record of Information | Yes | No |
|  |  |  |  |
| **2.** | **Has the doctor completed the below information correctly?**  ***The below areas MUST be completed to ensure the Section 5(2) document is legal.***  **PART 1:**  Is the Full name and address of Salisbury District Hospital entered on top of the form?  Has part a) **OR** part b) been deleted appropriately?  Has the **medical practitioner OR the approved clinician** been crossed through as appropriate?  Has the correct phrase been identified when furnishing the report to the Hospital Manager (the Clinical Site Coordinator)? (Delete the phrase that does not apply) | Yes  Yes  Yes  Yes  Yes | No  No  No  No  No |
|  |  |  |  |
| **3.** | **Have you, (on behalf of the Hospital Manager, completed the below information correctly?**  ***The below areas MUST be completed to ensure the Section 5(2) document is legal*.** **PART 2:**  Has the correct phrase been identified when furnishing the report to the Hospital Manager (the Clinical Site Coordinator)? (Delete the phrase that does not apply) | Yes  Yes | No  No |
|  |  |  |  |
| **4.** | **Has PART 1 of Form H1 been signed and dated by the Medical Practitioner / Approved Clinician?** | Yes | No |
|  |  |  |  |
| **5.** | **Has PART 2 of Form H1 been signed and dated by the Clinical Site Coordinator?** | Yes | No |
| **6.** | **Read the patient their rights under the Section of the Mental Health Act?**  *(Please check the correct patient information leaflet for the Section has been issued to the patient)* | Yes | No |
|  |  |  |  |
| **7.** | **Completed Section 132 Form – Record of Information given to Patient?** | Yes | No |
|  |  |  |  |
| **8.** | **Documented in the patient’s medical notes time and date of section and that the patient has been informed of their rights under the Mental Health Act?** | Yes | No |
|  |  |  |  |
| **9.** | **Email a copy of the section papers to** [**awp.mhawiltshireadmin@nhs.net**](mailto:awp.mhawiltshireadmin@nhs.net) **(Mental Health Legislation Administration Team) to notify them of the Detention?** | Yes | No |
|  |  |  |  |
| **10.** | **If answer is NO to any of the questions, please state the reason why.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| **11.** | **Posted the original section papers by recorded mail to the Mental Health Legislation Administration Team?** | Yes | No |

Senior Mental Health Legislation Administrator

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**Signed………………………………… Print Name……………………………….**

**Date………………………**

**Photocopy this checklist, file a copy in the patients’ Health Care Records & email and send with section papers to AWP MHA Legislation Team**