**Clinical Site Coordinator Receiving Mental Health Act Section Papers Checklist – to be filed in patient records**

**Section 2, 3 & 4 MHA 1983**

Patient’s name …………………………………………………………………

DOB…………………………… Hospital number………………………….

Section………………………… Date of section…………………………….

Name of person completing checklist………………………………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments**  |
| **Medical Recommendations** |
| Section 2 or 3 you must have 2 medical recommendations (section 4 only 1) |  |  |  |
| The medical recommendations are both written within 7 days of each other |  |  |  |
| They are both signed and correct date |  |  |  |
| Correct spelling of patient’s name and written in capitals. |  |  |  |
| Correct hospital address and correct spelling of the address. |  |  |  |
| **Application** |
| The application made by an AMHP is dated last |  |  |  |
| The form is signed and dated by the AMHP |  |  |  |
| The correct hospital name and spelling is written on the application |  |  |  |
| **Record of detention in hospital** |
| If all of the above are correct, then the receiving CSC must complete Form H3 – record of detention in hospital – Ensuring the patient’s name is the same spelling as the other section paperwork.***Please remember only part A or B can be completed – usually will be part B at SDH as the patient is already an inpatient.***H4 if transfer in already under section (copies are sufficient) |  |  |  |
| **Section 132 Rights** |
| Notification of Section 132 form completed |  |  |  |
| Rights explained to patient |  |  |  |
| If the patient has not understood their rights, have they been re-explained? |  |  |  |
| Section information leaflet given to patient |  |  |  |
| Patients identified next of kin aware of the section |  |  |  |
| **Clinical Site Administration** |  |  |  |
| Mental Health Act Section paperwork photocopied, and photocopy filed in patients notes.  |  |  |  |
| Original Mental Health Act Section paperwork scanned and emailed to Serena Andrews/ Mental Health Admin: serena.andrews@nhs.net and awp.mhawiltshireadmin@nhs.net  |  |  | Date & Time: |
| Original Mental Health Act Section paperwork posted by recorded mail to:Senior Mental Health Legislation AdministratorAvon and Wiltshire Mental Health Partnership NHS Trust,Grovely, Fountain Way,Salisbury, WiltshireSP2 7FD |  |  | Date & Time:*Clinical Site Admin to complete this box* |
| Input patient details on the shared document on interdepartmental workspace.  |  |  |  |

**If you have ticked no to any of the above then the section is not acceptable and cannot be received**, the receiving CSM should bring any errors to the attention of the AMHP, MHA Admin or on call manager urgently for advice.

Any other errors on the documentation can be rectified by the form writer. MHA Administration will carry out a detailed scrutiny and obtain a medical scrutiny of the clinical reasons for detention and if necessary, obtain the required amendments within the legal time limits.

**Photocopy this checklist, file a copy in the Health Care Records & send via recorded post with original section papers to AWP MHA Legislation Team**