



Mental Health Act assessment

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Confidential - Patient Identifiable Information

Note: This form has been designed by Prof Ian Wall on behalf of the Faculty of Forensic & Legal Medicine for use by Forensic Physicians (also known as Forensic Medical Officers in N. Ireland). The form is provided to assist Forensic Physicians in carrying out assessments in contemplation of admission to hospital under mental health legislation*. It is to be regarded as an aide-mémoire and it is therefore not necessary for all parts of the form to be completed. On completion this form is the personal property of the examining doctor.

It should be noted that police custody suites should only be used in exceptional circumstances as places of safety for persons detained under Section 136 of the Mental Health Act. Under 18 years should not be detained in a police station as a Place of Safety, in any circumstances.

1. General Details

Name _____

Address _____

Date of birth _____

Occupation _____

Ethnicity _____

Gender _____

NHS number etc. _____

First language _____

Interpreter required YES NO

Interpreter name _____

Next of kin _____

Relationship _____

Nearest relative** _____

Relationship _____

GP _____

GP address _____

Second doctor _____

Section 12 approved YES NO

Previous acquaintance YES NO

AMHP _____

Venue _____

Custody record No _____

Arrest date and time _____

Reason for arrest _____

Relevant property _____

PNC Warning _____

Date & time called _____

Time arrived _____

Time examination started _____

Time examination completed _____

Time case completed _____

2. Assessment requested by

AMHP Police

Other name _____

3. Background information (continuation on separate sheet if necessary)

Information from _____

4. Consent

Capacity to consent YES NO

Consent (if applicable) Verbal/written YES NO

Special features _____

"I consent to a Mental Health Act assessment as explained to me by

*I have been given a "Privacy Notice****" which explains how my information will be protected in accordance with the General Data Protection Regulations."*

Signed _____

Witnessed _____

Relationship of witness _____

*England and Wales – The Mental Health Act 1983

Scotland – The Mental Health (Care and Treatment) (Scotland) Act 2003

Northern Ireland – The Mental Health (NI) Order 1986

Alderney, Sark and Guernsey – The Mental Health (Bailiwick of Guernsey) Law 2010

Isle of Man – The Mental Health Act 1998

Jersey – The Mental Health (Jersey) Law 2016

** Nearest relative is a special term used in the Mental Health Act 1983 giving a specific family member rights and responsibilities

*** See appendix 1 on last page



5. History

Presenting problem _____

Family and social circumstances - housing, employment, financial, relationships, adverse life events/circumstances (see safeguarding note on page 5)

Family history _____

Medical _____

Psychiatric specific enquiry _____

Personal/development history (childhood, adolescence, adulthood)

Past medical history (inc. psychiatric history and history of deliberate self-harm)

Forensic history _____

Alcohol history (quantity, frequency, variability, dependence symptomatology, withdrawal symptoms/signs, morning relief drinking) _____

Weekly alcohol intake _____ units per week

Alcohol intake in last 24 hours _____

Next of kin views _____

Medication	Dose	Duration	Routine	Last Taken
Prescribed				
OTC medicines				
Other non-prescribed/ illicit/recreational***				
Heroin				
Methadone				
Crack/cocaine				
Cannabis				
Benzodiazepines				
Other				

*** Identify any drugs where there is evidence of dependence



6. Mental state examination

A. Appearance and behaviour

Self-care/appearance e.g. clothing, facial _____

Behaviour, e.g. disinhibited, withdrawn, aggressive, compulsions _____

Motor e.g. retardation, over activity, Parkinsonian _____

Attitude towards examiner e.g. co-operative, friendly, hostile _____

B. Mood and affect (anxiety, depression, irritability, euphoria/elation)

Subjective _____

Objective _____

Appropriateness _____

C. Form of talk (form, rate, quantity e.g. hesitancy, delay, pressure of speech, flight of ideas, thought blocking)

D. Content of thought (preoccupations, overvalued ideas, obsessions, suicidal or homicidal thoughts etc.)

E. Abnormal beliefs and perceptions

Delusions _____

Hallucinations e.g. auditory, visual, tactile, olfactory, gustatory

F. Cognition

Alertness and level of consciousness _____

Orientation _____

Memory e.g. short/long term _____

Concentration and attention _____

Intellectual disability including capacity to read and write

Visuospatial ability _____

Abstract thinking _____

Fund of information and intelligence _____

G. Judgement and insight

H. Reaction to the patient (reliability, clinical plausibility)



8. Conclusions (diagnosis, nature of mental disorder, degree of mental disorder, capacity to decide about treatment options)

Recommendations

Outcome

Informal/compulsory admission under Section ()
to _____

hospital _____

Informal admission or other treatment not appropriate because

Not admitted to hospital: management/continuity of care arrangements

GP informed _____

Next of kin informed _____

Medication	Dose	Duration	Route	Expiry	Batch no

Mental Health Act status before assessment

Mental Health Act status after assessment

Please address any child safeguarding issues: either because the detained person (DP) is a child, or because the DP being in custody has or may have an impact on the care, safety or welfare of children.



Appendix 1

Privacy Notice

Dr _____ will use the sensitive, personal information that I provide and his/her findings on examination of my physical and / or mental state to decide whether to recommend my admission to, or detention in, hospital under the Mental Health Act 1983.

Dr _____ will use this information to decide whether there is any other help that I should be offered or to which I should be directed. He/she may also retain, in a secure and confidential format, this information for a period of time, which is up to 20 years if I am diagnosed as having a mental disorder or otherwise up to 7 years.

Dr _____ may share this information, and any other information about me, with my general practitioner or private doctor, with any hospital or health facility to which I am referred or admitted and with any social services authority or voluntary body involved in my care.

Dr _____ may share this information with family members either limited to that which I have given him/her permission to share or such information as he/she considers necessary to prevent serious harm to me or to others.

Dr _____ will not share this information with anyone else ('a third party') without my permission.