



Royal College *of*  
Emergency Medicine

**RCEM Guideline**

**A Brief Guide to  
Section 136 for  
Emergency  
Departments**

December 2025

## Summary

1. When a patient arrives in the ED under section 136 of the Mental Health Act; the nurse in charge and a senior clinician should review the patient with the police and ambulance crew. This is to assess their medical needs and review their risks to self and others.
2. The 24 hour duration of the section 136 commences on arrival at the Emergency Department, even if the patient is transferred subsequently to a 136 suite. The time of arrival should be noted and recorded.
3. Patients should be informed of their rights in the Emergency Department and kept updated of the plan for their care and assessment. This should be provided by the nurse in charge or senior clinician at the initial review.
4. Referral for Mental Health Act assessment should occur on arrival in the ED or as soon as a patient is medically fit for assessment. Where possible medical treatment should occur alongside psychiatric assessment.
5. Initially police are responsible for the safety of a patient on a section 136. If an Emergency Department allows the police to leave, they take on this responsibility. The nurse in charge and senior clinician should ensure they have staff and resources to deal with the risk of the patient absconding.
6. An agreement about if or when police may leave a patient on a section 136 should be made by an appropriate senior in the emergency department (for example the senior nurse) and the police officer. Disagreements should be resolved with discussion between the emergency physician in charge and the duty police inspector. Local policies should guide further escalation if required.

Please click on the link below for the summary flowchart for a patient coming to the ED:  
[Section 136 flowchart- At the Emergency Department](#)

## Contents

Summary .....	2
Scope.....	4
Reason for Development.....	4
Principles of the MHA, December 2017 <sup>1,2</sup> .....	4
General Principles <sup>3,4</sup> .....	5
Right Care Right Person and Police Responsibility in ED <sup>5,6</sup> .....	6
Section 136 Flowchart – Pre-hospital .....	7
Section 136 Flowchart – At the Emergency Department.....	8
About this Document.....	9
Authors .....	9
Acknowledgements .....	9
Review .....	9
Declarations of Interest .....	9
Disclaimers .....	9
Research Recommendations .....	9
Audit Standards .....	9
Key Words for Search .....	9
Methodology .....	9
Appendix 1 .....	11

## Scope

This guide outlines the process to be followed when police bring a person to the Emergency Department under a section 136 of the Mental Health Act and the responsibilities of the different agencies caring for the person. RCEM acknowledges that the specifics of this guideline only apply in England and Wales, but similar principles will be useful for s297 in Scotland and article 130 in Northern Ireland.

## Reason for Development

To ensure ED staff are aware of the legal obligations of a section 136 and promote good patient care. We acknowledge that ED is not resourced to care for patients in mental health crisis for long periods of time and this may pose a significant risk to the wellbeing and safety of patients and staff.

## Principles of the MHA, December 2017<sup>1,2</sup>

Section 136 of the Mental Health Act 1983 allows a police officer to remove someone (adult or child) from a public place to a place of safety if they appear to be suffering from a mental disorder and are in immediate need of care or control.

1. Police must consult mental health professionals, if practicable, before using s136.
2. Section 136 cannot be used if the mentally disordered person is in a private dwelling or the private garden or buildings associated with that place. Other than this exception, s136 can be used in any other setting (including an Emergency Department).
3. The constable may use force under the powers of s136 to enter any place where the power may be exercised.
4. Police stations can NEVER be used as a place of safety for under 18s.
5. Police stations can only be used as a place of safety in specific “exceptional” circumstances for adults. A police station can only be used for an adult if:
  - (a) the behaviour of the adult presents an imminent risk of serious injury or death to that adult or to others;
  - (b) as a result, no other place of safety in the police area in which the adult is located can reasonably be expected to detain them; and
  - (c) the use of a police station is authorised by an officer of the rank of inspector or above.

In addition, once at the police station the custody officer must ensure:

- (d) the adult will, so far as is reasonably practicable, have access to a healthcare professional throughout the period in which they are detained at the police station.
- (e) will receive a healthcare check from a healthcare professional every half hour.

*NB: not all police stations have the capacity to ensure half-hour healthcare checks by a healthcare professional. If requirements (d) and/or (e) are not met, the custody officer must arrange for the patient to be taken to another place of safety.*

6. Section 136 lasts 24hrs from the time of arrival at a place of safety with the possibility of a 12hr extension under clearly defined circumstances.
7. A police constable may search a detained person if they have reasonable grounds to suspect a risk of self-harm or risk of harm to others.

## General Principles<sup>3,4</sup>

The Emergency Department is a health-based place of safety as defined by the Mental Health Act. It is, however, only a place of safety if the patient can be kept safe if the police leave.

**Section 135 (6) of the MHA 1983 defines a place of safety as:**

- residential accommodation provided by a local social services authority under the Care Act 2014 or the Social Services and Well-being (Wales) Act 2014
- a hospital (as defined by this Act)
- a police station
- an independent hospital or care home for people who are mentally disordered
- any other suitable place

Patients detained under a section 136 may require medical attention and need to attend an ED for medical care that cannot be given in other places of safety. Healthcare commissioning boards should be working to ensure that there is sufficient provision for mental health-based places of safety which are more appropriate when medical assessment is not required. There are significant bed and staff shortages so when mental health places of safety are full Emergency Departments become the next option.

Those attending ED on s136 should be treated with respect and kindness as with any other patient and should be made to feel welcome and safe. They must be kept up to date with progress and as part of the legal process be provided with information, verbally and in written form, about the s136. This is often referred to as “reading them their rights”. See appendix 1 for example leaflet for patients.

Decisions not to accept a patient on a section 136 should only be in exceptional circumstances. There should be local agreements to arrange alternatives in this situation. If there is discussion about an alternative Place of safety ED or when / if police can leave, this should be conducted in a professional manner with the care of the patient as top priority.

Transfers should take place only when it is in the person’s best interests. E.g., if a place in the section 136 suite becomes free, this will usually provide a calmer and better equipped space for that person. However, if transfer will delay assessment, it may not be appropriate.

Whenever possible parallel assessment of physical and mental health needs should be delivered to reduce time spent under s136 and speed up definitive care for the person concerned. Ongoing discussion with those responsible for arranging assessment is needed.

There will always be a group of people detained on s136 who need to attend ED for physical health needs. Therefore, departments should provide appropriate staff training (including security) and assessment areas.

## Right Care Right Person and Police Responsibility in ED<sup>5,6</sup>

Police in England and Wales are working to release themselves from all but the highest risk mental healthcare work in an approach called Right Care, Right Person (RCRP). In July 2023, a national partnership agreement for the programme was signed and the process is well underway in most areas.

With the introduction of RCRP, it is important that there are procedures in place to ensure the safety for patients in crisis at all stages of their 136 journeys. Emergency Departments should work closely with their local police force, mental health trust, social care and healthcare commissioning boards to jointly agree these procedures.

Emergency Departments can only take over the legal responsibility for a s136 detention if they have the staff and space to ensure the safety of the patient and ensure they do not abscond. A discussion should occur between an ED senior and the police officers as to if or when the police may leave.

In 2015, the 'Webley' case highlighted that ED could be liable in negligence law if they agree to take on legal responsibilities and the person then absconds.

If ED senior staff decline to take over responsibility and the police choose to leave, the police could be liable for abandoning someone in their custody and exposing them to the risk of harm which may amount to negligence.

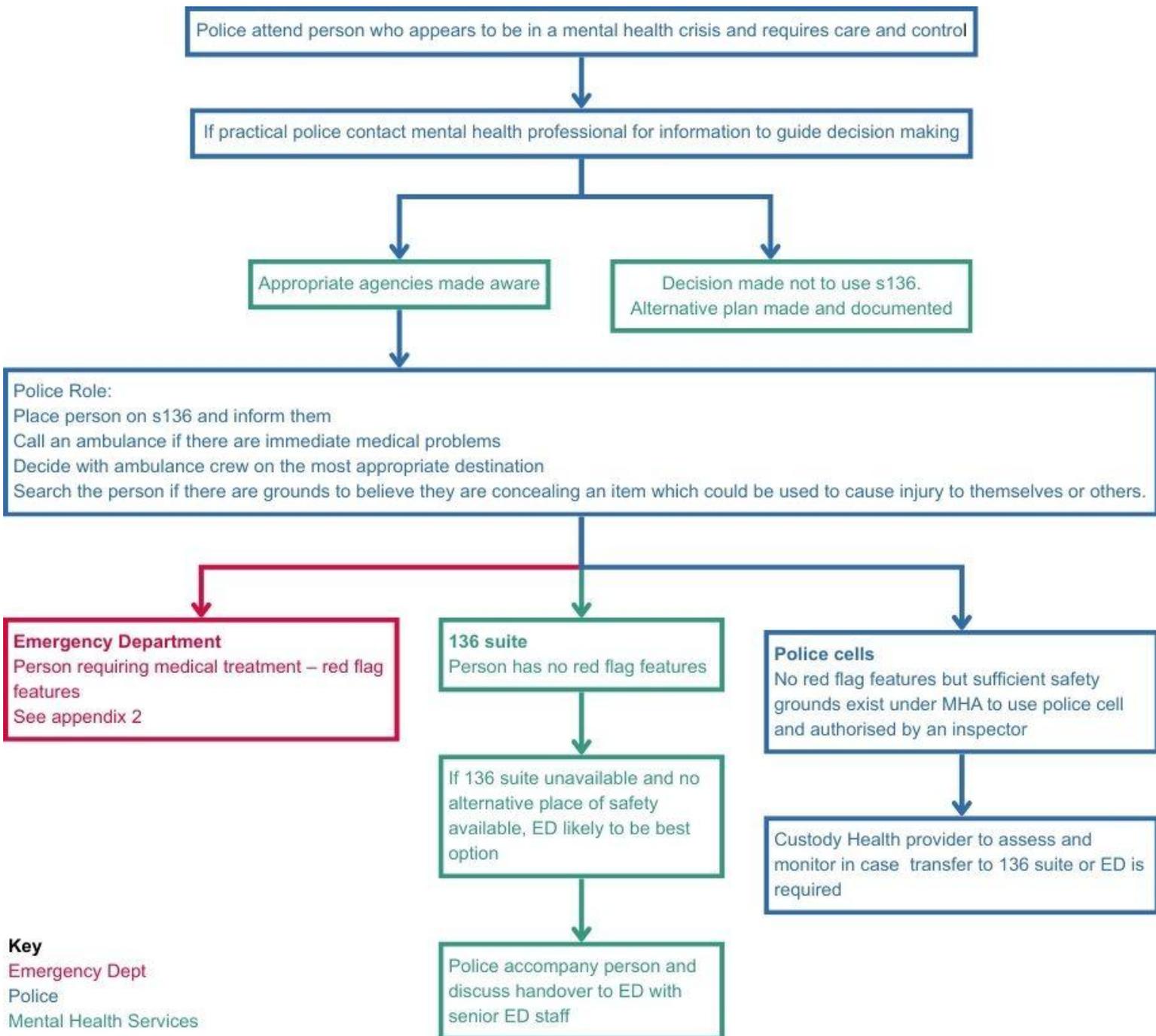
There will be cases when the detained person is not able to abscond, such as if they are in a coma. If it is agreed that the police may leave, ED staff should ensure they are able to keep this person safe when they regain consciousness.

Ensuring ongoing communication and good shared risk assessment with the police is key; differences of view can often be resolved this way.

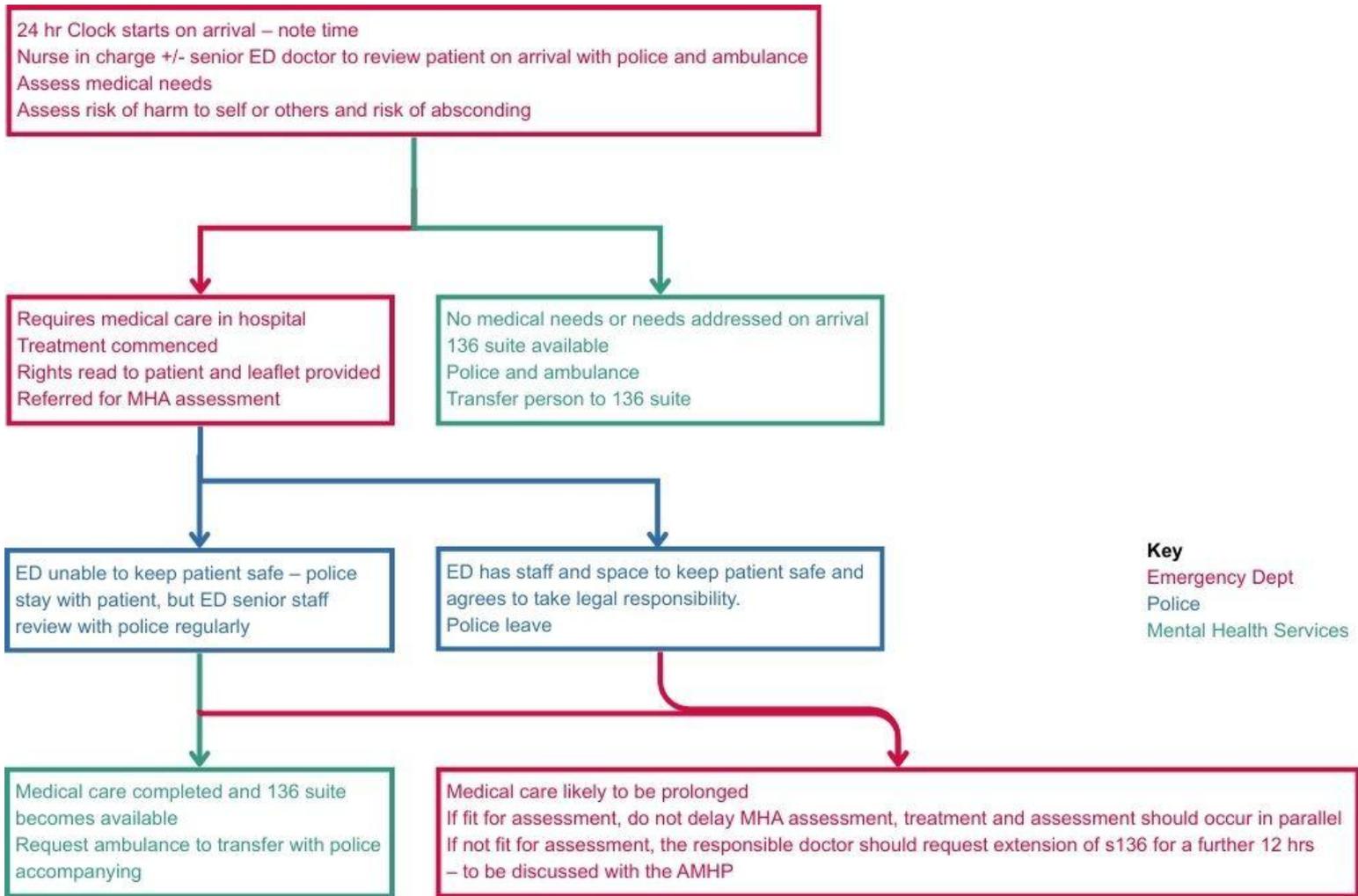
Given the current national long waits for a Mental Health Act assessment, it is possible that a section 136 may expire before assessment has taken place. The section may be extended by 12 hours by a senior doctor who has assessed the patient in the ED, but only if there is medical reason, i.e. the patient is not yet medically fit for assessment. Extension should ideally be a decision that is enacted by the mental health professionals involved. If they are not available any doctor can extend the s136 but will do this in discussion with the Mental Health Act team.

Once the s136 runs out, the patient is subject to the same legal frameworks as any other patient. e.g. the Mental Capacity Act or common law. Please consult the [Patient who Absconds RCEM Guideline](#) and [RCEM Mental Capacity Act in Emergency Medicine](#) <sup>7,8</sup>

## Section 136 Flowchart – Pre-hospital



# Section 136 Flowchart – At the Emergency Department



## About this Document

### Authors

Reviewed and updated April 2025 by Dr Mark Buchanan and Dr Deon Louw, RCEM Mental Health Professional Advisory Group.

First published December 2017 by Dr Fiona Beech and Dr Catherine Hayhurst.

### Acknowledgements

Produced in consultation with the Royal College of Psychiatrists and Michael Brown, College of Policing.

### Review

Usually within three years or sooner if important information becomes available.

### Declarations of Interest

None

### Disclaimers

RCEM recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the ED consultant.

### Research Recommendations

None

### Audit Standards

#### **(For Patients in the ED Under Section 136 of the Mental Health Act)**

A patient should be reviewed by the nurse in charge and a senior clinician soon after arrival with the police and ambulance crew to assess their medical needs and review their risks to self and others.

Rights must be explained to the patient and written information provided.

### Key Words for Search

Mental Health Act, Section 136, Section 135, Police Powers of Detention, Places of Safety, Right Care: Right Person, National Partnership Agreement

### Methodology

Where possible, appropriate evidence has been sought and appraised using standard appraisal methods. High quality evidence is not always available to inform recommendations. Best Practice Guidelines rely heavily on the consensus of senior emergency physicians and invited experts.

## References

- <sup>1</sup> <https://mentalhealthcop.wordpress.com/2017/03/03/the-new-section-136/>
- <sup>2</sup> <http://www.rcpsych.ac.uk/policyandparliamentary/changestos135and136mha.aspx>
- <sup>3</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/435512/MHA\\_Code\\_of\\_Practice.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF)
- <sup>4</sup> <https://mentalhealthcop.wordpress.com/2014/03/31/webley-v-st-georges/>
- <sup>5</sup> [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK](#)
- <sup>6</sup> [https://extranet.nhsglos.nhs.uk/wp-content/uploads/2025/05/PRN01145\\_Guidance-on-implementing-the-National-Partnership-Agreement-Right-Care-Right-Person\\_November-2024.pdf](https://extranet.nhsglos.nhs.uk/wp-content/uploads/2025/05/PRN01145_Guidance-on-implementing-the-National-Partnership-Agreement-Right-Care-Right-Person_November-2024.pdf)
- <sup>7</sup> [Best Practice Guideline The Patient Who Absconds v1.pdf](#)
- <sup>8</sup> [RCEM Mental Capacity Act in Emergency Medicine](#)

## Appendix 1

### Admission of Mentally Disordered Persons Found in a Public Place (Section 136 of the Mental Health Act 1983)

1. Patient's name	
2. Name of hospital and ward	

#### Why am I in hospital?

You have been brought to this hospital by a police officer because they are concerned that you may have a mental health disorder and should be seen by a mental health professional.

You are being kept here under section 136 of the Mental Health Act 1983 so that you can be assessed to see if you need treatment.

#### How long will I be here?

You can be kept here (or in another place where you will be safe) for up to 24 hours so that you can be seen by two doctors and an approved mental health professional. This can be extended to 36 hours if it is felt that it is not possible to assess you properly because of physical health concerns.

An approved mental health professional is someone who has been specially trained to help decide whether people need to be kept in hospital.

If the doctor and the approved mental health professional agree that you need to remain in hospital, a second doctor may be asked to see you to confirm their decision.

During this time, you must not leave unless you are told that you may. If you try to go, the staff can stop you, and if you leave you can be brought back.

If the doctors and the approved mental health professional have not seen you by the end of the 24 hours, you will be free to leave if there are no medical reasons to extend the time by another 12 hours. You may decide to stay on as a voluntary patient. But if you do want to leave, please talk to a member of staff first.

In your case the 24 hours end at:

Date:	Time:
-------	-------

#### What happens next?

When the doctors and an approved mental health professional have seen you, they may say that you need to stay in hospital for longer. They will tell you why and for how long this is likely to be. You will be given another leaflet that explains what will happen.

If they decide that you do not have to stay, someone will talk to you about what other help you should have.

#### Can I appeal?

No. Even if you do not agree that you need to be in hospital, you cannot appeal against the decision to keep you here under section 136.

### Will I be given treatment?

The hospital staff will tell you about any treatment they think you need. You have the right to refuse any treatment you do not want. Only in special circumstances, which would be explained to you, can you be given treatment you do not agree to.

### 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 regarding 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.

### 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.

### 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 must 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.

### 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.

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.

<h4>Further help and information</h4>
<p>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.</p> <p>Please ask if you would like another copy of this leaflet for someone else.</p>



**RCEM**  
Royal College  
*of* Emergency  
Medicine

The Royal College of Emergency Medicine  
54 Ayres Street  
London  
SE1 1EU

Tel: +44 (0)20 7400 1999  
Fax: +44 (0)20 7067 1267

[www.rcem.ac.uk](http://www.rcem.ac.uk)

Incorporated by Royal Charter, 2008  
Registered Charity number 1122689