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

Extend and Vary a CTO or CO

Following mandatory review

CTO4 | **Part A Application**

This box is for the use of the Mental Health Tribunal for Scotland only

Instructions v7.2

The following form is to be used:

where following a mandatory review of a compulsory treatment order or compulsion order, there is a requirement for the RMO to make an application to extend and vary that order.

There is no statutory requirement that you use this form but you are strongly recommended to do so.
This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003.
Failure to observe procedural requirements may invalidate the review.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example: 2 5 M A R K E T S T

Shade circles like this -> ● *Not like this ->* ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Status

This application is in respect of a:

- ○ **Compulsory Treatment Order**
- ○ **Compulsion Order**

Patient Details

CHI Number

Surname

First Name (s)

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

Gender

○ Male ○ Female ○ Prefers not to say ○ Not listed

If not listed, please specify

DoB
dd / mm / yyyy

Patient's Home address

Postcode

<< Please enter NF1 1AB if no fixed abode

Correspondence address for the patient is:

- ○ Home address noted above
- ○ Detention hospital/ward (enter in text box)
- ○ Other address (enter in text box)

Part 1: Record of Mandatory Review **To be completed by RMO**

RMO Details:

Surname

First Name

Title

GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

Part 1: Record of Mandatory Review (cont) **To be completed by RMO**

CTO / CO Details

The compulsory treatment order / compulsion order was first made on: ☐☐ / ☐☐ / ☐☐☐☐

Note: for deemed orders, this is the date the deemed order was first granted, eg the Section 18 / Section 58 date

The order will cease to authorise the measures specified at midnight at the end of: ☐☐ / ☐☐ / ☐☐☐☐

The patient is detained in, or under the care / management of:

Hospital

Ward/ unit/ clinic

Examination Details

The patient was examined on - Date ☐☐ / ☐☐ / ☐☐☐☐

Complete A or B as appropriate

A ○ I, the RMO named on page 2, examined the patient as part of a mandatory review.

OR

B ○ I, the RMO named on page 2, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board

PART 2 : RECORD OF PATIENTS CONDITION **To be completed by RMO**

Care Plans

○ (For a patient on a CTO) I have enclosed a copy of the patient's care plan as first prepared under section 76 (1) of the Act and a copy of any such care plan as amended by virtue of section 76 (3) or (4) (a).

Or

○ (For a patient on a CO) I have enclosed a copy of:

(1) *For an application following the first review of the compulsion order* – a copy of the patient's Part 9 care plan as first prepared under section 137(2) of the Act

and/or

(2) *For all applications* – a copy of the patient's amended Part 9 care plan.

Criteria for compulsion

I am satisfied, for the reasons stated below, that the patient has the following type(s) of mental disorder -

		Primary ICD 11 Code
Mental illness	○ Yes ○ No	
Personality disorder	○ Yes ○ No	
Learning disability	○ Yes ○ No	

Please enter primary ICD 11 diagnosis code for each disorder present.

Click here for ICD11 Coding Tool

1	

I am satisfied, for the reasons stated below, that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder, is available for the patient.

2	

PART 2 : RECORD OF PATIENTS CONDITION **To be completed by RMO**

Criteria for compulsion (cont)

I am satisfied, for the reasons stated below, that if the patient were not provided with such medical treatment there would be a significant risk -

○ to the patient's health, safety or welfare

○ to the safety of any other person

3	

I am satisfied, for the reasons stated below, that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.
Only to be completed for patients subject to a Compulsory Treatment Order

4	

Detail why you believe compulsory powers continue to be required, and why the patient cannot be treated on a voluntary basis.

5	

PART 3 - DETAILS OF APPLICATION **To be completed by RMO**

Proposed Variation of Measures

Shade to the LEFT as appropriate to indicate measures currently authorised by the CTO / CO

Shade to the RIGHT to indicate ALL measures being sought under this application to vary the CTO / CO if it is extended (including measures not to be varied)

Measures currently authorised		**All measures proposed following variation**
○	(a) the patient's detention in a specified hospital hospital hospital unit (if applicable)	○
○	(b) giving the patient medical treatment in accordance with Part 16 of the Act	○
○	(c) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment	○
○	(d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service	○
○	(e) requiring the patient to reside at a specified place	○
○	(f) requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are; > the patient's MHO, > the patient's RMO, > or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO	○
○	(g) requiring the patient to obtain the approval of the MHO to any proposed change of address	○
○	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect	○

Where it is proposed that the order should authorise measures other than the detention of the patient in hospital, please state the name of the hospital the managers of which should have responsibility for appointing the patient's RMO.

Hospital

Note: any changes specified within the above measures should be detailed within the updated care plan that should accompany this document.

PART 3 - DETAILS OF APPLICATION (cont) **To be completed by RMO**

Proposed Variation to Recorded Matters
(including, where appropriate, specifying a recorded matter where none is currently specified)

Proposed addition of recorded matter:

6	

Recorded matter sought to be amended or removed:

7	

The modification of above recorded matter sought:

8	

PART 3 - DETAILS OF APPLICATION (cont)

Reasons for Variations

The reasons for seeking this specific variation to the order are - (for example, please state whether other variations were considered and subsequently ruled out.)

9	

Other Relevant Information

Please provide any other information which you believe to be relevant to this application

10	

MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

Before making this application to extend and vary the order, I gave notice to the patient's MHO of my intention to make this application on:

Date / /

PART 3 - DETAILS OF APPLICATION (cont)

MHO views on application - Complete only A (MHO) or B (RMO), but not both

The MHO should complete A before the RMO signs page 13 wherever practicable. Where not practicable, A should be left blank and the RMO should complete B

A ***MHO views*** ***To be completed by MHO if practicable***

I, the aforementioned MHO,

○ agree with this application to extend and vary the order

○ disagree with this application to extend and vary for the following reasons:

11	

Signed by MHO

Date dd / mm / yyyy ☐☐ / ☐☐ / ☐☐☐☐

B ***Record by RMO of MHO views*** ***To be completed by RMO where A is not practicable***

The aforementioned MHO,

○ agrees with this application to extend and vary the order

○ disagrees with this application to extend and vary for the following reasons:

12	

OR

○ The MHO has failed to comply with his/her duty to inform me whether s/he agrees or disagrees with this application.

PART 3 - DETAILS OF APPLICATION (cont) **To be completed by RMO**

Consultation with other persons

In advance of making this application, I consulted with, and considered the views of, certain persons with respect to the application. These persons are:

○ the patient's MHO

and, (if applicable), others I considered appropriate to consult:

○ persons who provide medical treatment of the kind set out in the patient's care plan.

○ persons who provide community care or relevant services of the kind set out in the patient's care plan.

○ persons who provide other treatment, care or services of the kind set out in the patient's care plan.

○ other persons I considered appropriate, as detailed below:

13	

Named Person Details

○ The patient does not have a named person

○ The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone

e-mail address

Advance Statement

○ As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

○ As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.

If the patient has an Advance Statement, please ensure this is enclosed with this application.

PART 3 - DETAILS OF APPLICATION (cont) **To be completed by RMO**

Contact Details of Others Relevant to the Application

The Mental Health Tribunal for Scotland needs these contact details in order to include them when considering this application. Please provide names, addresses, telephone numbers and email addresses.

Patient's primary carer (if any)

Patient's welfare guardian where applicable (see note 4 on page 13)

Patient's welfare attorney where applicable (see note 5 on page 13)

Patient's advocacy worker if any

Please provide names and addresses (including telephone numbers and email addresses) of any other relevant person(s) having an interest in this application. Please also provide their status, for example, patient's GP.

PART 3 - DETAILS OF APPLICATION (cont) **To be completed by RMO**

Contact Details of Others Relevant to the Application (cont)

Advise of others you wish to bring along to the hearing, indicating their position/realtionship to the patient

Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.

Suspension of Detention

Where relevant to the application:

Date current period of suspension of detention commenced. ☐☐ / ☐☐ / ☐☐☐☐

Date on which the total period of suspension of detention within 12 months will reach 200 days. ☐☐ / ☐☐ / ☐☐☐☐

Note that the Tribunal will schedule the hearing prior to the date of maximal suspension of detention if possible, but this cannot be guaranteed.

PART 4 **To be completed by RMO**

Notification

This notification should be given as soon as practicable after the duty to make the application arose and, in any event, before making the application.

Notification to the Mental Welfare Commission is required only when the patient is subject to a CTO.

Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

I confirm that notification that this application is to be made was given to (shade as appropriate):

○ The patient

○ The patient's named person (if any)

○ The patient's MHO

○ The Mental Welfare Commission

○ Any guardian of the patient (see note 4 below)

○ Any welfare attorney of the patient (see note 5 below)

All the above were notified by: ☐☐ / ☐☐ / ☐☐☐☐

RMO Signature / Date

As a result of this review, and having complied with all the relevant duties linked to such a review, I am satisfied that the patient,

where subject to a compulsory treatment order, meets the conditions set out at section 64(5)(a) to (d) of the Act, or where subject to a compulsion order, meets the conditions set out at section 139(4) of the Act;

and that it continues to be necessary for the patient to be subject to compulsory treatment.

I consider that it is necessary to modify the compulsory measure(s) and/or the recorded matter(s) specified in the order, including, where appropriate, specifying a new recorded matter where none was previously specified.

Signature

Date ☐☐ / ☐☐ / ☐☐☐☐

Name, address, telephone number and email address of contact at Medical Records

Notes for RMO

1. This application should be accompanied by the patient's Care Plan and sent to the Mental Health Tribunal for Scotland

2. There is no requirement to copy the application to the Mental Welfare Commission

3. Where medical treatment has been given to the patient by virtue of sections 235, 236, 239 or 241 of the Act, the patient's RMO should submit a report to the Mental Welfare Commission detailing the treatment given and the patient's condition.

4. "Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

5."Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.