

DETERMINATION FOLLOWING APPLICATION TO REVOKE A SHORT-TERM DETENTION CERTIFICATE OR EXTENSION CERTIFICATE

Complete the appropriate section

complete if - Revoking the Short Term Detention Or Extension Certificate

The Mental Health Tribunal for Scotland revokes the short-term detention certificate or extension certificate because:

Complete A or B as appropriate

- A** The Mental Health Tribunal for Scotland is NOT satisfied that all of the following conditions are met:
- (i) that the patient has a mental disorder; and
 - (ii) that because of the mental disorder, the patient's ability to make decisions about the provision of medical treatment for that mental disorder is significantly impaired.
 - (iii) that if the patient were not detained in hospital there would be a significant risk-
 - to the health, safety or welfare of the patient; or
 - to the safety of any other person;

OR

- B** The Mental Health Tribunal for Scotland is NOT satisfied that it continues to be necessary for the detention of the patient authorised by the certificate.

Now go to Part 7

complete if - Refusing the Application

The Mental Health Tribunal for Scotland is NOT revoking the short-term detention certificate or extension certificate because:

Complete A and B

- A** The Mental Health Tribunal for Scotland IS satisfied that all of the following conditions are met:
- (i) that the patient has a mental disorder; and
 - (ii) that because of the mental disorder, the patient's ability to make decisions about the provision of medical treatment for that mental disorder is significantly impaired.
 - (iii) that if the patient were not detained in hospital there would be a significant risk-
 - to the health, safety or welfare of the patient; or
 - to the safety of any other person;

AND

- B** The Mental Health Tribunal for Scotland IS satisfied that it continues to be necessary for the detention of the patient authorised by the certificate.

Now go to Part 6

GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION

Certificate Revoked

The patient must be discharged from hospital, or arrangements made to treat the patient informally. A REV1 form should be completed.

Application Refused

The certificate will run until it expires.



**DETERMINATION FOLLOWING APPLICATION TO REVOKE
A CERTIFICATE UNDER SECTION 114 OR 115 OF THE ACT**

Complete the appropriate section

complete if - Revoking the Section 114 / 115 Certificate

- The Mental Health Tribunal for Scotland is NOT satisfied that if the patient does not continue to be detained in hospital it is reasonably likely that there will be a significant deterioration in the patient's mental health; and revokes the certificate granted under sections 114 or 115

Now go to Part 7

complete if - Refusing the Application

- The Mental Health Tribunal for Scotland IS satisfied that it continues to be necessary for the detention of the patient authorised by the certificate, and refuses the application.

Now go to Part 6

GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION

Certificate Revoked

The patient must be discharged from hospital, though will still be subject to the compulsory measures authorised by their community based CTO or CO.

Application Refused

The certificate will run until it expires at which point the compulsory measures authorised by the community based CTO or CO will resume (unless an application to vary the CTO/CO is made and the Tribunal makes a determination varying the CTO/CO to a hospital based order).



DETERMINATION FOLLOWING AN APPLICATION TO REVOKE OR VARY A COMPULSORY TREATMENT ORDER OR COMPULSION ORDER

complete the appropriate section, then give reasons for determination

complete if - Revoking the CTO / CO

- The Mental Health Tribunal for Scotland revokes the compulsory treatment order / compulsion order to which the application relates

Now go to Part 7

complete if - Varying the CTO / CO

- The Mental Health Tribunal for Scotland varies the compulsory treatment order / compulsion order by modifying -
- (i) the measures (detail measures subject to change following variation in Part 5a); or
 - (ii) any recorded matter (Part 5b) (***applies to CTOs only***),
- specified in it

complete if - Refusing the Application

- The Mental Health Tribunal for Scotland refuses the application.

Reasons for Determination

Please detail reasons for the above determination

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WHERE THE DETERMINATION IS TO

- VARY THE CTO/CO or
- REFUSE THE APPLICATION

PLEASE COMPLETE PARTS 5A, 5B (CTO ONLY) AND 6

GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION

Order Revoked

The patient should be discharged as soon as practicable or arrangements made to treat the patient informally. A copy of the relevant revocation form (REV2) should be completed.

Variations

Variations take immediate effect from the date the Tribunal Convenor signs the determination.

Application Refused

The current order will continue.

Part 5b - Recorded Matter (Compulsory Treatment Orders only)

Complete A or B as appropriate

- A** The Mental Health Tribunal for Scotland wishes to specify as recorded matters within this order the following medical treatment, community care services, relevant services, other treatment care or service.
(Note: this must include ALL recorded matters appropriate to the order , and not just those that have been varied):

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OR

- B** The Tribunal does not specify any recorded matters in this compulsory treatment order.

- The above position is a variation from the recorded matter specified in the previous order.



Part 6 - Advance Statement (only complete if the patient remains subject to the certificate/ order)

Complete A or B or C as appropriate

A As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

OR

B As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and the patient's current/proposed care and treatment are NOT in conflict with any wishes specified in that advance statement.

OR

C The patient has made and not withdrawn an advance statement under S275 of the Act. This advance statement IS in conflict with current/proposed care and treatment authorised by measures in this order. Please record in the box below:

- The date of the advance statement(s).
- Details of treatment that is in conflict with the advance statement and how.
- Where the conflict with the advance statement concerns treatment the patient specified wishes to receive, that they are not receiving, please provide details of this.
- Reasons for authorising measures that allow this treatment to be given/not given, despite the conflict with the advance statement, with reference to the Principles of the Act.

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Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

- the patient the patient's welfare attorney
- the patient's named person (if any) the patient's guardian
- the Mental Welfare Commission (a copy of this form and any other record which has been sent to the patient/ others)

PART 7: Signature / Date

Signed by Convener

Date dd / mm / yyyy / /

