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

Interim Extension and/or Variation of a CTO or CO

Order under section 105, 106, 168 or 169

CTO12

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

Instructions v7.1

The following form is to be used:

where an interim order under Section 105 / 106 or Section 168 / 169 of the Act is required to extend, extend and vary, or vary a compulsory treatment order or compulsion order for up to 28 days

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 order.

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 order 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

To be completed by Mental Health Tribunal for Scotland

Background To Order

This order relates to ***(Shade one only)***:

○ an application for the extension of a CO following first review (section 149) - CO only

○ an application for the extension and variation of an order (section 92 / section 158)

○ an application for the variation of an order (section 95 / section 161)

○ an application for the revocation of a determination extending an order (section 99 / section 163)

○ an application for the revocation or variation of an order (section 100 / section 164)

○ a reference by the Mental Welfare Commission (section 98 / section 162)

○ a Mental Health Tribunal for Scotland review of a determination to extend (section 101 / section 165)

○ a reference by the responsible medical officer (section 96) - CTO only

Complete A or B as appropriate

A The order has been made as a result of a subsequent application for:

○ an interim extension of the order

○ an interim extension and variation of the order

○ an interim variation of the order

This application was made by:

○ the patient;

○ the patient's named person;

○ the patient's RMO;

○ the Mental Welfare Commission; or

○ any other person. ***(Please provide details below)***

1	

OR

B ○ The Mental Health Tribunal for Scotland makes this order *ex proprio motu* for the following reasons:

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Previous Interim Extensions / Variations

Previous interim extensions and/or variations relating to the patient have authorised measures for a continuous period of: ☐☐ days

To be completed by Mental Health Tribunal for Scotland

Date Application Received

The application for an order extending and/or varying a compulsory treatment / compulsion order was received by the Mental Health Tribunal for Scotland on

Date ☐☐ / ☐☐ / ☐☐☐☐

Hearing Details

A hearing to consider the above application was heard on

Date ☐☐ / ☐☐ / ☐☐☐☐

Before the following Tribunal members -

Convener

Medical

General

Address of hearing

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103(6) / 166(3) of the Act the opportunity to: make representations (whether orally or in writing) and lead, or produce evidence. Please shade.

	Attended hearing	Gave evidence
Patient	○	○
Patient's Named Person	○	○
Guardian of the patient	○	○
Welfare Attorney of patient	○	○
Patient's MHO	○	○
Patient's RMO	○	○
Patient's primary carer	○	○
Curator Ad Litem	○	○

List below any other persons appearing to the Tribunal to have an interest and indicate if they attended the hearing and if they gave evidence

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Part 2 - Order **To be completed by Mental Health Tribunal for Scotland**

Determination

Complete the appropriate option below.

Where there has been a variation to the measures or recorded matters as a result of this order, Parts 2a and 2b should be completed detailing ALL measures/recorded matters authorised by this order.

A: complete for - Interim Extension of Order (Section 105(b)(i) / Section 168(2)(b)(i))

The Mental Health Tribunal for Scotland authorises the extension of the order to which the application relates for the period of: ☐☐ days (not to exceed 28 days)

B: complete for - Interim Extension And Variation of Order (Section 105(b)(ii) / Section 168(2)(b)(ii))

The Mental Health Tribunal for Scotland authorises the extension of the order to which the application relates for the period of: ☐☐ days (not to exceed 28 days)

AND

varies the order until the expiry of the interim extension by modifying

○ (i) the measures

○ (ii) any recorded matter specified (compulsory treatment orders only)

C: complete for - Interim Variation of Order (Section 106(2) / Section 169(2))

The Mental Health Tribunal for Scotland authorises the variation of the order to which the application relates for the period of: ☐☐ days (not to exceed 28 days)

The modification relates to:

○ (i) the measures

○ (ii) any recorded matter specified (compulsory treatment orders only)

D: complete for - Refusal Of Application

○ The Mental Health Tribunal for Scotland refuses the application

Part 2 - Order (cont) **To be completed by Mental Health Tribunal for Scotland**

Part 2a - Measures Authorised

Complete this side for ***all measures authorised prior to this application, reference or review***

Complete this side for ***all measures authorised*** after this Tribunal hearing

○ (a) the patient's detention in the following specified: ○

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 (including associated travel where appropriate), as detailed below. If the Tribunal specifies a matter then that matter should be inserted in the box below. If the Tribunal leaves that matter to be as directed by the RMO, then the box below should be left blank. ○

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○ (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 (including associated travel where appropriate), as detailed below. If the Tribunal specifies a matter then that matter should be inserted in the box below. If the Tribunal leaves that matter to be as directed by the RMO, then the box below should be left blank. ○

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○ (e) requiring the patient to reside at a specified place, as detailed below. If this measure is authorised then the Tribunal **must** write in the box below the address of the specified place; that address cannot be as "directed by the RMO". ○

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○ (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: ○

○ patient's MHO ○ patient's RMO ○ 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 the order authorises measures other than the detention of the patient in hospital, the managers of the following hospital will have responsibility for appointing the patient's RMO.

Hospital

To be completed by Mental Health Tribunal for Scotland

Part 2b - 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 (A or B) is a variation from the recorded matter specified in the previous order.

To be completed by Mental Health Tribunal for Scotland

Advance Statement

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 (copy of this form and any other record which has ben sent to the patient/others)

Signature / Date

Signed
by the Convener

Date
dd / mm / yyyy