

Compulsory Treatment Order Pack

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

Empty box for use by the Mental Health Tribunal for Scotland only.

Instructions

v6.0

The following form is to be used:

by an MHO making an application to the Mental Health Tribunal for Scotland for a compulsory treatment 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 application.

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

Grid of boxes for block capital letters example

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 and attached to the end of the application. DO NOT MAKE ADDITIONAL COPIES OF PAGES FROM THE FORM - this causes difficulties with scanning at the Mental Welfare Commission.

Patient Details

CHI Number input field

Surname input field

First Name (s) input field

Other / Known As input field

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

Title input field

Gender selection: Male, Female

DoB input field: dd / mm / yyyy

Patient's Home address input field

Postcode input field

Correspondence address for the patient is:

- Home address noted above
Hospital (see page 2)
Other address (enter in text box)

Text box for correspondence address details

Social Work Reference Number (if Applicable) input field

This form will be upgraded to version 7 to reflect the 2015 Mental Health Act, when all sections are implemented. Until then, you may continue to use the form, but please observe the stamped instructions on pages 3, 4, 19 and 20



MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority
 eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc (the word "Council" may be omitted)

Patient's Current Status

Complete A, B or C, as appropriate

A The patient is presently subject to a Transfer for Treatment Direction or Hospital Direction, and is detained in:
 Hospital
 The earliest date for licence is: Date / /

OR

B The patient is presently subject to compulsory powers under the Act as authorised by:

 This authority is due to cease at midnight at the end of Date / /
 The patient is detained in:
 Hospital Name

OR

C The patient **IS NOT** presently subject to compulsory powers under the Act, but is an inpatient in -
 Hospital Name

OR

D The patient **IS NOT** presently subject to compulsory powers under the Act and is presently living in the community



RMO Details - only required if not supplying one of the Mental Health Reports

Surname																														
First Name																														
Title											GMC Number																			
Hospital																														
Telephone No.																														
e-mail address																														

Named Person Details

Surname																														
First Name																														
Title																														
Address																														
Postcode											Telephone																			

- Status of Named Person
- Nominated by patient
 - Appointed by Mental Health Tribunal for Scotland
 - Default (primary carer or nearest relative)

Under the 2015 Act, there is no 'default' named person. Please complete the contact details above if the patient has a named person, otherwise, leave blank. Do not shade any named person status circles

Primary Carer, Welfare Guardian, Welfare Attorney

Full name and address of the patient's primary carer, if different to the patient's named person

Full name and address the patient's welfare guardian where applicable (See notes)

Full name and address of the patient's welfare attorney where applicable (See notes)

Notes "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.

"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.



Record Of Contact Details Of Relevant Parties (cont) - other contacts

Please provide the names and addresses of other parties who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from.

For example: the patient's GP (where the GP has not provided one of the mental health reports); independent advocate; or any other relevant party

Status eg: Patient's GP

Name & Address

Status

Name & Address

Status

Name & Address

Status

Name & Address

Notification

I confirm that I notified the following parties that this compulsory treatment order application was to be made as soon as practicable after the duty to make the application arose:

Shade as appropriate

- The patient
- The patient's named person
- The Mental Welfare Commission

Note: if the mental health report (Form CTO 2) by the AMP states that notice should NOT be given to the patient as authorised by section 57(5)(C)(i) of the Act, then notice need not be given to the patient unless the MHO considers it appropriate to do so.

The above parties had all been notified by: Date: / /

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

If the patient is subject to a hospital direction or transfer for treatment direction, you must also notify Scottish Ministers



MHO REPORT

as required by Section 61 of the Act

Requirements Under Section 61(2)

I have complied with the requirements of section 61(2) of the Act and have:

Shade a to e to confirm

- a) interviewed the patient, where it was practicable to do so;
- b) informed the patient of his/her rights in relation to the application;
- c) informed the patient of the availability of independent advocacy services;
- d) taken appropriate steps to ensure that the patient has the opportunity of making use of those services; and
- e) informed the patient that this application was to be made.

If you were unable to interview the patient, please detail why it was impracticable to do so.

1	
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Please detail the steps you took to comply with a) - e) above

2	
---	--



Details Of Personal Circumstances Of The Patient

Please provide details of the personal circumstances of the patient in as far as they are relevant to this application.

3



MHO's Views On The Mental Health Reports

Please give your views on the two mental health reports which you are submitting as part of this application.

Note: this involves your views on the mental health reports' content in respect to section 57(4)(a)(b) and (e) of the Act, as well as all other significant aspects of the reports.

Views on report by Approved Medical Practitioner

4

Views on report by second medical practitioner

5



Advance Statement

Complete A or B as appropriate

- A** 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.

Where appropriate, a copy of the Advance Statement should accompany this application. Where it is not possible to attach a copy of the advance statement, please provide details of what is set out in that advance statement:

6

OR

- B** As far as I am aware the patient has not made an advance statement under the terms of the Act.

Other Relevant Information

Please provide any other information from your assessment, interview(s) and consultation(s) which you believe to be relevant to the Mental Health Tribunal for Scotland's determination of this application, and which is not included elsewhere in these documents.

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PROPOSED CARE PLAN

as required by Section 62 of the Act

Part 3a: Introduction

I confirm that before preparing this proposed care plan I consulted the medical practitioners who provided the mental health reports relating to the patient (see notes below), as well as those parties who appear to provide the patient with

- i) medical treatment for mental disorder
- ii) community care services, or relevant services
- iii) other treatment, care or services

of the kind that is proposed within this proposed care plan.

If it was impracticable to consult any of the parties listed (i) to (iii) above, please state the reasons why:

8	
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I confirm that before preparing this proposed care plan I consulted such other parties that I considered appropriate. These parties were -

9	
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I understand that the patient has the following type(s) of mental disorder as specified in paragraphs a) to c) of section 328(1) of the Act:

- | | | |
|--|---------------------------|--------------------------|
| The patient has a mental illness | <input type="radio"/> Yes | <input type="radio"/> No |
| The patient has a personality disorder | <input type="radio"/> Yes | <input type="radio"/> No |
| The patient has a learning disability | <input type="radio"/> Yes | <input type="radio"/> No |

NOTES

Under Section 58 of the Act, the latter of the two medical examinations must be completed no more than 5 days after the first; and the MHO is required under Section 57(7) of the Act to make the application for the compulsory treatment order within 14 days of the second medical examination being conducted.

For a compulsory treatment order application to proceed, the two mental health reports must specify the same compulsory measures



Part 3a(1): Patient's needs

3a(1)(a): With reference to the mental health reports, what are the patient's needs with respect to medical treatment for mental disorder as defined under section 329(i) of the Act, as assessed by the medical practitioners who submitted the mental health reports?

10

3a(1)(b) What are the patient's needs with respect to any assessments carried out under section 23(3) of the Children (Scotland) Act 1995 where the patient is a child, or section 12A(1)(a) of the Social Work (Scotland) Act 1968? (i.e. a community care assessment)

11



Part 3a(2): Interventions Required To Meet The Patient's Needs

3a(2)(a) With reference to the mental health reports, what forms of **medical treatment** for mental disorder as defined under section 329(1) of the Act, and their objectives are to be provided to meet each of the needs identified in section 3a(1)(a) on -

A COMPULSORY basis?

12

A VOLUNTARY basis?

13

3a(2)(b) What community care services, other relevant services or other forms of care and treatment or services and their objectives are to be provided to the patient to meet each of the patient's assessed and other needs on -

A COMPULSORY basis?

14

A VOLUNTARY basis?

15



Part 3a(3): Who Will Carry Out The Interventions Required To Meet Those Needs

3a(3)(a) Who is to provide the medical treatment described in 3a(2)(a) (including the name(s) of the person(s) giving that treatment and the address of where the treatment will be given)?

16

3a(3)(b) Who will be providing the services described in 3a(2)(b), including the names of the persons providing those services, the address(es) where the treatment will be provided and the name and address of the hospital where the patient will be detained? Where measures other than detention are authorised provide the name of the hospital responsible for appointing the patient's RMO.

17



Part 3b: Evidence To Back Up Proposals

This part provides you with the opportunity to demonstrate how / why the conclusions reached in Part 3a of this proposed care plan have been arrived at (see note at foot of page).

How do the proposals set out in part 3a of this proposed care plan comply with the principles of the legislation as laid out at sections 1 to 3 of the Act?

18

What alternatives were considered to the options laid out in Part 3a(2) and 3a(3)? Why were these alternatives deemed to be not workable or practicable?

19

What contingency plans are in place if the options laid out in Part 3a(2) and 3a(3) above do not work?

20

Note:

Although not statutory, the information requested in Part 3b is important in assisting the Mental Health Tribunal in making an order under section 64 and 66 of the Act.



Part 3b: Evidence (cont)

To what extent does this proposed care plan reflect the wishes of the patient as expressed in any advance statement or elsewhere? If any of these wishes have not been respected, why not?

21

Who was consulted in the process of drawing up this proposed care plan? To what extent are the views of those consulted reflected in this proposed care plan?

22

How have issues of risk (either to the patient or others) been taken into consideration in the patient's assessment and the drawing up of this proposed care plan?

23



*Confirmation Of Application***By signing below, you are confirming that:**

- a) the requirements of section 63(2)(a)(ii) of the Act are specified in the proposed care plan in part 4 of this form;
- b) you have completed all the relevant documents (i.e. proposed care plan, and MHO report) accompanying this application;
- c) you are submitting two mental health reports as accompanying documents to this application;
- d) you have completed the section relating to the patient's ethnicity.

Signature / Date

Signed
(by MHO making application)

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The application and accompanying documents should be sent to the Mental Health Tribunal for Scotland

You should NOT send a copy of this application to the Mental Welfare Commission



PATIENT ETHNICITY

The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number

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The patient describes his / her ethnic group as:

	<input type="radio"/> Information not provided	
White	<input type="radio"/> Scottish <input type="radio"/> Other British <input type="radio"/> Irish <input type="radio"/> Gypsy/ Traveller <input type="radio"/> Polish <input type="radio"/> Any other White ethnic group, please describe	<input type="text"/>
Mixed	<input type="radio"/> Any Mixed or Multiple ethnic groups, please describe	<input type="text"/>
Asian, Asian Scottish, or Asian British	<input type="radio"/> Pakistani, Pakistani Scottish or Pakistani British <input type="radio"/> Indian, Indian Scottish or Indian British <input type="radio"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British <input type="radio"/> Chinese, Chinese Scottish or Chinese British <input type="radio"/> Any other Asian, please describe	<input type="text"/>
African	<input type="radio"/> African, African Scottish or African British <input type="radio"/> Any other African, please describe	<input type="text"/>
Caribbean or black	<input type="radio"/> Caribbean, Caribbean Scottish or Caribbean British <input type="radio"/> Black, Black Scottish or Black British <input type="radio"/> Any other Caribbean or Black, please describe	<input type="text"/>
Other ethnic group	<input type="radio"/> Arab, Arab Scottish or Arab British <input type="radio"/> Any other ethnic group, please describe	<input type="text"/>



Date Application Received

The application for a compulsory treatment 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

The hearing took place at:

Address

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103 (6) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Evidence was provided by:

- Patient
- Patient's MHO
- Patient's Name Person
- Patient's RMO
- Guardian of the patient
- Patient's primary carer
- Welfare Attorney of patient
- Curator Ad Litem
- Any other person appearing to the Tribunal to have an interest (list below)

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- Before determining the application, the Mental Health Tribunal for Scotland gave notice as required under section 64(7) of the Act.



Tribunal Determination

A compulsory treatment order can be granted where ALL the following conditions (as set out in section 64(5) of the Act) are met:

- (a) that the patient has a mental disorder;
- (b) that medical treatment which would be likely to
 - (i) prevent the mental disorder worsening; or
 - (ii) alleviate any of the symptoms, or effects, of the disorder,
 is available to the patient;
- (c) that if the patient were not provided with such medical treatment there would be a significant risk -
 - (i) to the health, safety or welfare of the patient; or
 - (ii) to the safety of any other person;
- (d) that because of the mental disorder the patient's ability to make decisions about the provision of such medical treatment is significantly impaired;
- (e) that the making of a compulsory treatment order in respect of the patient is necessary

Complete the appropriate option*complete if - GRANTING THE CTO*

The Mental Health Tribunal for Scotland is satisfied that all of the above conditions are met and grants a compulsory treatment order.

The patient has the following mental disorder(s) as set out in section 328(1) of the Act
(Shade ALL that apply to this patient)

- mental illness
- personality disorder
- learning disability

Proceed to page 19 to detail measures authorised

complete if - REFUSING THE APPLICATION FOR A CTO

- The Mental Health Tribunal for Scotland is NOT satisfied that all of the above conditions are met, and refuses the application for a compulsory treatment order.

Proceed to page 20

Notes**GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION****CTO Granted**

The measures are authorised for 6 months with effect from the date this order is signed (page 20). If the order was granted on 25th January 2006, then the measures specified will cease to be authorised at midnight at the end of 24th July 2006.

An exception to this is where the patient is subject to a Transfer for Treatment Direction or Hospital Direction. The CTO will take effect from the date that the direction ceases to have effect, where this date is within 28 days of the granting of this order.

Application is refused

If the patient is subject to a short-term detention certificate or interim CTO, then the patient can be detained until the relevant certificate/order expires at which point the patient should be discharged or other arrangements made to continue treatment.



If the order authorises detention in a hospital unit, please enter the unit in the box to the left of this stamp

PART 5 : COMPULSORY TREATMENT ORDER (cont) To be completed by the Mental Health Tribunal

Part 5a : Compulsory Measures Authorised

This order under section 64(4)(a) of the Act authorises the following measures for 6 months from the date of this order:

(a) the patient's detention in the following specified hospital [grid]

(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:

28 [text area]

(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:

29 [text area]

(e) requiring the patient to reside at a specified place, as detailed below

30 [text area]

(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 [grid]



*Part 5b: Recorded Matter***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.

31

OR

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

*Part 5c: Advance Statement***Complete A or B as appropriate**

- A** As far as is practicable to ascertain the patient's current/proposed care and treatment is / are either:
 1) NOT in conflict with any advance statement made by the patient, under section 276 of the Act, or
 2) The patient has not made an advance statement.

OR

- B** The patient has made and not withdrawn an advance statement, which is in conflict with the treatment outlined in this order. Where the treatment is in conflict with the advance statement, detail how the decision was made, and the reasons for it.

32

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

- the patient the patient's welfare attorney
 the patient's named person the patient's guardian
 the Mental Welfare Commission (copy of this form will serve as a record)

For 'patient's named person', read 'patient's named person (if any)'

*Signature / Date*Signed
by the Convener
Date
dd / mm / yyyy
 / /
