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

Review of Section 86 / Section 152 Determination

CTO3b

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 the Mental Health Tribunal for Scotland are reviewing a determination to extend a CTO or CO

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 review 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

DoB
dd / mm / yyyy

Gender

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

If not listed, please specify

Patient's home address

Postcode

<< Please enter NF1 1AB if no fixed abode

To be completed by Mental Health Tribunal for Scotland

Reason For Review

A section 86 or section 152 determination was received by the Mental Health Tribunal for Scotland on: Date ☐☐ / ☐☐ / ☐☐☐☐

The Mental Health Tribunal for Scotland reviewed this determination because:

☐ there is a difference between the type (or types) of mental disorder that the patient has and the type (or types) of mental disorder recorded in the order in respect of which the determination is made;

☐ the MHO disagrees with the determination or has failed to comply with the duty imposed by the Act to make their views on the determination known to the RMO;

☐ the order to which the determination relates is a **compulsion order**, and no decision has been made by the Tribunal in respect of the order during the period of two years ending with the day on which the order, had it not been extended by the determination, would have ceased to authorise the measures specified in it.

☐ the order to which the determination relates is a **compulsory treatment order**, and the conditions mentioned in Section 101(2)(b) of the Act are satisfied - see note below

☐ either the patient, the patient's named person or a listed person has appealed against the determination to extend the order.

Note

The conditions mentioned in Section 101(2)(b) of the Act, as referred to above, are:

(a) that the order was made 2 or more years before the renewal day;

(b) that this section did not require the Tribunal to review the previous determination made under Section 86 of this Act in relation to the order: and

(c) that, in the period of 2 years ending with the day before the renewal day, no application has been determined by the Tribunal under Section 92, 99, 95 or 100 in relation to the order.

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Hearing Details

A hearing to consider the review or application was heard on: Date ☐☐ / ☐☐ / ☐☐☐☐

Before the following Tribunal members -

Convenor

Medical

General

Address of Hearing

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 102(3) or 166(3) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing 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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Determination

Complete the appropriate option below. Where varying, irrespective of whether there has been a variation to the measures or recorded matters as a result of this order, Parts 1a and 1b should be completed detailing ALL measures/recorded matters authorised by the order.

only complete if - REVOKING THE DETERMINATION TO EXTEND

○ The Mental Health Tribunal for Scotland makes an order revoking the section 86 or section 152 determination

only complete if - REVOKING BOTH THE DETERMINATION TO EXTEND AND THE ORDER ITSELF

○ The Mental Health Tribunal for Scotland makes an order revoking both the determination to extend and the compulsory treatment order / compulsion order

only complete if - CONFIRMING THE DETERMINATION TO EXTEND

○ The Mental Health Tribunal for Scotland makes an order confirming the determination;

only complete if - CONFIRMING THE DETERMINATION TO EXTEND AND VARYING THE ORDER

The Mental Health Tribunal for Scotland make an order confirming the determination and varying the compulsory treatment order / compulsion order by modifying-

○ (i) the measures (detail all measures authorised, and indicate those that are varied, in **Measures Authorised**)

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

Notes

GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION

Variations

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

Confirmation of determination to extend

The extension granted by the RMO through section 86 or section 152 determination stands.

Revocation - Determination to extend

The order will run until it would have expired had the determination to extend not been made by the RMO, at which point the patient should be discharged or other arrangements made to continue treatment

Revocation - Determination and Order

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

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Measures Authorised

Complete this side for ***all measures authorised prior to this application 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. **2**	○
○	(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. **3**	○
○	(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". **4**	○
○	(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

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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.

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Advance Statement (only complete if the patient reamains subject to the order)

Complete A, 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)

Signature / Date

Signed
by the Convener

Date
dd / mm / yyyy