

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

Section 114 / Section 115 Certificate

СТО9

Instructions v7.1

The following form is to be used where:

a patient is subject to a compulsory treatment order, compulsion order or interim compulsory treatment order which does not authorise the patient's detention in hospital;

that patient has been detained in hospital for a period of 72 hours in terms of section 113(5) of the Act, and

the patient's RMO wishes to detain the patient in hospital for a further period in terms of section 114(2) or 115(2) of the Act.

Note: the form must be completed within the 72-hour period authorised by section 113 certificate (CTO 8).

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 certificate.

| Write clearly within the boxes in BLOCK CAPITALS | For example | | | | | | | | | | | | | | Shade circles like this -> Not like this -> | | | | | | | | |
|--|-------------|-------|------|--------|--------|--------|-----|--------|---------|----------|------|-------|---------|-------|---|-------|--------|------------------|-------|-------|------|--------|--|
| and in BLACK or BLUE ink | | | | | | | | | | | | | | | | | | Not like this -> | | | | | |
| Where a text box has a refe the box. Extension sheet(s labelled with the appropriate |) shoul | d be | clea | rly la | ibell | ed w | | | | | | | | | | | | | | | | | |
| Patient Details | | | | | | | | | | | | | | | | | | | | | | | |
| CHI Number | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | Τ | | |
| First Name(s) | | | | | | | | | | | | | | | | | | | | | | | |
| Other / Known As | | | | | | | | | | | | | | | | | | | | | | | |
| | 'Other / | Knowr | As' | could | incluc | le any | nam | ne / a | lias th | at the | pati | ent w | ould I | prefe | r to be | knov | vn as. | | | | | | |
| Γitle | | | | | | | | | | | end | - | |) E | mala | | Drof | ers n | | | Not | lieted | |
| DoB dd / mm / yyyy | | / | | |]/ | | | | |] , | | | | | e spe | | riei | ers m | טו וט | Say (| INOL | iisteo | |
| Patient's home | | | | | | | | | | | | | | | | | | | | | | | |
| address | | | | | | | | | | | | | | | | | | | | | | | |
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| Postcode | | | | | | | | └ PI | ease | ∟ ent | or N | JF1 | 1ΔR | lif n | o five | ad al | hode | | | | | | |



| | To be completed by RMO | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|------|------|------------|-------|----|----|--|--|---|---|--|--|---|----|----|-----|----|----|---|--|---|------|--|--------|--|
| RMO Details | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | Τ | | | | | | | | | | T | | Τ | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | | | | | | _] | |
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| Title | | | | | | | | | | | | | | (| GΝ | ИC | Nui | nb | er | | | | | | | |
| Hospital | | T | | | | Τ | Т | | | | | | | | | | | | | Τ | | | | | | |
| Hospital address | | | | | | | Ť | | | | | | | | Ì | | | | | İ | | | | | | |
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| Telephone No. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e-mail address | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Approved under section | on 22 | 2 of | the | e Ac | et by | y: | | | | | | | | | | | | | | | | | | | | |
| Health Board N | HS | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dation Chalco | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Status The patient is subject to | o. | | | | | | | | | | | | | | | | | | | | | | | | | |
| a compulsory t | | me | nt o | rde | r | | | | | | | | | | | | | | | | | | | | | |
| ○ a compulsion of | | | | | | | | | | | | | | | | | | | | | | | | | | |
| an interim compulsory treatment order | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 113 Details | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the patient was detained in hospital under section 113 of the Act for failing to comply with any measure(s) authorised by a compulsory treatment order / interim compulsory treatment order / compulsion order on: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date dd/mm/yyyy Time 24 hr clock | | | | / [:[_ | | |]/ | | | | | | | | | | | | | | | | | | | |

and was examined under section 113(6) of the Act.



| | | | | | | | | | | | | | | | | | | | | То | be | COI | mp | let | ed | by | RM | 0 |
|--|--|----------|--------|-------|------|----------|----------|--------|----------|-------|----------|----------|-------|----------|-----------------------|------|--------|--------|----------|----------|----------|--------------|----------------------|----------|---------|---------|----------|---------------|
| Reasons for Detention | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient subject to Compul | sor | y Tr | eatn | ent | Ord | der / | Co | три | Isio | n O | rde | r | | | | | | | | | | | | | | | | |
| I wish to detain the patie | I wish to detain the patient under section 114 of the Act because | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ○ I am considering varyi | I am considering varying the compulsory measures specified in the patient's order, or | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OI am making an applic | atio | n to | the | Tril | bun | al t | 0 Va | ary tl | he p | atie | nt's | s or | der | | | | | | | | | | | | | | | |
| Patient subject to Interim | Con | npu | lsory | / Tre | eatn | nent | t Or | der | | | | | | | | | | | | | | | | | | | | |
| | I wish to detain the patient under section 115 of the Act as the interim compulsory treatment order will not have expired before the end of the 72-hour period where the patient is detained under section 113 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All patients | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I consider, for the reason likely that there will be a s | | | | | | | | | | | | | | | | be | e de | tair | ned | in h | nosį | oital | l it i | is r | eas | ona | ably | , |
| | ne patient will be detained in - | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The patient will be detaine | ed ii | n - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ward / Clinic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MHO Consent | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have consulted the pation | ent's | s M | HO, | deta | aile | d be | low | ·: | | | | | | | | | | | | | | | | | | | | |
| The MHO consented t | o th | is c | ertifi | cate | e be | ing | gra | ntec | d. | | | | | | | | | | | | | | | | | | | |
| MHO details - Surname | | | | | | | | | | | | Τ | T | Τ | | | | | | | | | T | | | | | |
| First Name | | | | | | | <u> </u> | | | | | | | <u>+</u> | $\frac{\perp}{\perp}$ | | | | | | <u> </u> | | $\frac{\perp}{\top}$ | | | | | |
| Title | F | <u> </u> | | | | <u> </u> | <u> </u> | | <u> </u> | | 1 | | | | | | | | | | | | | | | | | |
| | L | <u> </u> | | | | <u> </u> | <u> </u> | | \perp | | | | | | | | | | | | _ | | _ | | | | | |
| MHO address | L | + | | | | | <u> </u> | | | | <u> </u> | | | + | + | | | | | <u> </u> | \perp | \perp | + | + | _ | | | |
| | F | <u> </u> | | _ | | <u> </u> | | | \perp | | | <u> </u> | _ | + | 1 | | | | | | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | | | |
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| Postcode Telephone No. | L | | | | | | | | | 1 | | | | | | - | | 1 | | | | | | | | | | |
| e-mail address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Local Authority | e | eg Gla | asgow | City, | City | of Edi | inbur | gh, Hi | ghlan | d, Sc | ottisl | h Bor | ders, | etc. | Th | e wc | ord "c | ounc | il" ma | ay be | omi | ted | | | | | | |



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| To be completed b | y RMO |
|-------------------|-------|
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| | To be completed by Time | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Consultation - Named Person | | | | | | | | | | | | | |
| The patient does not have a named person | | | | | | | | | | | | | |
| The patient does have a named person - details below | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | |
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| Postcode Telephone | | | | | | | | | | | | | |
| e-mail address | | | | | | | | | | | | | |
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| Complete A or B as appropriate | | | | | | | | | | | | | |
| A I consulted the named person prior to the granting of this certificate on: | / | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | |
| B I did not consult the patient's named person prior to the granting of this certif | ficate, as it was impracticable to do so | | | | | | | | | | | | |
| as detailed below. (Note: to include what efforts were made to consult the na | amed person). | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
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| | To be completed by RMO | | | | | | | | | | | | | |
|--------------|--|---|--------------------|--|--|--|--|--|--|--|--|--|--|--|
| C | ertification | | | | | | | | | | | | | |
| Sh | ade / complete as appl | ropriate | | | | | | | | | | | | |
| 0 | Section 114 Certificate | | | | | | | | | | | | | |
| | I, the RMO named on page 1, am granting a certificate under section 114(2) of the Act authorising the patient's continued detention in hospital for 28 days starting from the date of this certificate | | | | | | | | | | | | | |
| 0 | Section 115 Certificate | | | | | | | | | | | | | |
| | I, the RMO named on page 1, am granting a certificate under section 115(2) of the Act, which authorises the patient's continued detention in hospital from the date of this certificate until the expiry of the interim compulsory treatment order | | | | | | | | | | | | | |
| | Interim CTO expiry date: / | | | | | | | | | | | | | |
| | gned RMO | | | | | | | | | | | | | |
| | ate of Certificate | | | | | | | | | | | | | |
| | This form should now be passed to hospital managers | | | | | | | | | | | | | |
| | The fam ched to the passed to the pital managere | | | | | | | | | | | | | |
| NIC | OTIFICATION | To be completed by the Hos | enital Managere | | | | | | | | | | | |
| | | owing parties have or will be notified of the granting of the certificate as soon as is | | | | | | | | | | | | |
| | he patient | g-ag-a | , p | | | | | | | | | | | |
| | he patient's named pe | erson (if any) | | | | | | | | | | | | |
| () a | any guardian of the pa | atient (see note 1) | | | | | | | | | | | | |
| () a | any welfare attorney of | f the patient (see note 2) | | | | | | | | | | | | |
| | e confirm that the the t ys of its granting - | following parties will be notified of the granting of this certificate, and sent a copy | of it within seven | | | | | | | | | | | |
| 01 | The Mental Health Trik | bunal for Scotland | | | | | | | | | | | | |
| 01 | The Mental Welfare C | commission | | | | | | | | | | | | |
| Со | mpleted by - | | | | | | | | | | | | | |
| Su | rname | | | | | | | | | | | | | |
| Fir | st Name | | | | | | | | | | | | | |
| Jok | o Title | | | | | | | | | | | | | |
| Da dd / i | te mm / yyyy | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| No | tes | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

^{2) &}quot;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



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^{1) &}quot;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