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

Section 98 / Section 162 Reference

CTO11 | **Part B Determination**

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

Instructions v7.1

The following form is to be used:

by the Mental Health Tribunal for Scotland to record the determination of the reference made by the Mental Welfare Commission under section 98 or section 162 of the Act.

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 record.

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 reference 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

PART 2 : SECTION 104 / SECTION 171 ORDER — **To be completed by Mental Health Tribunal for Scotland**

Date Reference Received

The reference from the Mental Welfare Commission was received by the Mental Health Tribunal for Scotland on — Date ☐☐ / ☐☐ / ☐☐☐☐

Hearing Details

A hearing to consider the above reference was heard on — Date ☐☐ / ☐☐ / ☐☐☐☐

Before the following Tribunal members -

Convener

Medical

General

Hearing Address

Postcode

Before determining the reference, 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 to 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

1	

PART 2: SECTION 104 / SECTION 171 ORDER (cont) **To be completed by Mental Health Tribunal for Scotland**

Tribunal Determination

Complete appropriate option. Where the Tribunal is varying the order and/or recorded matters, Parts 2a and 2b should be completed detailing ALL measures / recorded matters authorised by the order.

A: complete if - VARYING THE ORDER

The Mental Health Tribunal for Scotland authorises the variation of the compulsory treatment order by modifying:

○ (i) the measures

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

B: complete if - REVOKING THE ORDER

○ The Mental Health Tribunal for Scotland revokes the compulsory treatment order or compulsion order.

C: complete if - NOT MAKING AN ORDER

○ The Mental Health Tribunal for Scotland does not make any order - no variation is required to the compulsory treatment order or compulsion order

Notes

GUIIDANCE FOR MEDICAL RECORDS ON DETERMINATIONS

Variations

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

Revocation

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.

Tribunal does not make an order

The compulsory treatment order or compulsion order is not varied

PART 2: SECTION 104 / SECTION 171 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 reference***

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

PART 2: SECTION 104 / SECTION 171 ORDER (cont) **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)***:

5	

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.

PART 2: SECTION 104 / SECTION 171 ORDER (cont) **To be completed by Mental Health Tribunal for Scotland**

Advance Statement (only complete if the patient remains subject to the 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)

Signature / Date

Signed
by the Convener

Date
dd / mm / yyyy