

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

Emergency Detention Certificate

DET₁

filed in case notes

Instructions v7.1

The following form is to be used:

where it is necessary as a matter of urgency to detain the patient in hospital for the purpose of permitting a full assessment of the person's mental state; and where if the patient were not detained in hospital there would be a significant risk to either themselves or others.

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.

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To be completed by the Medical Practitioner

Detention Criteria

Boxes 1 - 6 must be completed

As the medical practitioner named on page 1, I declare that I have examined the patient. I am granting this emergency detention certificate because I believe the patient meets the following criteria -

I consider it is likely, for the reasons stated below, that the patient has a mental disorder (see notes at foot).

1	Describe your reasons for believing the patient may have mental disorder, e.g. they may have hallucinations, suicidal ideation, disorientation etc.

I consider it likely, for the reasons stated below, that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for mental disorder is significantly impaired.

2	Describe why you believe the patient has SIDMA (significantly impaired decision making ability) as a result of their mental disorder, e.g. that they have no insight into the fact that their hallucinations are part of a mental illness, that they cannot retain information due to memory problems, etc.

I am satisfied, for the reasons stated below, that it is necessary as a matter of urgency to detain the patient in hospital for the purpose of determining what medical treatment for mental disorder the patient requires.

3	Note the reason for urgency, e.g. that the patient is trying to leave at present, or stating that they are going to leave; also, e.g. that detention is necessary to assess what medical, social and nursing needs the patient has.

Notes

As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.

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PAF	RT 1 : CERTIFICATE (cont)	To be completed by the Medical Practitioner
Dete	ention Criteria (cont)	Boxes 1 - 6 must be completed
I am risk -	satisfied, for the reasons stated below, that if the patient were not to the patient's health, safety or welfare to the safety of any other person.	detained in hospital there would be a significant
4	Give evidence of the risk, e.g. 'has suicidal ideation', 'would not be aware of common above.	dangers' etc., remembering to shade one or both of the circles
dete	satisfied, for the reasons stated below, that making arrangements ation certificate would involve undesirable delay. Give details of eat-term detention certificate	
5	Would it take too long to get an AMP (Approved Medical Practitioner) to assess for S What risks might be posed by waiting? Give details of attempts to get an AMP (phon for response). Delays relating to MHO attendance should be noted in box 7.	

Please give details of the alternatives which you considered to the granting of this certificate. Why is informal/voluntary care not appropriate?



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	Local Authority																								
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	MHO's work address and telephone number																								
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To be completed by the Medical Practitioner

PART 1 : CERTIFICATE (cont)

PART 1 : CERTIFICATE (cont)	To be completed by the Medical Practitioner
Certification	
	ascertain, immediately before the medical examination was was not detained in hospital under the authority of :
(a) an emergency detention certificate;(b) a short-term detention certificate;(c) an extension certificate;	 (d) section 68 of the Act (extension of short-term detention pending determination of application for compulsory treatment order); (e) a certificate granted under section 114(2) or 115(2) of the Act. (Compulsory treatment order: detention pending review or application for variation, or interim compulsory treatment order: detention pending further procedure). (f) a certificate granted under section 113(5) of the Act (non-compliance with order).
☐ I have completed the section at the en	d of this form relating to the patient's ethnicity.
Date examination concluded Date certificate granted (see notes)	
Date certificate granted (see notes)	/
By signing this certificate I confirm that	I have no conflict of interest as defined in the regulations.
Signed by the medical practitioner	
	his certificate to the managers of the hospital (e.g. the bed manager or the senior t is to be detained. Failure to do so may invalidate the detention (see notes).
Notes	
The emergency detention certificate must be grar i) before the end of the day if the examination v ii) within 4 hours if the examination concluded by	vas concluded by 8.00 pm; or
	the certificate is granted, the patient's detention in hospital under the authority of this certificate is managers of the hospital before the patient was first admitted to hospital
If the patient is in hospital immediately before the certificate, give the certificate to the managers of	certificate is granted, the medical practitioner shall as soon as practicable after granting the that hospital.
PART 2	To be completed by the Hospital Managers
Admission Details	
Shade as appropriate	
	spital detailed below when the certificate was granted. As a result gan when the certificate was granted.
of detention began when: the certi	nediately before the certificate was granted. As a result, the 72-hour period ficate was given to the managers of the hospital detailed below and the all under the authority of the certificate.
Hospital	
Ward / clinic	
Date detention began	/



Unless revoked, this authorisation

to detain will expire on -

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ΑT

time (24 hr clock)

PART	2
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To be completed by the Hospital Managers

Record of Informing a	πα Νοτι	tyin	g							riea	se	ens	ure	or	uy (cur	ren	CC	nta	act	ae	tall	s a	re i	usea
The following were infor managers receiving the																					ho	spi	al		
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Phone number (if known)									Ph	one	nun	nber	(if k	nov	vn)										
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○ Patient's nearest rela	tive C	An	y perso	n wh	าo r	esid	es v	 vith	the	pat	ent	- t	⊃ P	atie	ent's	s na	ame	d p	ers	on	if k	cno	wn))	1 1 1
O Any guardian of	the pati	ent (if knov	n)					 ⊃ A	ny w	elf:	are	atto	rne	y o	f the	e pa	tier	 nt (i	if kr	าดพ	/n)			-1
Where it was not practic following will be sent a c																						ıte,	the	;	-
O the local authority for t	he area	in w	hich th	ie pa	tier	nt re	side	s, C	DR																
○ if the patient's address	s is not k	now	n, the	local	au	thor	ity fo	or th	ne a	rea	in v	vhic	h th	e h	osp	oital	is s	itua	ate	d					
Local Authority																									
	eg Glasgo	ow City	y, City of I	Edinbu	rgh, l	Highla	ınd, S	cottis	sh Bo	rders,	etc	(the v	ord "	Cou	ncil"	can b	e om	itted))						
Completion Details																									
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Telephone No.																									
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A copy of this form should be sent to the Mental Welfare Commission as soon as practicable after receiving the certificate, and no later than 7 days after receiving the certificate.

Notes -

The circumstances are:

- the reasons for granting the certificate;
- whether consent of a MHO was obtained to the granting of the certificate, and if not, the reasons why it was impracticable to consult the MHO;
- the alternatives to granting the certificate that were considered by the medical practitioner; and
- the reason for the medical practitioner determining that any such alternative(s) was/were inappropriate.



PATIENT ETHNICITY v7.1

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	
The patient describes	his / her ethnic group as:
an an an an an an an an an an an an an a	O Information not provided
A White	O Scottish
	O Other British
	O Irish
	O Gypsy/ Traveller
	O Polish
	O Roma
	O Showman/ Showwoman
	O Any other white ethnic group, please describe
B Mixed or multiple ethnic groups	O Any mixed or multiple ethnic groups, please describe
C Asian, Scottish Asian or British Asian	O Pakistani, Scottish Pakistani or British Pakistani
or British Asian	O Indian, Scottish Indian or British Indian
	O Bangladeshi, Scottish Bangladeshi or British Bangladeshi
	O Chinese, Scottish Chinese or British Chinese
	O Any other Asian, please describe
D African, Scottish African or British African	O Please describe, for example Nigerian, Somali
E Carribean or black	O Please describe, for example Scottish Carribean, Black Scottish
F Other ethnic group	O Arab, Scottish Arab or British Arab
	O Other, please describe, for example Sikh, Jewish

