

Detention Criteria

As the AMP named on page 1, I declare that I have examined the patient. I am granting this short-term detention certificate because I believe the patient meets the criteria set out in section 44(4):

(a) I consider that it is likely, for the reasons stated below, that the patient has the following type(s) of mental disorder

			Primary ICD 10 Code			
Mental illness	<input type="radio"/> Yes	<input type="radio"/> No	F	<input type="text"/>	•	<input type="text"/>
Personality disorder	<input type="radio"/> Yes	<input type="radio"/> No	F	<input type="text"/>	•	<input type="text"/>
Learning disability	<input type="radio"/> Yes	<input type="radio"/> No	F	<input type="text"/>	•	<input type="text"/>

Please enter primary ICD 10 diagnosis code for each disorder present.

1	
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(b) I consider that it is 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 that mental disorder is significantly impaired.

2	
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Detention Criteria (cont)

(c) I consider that it is likely, for the reasons stated below, that it is necessary to detain the patient in hospital for the purpose of:

- determining what medical treatment for mental disorder should be given to the patient
- giving medical treatment to the patient.

3	
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(d) I consider that it is likely, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk-

- to the health, safety or welfare of the patient
- to the safety of any other person.

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(e) I consider that it is likely, for the reasons stated below, that the granting of this short-term detention certificate is necessary e.g. explain why the patient cannot be treated on a voluntary basis.

5	
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PART 1 : CERTIFICATE (cont)

Consultation - MHO (to be completed by the MHO {see notes})

MHO details - Surname

First Name

Title

Address

Postcode

Telephone No.

Email

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

I, the MHO named above, was consulted on the date opposite, and consent to the granting of this short-term detention certificate

Date / /

- 1) I interviewed the patient before consenting to the granting of this certificate.
- 2) I confirmed to the AMP the name and address of the patient's named person (if any). *Note: if you have confirmed the named person's name but cannot confirm their address, leave the circle unshaded and write this in box 6 below.*
- 3) I informed the patient of the availability of independent advocacy services and have taken appropriate steps to ensure that the patient has the opportunity of making use of these services.

Where any of the above has not been shaded, please state below the reasons why it was not practicable to carry out that action

6	
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MHO Signature

Signed by the MHO

Date / /

Notes

Wherever practicable, the MHO should complete this section of the form. Where not practicable, the RMO should complete on behalf of the MHO, and include reasons why it was not practicable in box 6.



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

Postcode Telephone

Complete A or B as appropriate

A I consulted the named person prior to the Date / /
granting of this certificate on:
Summarise the views of the patient's named person about the proposed detention and the ways in which you have had regard to those views.

7

OR

B I did not consult the patient's named person prior to the granting of this certificate, as it was impracticable to do so, as detailed below. (Note: to include what efforts were made to consult the named person).

8



PART 2 : NOTIFICATION BY HOSPITAL MANAGERS

Admission Details

The patient was admitted to / was already a patient in:

Hospital

Ward / Clinic

Shade as appropriate

- The patient was not in hospital immediately before this short-term detention certificate was granted. As a result, their detention in hospital was authorised from when: the certificate was given to the hospital managers and the patient was admitted to the hospital under the authority of the certificate.
- OR**
- The patient was already in the hospital when this short-term detention certificate was granted. As a result, their detention in hospital became authorised when the certificate was granted.

The patient's 28-day detention in hospital began at the beginning of: / /

Unless revoked or extended, this authorisation will cease at midnight at the end of the 28th day: / /

Record of Notice Given

As soon as was practicable after the hospital received the short term detention certificate:

- (a) notification in writing of the granting of the certificate was given and
- (b) a copy of the certificate was sent to:

<input type="radio"/> The patient	<input type="radio"/> The patient's named person (if any)
<input type="radio"/> Any welfare guardian of the patient	<input type="radio"/> Any welfare attorney of the patient
<i>Name and address - if applicable</i>	<i>Name and address - if applicable</i>
<input type="text"/>	<input type="text"/>

Notification with a copy of the certificate was given within 7 days of it being granted to:

- The Mental Health Tribunal for Scotland
 - The Mental Welfare Commission
- Notification completed by date: / /

Completion Details

- The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by:

Job Title

Telephone No.

Signature

Date / /
dd / mm / yyyy



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"/>

