

Reference / Application Details

The Mental Health Tribunal for Scotland received the reference / application on:

Date

Grid for date: [][] / [][] / [][][][]

from

- Radio button options: Scottish Ministers, the patient, the patient's named person, the patient's guardian, the patient's welfare attorney, the patient's primary carer, the patient's nearest realtive.

Where the patient's named person made the application, the patient's named person has confirmed that they have given notice to the patient of the making of the application.

Previous application(s) under section 214 relating to this direction were made by:

Table with 3 rows for previous applications, including name and date fields.

Hearing Details

A hearing to consider the above reference / application / appeal was heard on

Date dd / mm / yyyy

Grid for date: [][] / [][] / [][][][]

Before the following Tribunal members -

Convener

Text box for Convener name

Medical

Text box for Medical member name

General

Text box for General member name

Hearing Address

Grid for hearing address (4 rows)

Postcode

Grid for postcode



Hearing Details (cont)

Before determining the reference, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 215(7) 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 | <input type="radio"/> | <input type="radio"/> |
| Patient's Named Person | <input type="radio"/> | <input type="radio"/> |
| Guardian of the patient | <input type="radio"/> | <input type="radio"/> |
| Welfare Attorney of patient | <input type="radio"/> | <input type="radio"/> |
| Patient's MHO | <input type="radio"/> | <input type="radio"/> |
| Patient's RMO | <input type="radio"/> | <input type="radio"/> |
| Patient's primary carer | <input type="radio"/> | <input type="radio"/> |
| Scottish Ministers | <input type="radio"/> | <input type="radio"/> |
| Curator Ad Litem | <input type="radio"/> | <input type="radio"/> |

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 | |
|---|--|

DETERMINATION

To be completed by Mental Health Tribunal for Scotland

Shade appropriate option (A, B, C or D)

A: complete where – the Tribunal is satisfied that the test in section 215(2) is met and does NOT make a direction to the Scottish Ministers

- The Tribunal is satisfied:
- (a) that the patient has a mental disorder; and
 - (b) that, as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment,
- and makes no direction to the Scottish Ministers.

B: complete where – the Tribunal makes a direction under section 215(3)

- The Tribunal is NOT satisfied that the patient has a mental disorder; and makes a direction to the Scottish Ministers to revoke the direction to which the patient is subject.

C: complete where – the Tribunal makes a direction under section 215(4)

- The Tribunal is satisfied that the patient has a mental disorder; but is NOT satisfied -
- (i) that, as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment; and
 - (ii) either –
 - (A) that the conditions mentioned in paragraph (b) and (c) of section 206(4) of the Act continue to apply in respect of the patient; or
 - (B) that it continues to be necessary for the patient to be subject to the direction,
- and makes a direction to the Scottish Ministers to revoke the direction to which the patient is subject.



D: complete where – the Tribunal finds that the test in section 215(2) is not met but does NOT make a direction to the Scottish Ministers

The Tribunal:

(i) is satisfied that the patient has a mental disorder;

(ii) is NOT satisfied that, as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether or not for medical treatment; but

(iii) is satisfied –

(A) that the conditions mentioned in paragraph (b) and (c) of section 206(4) of the Act continue to apply in respect of the patient; and

(B) that it continues to be necessary for the patient to be subject to the direction,

and makes no direction to the Scottish Ministers.

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

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 the direction to which the patient is subject. 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 making no direction to the Scottish Ministers, thus allowing 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 Convenor

Date
dd / mm / yyyy

 / / 