

Instructions

v7.0

The following form is to be used:

to notify the Mental Welfare Commission where a responsible medical officer authorises a suspension of detention relating to a compulsory treatment order or a compulsion order for **a continuous period of more than 28 days**

Do not use this form for any other suspensions, eg a series of day or week-end passes. These should be recorded locally on a leave plan.

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.

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

Grid of 14 empty boxes for example text.

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 Details

CHI Number

Grid of 10 boxes for CHI Number.

Surname

Grid of 30 boxes for Surname.

First Name (s)

Grid of 30 boxes for First Name(s).

Other / Known As

Grid of 30 boxes for Other / Known As.

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

Grid of 10 boxes for Title.

Gender Male

Female

DoB

dd / mm / yyyy

Grid of 8 boxes for DoB: dd / mm / yyyy.

Patient's home address / address patient plans to reside at during this suspension.

Grid of 30 boxes for Patient's home address.

Postcode

Grid of 7 boxes for Postcode.

RMO Details

Surname

Grid of 30 boxes for RMO Surname.

First Name

Grid of 30 boxes for RMO First Name.

Title

Grid of 10 boxes for RMO Title.

GMC Number

Grid of 10 boxes for RMO GMC Number.

Hospital

Grid of 30 boxes for RMO Hospital.

Ward / Clinic (If appropriate)

Grid of 30 boxes for RMO Ward / Clinic.

I, the above named RMO am approved under section 22 of the Act by:

Health Board

NHS

Grid of 30 boxes for Health Board / NHS details.



Detention details

The patient is detained subject to: A compulsory treatment order
 A compulsion order

This order will cease to authorise the detention of the patient at midnight at the end of: / /

The patient is subject to detention in:

Hospital

Ward / Clinic

Suspension Details

I, the RMO named on page 1, confirm that I am granting a certificate suspending the measure authorising the patient's detention in hospital. The period that the order will not authorise the patient's detention in hospital will be:

Start Time 24 hr clock : Start date dd / mm / yyyy / / (including associated travel where appropriate)
 End Time : End date / /

Note: The certificate should not be completed retrospectively.

- Where the patient is subject to a compulsory treatment order or a compulsion order, I confirm that the above suspension period is in line with section 127 of the Act (see notes below).

The reason(s) for suspending detention is/are:

| | |
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| 1 | |
|----------|--|

Notes

- (1) this certificate may specify a single period not exceeding 200 days.
- (2) the total period of suspension of detention must not exceed 200 days within any period of 12 months (whenever counted from, and this includes all periods of suspension of detention granted across all suspension certificates)
 - a day does not count towards the total period if the suspension is 8 hours or less in that day
 - a single period of suspension of more than 8 hours and less than 24 hours, whether in one day or spanning two days counts as a whole day towards the total period
- (3) the end time/date of the suspension detailed in this certificate cannot be beyond the current time of expiry of authority to detain



Conditions imposed on suspension

I believe that it is necessary in the interests of the patient, or for the protection of any other person, that the following conditions apply during this suspension period -

(a) that, during the period specified in the certificate, the patient be kept in the charge of the following authorised person (N.B. this section usually applies when the patient is in supported or residential accommodation)

Name and address of authorised person

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| 2 | |
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(b) that the patient shall reside at this specified address *(please indicate whether continuously or at times as specified)*

| | | |
|-----------|--|--|
| 2a | | <input type="radio"/> Continuously <input type="radio"/> At these specified times |
|-----------|--|--|

(c) such other conditions as I have specified below

Additional conditions

- 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).
- 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).
- Requiring the patient to allow any of the following parties to visit the patient in any place where the patient resides . Those parties are: the patient's MHO, the patient's RMO, or 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.

Specific requirements in relation to the above; other additional conditions

| | |
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| 3 | |
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Certification

The period granted in this certificate suspending detention authorised by a compulsory treatment order or compulsion order exceeds 28 days. As required under section 127 of the Act, I confirm that the following parties have been notified of the suspension:

- the patient
- the patient's named person (if any)
- the patient's general medical practitioner
- the patient's MHO
- the Mental Welfare Commission

Signed
by the RMO

Date
dd / mm / yyyy

 / /