

# Suspension Of Detention Certificate

Restricted Patients and Patients with Restricted Status

## Instructions

v7.1

The following form is to be used:

where the patient's RMO grants a certificate authorising the temporary suspension of the compulsory measure specifying detention in hospital in relation to: an assessment order; a treatment order; an interim compulsion order; a temporary compulsion order; a compulsion and restriction order (CORO); a hospital direction; or a transfer for treatment direction;

Note : Where the RMO is granting a certificate authorising the temporary suspension of the compulsory measure specifying hospital detention in relation to a compulsion order alone (without restriction order) form SUS1A should be used.

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 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

CHI Number grid

Surname

Surname grid

First Name (s)

First Name grid

Other / Known As

Other / Known As grid

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

Title

Title grid

Gender

- Male Female Prefers not to say Not listed

DoB

dd / mm / yyyy

DoB grid

If not listed, please specify

DoB specification box

Patient's home address

Patient's home address grid

Postcode

Postcode grid

<< Please enter NF1 1AB if no fixed abode

## RMO Details

Surname

RMO Surname grid

First Name

RMO First Name grid

Title

RMO Title grid

GMC Number

GMC Number grid

Hospital

RMO Hospital grid

Ward / Clinic (if appropriate)

RMO Ward / Clinic grid

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

Health Board

NHS

Health Board grid



**Detention Details**

- The patient is detained subject to:
- An assessment order
  - A treatment order
  - An interim compulsion order
  - A compulsion order and a restriction order
  - A temporary compulsion order
  - A hospital direction
  - A transfer for treatment direction

**Assessment orders and interim compulsion orders only:** This order will cease to authorise the detention of the patient at midnight at the end of:

Date  /  /

The patient is currently detained in

Hospital

Ward / Clinic

**Suspension Details**

I am granting a certificate suspending the order authorising detention in hospital as detailed above. The period that the order will not authorise the patient's detention in hospital will be:

|  |   |             |  |  |
|--|---|-------------|--|--|
| Start Time:<br><small>24hr clock</small> | <input type="text"/> : <input type="text"/> | Start Date: | <input type="text"/> / <input type="text"/> / <input type="text"/> | <i>(including associated travel where appropriate)</i> |
| End Time:                                | <input type="text"/> : <input type="text"/> | End Date:   | <input type="text"/> / <input type="text"/> / <input type="text"/> |  |

- I confirm that the above suspension period is in line with section 224 of the Act (see notes below)  
*Note: not applicable to patients subject to an assessment order*

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

|          |  |
|----------|--|
| <b>1</b> |  |
|----------|--|

Whilst the suspension applies, the patient will reside at:

- Home address as per page 1 of this certificate
- Other address (enter in text box below)

**Notes**

- (1) this certificate may specify a single period not exceeding 90 days or a series of more that one individual period falling within a particular 3 month period.
- (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 time/date of this certificate cannot be beyond the current time of expiry of authority to detain.



**Conditions imposed on suspension**

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

(a) during the period specified in the certificate, the patient be kept in the charge of the following authorised person ***name and address of authorised person***

|          |  |
|----------|--|
| <b>2</b> |  |
|----------|--|

(b) such other conditions as I have specified below -

|          |  |
|----------|--|
| <b>3</b> |  |
|----------|--|

**Scottish Ministers' Consent**

- I attach a copy of the Scottish Ministers' written consent to the suspension of the compulsory measure in the order/direction authorising the aforementioned patient's detention in hospital.

**Note:**  
For Assessment Orders, Treatment Orders, Interim Compulsion Orders and Temporary Compulsion Orders, Scottish Ministers' consent is not required in cases where the suspension is to allow the patient to attend a criminal procedures hearing against them or where the patient is attending a medical or dental appointment.

For COROs, Hospital Directions and Transfer for Treatment Directions, Scottish Ministers' consent is required for all periods of suspension.

**Notification**

**Note: not applicable where the patient is subject to an assessment order**

Where the period of this certificate when taken together with the period specified in any other certificate granted under section 224 exceeds 28 days, or by itself exceeds 28 days, 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

**Certification**

Signed  
by the RMO

|  |
|--|
|  |
|--|

Date  
dd / mm / yyyy

|  |  |   |  |  |   |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|
|  |  | / |  |  | / |  |  |  |  |
|--|--|---|--|--|---|--|--|--|--|

