

Detention Criteria

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

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

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

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.

Detention Criteria (cont)

I am satisfied, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk -

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

4

I am satisfied, for the reasons stated below, that making arrangements with a view to the grant of a short-term detention certificate would involve undesirable delay. Give details of efforts which were made with respect to granting a short-term detention certificate

5

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

6



MHO Consent

Complete A or B as appropriate

A I have consulted with the MHO named below, and he / she consents to the granting of this emergency detention certificate.

Surname

First name(s)

Title

Appointed to act as a MHO by:

Local Authority

eg Greater Glasgow, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" can be omitted)

Building name / town

OR

B It was not practicable, for the reasons stated below, to gain the consent of a mental health officer to the granting of this certificate.

7	
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Patient Pre-Detention Status

Complete A or B as appropriate

A At the time of this certificate being granted this patient was an informal inpatient in the following hospital.

Hospital

OR

B At the time of this certificate being signed this patient was not in hospital.

Please provide details of transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.

8	
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Certification

- So far as I am able to ascertain, immediately before the medical examination was conducted, the patient 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); or
 - (e) a certificate granted under section 114(2) or 115(2) of the Act. (Compulsory treatment order: detention pending review or application for variation, & interim compulsory treatment order: detention pending further procedures).

- I have completed the section at the end of this form relating to the patient's ethnicity.

Date examination concluded / / AT : time
 (24 hr clock)

Date certificate granted (see notes) / / AT : time
 (24 hr clock)

Signed
 by the medical practitioner

The medical practitioner must now give this certificate to the managers of the hospital in which the patient is to be detained (see notes)

Notes

The emergency detention certificate must be granted:

- i) before the end of the day if the examination was concluded by 8.00 pm; or
- ii) within 4 hours if the examination concluded between 8.00pm and the end of the day.

If the patient is not in hospital immediately before the certificate is granted, the patient's detention in hospital under the authority of this certificate is only authorised if the certificate was given to the managers of the hospital before the patient was first admitted to hospital

If the patient is in hospital immediately before the certificate is granted, the medical practitioner shall as soon as practicable after granting the certificate, give the certificate to the managers of that hospital.

Admission Details

Shade as appropriate

- The patient was an informal inpatient in the hospital detailed below when the certificate was granted. As a result the 72-hour period of detention began when the certificate was granted.
- OR**
- The patient was not in hospital immediately before the certificate was granted. As a result the 72-hour period of detention began when the patient was admitted to the hospital detailed below.

Hospital

Ward / clinic

Date detention began / / AT : time
 (24 hr clock)

Unless revoked, this authorisation to detain will expire on - / / AT : time
 (24 hr clock)



Record Of Notice Given

The following were informed that the emergency detention certificate was granted within 12 hours of the hospital managers receiving the emergency detention certificate

The Mental Welfare Commission by phone on 0131 313 8777 (see notes at foot)

The patient

Patient's nearest relative

Full name and address of patient's nearest relative

[Empty text box for patient's nearest relative details]

Phone number (if known)

[Empty text box for patient's nearest relative phone number]

Patient's named person (if known)

Full name and address of the patient's named person

[Empty text box for patient's named person details]

Phone number (if known)

[Empty text box for patient's named person phone number]

Any person who resides with the patient (if the patient's nearest relative does not reside with the patient)

Phone number (if known)

[Empty text box for person residing with patient phone number]

The following were notified in writing of the circumstances (see notes below) by the hospital managers within 7 days of receiving the emergency detention certificate as specified under section 38(3) of the Act.

Patient's nearest relative Any person who resides with the patient Patient's named person (if known)

Where it was not practicable to gain the consent of the mental health officer for the granting of this certificate, the following will be sent a copy of this certificate (part 1 of this form) within 7 days of receiving the certificate:

the local authority for the area in which the patient resides, OR

if the patient's address is not known, the local authority for the area in which the hospital is situated

Local Authority

[Grid for local authority name]

eg Greater Glasgow, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" can be omitted)

Completion Details

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

Completed by

[Grid for completed by name]

Job title

[Grid for job title]

Signature

[Signature line]

Date

[Date grid: DD / MM / YYYY]

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

It is the hospital managers' responsibility to ensure that arrangements have been made for contacting the Mental Welfare Commission out of hours.

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

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"/> Other White (please specify)	<input type="text"/>
Mixed	<input type="radio"/> Please specify	<input type="text"/>
Asian, Asian Scottish, or Asian British	<input type="radio"/> Indian	
	<input type="radio"/> Pakistani	
	<input type="radio"/> Bangladeshi	
	<input type="radio"/> Chinese	
	<input type="radio"/> Other Asian (please specify)	<input type="text"/>
Black, Black Scottish, or Black British	<input type="radio"/> Caribbean	
	<input type="radio"/> African	
	<input type="radio"/> Other Black (please specify)	<input type="text"/>
Other ethnic background	<input type="radio"/> Please specify	<input type="text"/>

