STATUTORY INSTRUMENTS

2008 No. 1184

MENTAL HEALTH, ENGLAND

The Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008

Made - - - - -	*28th April 2008*
Laid before Parliament	*7th May 2008*
Coming into force - -	*3rd November 2008*



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The Secretary of State for Health, in exercise of the powers conferred by sections 9, 17F(2), 19(1) and (4), 19A(1), 32(1), (2) and (3), 57(1)(b), 58A(1)(b), 64(2), 64H(2), 134(3A)(a) and 134(8) of the Mental Health Act 1983(**a**), makes the following regulations:

In accordance with sections 57A(4) and 58A(8) of that Act, the Secretary of State has consulted with such bodies as appear to the Secretary of State to be concerned.

PART 1

GENERAL

Citation and commencement

1.—(1) These Regulations may be cited as the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 and shall come into force on 3rd November 2008.

(2) These Regulations apply to England only.

Interpretation

2.—(1) In these Regulations—

"the Act" means the Mental Health Act 1983;

"bank holiday" includes New Year's Day, Good Friday, Easter Monday, Christmas Day and Boxing Day;

"business day" means any day except Saturday, Sunday or a bank holiday;

"the Commission" means the Mental Health Act Commission referred to in section 121(**b**);

"document" means any application, recommendation, record, report, order, notice or other document;

(**a**) 1983 c.20. The Mental Health Act 1983 was amended by the Mental Health Act 2007 (c.12).

(**b**) The Mental Health Act Commission was established as a Special Health Authority under section 11 of the National Health Service Act 1977 (c.49), as consolidated by section 28 of the National Health Service Act 2006 (c.41). Section 121 of the Mental Health Act 1983 provides for the continuance of the Mental Health Act Commission as a Special Health Authority.

"electronic communication" has the same meaning as in section 15(1) of the Electronic Communications Act 2000(**a**);

"guardianship patient" means a person who is subject to guardianship under the Act;

"private guardian", in relation to a patient, means a person, other than a local social services authority, who acts as guardian under the Act;

"responsible registered establishment" is a registered establishment which is a responsible hospital;

"served", in relation to a document, includes addressed, delivered, given, forwarded, furnished or sent.

(2) Unless otherwise stated, any reference in these Regulations to—

(a) a numbered section is to the section of the Act bearing that number;

(b) an alphanumeric form is a reference to the form in Schedule 1 bearing that designation.

Documents

3.—(1) Except in a case to which paragraph (2), (3), (4) or (5) applies, or in a case to which regulation 6(3) (recall notices in respect of community patients) applies, any document required or authorised to be served upon any authority, body or person by or under Part 2 of the Act (compulsory admission to hospital, guardianship or community treatment orders) or these Regulations may be served by delivering it to—

(a) the authority, body or person upon whom it is to be served;

(b) any person authorised by that authority, body or person to receive it;

(c) by sending it by pre-paid post addressed to—

(i) the authority or body at their registered or principal office; or

(ii) the person upon whom it is to be served at that person's usual or last known residence, or

(d) by delivering it using an internal mail system operated by the authority, body or person upon whom it is to be served, if that authority, body or person agrees.

(2) Any application for the admission of a patient to a hospital under Part 2 of the Act shall be served by delivering the application to an officer of the managers of the hospital to which it is proposed that the patient shall be admitted, who is authorised by them to receive it.

(3) Where a patient is liable to be detained in a hospital under Part 2 of the Act—

(a) any order by the nearest relative of the patient under section 23 for the patient's discharge, and

(b) the notice of such order given under section 25(1), shall be served either by—

(i) delivery of the order or notice at that hospital to an officer of the managers authorised by the managers to receive it, or

(ii) sending it by pre-paid post to those managers at that hospital, or

(iii) delivering it using an internal mail system operated by the managers upon whom it is to be served, if those managers agree.

(4) Where a patient is a community patient—

(a) any order by the nearest relative of the patient under section 23 for the patient's discharge, and

(b) the notice of such order given under section 25(1A), shall be served by—

(i) delivery of the order or notice at the patient's responsible hospital to an officer of the managers authorised by the managers to receive it,

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(**a**) 2000 c.7.

(ii) sending it by pre-paid post to those managers at that hospital, or

(iii) delivering it using an internal mail system operated by the managers upon whom it is to be served, if those managers agree.

(5) Any report made under subsection (2) of section 5 (detention of patient already in hospital for 72 hours) shall be served by—

(a) delivery of the report to an officer of the managers of the hospital authorised by those managers to receive it, or

(b) delivering it using an internal mail system operated by the managers upon whom it is to be served, if those managers agree.

(6) Where a document referred to in this regulation is sent by pre-paid—

(a) first class post, service is deemed to have taken place on the second business day following the day of posting;

(b) second class post, service is deemed to have taken place on the fourth business day following posting,

unless the contrary is shown.

(7) Where a document under this regulation is delivered using an internal mail system, service is considered to have taken place immediately it is delivered into the internal mail system.

(8) Subject to sections 6(3) and 8(3) (proof of applications), any document—

(a) required or authorised by or under Part 2 of the Act or these Regulations, and

(b) purporting to be signed by a person required or authorised by or under that Part or these Regulations to do so,

shall be received in evidence and be deemed to be such a document without further proof.

(9) Where under Part 2 of the Act or these Regulations the managers of a hospital are required to make any record or report, that function may be performed by an officer authorised by those managers in that behalf.

(10) Where under these Regulations the decision to accept service by a particular method requires the agreement of the managers of a hospital, that agreement may be given by an officer authorised by those managers in that behalf.

PART 2

Procedures and Records Relating to Hospital Admissions, Guardianship and Community Treatment Orders

Procedure for and record of hospital admissions

4.—(1) Subject to paragraph (2), for the purposes of admission to hospital under Part 2 of the Act—

(a) any application for admission for assessment under section 2 shall be in the form set out—

(i) where made by the nearest relative, in Form A1,

(ii) where made by an approved mental health professional, in Form A2;

(b) any medical recommendation for the purposes of section 2 shall be in the form set out—

(i) in the case of joint recommendations, in Form A3,

(ii) in any other case, in Form A4;

(c) any application for admission for treatment under section 3 shall be in the form set out—

(i) where made by the nearest relative, in Form A5,

(ii) where made by an approved mental health professional, in Form A6;

(d) any medical recommendation for the purposes of section 3 shall be in the form set out—

(i) in the case of joint recommendations, in Form A7,

(ii) in any other case, in Form A8;

(e) any emergency application under section 4 shall be in the form set out—

(i) where made by the nearest relative, in Form A9,

(ii) where made by an approved mental health professional, in Form A10;

(f) any medical recommendation for the purposes of section 4 shall be in the form set out in Form A11;

(g) any report made under subsection (2) of section 5 (detention of in-patient already in hospital for a maximum 72 hours) by—

(i) the registered medical practitioner or approved clinician in charge of the treatment of the patient, or

(ii) any person nominated by the registered medical practitioner or approved clinician to act for them,

shall be in the form set out in Part 1 of Form H1 and the hospital managers shall record receipt of that report in Part 2 of that Form;

(h) any record made under subsection (4) of section 5 (power to detain an in-patient for a maximum of 6 hours) by a nurse of the class for the time being prescribed for the purposes of that subsection shall be in the form set out in Form H2.

(2) For the purposes of any medical recommendation under sections 2, 3, 4 and 7 (admission for assessment, admission for treatment, admission for assessment in cases of emergency and application for guardianship respectively) in the case of—

(a) a single recommendation made in respect of a patient whom a doctor has examined in Wales, the medical recommendation shall be in the form required by Regulations made by the Welsh Ministers to similar effect for Wales;

(b) joint recommendations made in respect of a patient whom both doctors have examined in Wales, the medical recommendation shall be in the form required by Regulations made by the Welsh Ministers to similar effect for Wales;

(c) joint recommendations made in respect of a patient whom one doctor has examined in Wales and one doctor has examined in England, the medical recommendation shall either be in the form required by these Regulations or in the form required by Regulations made by the Welsh Ministers to similar effect for Wales.

(3) For the purposes of section 15 (rectification of applications and recommendations), the managers of the hospital to which a patient has been admitted in pursuance of an application for assessment or for treatment may authorise an officer on their behalf—

(a) to consent under subsection (1) of that section to the amendment of the application or any medical recommendation given for the purposes of the application;

(b) to consider the sufficiency of a medical recommendation and, if the recommendation is considered insufficient, to give written notice as required by subsection (2) of that section.

(4) Where a patient has been admitted to a hospital pursuant to an application under section 2, 3 or 4 (admission for assessment, admission for treatment and admission for assessment in cases of emergency respectively), a record of admission shall be made by the managers of that hospital in the form set out in Part 1 of Form H3 and shall be attached to the application.

(5) Where a patient has been admitted to a hospital pursuant to an application under section 4 (admission for assessment in cases of emergency), a record of receipt of a second medical recommendation in support of the application for admission of the patient shall be made by the managers in the form set out in Part 2 of Form H3 and shall be attached to the application.

Procedure for and acceptance of guardianship applications

5.—(1) For the purposes of section 7 (application for guardianship)—

(a) an application for guardianship shall be in the form set out—

(i) where made by the nearest relative, in Part 1 of Form G1,

(ii) where made by an approved mental health professional, in Part 1 of Form G2;

(b) where a person other than a local social services authority is named as guardian, the statement of willingness of that person to act as guardian shall be in the form set out in Part 2 of Form G1 or, as the case may be, G2;

(c) any medical recommendation shall be in the form set out—

(i) in the case of joint recommendations, in Form G3,

(ii) in any other case, in Form G4.

(2) Where an application for guardianship is accepted by the responsible local social services authority, it shall record its acceptance of the application in the form set out in Form G5 (which shall be attached to the application).

Procedure for and records relating to community treatment orders

6.—(1) For the purposes of section 17A (community treatment orders)—

(a) an order made by the responsible clinician shall be in the form set out in Parts 1 and 3 of Form CTO1;

(b) the agreement of the approved mental health professional shall be in the form set out in Part 2 of Form CTO1;

(c) as soon as reasonably practicable, the responsible clinician shall furnish the managers of the responsible hospital with that order.

(2) For the purposes of section 17B (conditions in community treatment orders)—

(a) the conditions to which the patient is subject whilst the order remains in force shall be in the form set out in Form CTO1;

(b) a variation of any of those conditions by the responsible clinician shall be in the form set out in Form CTO2;

(c) as soon as reasonably practicable, the responsible clinician shall furnish the managers of the responsible hospital with Form CTO2.

(3) For the purposes of section 17E (power to recall a community patient to hospital)—

(a) a responsible clinician's notice recalling a patient to hospital shall be in the form set out in Form CTO3;

(b) as soon as reasonably practicable, the responsible clinician shall furnish the managers of the hospital to which the patient is recalled with a copy of the notice recalling the patient to hospital;

(c) where the patient is recalled to a hospital which is not the responsible hospital, the responsible clinician shall notify the managers of the hospital to which the patient is recalled in writing of the name and address of the responsible hospital;

(d) the managers of the hospital to which the patient is recalled shall record the time and date of the patient's detention pursuant to that notice in the form set out in Form CTO4.

(4) Where the patient's responsible hospital is in Wales, the patient's recall shall be effected in accordance with Regulations made by the Welsh Ministers to similar effect for Wales.

(5) A responsible clinician's notice recalling a patient to hospital for the purposes of section 17E (power to recall a community patient to hospital) in Form CTO3 shall be served by—

(a) delivering it by hand to the patient,

(b) delivering it by hand to the patient's usual or last known address, or

(c) sending it by pre-paid first class post addressed to the patient at the patient's usual or last known address.

(6) Notice of recall in Form CTO3 is considered served—

(a) in the case of sub-paragraph 5(a), immediately on delivery of the notice to the patient;

(b) in the case of sub-paragraph 5(b), on the day (which does not have to be a business day) after it is delivered;

(c) in the case of sub-paragraph 5(c), on the second business day after it was posted.

(7) As soon as practicable following the patient's recall, the managers of the responsible hospital shall take such steps as are reasonably practicable to—

(a) cause the patient to be informed, both orally and in writing, of the provisions of the Act under which the patient is for the time being detained and the effect of those provisions, and

(b) ensure that the patient understands the effect, so far as is relevant to the patient's case, of sections 56 to 64 (consent to treatment).

(8) For the purposes of section 17F (powers in respect of recalled patients)—

(a) an order referred to in subsection (4) (responsible clinician's order revoking a community treatment order) shall be in the form set out in Parts 1 and 3 of Form CTO5;

(b) a statement of an approved mental health professional referred to in that subsection (signifying agreement with the responsible clinician's opinion and that it is appropriate to revoke the order) shall be in the form set out in Part 2 of Form CTO5;

(c) as soon as practicable, the responsible clinician shall furnish the managers of the hospital to which the patient is recalled with that Form;

(d) where the patient is recalled to a hospital which is not the responsible hospital, the managers of that hospital shall (as soon as reasonably practicable) furnish the managers of the hospital which was the patient's responsible hospital prior to the revocation of the patient's community treatment order, with a copy of Form CTO5.

Transfer from hospital to hospital or guardianship

7.—(1) This regulation shall apply in respect of any patient ("a hospital patient") to whom section 19(1)(a) applies and who is not a patient transferred under—

(a) section 19(3) (transfer between hospitals under the same managers), or

(b) section 123(1) and (2) (transfers between and from special hospitals).

(2) A hospital patient may be transferred to another hospital where—

(a) an authority for transfer is given by the managers of the hospital in which the patient is liable to be detained in the form set out in Part 1 of Form H4, and

(b) those managers are satisfied that arrangements have been made for the admission of the patient to the hospital to which the patient is being transferred within a period of 28 days beginning with the date of the authority for transfer.

(3) Upon completion of the transfer of the patient, the managers of the hospital to which the patient is transferred shall record the patient's admission in the form set out in Part 2 of Form H4.

(4) A hospital patient may be transferred into the guardianship of a local social services authority, or a person approved by a local social services authority, where—

(a) an authority for transfer is given by the managers of the hospital in which the patient is detained in the form set out in Part 1 of Form G6;

(b) the transfer has been agreed by the local social services authority, which will be the responsible local social services authority if the proposed transfer takes effect;

(c) that local social services authority has specified the date on which the transfer shall take place;

(d) the managers of the transferring hospital have recorded the agreement of the local social services authority referred to in paragraph (b) and the date for transfer referred to in paragraph (c), in the form set out in Part 1 of that Form;

(e) in the case of a person other than a local social services authority being named as guardian, the agreement of that person to act as guardian is recorded in the form set out in Part 2 of that Form.

(5) A hospital patient who is detained in a registered establishment—

(a) may be transferred from that registered establishment to another registered establishment where both are under the same management, and paragraph (2) shall not apply, and

(b) where such a patient is maintained under a contract with a Strategic Health Authority, Local Health Board, Primary Care Trust, National Health Service trust, National Health Service foundation trust, a Special Health Authority or the Welsh Ministers, any authority for transfer required under paragraph (2)(a) or, as the case may be, (4)(a), and the record (where relevant) required under paragraph (4)(d), may be made or given by an officer of that authority, board or trust authorised by that authority, board or trust in that behalf, or by those Ministers, instead of by the managers.

(6) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

Transfer from guardianship to guardianship or hospital

8.—(1) A guardianship patient may be transferred into the guardianship of another local social services authority or person where—

(a) an authority for transfer is given by the guardian in the form set out in Part 1 of Form G7;

(b) that transfer has been agreed by the receiving local social services authority, which will be the responsible local social services authority if the proposed transfer takes effect;

(c) that local social services authority has specified the date on which the transfer shall take place;

(d) the guardian has recorded the agreement of the receiving local social services authority mentioned in paragraph (b) and the date for transfer mentioned in paragraph (c) in Part 1 of that Form;

(e) a person other than a local social services authority is named in the authority for transfer as proposed guardian, the statement of willingness of that person to act as guardian is recorded in the form set out in Part 2 of that Form.

(2) An authority for transfer to hospital of a guardianship patient may be given by the responsible local social services authority in the form set out in Part 1 of Form G8 where—

(a) an application for admission for treatment has been made by an approved mental health professional in the form set out in Form A6;

(b) that application is founded on medical recommendations given by two registered medical practitioners in accordance with section 12 in the form set out—

(i) in the case of joint recommendations, in Form A7;

(ii) in any other case, in Form A8;

(c) the responsible local social services authority is satisfied that arrangements have been made for the admission of the patient to that hospital within the period of 14 days beginning with the date on which the patient was last examined by a registered medical practitioner for the purposes of paragraph (b).

(3) Where paragraph (2)(a) applies, for the purposes of the application referred to in that paragraph, sections 11(4) (consultation with nearest relative) and 13 (duty of approved mental health professional) shall apply as if the proposed transfer were an application for admission for treatment.

(4) On the transfer of a guardianship patient referred to in paragraph (2), a record of admission shall be made by the managers of the hospital to which the patient is transferred in the form set out in Part 2 of Form G8 and shall be attached to the application referred to in paragraph (2)(a).

(5) Where the conditions of paragraph (2) are satisfied, the transfer of the patient must be effected within 14 days of the date on which the patient was last examined, failing which the patient will remain subject to guardianship.

(6) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

Transfer of community patients recalled to hospital

9.—(1) The managers of a hospital in which a community patient is detained, having been recalled to hospital, may authorise the transfer of that patient to another hospital.

(2) Where the hospital to which the patient has been recalled and the hospital to which the patient is being transferred are not under the same management, a transfer may only take place if the requirements of paragraphs (3) to (5) are satisfied.

(3) Those requirements are that the managers of the hospital to which the patient was recalled—

(a) authorise the transfer of the patient in the form set out in Part 1 of Form CTO6, and

(b) are satisfied that arrangements have been made for the admission of the patient to the hospital to which the patient is being transferred.

(4) The managers of the hospital from which the patient is being transferred shall furnish the managers of the hospital to which the patient is being transferred with a copy of Form CTO4 (record of patient's detention in hospital after recall) before, or at the time of, the patient's transfer.

(5) On the transfer of the patient, the managers of the hospital to which the patient is transferred shall record the patient's admission in the form set out in Part 2 of Form CTO6.

(6) Where—

(a) a patient has been recalled to a registered establishment, and

(b) that patient is maintained under a contract with a Strategic Health Authority, Local Health Board, Primary Care Trust, National Health Service trust, National Health Service foundation trust, a Special Health Authority or the Welsh Ministers,

any authority for transfer required under paragraph (3)(a) may be given by an officer of that authority, board or trust authorised by that authority, board or trust in that behalf, or by those Ministers, instead of the managers.

(7) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

Transfers from England to Wales and from Wales to England

10.—(1) Where a patient who is liable to be detained or is subject to guardianship under the Act is transferred from a hospital or guardianship in England to a hospital or guardianship in Wales, that transfer shall be subject to the conditions in these Regulations.

(2) Where a patient who is liable to be detained or is subject to guardianship under the Act is transferred from a hospital or guardianship in Wales to a hospital or guardianship in England, that transfer and the duty to record the admission of a patient so transferred shall be subject to such conditions as may be prescribed in Regulations made by the Welsh Ministers to similar effect for Wales.

(3) Where paragraph (2) applies and any Regulations made by the Welsh Ministers to similar effect for Wales provide for authority to convey a patient in Wales, those Regulations shall provide authority to convey the patient whilst in England.

Conveyance to hospital on transfer from hospital or guardianship

11.—(1) Where the conditions of regulation 7(2) or 8(2) are satisfied, the authority for transfer given in accordance with those regulations shall be sufficient authority for the following persons to take the patient and convey the patient to the hospital to which the patient is being transferred within the periods specified—

(a) in a case to which regulation 7(2) applies—

(i) an officer of the managers of either hospital, or

(ii) any person authorised by the managers of the hospital to which the patient is being transferred,

within the period of 28 days beginning with the date of the authority for transfer;

(b) in a case to which regulation 8(2) applies—

(i) an officer of, or

(ii) any person authorised by,

the responsible local social services authority, within the period of 14 days beginning with the date on which the patient was last examined by a medical practitioner for the purposes of regulation 8(2)(b).

(2) Paragraph (1) shall apply to a patient who—

(a) is liable to be detained under the Act and is removed to another hospital in circumstances to which section 19(3) applies, as if the authority given by the managers for that transfer were an authority for transfer given in accordance with regulation 7(2);

(b) is liable to be detained in a hospital at which high security psychiatric services are provided and who, pursuant to a direction given by the Secretary of State under section 123(1) or (2) (transfers to and from special hospitals), is removed or transferred to another hospital, as if that direction were an authority for transfer given in accordance with regulation 7(2).

(3) In a case to which regulation 7(5)(a) applies, an officer of or any other person authorised by the managers of the registered establishment may take and convey the patient to the registered establishment to which the patient is being transferred.

Conveyance from hospital to hospital following recall of community patients

12. Where the conditions of regulation 9(1) or (3) are satisfied, the authority for transfer given in accordance with that regulation shall be sufficient authority for the following persons to take the patient and convey him to the hospital to which he is being transferred—

(a) an officer of the managers of either hospital, or

(b) any person authorised by the managers of the hospital to which the patient is being transferred,

within the period of 72 hours beginning with the time of the patient's detention pursuant to the patient's recall under section 17E (power to recall to hospital).

Renewal of authority for detention or guardianship and extension of community treatment period

13.—(1) Any report for the purposes of section 20(3) (medical recommendation for renewal of authority to detain) shall be in the form set out in Parts 1 and 3 of Form H5.

(2) The statement for the purposes of section 20(5A) (agreement with medical recommendation for renewal of authority to detain) shall be in the form set out in Part 2 of Form H5.

(3) The receipt of Form H5 shall be recorded by the managers of the hospital in which the patient is liable to be detained in the form set out in Part 4 of that Form.

(4) Any report for the purposes of section 20(8) (medical recommendation for renewal of guardianship) shall be in the form set out in Part 1 of Form G9.

(5) The responsible social services authority shall record receipt of Form G9 in the form set out in Part 2 of that Form.

(6) For the purposes of section 20A (community treatment period)—

(a) a report for the purposes of subsection (4) of that section (responsible clinician's report extending the community treatment period) shall be in the form set out in Parts 1 and 3 of Form CTO7;

(b) a statement for the purposes of subsection (8) of that section (approved mental health professional's statement that it is appropriate to extend the order) shall be in the form set out in Part 2 of Form CTO7.

(7) The managers of the responsible hospital shall record the receipt of Form CTO7 in the form set out in Part 4 of that Form.

Detention, guardianship or community treatment after absence without leave for more than 28 days

14.—(1) In relation to a patient who is liable to be detained—

(a) any report for the purposes of section 21B(2) (authority for detention or guardianship of patients who are taken into custody or return after more than 28 days) shall be in the form set out in Part 1 of Form H6, and

(b) the receipt of that report shall be recorded by the managers of the hospital in which the patient is liable to be detained in the form set out in Part 2 of that Form.

(2) In relation to a patient who is subject to guardianship—

(a) any report for the purposes of section 21B(2) shall be in the form set out in Part 1 of Form G10, and

(b) the receipt of that report shall be recorded by the responsible local social services authority in the form set out in Part 2 of that Form.

(3) In relation to a community patient—

(a) any report for the purposes of section 21B(2) shall be in the form set out in Part 1 of Form CTO8, and

(b) the receipt of that report shall be recorded by the managers of the responsible hospital in the form set out in Part 2 of that Form.

Removal to England

15.—(1) This regulation shall apply to a patient who is removed from Scotland, Northern Ireland, any of the Channel Islands or the Isle of Man to England ("a removed patient") under—

(a) section 82, 84 or 85 (as the case may be), or

(b) regulations made under section 290 of the Mental Health (Care and Treatment) (Scotland) Act 2003(**a**) (removal and return of patients within United Kingdom).

(2) Where a removed patient is liable to be detained in a hospital, the managers of the hospital shall record the date on which the patient is admitted to the hospital in the form set out in Form M1.

(3) The managers of the hospital shall take such steps as are reasonably practicable to inform the person (if any) appearing to them to be the patient's nearest relative as soon as practicable of the patient's admission to hospital.

(4) Where a removed patient is received into guardianship—

(**a**) 2003 (asp.13).

(a) the guardian shall record the date on which the patient arrives at the place at which the patient is to reside on the patient's reception into guardianship under the Act in the form set out in Form M1;

(b) the guardian shall take such steps as are reasonably practicable to inform the person (if any) appearing to them to be the patient's nearest relative as soon as practicable that the patient has been received into guardianship under the Act;

(c) a private guardian shall notify the responsible local social services authority of the—

(i) date mentioned in sub-paragraph (a), and

(ii) particulars mentioned in regulation 22(1)(b) and (e).

Removal to England of patients subject to compulsion in the community

16.—(1) This regulation shall apply to a patient who is removed from Scotland, any of the Channel Islands or the Isle of Man to England under—

(a) section 289(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 (cross-border transfer: patients subject to requirement other than detention)(**a**) in the case of Scotland; or

(b) section 85ZA (responsibility for community patients transferred from any of the Channel Islands or the Isle of Man)(**b**) in the case of any of the Channel Islands or the Isle of Man.

(2) The managers of the responsible hospital shall record the date on which the patient arrived at the place where the patient is to reside in the form set out in Form M1.

(3) The managers of the hospital shall take such steps as are reasonably practicable to inform the person (if any) appearing to them to be the patient's nearest relative as soon as practicable that the patient is a community patient.

(4) The conditions specified by the responsible clinician under section 80C(5) (removal of patients subject to compulsion in the community from Scotland)(**c**) or section 85ZA(4), shall be recorded by that responsible clinician in Part 1 of Form CTO9.

(5) The approved mental health professional's agreement to the conditions referred to in paragraph (4) shall be recorded by that approved mental health professional in Part 2 of Form CTO9.

Assignment of responsibility for community patients

17.—(1) This regulation applies to a community patient whether or not the patient has been recalled to hospital in accordance with section 17E (power to recall to hospital).

(2) Responsibility for a patient referred to in paragraph (1) may be assigned by the managers of the responsible hospital to any other hospital whether or not that other hospital is under the same management as the responsible hospital.

(3) Responsibility for a patient shall not be assigned to a hospital which is not under the same management as the responsible hospital unless—

(a) an authority for the assignment is given by the managers of the assigning responsible hospital in the form set out in Part 1 of Form CTO10;

(b) that transfer has been agreed by the managers of the hospital which will be the responsible hospital if the proposed transfer takes effect;

(c) the managers of the hospital referred to in (b) have specified the date on which the transfer shall take place;

(d) the managers of the assigning responsible hospital record—

(**a**) 2003 (asp.13).
(**b**) Section 85ZA was inserted by paragraph 12 of Schedule 5 to the Mental Health Act 2007 (c.12).
(**c**) Section 80C was inserted by paragraph 4(1) of Schedule 5 to the Mental Health Act 2007.

(i) the agreement of the managers of the new responsible hospital to the assignment, and

(ii) the date on which the assignment is to take place,

in the form set out in that Form.

(4) The managers of the receiving hospital must notify the patient in writing of—

(a) the assignment, either before it takes place or as soon as reasonably practicable thereafter; and

(b) their name and address (irrespective of whether or not there are any changes in the managers).

(5) Where responsibility for a patient is assigned from a responsible registered establishment to another hospital which is not under the same management and the patient is maintained under a contract with a Strategic Health Authority, Local Health Board, Primary Care Trust, National Health Service trust, National Health Service foundation trust, a Special Health Authority or the Welsh Ministers, any authority for transfer required under paragraph (3)(a), and the record required under paragraph (3)(b), may be given by an officer of that authority, board or trust authorised by it in that behalf, or by those Ministers, instead of by the managers.

(6) Any hospital to which a patient has been assigned may, in accordance with the provisions of this regulation, assign the patient to another hospital.

(7) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

Discharge of patients

18. For the purposes of section 23 (discharge of patients) a responsible clinician's order for the discharge of—

(a) a patient liable to be detained under the Act, or a community patient, shall be sent to the managers of the hospital in which the patient is liable to be detained or the responsible hospital (as applicable) as soon as practicable after it is made;

(b) a guardianship patient, shall be sent to the guardian as soon as practicable after it is made.

Delegation of hospital managers' functions under the Act

19. The functions of the managers of a hospital in respect of the following—

(a) notifying local social services authorities under section 14 (social reports) of patients detained on the basis of applications by their nearest relatives;

(b) authorising persons under section 17(3) (leave of absence from hospital) to keep in custody patients who are on leave of absence who are subject to a condition that they remain in custody;

(c) authorising persons under sections 18(1) and (2A) (return and readmission of patients absent without leave) to take and return detained and community patients respectively who are absent without leave,

may be performed by any person authorised by them in that behalf.

Delegation of managers' functions under the Domestic Violence, Crime and Victims Act 2004

20. The functions of the managers of a hospital under sections 35 to 44B of the Domestic Violence, Crime and Victims Act 2004 (provision of information to victims of patients under the Act etc.)(**a**) may be performed by any person authorised by them in that behalf.

(**a**) As amended section 48 and Schedule 6 of the Mental Health Act 2007 (c.12) . By virtue of section 45(4) of the Domestic Violence, crime and Victims Act 2004 a function conferred on the managers of a hospital under sections 35 to 44B of that

Delegation by local social services authorities

21.—(1) Except as provided by paragraph (2), a local social services authority may delegate its functions under Parts 2 and 3 of the Act and these Regulations in the same way and to the same persons as its functions referred to in the Local Government Act 1972(**a**) may be delegated in accordance with section 101 of that Act.

(2) The function of the local social services authority under section 23 (discharge of patients) may not be delegated otherwise than in accordance with that section.

PART 3

Functions of Guardians and Nearest Relatives

Duties of private guardians

22.—(1) It shall be the duty of a private guardian—

(a) to appoint a registered medical practitioner to act as the nominated medical attendant of the patient;

(b) to notify the responsible local social services authority of the name and address of the nominated medical attendant;

(c) in exercising the powers and duties of a private guardian conferred or imposed by the Act and these Regulations, to comply with such directions as that authority may give;

(d) to furnish that authority with all such reports or other information with regard to the patient as the authority may from time to time require;

(e) to notify that authority—

(i) on the reception of the patient into guardianship, of the private guardian's address and the address of the patient,

(ii) except in a case to which paragraph (f) applies, of any permanent change of either address, before or not later than 7 days after the change takes place;

(f) on any permanent change of the private guardian's address, where the new address is in the area of a different local social services authority, to notify that authority—

(i) of that address and that of the patient,

(ii) of the particulars mentioned in paragraph (b),

and to notify the authority which was formerly responsible of the permanent change in the private guardian's address;

(g) in the event of the death of the patient, or the termination of the guardianship by discharge, transfer or otherwise, to notify the responsible local social services authority as soon as reasonably practicable.

(2) Any notice, reports or other information under this regulation may be given or furnished in any other way (in addition to the methods of serving documents provided for by regulation 3(1)) to which the relevant local social services authority agrees, including orally or by electronic communication.

Visits to patients subject to guardianship

23. The responsible local social services authority shall arrange for every patient received into guardianship under the Act to be visited at such intervals as the authority may decide, but—

(a) in any case at intervals of not more than 3 months, and

Act is to be treated as a function of those managers under Part 3 of the Mental Health Act 1983 for the purposes of section 32(3) of the 1983 Act (regulations as to delegation of managers' functions, etc).

(**a**) 1972 c.70.

(b) at least one such visit in any year shall be made by an approved clinician or a practitioner approved by the Secretary of State for the purposes of section 12 (general provisions as to medical recommendations).

Performance of functions of nearest relative

24.—(1) Subject to the conditions of paragraph (7), any person other than—

(a) the patient;

(b) a person mentioned in section 26(5) (persons deemed not to be the nearest relative), or

(c) a person in respect of whom the court has made an order on the grounds set out in section 29(3)(b) to (e) (which sets out the grounds on which an application to the court for the appointment of a person to exercise the functions of a nearest relative may be made) for so long as an order under that section is in effect,

may be authorised in accordance with paragraph (2) to act on behalf of the nearest relative in respect of the matters mentioned in paragraph (3).

(2) Subject to paragraph (8), the authorisation mentioned in paragraph (1) must be given in writing by the nearest relative.

(3) The matters referred to in paragraph (1) are the performance in respect of the patient of the functions conferred upon the nearest relative under—

(a) Part 2 of the Act (as modified by Schedule 1 to the Act as the case may be), and

(b) section 66 (applications to tribunals).

(4) An authorisation given under paragraph (1) shall take effect upon its receipt by the person authorised.

(5) Subject to the conditions of paragraph (7), the nearest relative of a patient may give notice in writing revoking that authorisation.

(6) Any revocation of such authorisation shall take effect upon the receipt of the notice by the person authorised.

(7) The conditions mentioned in paragraphs (1) and (5) are that the nearest relative shall immediately notify—

(a) the patient;

(b) in the case of a patient liable to be detained in a hospital, the managers of that hospital;

(c) in the case of a patient subject to guardianship, the responsible local social services authority and the private guardian, if any;

(d) in the case of a community patient, the managers of the responsible hospital,

of the authorisation or, as the case may be, its revocation.

(8) An authorisation or notification referred to in this regulation may be transmitted by means of electronic communication if the recipient agrees.

Discharge by nearest relative

25.—(1) Any report given by the responsible clinician for the purposes of section 25 (restrictions on discharge by nearest relative)—

(a) shall be in the form set out in Part 1 of Form M2, and

(b) the receipt of that report by—

(i) the managers of the hospital in which the patient is liable to be detained, or

(ii) the managers of the responsible hospital in the case of a community patient,

shall be in the form set out in Part 2 of that Form.

(2) In addition to the methods of serving documents provided for by regulation 3(1), reports under this regulation may be furnished by—

(a) transmission by facsimile, or

(b) the transmission in electronic form of a reproduction of the report,

if the managers of the hospital agree.

PART 4

Provision of Information

26.—(1) Unless the patient requests otherwise, where —

(a) a patient is to be or has been transferred from hospital to hospital pursuant to section 19 or section 123 (regulations as to transfer of patients and transfer to and from special hospitals respectively), the managers of the hospital to which the patient is to be or has been transferred shall take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that transfer before it takes place or as soon as practicable thereafter;

(b) a patient's detention is renewed pursuant to a report furnished under section 20 (duration of authority), the managers of the responsible hospital shall take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that renewal as soon as practicable following their decision not to discharge the patient;

(c) by virtue of section 21B(7) (patients who are taken into custody or return after more than 28 days) a patient's detention is renewed pursuant to a report furnished under section 21B(2), the managers of the responsible hospital in which the patient is liable to be detained shall take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that renewal as soon as practicable following their decision not to discharge the patient;

(d) by virtue of section 21B(5) and (6) (patients who are taken into custody or return after more than 28 days), a patient's detention is renewed retrospectively pursuant to a report furnished under section 21B(2), the managers of the hospital in which the patient is liable to be detained shall take such steps as are reasonably practicable to cause the patient and the person (if any) appearing to them to be the patient's nearest relative to be informed of that renewal as soon as practicable following their receipt of that report;

(e) a patient's period of community treatment is extended pursuant to a report furnished under section 20A (community treatment period), the managers of the responsible hospital shall take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that extension as soon as practicable following their decision not to discharge the patient;

(f) by virtue of section 21B(7A) (patients who are taken into custody or return after more than 28 days) a patient's period of community treatment is extended pursuant to a report furnished under section 21B(2), the managers of the responsible hospital shall take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that extension as soon as practicable following their decision not to discharge the patient;

(g) by virtue of section 21B(6A) and (6B) (patients who are taken into custody or return after more than 28 days) a patient's period of community treatment is extended retrospectively pursuant to a report furnished under section 21B(2), the managers of the responsible hospital shall take such steps as are reasonably practicable to cause the patient and the person (if any) appearing to them to be the patient's nearest relative to be informed of that extension as soon as practicable following their receipt of that report;

(h) a patient is to be or has been assigned to another hospital which assumes responsibility for that patient as a community patient, the managers of the hospital to which the patient is to be or has been assigned shall take such steps as are reasonably practicable to cause

the person (if any) appearing to them to be the patient's nearest relative to be informed of that assignment before or as soon as practicable following it taking place;

(i) a patient is to be or has been transferred from hospital to guardianship pursuant to section 19 (regulations as to transfer of patients), the responsible local social services authority shall take such steps as are reasonably practicable to cause the person appearing to it to be the patient's nearest relative to be informed of that transfer before it takes place or as soon as practicable thereafter;

(j) a patient is to be or has been transferred from the guardianship of one person to the guardianship of another person pursuant to section 19 (regulations as to transfer of patients), the new responsible local social services authority shall take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that transfer before it takes place or as soon as practicable thereafter;

(k) a patient's guardianship becomes vested in the local social services authority or the functions of a guardian are, during the guardian's incapacity, transferred to the authority or a person approved by it under section 10 (transfer of guardianship in case of death, incapacity, etc of guardian), the responsible local social services authority shall take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that vesting, or as the case may be, transfer before it takes place or as soon as practicable thereafter;

(l) a patient's guardianship is renewed pursuant to a report furnished under section 20 (duration of authority), the responsible local social services authority shall take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that renewal as soon as practicable following the decision of the responsible local social services authority to discharge the patient;

(m) by virtue of section 21B(7) (patients who are taken into custody or return after more than 28 days) a patient's guardianship is renewed pursuant to a report furnished under section 21B(7), the responsible local social services authority shall take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that renewal as soon as practicable following the decision of the responsible local social services authority not to discharge the patient;

(n) by virtue of section 21B(5) and (6) (patients who are taken into custody or return after more than 28 days) a patient's guardianship is renewed retrospectively pursuant to a report furnished under section 21B(2), the responsible local social services authority shall take such steps as are reasonably practicable to cause the patient and person (if any) appearing to it to be the patient's nearest relative to be informed of that renewal as soon as practicable following the receipt by the responsible local social services authority of that report.

(2) Where paragraph (1)(m) or (n) applies, the responsible local social services authority shall, as soon as practicable inform the private guardian (if any) of its receipt of a report furnished under section 21B (patients who are taken into custody or return after more than 28 days).

(3) Upon a patient becoming subject to guardianship under the Act, the responsible local social services authority shall take such steps as are reasonably practicable to cause to be informed both the patient and the person (if any) appearing to the authority to be the patient's nearest relative of the rights referred to in paragraph (4).

(4) Those rights are—

(a) the patient's rights under section 66 (applications to tribunals),

(b) the nearest relative's right, as the case may be, to—

(i) discharge the patient under section 23 (discharge of patients), or

(ii) make an application under section 69 (application to tribunals concerning patients subject to hospital and guardianship orders where the patient is, or is treated as being, subject to guardianship under section 37).

(5) Where information referred to in paragraph (1)(d), (g) or (n), or in paragraph (3) is to be given to the patient, it shall be given both orally and in writing.

(6) Where information referred to in paragraph (1) is to be given to the person appearing to be the patient's nearest relative, it shall be given in writing.

(7) Where information referred to in paragraph (2) is to be given to the private guardian, it shall be given in writing.

(8) Information that is to be given in writing under paragraphs (6) and (7) may be transmitted by means of electronic communication if the recipient agrees.

(9) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

PART 5

Consent to Treatment

Consent to treatment

27.—(1) For the purposes of section 57 (treatment requiring consent and a second opinion)—

(a) the form of treatment to which that section shall apply, in addition to the treatment mentioned in subsection (1)(a) of that section (any surgical operation for destroying brain tissue or for destroying the functioning of brain tissue), shall be the surgical implantation of hormones for the purpose of reducing male sexual drive, and

(b) the certificates required for the purposes of subsection (2)(a) and (b) of that section shall be in the form set out in Form T1.

(2) For the purposes of section 58 (treatment requiring consent or a second opinion) the certificates required for the purposes of subsection (3)(a) and (b) of that section shall be in the form set out in Forms T2 and T3 respectively.

(3) For the purposes of section 58A (electro-convulsive therapy, etc.)—

(a) the form of treatment to which that section shall apply, in addition to the administration of electro-convulsive therapy mentioned in subsection (1)(a) of that section, shall be the administration of medicine as part of that therapy; and

(b) the certificates required for the purposes of subsections (3), (4) and (5) of that section shall be in the form set out in Forms T4, T5 and T6 respectively.

(4) Section 58A does not apply to treatment by way of the administration of medicine as part of electro-convulsive therapy where that treatment falls within section 62(1)(a) or (b) (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in the patient's condition).

PART 6

Treatment of Community Patients not Recalled to Hospital

28.—(1) For the purposes of Part 4A of the Act (treatment of community patients not recalled to hospital), the certificates required for the purposes of sections 64B(2)(b) and 64E(2)(b) (which set out when treatment under Part 4A of the Act may be given to adult and child community patients respectively) shall be in the form set out in Form CTO11.

(2) Treatment of a patient to whom section 64B(3)(b) or section 64E(3)(b) applies (adult and child patients for whom treatment is immediately necessary), may include treatment by way of administration of medicine as part of electro-convulsive therapy but only where that treatment falls within section 64C(5)(a) or (b) (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in the patient's condition).

(3) Treatment of a patient to whom section 64G (emergency treatment for patients lacking capacity or competence) applies may include treatment by way of the administration of medicine as part of electro-convulsive therapy but only where that treatment falls within section 64G(5)(a) or (b) (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in the patient's condition).

PART 7

Correspondence of Patients

Inspection and opening of postal packets

29.—(1) Where under section 134(4) (inspection and opening of postal packets addressed to or by patients in hospital) any postal packet is inspected and opened, but neither the packet nor anything contained in it is withheld under section 134(1) or (2) the person appointed who inspected and opened it, shall record in writing—

(a) that the packet had been so inspected and opened,

(b) that nothing in the packet has been withheld, and

(c) the name of the person appointed and the name of the hospital,

and shall, before resealing the packet, place the record in that packet.

(2) Where under section 134(1) or (2) any postal packet or anything contained in it is withheld by the person appointed—

(a) that person shall record in a register kept for the purpose—

(i) that the packet or anything contained in it has been withheld,

(ii) the date on which it was so withheld,

(iii) the grounds on which it was so withheld,

(iv) a description of the contents of the packet withheld or of any item withheld, and

(v) the name of the person appointed; and

(b) if anything contained in the packet is withheld, the person appointed shall record in writing—

(i) that the packet has been inspected and opened,

(ii) that an item or items contained in the packet have been withheld,

(iii) a description of any such item,

(iv) the name of the person appointed and the name of the hospital, and

(v) in any case to which section 134(1)(b) or (2) applies, the further particulars required for the purposes of section 134(6),

and shall, before resealing the packet, place the record in that packet.

(3) In a case to which section 134(1)(b) or (2) applies—

(a) the notice required for the purposes of section 134(6) shall include—

(i) a statement of the grounds on which the packet in question or anything contained in it was withheld, and

(ii) the name of the person appointed who so decided to withhold that packet or anything contained in it and the name of the hospital; and

(b) where anything contained in a packet is withheld the record required by paragraph (2)(b) shall, if the provisions of section 134(6) are otherwise satisfied, be sufficient notice to the person to whom the packet is addressed for the purposes of section 134(6).

(4) For the purposes of this regulation "the person appointed" means a person appointed under section 134(7) to perform the functions of the managers of the hospital under that section.

Review of decisions to withhold postal packets

30.—(1) Every application for review by the Commission under section 121(7) (review of any decision to withhold a postal packet, or anything contained in it, under section 134) shall be—

(a) made in such manner as the Commission may accept as sufficient in the circumstances of any particular case or class of case and may be made otherwise than in writing, and

(b) made, delivered or sent to an office of the Commission.

(2) Any person making such an application shall furnish to the Commission the notice of the withholding of the postal packet or anything contained in it, given under section 134(6), or a copy of that notice.

(3) For the purpose of determining any such application the Commission may direct the production of such documents, information and evidence as it may reasonably require.

Patient advocacy and liaison services and independent mental capacity advocate services

31.—(1) In section 134 (correspondence of patients), for the purposes of subsection (3)(ea) "patient advocacy and liaison service" means a service affording assistance in the form of advice and liaison for patients, their families and carers provided by—

(a) an NHS trust(**a**),

(b) an NHS foundation trust(**b**), or

(c) a Primary Care Trust(**c**).

(2) For the purposes of section 134(3A)(b)(iii), the prescribed arrangements are arrangements in respect of independent mental capacity advocates made under section 35 to 41 of the Mental Capacity Act 2005(**d**) (independent advocacy service).

PART 8

Revocations

Revocations

32. The Regulations specified in column 1 of Schedule 2 are hereby revoked to the extent mentioned in column 3 of that Schedule.

Signed by authority of the Secretary of State for Health.

Ivan Lewis
Parliamentary Under-Secretary of State
Department of Health

28th April 2008

(**a**) As provided for by Part 2, Chapter 3 of the National Health Service Act 2006 (c.41).
(**b**) As provided for by Part 2, Chapter 5 of the National Health Service Act 2006.
(**c**) As provided for by Part 2, Chapter 2 of the National Health Service Act 2006.
(**d**) 2005 c.9.

SCHEDULE 1 Regulations 4-9,13-17, 25, 27 and 28

FORMS FOR USE IN CONNECTION WITH COMPULSORY ADMISSION TO HOSPITAL, GUARDIANSHIP AND TREATMENT

Form A1 *Regulation 4(1)(a)(i)*

Mental Health Act 1983 section 2—application by nearest relative for admission for assessment

To the managers of [name and address of hospital]

I [PRINT your full name and address] apply for the admission of [PRINT full name and address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Complete (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state your relationship with the patient].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <*delete the phrase which does not apply*>, and a copy of the authority is attached to this application.

I last saw the patient on [date], which was within the period of 14 days ending on the day this application is completed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

……

……

……

If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……..……

Date……

Form A2 *Regulation 4(1)(a)(ii)*

Mental Health Act 1983 section 2—application by an approved mental health professional for admission for assessment

To the managers of [name and address of hospital]

I [PRINT your full name and address] apply for the admission of [PRINT full name and address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [PRINT name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by <*delete as appropriate*>

that authority
[name of local social services authority that approved you, if different]

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief [PRINT full name and address] is the patient's nearest relative within the meaning of the Act.

(b) I understand that [PRINT full name and address] has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.
<**Delete the phrase which does not apply*>

I have/have not yet* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient. <**Delete the phrase which does not apply*>

Complete the following if you do not know who the nearest relative is.

Delete (a) or (b).

(a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

The remainder of the form must be completed in all cases.

I last saw the patient on [date], which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and l am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed…..……..
Date ……...

Form A3 *Regulation 4(1)(b)(i)*

Mental Health Act 1983 section 2—joint medical recommendation for admission for assessment

We, registered medical practitioners, recommend that [PRINT full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I [PRINT full name and address of first practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*Delete if not applicable>

I [PRINT full name and address of second practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*Delete if not applicable>

In our opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained
  (i) in the interests of the patient's own health
  (ii) in the interests of the patient's own safety
  (iii) with a view to the protection of other persons.
  <Delete the indents not applicable>

Our reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……
Signed……
Date……

NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.

Form A4 *Regulation 4(1)(b)(ii)*

Mental Health Act 1983 section 2—medical recommendation for admission for assessment

I [PRINT full name and address of medical practitioner], a registered medical practitioner, recommend that [PRINT full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.
<**Delete if not applicable*>

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained
  (i) in the interests of the patient's own health
  (ii) in the interests of the patient's own safety
  (iii) with a view to the protection of other persons.
  <Delete the indents not applicable>

My reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.]
……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……

Form A5 *Regulation 4(1)(c)(i)*

Mental Health Act 1983 section 3— application by nearest relative for admission for treatment

To the managers of [name and address of hospital]

I [PRINT your full name and address] apply for the admission of [PRINT full name and address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

Complete either (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state your relationship with the patient].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <*delete the phrase which does not apply*>, and a copy of the authority is attached to this application.

I last saw the patient on [date], which was within the period of 14 days ending on the day this application is completed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making the recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

…….
…….
…….
…….
…….

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……

Form A6 *Regulation 4(1)(c)(ii)*

Mental Health Act 1983 section 3—application by an approved mental health professional for admission for treatment

To the managers of [name and address of hospital]

I [PRINT your full name and address] apply for the admission of [PRINT full name and address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by <*delete as appropriate*>

that authority
[name of local social services authority that approved you, if different]

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b) and delete the other.

(a) I have consulted [PRINT full name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

(b) I have consulted [PRINT full name and address] who I understand has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.
<**Delete the phrase which does not apply*>

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

Complete the following where the nearest relative has not been consulted.

Delete whichever two of (a), (b) and (c) do not apply.

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

(c) I understand that [PRINT full name and address] is
(i) this patient's nearest relative within the meaning of the Act,
(ii) authorised to exercise the functions of this patient's nearest relative under the Act,<*Delete either (i) or (ii)*>

but in my opinion it is not reasonably practicable/would involve unreasonable delay <*delete as appropriate*> to consult that person before making this application, because—

……..
……..
……..

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

The remainder of this form must be completed in all cases.

I saw the patient on [date], which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and l am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

……..
……..
……..
If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……

Form A7 *Regulation 4(1)(d)(i)*

Mental Health Act 1983 section 3—joint medical recommendation for admission for treatment

We, registered medical practitioners, recommend that [PRINT full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I [PRINT full name and address of first practitioner] last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.
<**Delete if not applicable*>

I [PRINT name and address of second practitioner]

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.
<**Delete if not applicable*>

In our opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

(b) it is necessary
  (i) for the patient's own health
  (ii) for the patient's own safety
  (iii) for the protection of other persons
  <*delete the indents not applicable*>

that this patient should receive treatment in hospital,

AND

(c) such treatment cannot be provided unless the patient is detained under section 3 of the Act,

because — [Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]
……..
……..
……..

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

……..

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following hospital (or one of the following hospitals):-

[Enter name of hospital(s). If appropriate treatment is available only in a particular part of the hospital, say which part.]

……..
……..
……..

Signed……
Date……

Signed……
Date……

NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.

Form A8 *Regulation 4(1)(d)(ii)*

Mental Health Act 1983 section 3—medical recommendation for admission for treatment

I [PRINT full name and address of practitioner], a registered medical practitioner, recommend that [PRINT full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.
<*Delete if not applicable>

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

(b) it is necessary
(i) for the patient's own health
(ii) for the patient's own safety
(iii) for the protection of other persons
<*delete the indents not applicable*>

that this patient should receive treatment in hospital,

AND

(c) such treatment cannot be provided unless the patient is detained under section 3 of the Act,

because — [Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]
……..
……..
……..

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following hospital (or one of the following hospitals):—
……..
……..

[Enter name of hospital(s). If appropriate treatment is available only in a particular part of the hospital, say which part.]

Signed……
Date……

Form A9 *Regulation 4(1)(e)(i)*

Mental Health Act 1983 section 4—emergency application by nearest relative for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [PRINT your full name and address] apply for the admission of [PRINT full name and address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Complete (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state your relationship with the patient].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <*delete the phrase which does not apply*>, and a copy of the authority is attached to this application.

I last saw the patient on [date], which was within the last 24 hours.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

……..
……..
……..

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……
Time……..

Form A10 *Regulation 4(1)(e)(ii)*

Mental Health Act 1983 section 4—emergency application by an approved mental health professional for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [PRINT your full name and address] apply for the admission of [PRINT full name and address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by <*delete as appropriate*>

that authority
[name of local social services authority that approved you, if different].

I last saw the patient on [date] at [time], which was within the last 24 hours.

I have interviewed the patient and l am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—
……..
……..
……..

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……
Time……..

Form A11 *Regulation 4(1)(f)*

Mental Health Act 1983 section 4—medical recommendation for emergency admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [PRINT name and address of medical practitioner], a registered medical practitioner, recommend that [PRINT full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date] at [time].

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.
<**Delete if not applicable*>

I am of the opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) this patient ought to be so detained
(i) in the interests of the patient's own health
(ii) in the interests of the patient's own safety
(iii) with a view to the protection of other persons,
<*delete the indents not applicable*>

AND

(c) it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

My reasons for these opinions are: [Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient ought to be admitted to hospital urgently and why informal admission is not appropriate.]
……..
……..
……..
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because— [Say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people.]
……..
……..

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……
Date……
Time……...

Form H1 *Regulation 4(1)(g)*

Mental Health Act 1983 section 5(2)—report on hospital in-patient

PART 1
(To be completed by a medical practitioner or an approved clinician qualified to do so under section 5(2) of the Act)

To the managers of [name and address of hospital]

I am [PRINT full name]

and I am <*Delete (a) or (b) as appropriate*>

(a) the registered medical practitioner/the approved clinician (who is not a registered medical practitioner)<*delete the phrase which does not apply*>

(b) a registered medical practitioner/an approved clinician (who is not a registered medical practitioner)* who is the nominee of the registered medical practitioner or approved clinician (who is not a registered medical practitioner) <**delete the phrase which does not apply*>

in charge of the treatment of [PRINT full name of patient], who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons—
……..
……..
……..

[The full reasons why informal treatment is no longer appropriate must be given. If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

I am furnishing this report by: <*Delete the phrase which does not apply*>

consigning it to the hospital managers' internal mail system today at [time]

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed……
Date……

PART 2
(To be completed on behalf of the hospital managers)

This report was <*Delete the phrase which does not apply*>

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers to receive this report at [time] on [date]

Signed……..
on behalf of the hospital managers
PRINT NAME…….
Date…….……

Form H2 *Regulation 4(1)(h)*

Mental Health Act 1983 section 5(4)—record of hospital in-patient

To the managers of [name and address of hospital]

[PRINT full name of the patient]

It appears to me that—

(a) this patient, who is receiving treatment for mental disorder as an in-patient of this hospital, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others for this patient to be immediately restrained from leaving the hospital;

AND

(b) it is not practicable to secure the immediate attendance of a registered medical practitioner or an approved clinician (who is not a registered practitioner) for the purpose of furnishing a report under section 5(2) of the Mental Health Act 1983.

I am [PRINT full name], a nurse registered—

<*Delete whichever do not apply*>

(a) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing;
(b) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing;
(c) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing;
(d) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing.

Signed……
Date……
Time……...

Form H3 *Regulation 4(4) and (5)*

Mental Health Act 1983 sections 2, 3 and 4—record of detention in hospital

(To be attached to the application for admission)

PART 1

[Name and address of hospital]

[PRINT full name of patient]

Complete (a) if the patient is not already an in-patient in the hospital.

Complete (b) if the patient is already an in-patient.

Delete the one which does not apply.

(a) The above named patient was admitted to this hospital on [date of admission to hospital] at [time] in pursuance of an application for admission under section [state section] of the Mental Health Act 1983.

(b) An application for the admission of the above named patient (who had already been admitted to this hospital) under section [state section] of the Mental Health Act 1983 was received by me on behalf of the hospital managers on [date] at [time] and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed……..
on behalf of the hospital managers
PRINT NAME…….
Date…….……

PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application under section 4 of the Act)

On [date] at [time] I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed……..
on behalf of the hospital managers
PRINT NAME…….
Date…….……

NOTE: IF THE PATIENT IS BEING DETAINED AS A RESULT OF A TRANSFER FROM GUARDIANSHIP, THE PATIENT'S ADMISSION SHOULD BE RECORDED IN PART 2 OF THE FORM G8 WHICH AUTHORISED THE TRANSFER.

Form H4 *Regulation 7(2)(a) and 7(3)*

Mental Health Act 1983 section 19—authority for transfer from one hospital to another under different managers

PART 1

(To be completed on behalf of the managers of the hospital where the patient is detained)

Authority is given for the transfer of [PRINT full name of patient] from [name and address of hospital in which the patient is liable to be detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 within 28 days beginning with the date of this authority.

Signed…….
on behalf of the managers of the first named hospital
PRINT NAME……
Date……..……..

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was transferred to [name of hospital] in pursuance of this authority for transfer and admitted to that hospital on [date of admission to receiving hospital] at [time].

Signed…….
on behalf of the managers of the receiving hospital
PRINT NAME……
Date……..……..

Form H5 *Regulation 13(1), (2) and (3)*

Mental Health Act 1983 section 20—renewal of authority for detention

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital in which the patient is liable to be detained]

I examined [PRINT full name of patient] on [date of examination].

The patient is liable to be detained for a period ending on [date authority for detention is due to expire].

I have consulted [PRINT full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

(b) it is necessary
  (i) for the patient's own health
  (ii) for the patient's own safety
  (iii) for the protection of other persons
<delete the indents not applicable>

that this patient should receive treatment in hospital,

because— [Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate.]
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons — [Reasons should indicate why informal admission is not appropriate.]
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

Signed…….
PRINT NAME……
Profession……
Date…….……..……...

PART 2

(To be completed by a professional who has been professionally concerned with the patient's medical treatment and who is of a different profession from the responsible clinician)

I agree with the responsible clinician that: this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital; it is necessary for the patient's own health or safety or for the protection of other persons that the patient should receive treatment and it cannot be provided unless the patient continues to be detained under the Act; and that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

Signed…….
PRINT NAME……
Profession……
Date…….……...

PART 3

(To be completed by the responsible clinician)

I am furnishing this report by: *<Delete the phrase which does not apply>*

today consigning it to the hospital managers' internal mail system.

sending or delivering it without using the hospital managers' internal mail system.

Signed…….
PRINT NAME……
Date…….……...

PART 4

(To be completed on behalf of the hospital managers)

This report was *<Delete the phrase which does not apply>*

furnished to the hospital managers through their internal mail system.

received by me on behalf of the hospital managers on [date].

Signed…….
on behalf of the hospital managers
PRINT NAME……
Date…….……

Form H6 *Regulation 14(1)(a) and (b)*

Mental Health Act 1983 section 21B—authority for detention after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital in which the patient is liable to be detained]

I examined [PRINT full name of patient] on [date of examination] who:

(a) was absent without leave from hospital or the place where the patient ought to have been beginning on [date absence without leave began];

(b) was/is* liable to be detained for a period ending on [date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire]; <**delete the phrase which does not apply*> and

(c) returned to the hospital or place on [date].

I have consulted [PRINT full name of approved mental health professional] who is an approved mental health professional.

I have also consulted [PRINT full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

(b) it is necessary
  (i) for the patient's own health
  (ii) for the patient's own safety
  (iii) for the protection of other persons
  <delete the indents not applicable>

that this patient should receive treatment in hospital,

because— [Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons— [Reasons should indicate why informal admission is not appropriate.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

The authority for the detention of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the hospital managers. <*Delete the phrase which does not apply>*

Complete the following only if the authority for detention is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient. <*Delete the phrase which does not apply>*

Complete the following in all cases.

I am furnishing this report by: <*Delete the phrase which does not apply>*

today consigning it to the hospital managers' internal mail system.

sending or delivering it without using the hospital managers' internal mail system.

Signed…….
PRINT NAME……
Date……..……...

PART 2

(To be completed on behalf of the hospital managers)

This report was <*Delete the phrase which does not apply>*

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed…….
on behalf of the hospital managers
PRINT NAME……
Date……..……...

Form G1 *Regulation 5(1)(a)(i) and (1)(b)*

Mental Health Act 1983 section 7—guardianship application by nearest relative

PART 1
(To be completed by the nearest relative)

To the [name of local social services authority]

I [PRINT your full name and address] apply for the reception of [PRINT full name and address of patient] into the guardianship of [PRINT full name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983.

Complete (a) or (b) as applicable and delete the other.

(a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act.

I am the patient's [state your relationship with the patient].

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative <*delete the phrase which does not apply*>, and a copy of the authority is attached to this application.

*The patient's date of birth is [date]

OR

*I believe the patient is aged 16 years or over.
<**Delete the phrase which does not apply.*>

I last saw the patient on [date], which was within the period of 14 days ending on the day this application is completed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed…….
Date……..……...

PART 2*

<*Complete only if proposed guardian is not a local social services authority>

(To be completed by the proposed guardian)

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983.

Signed……..

Date……...

Form G2 *Regulation 5(1)(a)(ii) and 5(1)(b)*

Mental Health Act 1983 section 7—guardianship application by an approved mental health professional

PART 1

(To be completed by the approved mental health professional)

To the [name of local social services authority]

I [PRINT your full name and address] apply for the reception of [PRINT full name and address of patient] into the guardianship of [PRINT full name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by *<delete as appropriate>*

that authority
[name of local social services authority that approved you, if different.]

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b) as applicable and delete the other.

(a) I have consulted [PRINT full name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act;

(b) I have consulted [PRINT full name and address] who I understand has been authorised by a county court/ the patient's nearest relative to exercise the functions under the Act of the patient's nearest relative. *<Delete the phrase which does not apply>*

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

Complete the following where the nearest relative has not been consulted.

Delete whichever two of (a), (b) and (c) do not apply.

(a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act,

OR

(b) to the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act,

OR

(c) [PRINT full name and address] is

(i) this patient's nearest relative within the meaning of the Act,
(ii) authorised to exercise the functions of this patient's nearest relative under the Act,

<Delete either (i) or (ii)>

but in my opinion it is not reasonably practicable/would involve unreasonable delay *<delete as appropriate>* to consult that person before making this application, because—

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

The remainder of Part 1 of this form must be completed in all cases.

I last saw the patient on [date], which was within the period of 14 days ending on the day this application is completed.

*The patient's date of birth is [date]

OR

*I believe the patient is aged 16 years or over.
*<*Delete the phrase which does not apply.>*

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient—

……...
……...
……...
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed…….
Date……...

PART 2*

<*Complete only if proposed guardian is not a local social services authority>

(To be completed by the proposed guardian)

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983.

Signed……..
Date…….……..……...

Form G3 *Regulation 5(1)(c)(i)*

Mental Health Act 1983 section 7— joint medical recommendation for reception into guardianship

We, registered medical practitioners, recommend that [PRINT full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I [PRINT full name and address of first practitioner] last examined this patient on [date], and <**delete if not applicable*>

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I [PRINT full name and address of second practitioner] last examined this patient on [date], and <**delete if not applicable*>

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act,

AND

(b) it is necessary
  (i) in the interests of the welfare of the patient
  (ii) for the protection of other persons
  <delete (i) or (ii) unless both apply>

that the patient should be so received.

Our reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient cannot appropriately be cared for without powers of guardianship.]
……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed…….……
Date…….…..……..…...

Signed…….…
Date…….……..……...

NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.

Form G4 *Regulation 5(1)(c)(ii)*

Mental Health Act 1983 section 7 —medical recommendation for reception into guardianship

I [PRINT full name and address of practitioner], a registered medical practitioner recommend that [PRINT full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder. <**Delete if not applicable*>

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act,

AND

(b) it is necessary
  (i) in the interests of the welfare of the patient
  (ii) for the protection of other persons
  <delete (i) or (ii) unless both apply>

that the patient should be so received.

My reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient cannot appropriately be cared for without powers of guardianship.]
……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed…….…….
Date…….…….……...

Form G5 *Regulation 5(2)*

Mental Health Act 1983 section 7 — record of acceptance of guardianship application

(To be attached to the guardianship application)

[PRINT full name and address of patient]

This application was accepted by/on behalf* of the local social services authority on [date].
<*Delete the phrase that does not apply>

Signed…….
on behalf of the responsible local social services authority
PRINT NAME……
Date…….……..……..……..

Form G6 *Regulation 7(4)(a),(d) and (e)*

Mental Health Act 1983 section 19— authority for transfer from hospital to guardianship

PART 1

(To be completed on behalf of the managers of the hospital where the patient is detained)

Authority is given for the transfer of [PRINT full name of patient] who is at present liable to be detained in [name and address of hospital] to the guardianship of [PRINT full name and address of proposed guardian] in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

This transfer was agreed by the [name of local social services authority] on [date of confirmation].

The transfer is to take place on [date].

Signed…….
on behalf of the hospital managers
PRINT NAME……
Date…….

PART 2*

<*Complete only if proposed guardian is not a local social services authority>

(To be completed by the proposed private guardian)

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983.

Signed…….
Date……..……..……

IF THE GUARDIAN IS TO BE A PRIVATE GUARDIAN, THE TRANSFER MAY NOT TAKE PLACE UNTIL BOTH PARTS OF THIS FORM ARE COMPLETED

Form G7 *Regulation 8(1)(a), (d)and (e)*

Mental Health Act 1983 section 19— authority for transfer of a patient from the guardianship of one guardian to another

PART 1

(To be completed by the present guardian)

Authority is given for the transfer of [PRINT full name and address of patient] from the guardianship of [PRINT full name and address of the present guardian] to the guardianship of [PRINT full name and address of the proposed guardian] in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

This transfer was agreed by the [name of local social services authority] on [date of confirmation].

The transfer is to take place on [date].

Signed…….
the guardian/on behalf of the local social services authority which is the guardian
<Delete whichever does not apply>
PRINT NAME……
Date…….

PART 2*

<*Complete only if proposed guardian is not a local social services authority>

(To be completed by the proposed private guardian)

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983.

Signed…….
Date……..……..…….

IF THE NEW GUARDIAN IS TO BE A PRIVATE GUARDIAN, THE TRANSFER MAY NOT TAKE PLACE UNTIL BOTH PARTS OF THIS FORM ARE COMPLETED

Form G8 *Regulation 8(2) and (4)*

Mental Health Act 1983 section 19— authority for transfer from guardianship to hospital

PART 1

(To be completed on behalf of the local social services authority)

Authority is given for the transfer of [PRINT full name and address of patient] who is at present under the guardianship of [name and address of guardian] to [name and address of hospital] in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

Signed…….
on behalf of the local social services authority
PRINT NAME……
Date…….

PART 2
RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to the above named hospital in pursuance of this authority for transfer on [date of admission to receiving hospital] at [time].

Signed…….
on behalf of the managers of the receiving hospital
PRINT NAME……
Date…….

Form G9 *Regulation 13(4) and (5)*

Mental Health Act 1983 section 20 — renewal of authority for guardianship

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]
[name of responsible local social services authority if it is not the guardian]

I examined [PRINT full name and address of patient] on [date].

The patient is subject to guardianship for a period ending on [date authority for guardianship is due to expire].

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act,

AND

(b) it is necessary
(i) in the interests of the welfare of the patient
(ii) for the protection of other persons
<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient cannot appropriately be cared for without powers of guardianship.]
……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

Signed……..
*Responsible clinician
*Nominated medical attendant
< Delete whichever does not apply.>*
PRINT NAME ……
Date ……

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed…….
on behalf of the local social services authority
PRINT NAME……
Date…….……..…….

Form G10 *Regulation 14(2)(a) and (b)*

Mental Health Act 1983 section 21B — authority for guardianship after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]
[name of responsible local social services authority if it is not the guardian]

I examined [PRINT full name and address of patient] on [date of examination] who:

(a) was absent without leave from the place where the patient is required to reside beginning on [date absence without leave began];
(b) was/is* subject to guardianship for a period ending on [date authority for guardianship would have expired, apart from any extension under section 21, or date on which it will expire]; <*d*elete phrase which does not apply*> and
(c) returned to that place on [date].

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act,

AND

(b) it is necessary
(i) in the interests of the welfare of the patient
(ii) for the protection of other persons
<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for these opinions are:

[Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; and explain why the patient cannot appropriately be cared for without powers of guardianship.]
…….
…….
…….
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

The authority for the guardianship of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished. <*Delete the phrase which does not apply>

Complete the following only if the authority for guardianship is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(6) for the renewal of the authority for the guardianship of the patient. <*Delete the phrase which does not apply>

Signed……..
*Responsible clinician
*Nominated medical attendant
<* Delete whichever does not apply>
PRINT NAME ……
Date ……

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed……..……..
on behalf of the local social services authority
PRINT NAME…….……..
Date……

Form M1 ***Regulation 15(2), (4)(a) and 16(2)***

Mental Health Act 1983 Part 6—date of reception of a patient in England

[PRINT full name of patient]

*was admitted to [name and address of hospital] at [time] on [date]

*was received into the guardianship of [name and address of guardian] on [date]

*became a community patient as if discharged from [name and address of responsible hospital], on [date].
<**Complete as appropriate and delete the others*>

Signed…….
on behalf of the hospital managers/
on behalf of the local social services authority/
the private guardian
<*Delete whichever do not apply*>
PRINT NAME……
Date…… ……

Form M2 *Regulation 25(1)(a) and (b)*

Mental Health Act 1983 section 25—report barring discharge by nearest relative

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital]

[Name of nearest relative] gave notice at [time] on [date] of an intention to discharge [PRINT full name of patient].

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are—
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I am furnishing this report by: <*Delete the phrase which does not apply*>

consigning it to the hospital managers' internal mail system today at [time].

sending or delivering it without using the hospital managers' internal mail system.

Signed…….
Responsible clinician
PRINT NAME……
Date…… ……
Time……

PART 2

(To be completed on behalf of the hospital managers)

This report was: <*Delete the phrase which does not apply*>

furnished to the hospital managers through their internal mail system.

received by me on behalf of the hospital managers at [time] on [date].

Signed…….
on behalf of the hospital managers
PRINT NAME……
Date…… ……

Form T1 *Regulation 27(1)(b)*

Mental Health Act 1983 section 57—certificate of consent to treatment and second opinion

(Both parts of this certificate must be completed)

PART 1

I [PRINT full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), and we [PRINT full name, address and profession], being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that [PRINT full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

AND

(b) has consented to that treatment.

Signed…….
Date……..……

Signed…….
Date……..……

Signed…….
Date……..……

PART 2

(To be completed by SOAD only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act have consulted [PRINT full name of nurse] a nurse and [PRINT full name and profession] who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately. <*Delete as appropriate*> [When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

……
……
……

If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

Signed…….
Date……..……

Form T2 *Regulation 27(2)*

Mental Health Act 1983 section 58(3)(a)—certificate of consent to treatment

I [PRINT full name and address], the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) <*delete the phrase which does not apply*> certify that [PRINT full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

AND

(b) has consented to that treatment.

Signed…….
Date……..……

Form T3 *Regulation 27(2)*

Mental Health Act 1983 section 58(3)(b)—certificate of second opinion

I [PRINT full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), have consulted [PRINT full name of nurse], a nurse and [PRINT full name and profession] who have been professionally concerned with the medical treatment of [PRINT full name and address of patient].

I certify that the patient— <*Delete the phrase which does not apply*>

(a) is not capable of understanding the nature, purpose and likely effects of

(b) has not consented to

the following treatment: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately. <*Delete as appropriate*> [When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.]

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

Signed…….
Date……

Form T4 *Regulation 27(3)(b)*

Mental Health Act 1983 section 58A(3)—certificate of consent to treatment (patients at least 18 years old)

THIS FORM IS NOT TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE

I [PRINT full name and address], the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) <*delete as appropriate*> certify that [PRINT full name and address of patient] who has attained the age of 18 years,

(a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

AND

(b) has consented to that treatment.

Signed…….
Date……..……

Form T5 *Regulation 27(3)(b)*

Mental Health Act 1983 section 58A(4)—certificate of consent to treatment and second opinion (patients under 18)

THIS FORM IS ONLY TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE

I [PRINT full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) certify that [PRINT full name and address of patient] who has not yet attained the age of 18 years,

(a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

AND

(b) has consented to that treatment.

In my opinion it is appropriate for that treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately. *<Delete as appropriate>* [When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.]

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

Signed…….
Date……

Form T6 *Regulation 27(3)(b)*

Mental Health Act 1983 section 58A(5)—certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)

I [PRINT full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), have consulted [PRINT full name of nurse] a nurse and [PRINT full name and profession] who have been professionally concerned with the medical treatment of [PRINT full name and address of patient].

I certify that the patient is not capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately. <*Delete as appropriate*> [When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

I further certify that giving the treatment described above to the patient would not conflict with—

(i) any decision of an attorney appointed under a Lasting Power of Attorney or deputy (appointed by the Court of Protection) of the patient as provided for by the Mental Capacity Act 2005

(ii) any decision of the Court of Protection, or

(iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.

Signed…….

Date…….

Form CTO1 ***Regulation 6(1)(a), (b) and 6(2)(a)***

Mental Health Act 1983 section 17A—community treatment order

(Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional)

PART 1

I [PRINT full name and address of the responsible clinician] am the responsible clinician for [PRINT full name and address of patient].

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment,

(b) it is necessary for
(i) the patient's health
(ii) the patient's safety
(iii) the protection of other persons
<delete any phrase which is not applicable>

that the patient should receive such treatment;

(c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment;

(d) it is necessary that the responsible clinician should be able to exercise the power under section 17E(1) to recall the patient to hospital;

(e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

My opinion is founded on the following grounds—
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Conditions to which the patient is to be subject by virtue of this community treatment order

The patient is to make himself or herself available for examination under section 20A, as requested.

If it is proposed to give a certificate under Part 4A of the Act in the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Signed…….
Date……..……

PART 2

I [PRINT full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by *<delete as appropriate>*

that authority
[name of local social services authority that approved you, if different].

I agree that:

(i) the above patient meets the criteria for a community treatment order to be made

(ii) it is appropriate to make a community treatment order, and

(iii) the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed:…….
Approved mental health professional
Date:…….

PART 3

I exercise my power under section 17A of the Mental Health Act 1983 to make a community treatment order in respect of the patient named in Part 1 of this Form.

This community treatment order is to be effective from [date] at [time].

Signed:……
Responsible clinician
Date:……

THIS COMMUNITY TREATMENT ORDER IS NOT VALID UNLESS ALL THREE PARTS ARE COMPLETED AND SIGNED

IT MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE MANAGERS OF THE HOSPITAL IN WHICH THE PATIENT WAS LIABLE TO BE DETAINED BEFORE THE ORDER WAS MADE

Form CTO2 *Regulation 6(2)(b)*

Mental Health Act 1983 section 17B—variation of conditions of a community treatment order

I [PRINT full name and address of the responsible clinician] am the responsible clinician for [PRINT full name and address of the community patient].

I am varying the conditions attaching to the community treatment order for the above named patient.

The conditions made under section 17B(2), as varied, are: [List the conditions as varied in full (including any which are not being varied) or state that there are no longer to be any such conditions.]

……
……
……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

The variation is to take effect from [date].

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Signed…….
Responsible clinician
Date…… ……

THIS FORM MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE MANAGERS OF THE RESPONSIBLE HOSPITAL

Form CTO3 *Regulation 6(3)(a)*

Mental Health Act 1983 section 17E—community treatment order: notice of recall to hospital

(To be completed by the responsible clinician)

I notify you, [PRINT name of community patient], that you are recalled to [PRINT full name and address of the hospital] under section 17E of the Mental Health Act 1983.

Complete either (a) or (b) below and delete the one which does not apply.

(a) In my opinion,

(i) you require treatment in hospital for mental disorder,

AND

(ii) there would be a risk of harm to your health or safety or to other persons if you were not recalled to hospital for that purpose.

This opinion is founded on the following grounds—
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

(b) You have failed to comply with the condition imposed under section 17B of the Mental Health Act 1983 that you make yourself available for examination for the purpose of*:* *<delete as appropriate>*

(i) consideration of extension of the community treatment period under section 20A

(ii) enabling a Part 4A certificate to be given.

Signed…….
Responsible clinician
PRINT NAME……
Date……
Time……

A COPY OF THIS NOTICE IS TO BE FORWARDED TO THE MANAGERS OF THE HOSPITAL TO WHICH THE PATIENT IS RECALLED AS SOON AS POSSIBLE AFTER IT IS SERVED ON THE PATIENT. IF THAT HOSPITAL IS NOT THE RESPONSIBLE HOSPITAL, YOU SHOULD INFORM THE HOSPITAL MANAGERS THE NAME AND ADDRESS OF THE RESPONSIBLE HOSPITAL.

This notice is sufficient authority for the managers of the named hospital to detain the patient there in accordance with the provisions of section 17E of the Mental Health Act 1983.

Form CTO4 *Regulation 6(3)(d)*

Mental Health Act 1983 section 17E — community treatment order: record of patient's detention in hospital after recall

[PRINT full name and address of patient] ('the patient') is currently a community patient.

In pursuance of a notice recalling the patient to hospital under section 17E of the Act, the patient was detained in [full name and address of hospital] on [enter date and time at which the patient's detention in the hospital as a result of the recall notice began].

Signed…….
on behalf of the hospital managers
PRINT NAME……
Date……
Time……

Form CTO5 *Regulation 6(8)(a) and (b)*

Mental Health Act 1983 section 17F(4)—revocation of community treatment order

(Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional)

PART 1

I [PRINT full name and address of the responsible clinician] am the responsible clinician for [PRINT full name and address of community patient] who is detained in [name and address of hospital] having been recalled to hospital under section 17E(1) of the Act.

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital,

AND

(b) it is necessary for
(i) the patient's own health
(ii) the patient's own safety
(iii) the protection of other persons
<delete the indents not applicable>

that this patient should receive treatment in hospital,

AND

(c) such treatment cannot be provided unless the patient is detained for medical treatment under the Act,

because— [Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]
……
……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I am also of the opinion that taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient at the hospital named above.

Signed…….
Responsible clinician
Date…… ……

PART 2

I [PRINT full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by *<delete as appropriate>*

that authority
[name of local social services authority that approved you, if different].

I agree that:

(i) the patient meets the criteria for detention in hospital set out above and

(ii) it is appropriate to revoke the community treatment order.

Signed…….
Approved mental health professional
Date……..……

PART 3

I exercise my power under section 17F(4) to revoke the community treatment order in respect of the patient named in Part 1 who has been detained in hospital since [time] on [date], having been recalled under section 17E(1).

Signed…….
Responsible clinician
Date…… ……

THIS REVOCATION ORDER IS NOT VALID UNLESS ALL THREE PARTS ARE COMPLETED AND SIGNED

IT MUST BE SENT AS SOON AS PRACTICABLE TO THE MANAGERS OF THE HOSPITAL IN WHICH THE PATIENT IS DETAINED

Form CTO6 *Regulation 9(3)(a) and (5)*

Mental Health Act 1983 section 17F(2)—authority for transfer of recalled community patient to a hospital under different managers

(To be completed on behalf of the managers of the hospital in which the patient is detained by virtue of recall)

PART 1

This form authorises the transfer of [PRINT full name of patient] from [name and address of hospital in which the patient is detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

I attach a copy of Form CTO4 recording the patient's detention in hospital after recall.

*The hospital in which the patient is currently detained is the patient's responsible hospital.

*The hospital to which the patient is to be transferred is the patient's responsible hospital.

*The patient's responsible hospital is [name and address of responsible hospital].
<**Delete the phrases which do not apply*>

Signed…….
on behalf of managers of the first named hospital

PRINT NAME……
Date…… ……

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to [name of hospital] in pursuance of this authority for transfer on [date of admission to receiving hospital] at [time].

Signed…….
on behalf of managers of the receiving hospital
PRINT NAME……
Date…… ……

Form CTO7 ***Regulation 13(6)(a) and (b), and 13(7)***

Mental Health Act 1983 section 20A — community treatment order: report extending the community treatment period

Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional. Part 4 is to be completed by or on behalf of the managers of the responsible hospital.

PART 1

To the managers of [name and address of the responsible hospital]

I am [PRINT full name and address of the responsible clinician] the responsible clinician for [PRINT full name and address of patient].

The patient is currently subject to a community treatment order made on [enter date].

I examined the patient on [date].

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment;

(b) it is necessary for
(i) the patient's health
(ii) the patient's safety
(iii) the protection of other persons
<delete any indent which is not applicable>

that the patient should receive such treatment;

(c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment;

(d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital;

(e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

My opinion is founded on the following grounds—

……

……

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were to continue not to be detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Signed…….

Responsible clinician

Date…… ……..……

PART 2

I [PRINT full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by <*delete as appropriate*>

that authority
[name of local social services authority that approved you, if different].

I agree that:

(i) the patient meets the criteria for the extension of the community treatment period and

(ii) it is appropriate to extend the community treatment period.

Signed…….

Approved mental health professional

Date…….……

PART 3

Before furnishing this report, I consulted [PRINT full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

I am furnishing this report by: <*Delete the phrase which does not apply*>

today consigning it to the hospital managers' internal mail system.

sending or delivering it without using the hospital managers' internal mail system.

Signed…….

Responsible clinician

Date…….……

THIS REPORT IS NOT VALID UNLESS PARTS 1, 2 & 3 ARE COMPLETED AND SIGNED

PART 4

This report was <*Delete the phrase which does not apply*>

furnished to the hospital managers through their internal mail system.

received by me on behalf of the hospital managers on [date].

Signed……..
on behalf of the managers of the responsible hospital
PRINT NAME…….
Date…… …….

Form CTO8 *Regulation 14(3)(a) and (b)*

Mental Health Act 1983 section 21B—authority for extension of community treatment period after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician)

To the managers of [enter name and address of responsible hospital]

I am [PRINT full name and address of the responsible clinician] the responsible clinician for [PRINT full name and address of patient].

I examined the patient on [date of examination] who:

(a) was recalled to hospital on [date] under section 17E of the Mental Health Act 1983;

(b) was absent without leave from hospital beginning on [date absence without leave began];

(c) was/is <*delete as appropriate*> subject to a community treatment order for a period ending on [date community treatment order would have expired, apart from any extension under section 21, or date on which it will expire]; and

(d) returned to the hospital on [date].

I have consulted [PRINT full name of approved mental health professional] who is an approved mental health professional.

I have also consulted [PRINT full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment;

(b) it is necessary for
(i) the patient's health
(ii) the patient's safety
(iii) the protection of other persons
<*delete any indent which is not applicable*>

that the patient should receive such treatment;

(c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment;

(d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital;

(e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were to continue not to be detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

My opinion is founded on the following grounds—
……..
……..
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

The community treatment order is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the managers of the responsible hospital. <*Delete the phrase which does not apply>*

Complete the following only if the authority for detention is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20A(4) for the extension of the community treatment period for this patient. <*Delete the phrase which does not apply>*

Complete the following in all cases.

I am furnishing this report by: <*Delete the phrase which does not apply>*

today consigning it to the hospital managers' internal mail system.

sending or delivering it without using the hospital managers' internal mail system.

Signed…….
Date……

PART 2

(To be completed on behalf of the managers of the responsible hospital)

This report was <*Delete the phrase which does not apply>*

furnished to the hospital managers through their internal mail system.

received by me on behalf of the hospital managers on [date].

Signed…….
on behalf of the hospital managers
PRINT NAME…….
Date……..……

Form CTO9 *Regulation 16(4) and (5)*

Mental Health Act 1983 Part 6—community patients transferred to England

PART 1

(To be completed by the responsible clinician)

I [PRINT full name and address of the responsible clinician] am the responsible clinician for [PRINT full name and address of patient] who is treated as if subject to a community treatment order having been transferred to England.

The patient is to be subject to the following conditions by virtue of that community treatment order:

> The patient is to make himself or herself available for examination under section 20A, as requested.
>
> If it is proposed to give a certificate under Part 4A of the Act in the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

……
……
[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Signed…….
Responsible clinician
Date…….……

PART 2

(To be completed by the approved mental health professional)

I [PRINT full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by *<Delete as appropriate>*

> that authority
> [name of local social services authority that approved you, if different].

I agree that the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed…….
Approved mental health professional
Date……..……

THE PATIENT IS NOT SUBJECT TO THE CONDITIONS SET OUT IN THIS FORM UNLESS BOTH PARTS OF THE FORM ARE COMPLETED.

Form CTO10 *Regulation 17(3)(a) and (d)(i) and (ii)*

Mental Health Act 1983 section 19A—authority for assignment of responsibility for community patient to hospital under different managers

(To be completed on behalf of the responsible hospital)

This form gives authority for the assignment of responsibility for [PRINT full name and address of patient] from [name and address of responsible hospital] to [name and address of hospital to which responsibility is to be assigned in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008.

This assignment was agreed by the managers of the hospital to which the responsibility is to be assigned on [date of confirmation]

The assignment is to take place on [date].

Signed…….
on behalf of managers of first named hospital
PRINT NAME……
Date…… ……

Form CTO11 *Regulation 28(1)*

Mental Health Act 1983 section 64C(4) — certificate of appropriateness of treatment to be given to community patient (Part 4A certificate)

(To be completed on behalf of the responsible hospital)

I [PRINT full name and address] am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD).

I have consulted [PRINT full name and profession] and [full name and profession] who have been professionally concerned with the medical treatment of [PRINT full name and address of patient] who is subject to a community treatment order.

I certify that it is appropriate for the following treatment to be given to this patient while the patient is not recalled to hospital, subject to any conditions specified below. The treatment is: [Give description of treatment or plan of treatment.]
……
……
……

I specify the following conditions (if any) to apply: [Conditions may include time-limits on the approval of any or all of the treatment.]

……..
……..
……..

I certify that it is appropriate for the following treatment (if any) to be given to this patient following any recall to hospital under section 17E of the Act, subject to any conditions specified below. The treatment is: [Give description of treatment or plan of treatment].

…….…....
…….
…….

I specify the following conditions (if any) to apply to the treatment which may be given to the patient following any recall to hospital under section 17E: [Conditions may include time-limits on the approval of any or all of the treatment.]

……...
……...
……

My reasons are as below/I will provide a statement of my reasons separately. <*Delete as appropriate*> [When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.]

……...
……...
……...

[If you need to continue on a separate sheet for any of the above please indicate here [ ] and attach that sheet to this form.]

Signed ……..……
Date…….……...……

SCHEDULE 2

Regulation 32

REVOCATIONS

Regulation or Order 1	Reference 2	Extent of Revocation 3
Mental Health (Hospital Guardianship and Consent to Treatment) Regulations 1983	1983/893	The whole of the Regulations
Mental Health (Hospital, Guardianship and Consent to Treatment) Amendment Regulations 1993	1993/2156	The whole of the Regulations
Mental Health (Hospital, Guardianship and Consent to Treatment) Amendment Regulations 1996	1996/540	The whole of the Regulations
Mental Health (Hospital, Guardianship and Consent to Treatment) Amendment Regulations1997	1997/801	The whole of the Regulations
Mental Health (Hospital, Guardianship and Consent to Treatment) Amendment Regulations 1998	1998/2624	The whole of the Regulations
Mental Health (Correspondence of Patients, Advocacy and Liaison Services) Regulations 2003	2003/2042	The whole of the Regulations

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are the principal regulations dealing with the procedural matters relating to the compulsory treatment of persons who have a mental disorder under the Mental Health Act 1983 (c.20), as amended by the Mental Health Act 2007 (c.12). The Mental Health Act 1983 ("the Act") allows the detention in hospital of people with mental disorder, or the imposition of other compulsory measures on them, including guardianship and community treatment orders. The Regulations provide for certain applications, recommendations and records under the Act to be in the form set out in the Forms in Schedule 1.

Part 1 (Regulations 1 to 3) contains general provisions affecting the interpretation of the regulations and procedures required by the Act in relation to the service of documents.

Part 2 (Regulations 4 to 21) contain provisions relating to the procedures for, and records of, hospital admissions, guardianship and community treatment orders, including medical recommendations for those purposes. In this Part provision is also made for the:

- the specification of conditions of a community treatment order
- notices to recall a community patient to hospital
- transfer of patients between hospitals, from the guardianship of one guardian to another, and between hospital and guardianship
- record of patients removed to England from Scotland, Northern Ireland, any of the Channel Islands or the Isle of Man
- assignment of responsibility for community patients
- delegation of hospital managers' functions under the Act and under the Domestic Violence, Crime and Victims Act 2004
- delegation by local social services authorities to who section 101 of the Local Government Act 1972 applies.
- The Forms referred to in Part 2 in respect of the above are in Schedule 1.
- Part 3 (Regulations 22 to 25) relates to the functions of private guardians and of nearest relatives. In this Part provision is made for:
- duties of guardians who are not local social services authorities, but who are private guardians (additional to those imposed by the Act) are prescribed
- local social services authorities responsible for any patients subject to guardianship to visit such patients regularly
- nearest relatives of patients to authorise another person to exercise their functions under the Act (and functions that may be performed by another person are prescribed, together with the conditions of notification required)
- the form in which the discharge of a patient by a nearest relative may be barred by the responsible clinician.

The Forms referred to in Part 3 in respect of the above are in Schedule 1.

Part 4 (Regulation 26) concerns the provision of information on a patient's transfer from hospital to hospital and to and from special hospitals, renewal of a patient's detention in different circumstances, extension of a community treatment order, assignment of a patient, transfer from hospital to guardianship, from one guardian to another, on the vesting of a patient's guardianship in the local social services authority and renewal of guardianship in different circumstances. The method of giving such information is provided for.

Part 5 (Regulation 27) relates to consent to treatment. It prescribes treatments (other than those specified in Part 4 of the Act) which require consent and a second opinion, or consent or a second

opinion. It also prescribes the administration of medicine as part of electro-convulsive therapy as a treatment to which section 58A of the Act applies, except where such treatment is immediately necessary to save the patient's life or to prevent a serious deterioration in their condition.

The Forms referred to in Part 5 in respect of the above are in Schedule 1.

Part 6 (Regulation 28) concerns the treatment of community patients not recalled to hospital. It prescribes the certificate required for the treatment of such patients in certain circumstances and when such a certificate is not required for the administration of medicine as part of electro-convulsive therapy as a treatment where such treatment is immediately necessary to save the patient's life or to prevent a serious deterioration in their condition.

The Form referred to in Part 6 in respect of the above are in Schedule 1.

Part 7 (Regulations 29 to 31) contains provisions on the correspondence of patients. Procedures to be followed on the inspection and opening of postal packets and for making an application to Mental Health Act Commission under section 121(7) of the Act for the review of a decision to withhold a postal packet or anything contained in it are set out. Patient advocacy and liaison services are defined and arrangements in respect of independent mental capacity advocate service are prescribed.

Part 8 (Regulation 32 and Schedule 2) contains revocations. In particular, the Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 and the Mental Health (Correspondence of Patients, Patient Advocacy and Liaison Services) Regulations 2003 are revoked.

Schedule 1 contains the Forms setting out the form of applications, recommendations, records and other documents referred to in the Regulations and to be used in connection with compulsory admission to hospital, guardianship and treatment. It relates to regulations 4 to 9, 13 to 17, 25, 27 and 28.

Schedule 2 specifies the Regulations that have been revoked and the extent of such revocation.

A full impact assessment has not been produced for this instrument as no significant impact on the private or voluntary sector is foreseen.

Schedule 1 contains the Forms setting out the form of applications, recommendations, records and other documents referred to in the Regulations and to be used in connection with compulsory admission to hospital, guardianship and treatment. It relates to regulations 4 to 9, 13 to 17, 25, 27 and 28.

Schedule 2 specifies the Regulations that have been revoked and the extent of such revocation.

A full impact assessment has not been produced for this instrument as no significant impact on the private or voluntary sector is foreseen.

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