

MHO Details

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority
eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc (the word "Council" may be omitted)

Patient's Current Status

Complete A, B, C or D as appropriate

A The patient is presently subject to a Transfer for Treatment Direction or Hospital Direction, and is detained in:
Hospital
The earliest date for licence is: Date / /

OR

B The patient is presently subject to compulsory powers under the Act as authorised by:

This authority is due to cease at midnight at the end of Date / /
The patient is detained in:
Hospital Name

OR

C The patient **IS NOT** presently subject to compulsory powers under the Act, but is an inpatient in -
Hospital Name

OR

D The patient **IS NOT** presently subject to compulsory powers under the Act and is presently living in the community



RMO Details - only required if not supplying one of the Mental Health Reports

Surname

First Name

Title GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

Named Person Details

- The patient does not have a named person
- The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode Telephone

e-mail address



Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Please enter full names and addresses, including contact telephone numbers and email addresses where known.

Patient's primary carer (if any)

Patient's advocacy worker where applicable

Patient's welfare attorney where applicable (See note)

Patient's welfare guardian where applicable (See note)

Notes "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

Record Of Contact Details Of Others Relevant to the Application

Please provide the names and addresses (including telephone numbers and email addresses) of others who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to the hearing.



Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.

Notification

I confirm that I notified the following parties that this compulsory treatment order application was to be made as soon as practicable after the duty to make the application arose:

Shade as appropriate

- The patient
- The patient's named person (if any)
- The Mental Welfare Commission
- The Scottish Ministers (where the patient is subject to a hospital direction or a transfer for treatment direction)

Note: if the mental health report (Form CTO 2) by the AMP states that notice should NOT be given to the patient as authorised by section 57(5)(C)(i) of the Act, then notice need not be given to the patient unless the MHO considers it appropriate to do so.

The above parties had all been notified by:

Date:

		/			/				
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Notification to the Mental Welfare Commission: Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

MHO REPORT

as required by Section 61 of the Act

Requirements Under Section 61(2)

I have complied with the requirements of section 61(2) of the Act and have:

Shade a to e to confirm

- a) interviewed the patient, where it was practicable to do so;
- b) informed the patient of his/her rights in relation to the application;
- c) informed the patient of the availability of independent advocacy services;
- d) taken appropriate steps to ensure that the patient has the opportunity of making use of those services; and
- e) informed the patient that this application was to be made.

If you were unable to interview the patient, please detail why it was impracticable to do so.

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Please detail the steps you took to comply with a) - e) above

2	
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Details Of Personal Circumstances Of The Patient

Please provide details of the personal circumstances of the patient in as far as they are relevant to this application.

3



MHO's Views On The Mental Health Reports

Please give your views on the two mental health reports which you are submitting as part of this application.

Note: this involves your views on the mental health reports' content in respect to section 57(4)(a)(b) and (e) of the Act, as well as all other significant aspects of the reports (e.g. is it clear that the medical reports meet the legal requirements; are there any issues with the reports?)

Views on report by Approved Medical Practitioner

4

Views on report by second medical practitioner

5



Advance Statement

Complete A or B as appropriate

- A** As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

Where appropriate, a copy of the Advance Statement should accompany this application. Where it is not possible to attach a copy of the advance statement, please provide details of what is set out in that advance statement below. Please include the date of the advance statement.

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OR

- B** As far as I am aware the patient has not made an advance statement under the terms of the Act.

Other Relevant Information

Please provide any other information from your assessment, interview(s) and consultation(s) which you believe to be relevant to the Mental Health Tribunal for Scotland's determination of this application, and which is not included elsewhere in these documents.

7	
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PROPOSED CARE PLAN

as required by Section 62 of the Act

Part 3a: Introduction

I confirm that before preparing this proposed care plan I consulted the medical practitioners who provided the mental health reports relating to the patient (see notes below), as well as those persons who appear to provide the patient with

- i) medical treatment for mental disorder
- ii) community care services, or relevant services
- iii) other treatment, care or services

of the kind that is proposed within this proposed care plan.

If it was impracticable to consult any of the persons referenced above, please state the reasons why:

8	
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I confirm that before preparing this proposed care plan I consulted such other persons that I considered appropriate. These persons were -

9	
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I understand that the patient has the following type(s) of mental disorder as specified in paragraphs a) to c) of section 328(1) of the Act:

		Primary ICD 11 Code									
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<p><i>Please enter primary ICD 11 diagnosis code for each disorder present.</i></p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">Click here for ICD11 Coding Tool</p>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									

NOTES

Under Section 58 of the Act, the latter of the two medical examinations must be completed no more than 5 days after the first; and the MHO is required under Section 57(7) of the Act to make the application for the compulsory treatment order within 14 days of the second medical examination being conducted.

For a compulsory treatment order application to proceed, the two mental health reports must specify the same compulsory measures



Part 3a(1): Patient's needs

What are the patient's needs with respect to any assessments carried out under section 23(3) of the Children (Scotland) Act 1995 where the patient is a child, or section 12A(1)(a) of the Social Work (Scotland) Act 1968? (i.e. a community care assessment)

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Part 3a(2): Interventions Required To Meet The Patient's Needs

3a(2)(a) With reference to the mental health reports, what forms of **medical treatment** for mental disorder as defined under section 329(1) of the Act, and their objectives are to be provided to meet the patient's needs identified in the mental health reports.

A COMPULSORY basis?

11

A VOLUNTARY basis?

12

3a(2)(b) What community care services, other relevant services or other forms of care and treatment or services and their objectives are to be provided to the patient to meet each of the patient's assessed and other needs on -

A COMPULSORY basis?

13

A VOLUNTARY basis?

14



Part 3a(3): Who Will Carry Out The Interventions Required To Meet Those Needs

3a(3)(a) Who is to provide the medical treatment described in 3a(2)(a) (including the name(s) of the person(s) giving that treatment and the address of where the treatment will be given)?

15

3a(3)(b) Who will be providing the services described in 3a(2)(b), including the names of the persons providing those services, the address(es) where the treatment will be provided and the name and address of the hospital where the patient will be detained? Where measures other than detention are authorised provide the name of the hospital responsible for appointing the patient's RMO.

16



Part 3b: Evidence To Back Up Proposals

This part provides you with the opportunity to demonstrate how / why the conclusions reached in Part 3a of this proposed care plan have been arrived at (see note at foot of page).

How do the proposals set out in part 3a of this proposed care plan comply with the principles of the legislation as laid out at sections 1 to 3 of the Act?

17

What alternatives were considered to the options laid out in Part 3a(2) and 3a(3)? Why were these alternatives deemed to be not workable or practicable?

18

What contingency plans are in place if the options laid out in Part 3a(2) and 3a(3) above do not work?

19

Note:

Although not statutory, the information requested in Part 3b is important in assisting the Mental Health Tribunal for Scotland in making an order under section 64 and 66 of the Act.



Part 3b: Evidence (cont)

To what extent does this proposed care plan reflect the wishes of the patient as expressed in any advance statement or elsewhere? If any of these wishes have not been respected, why not?

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Who was consulted in the process of drawing up this proposed care plan? To what extent are the views of those consulted reflected in this proposed care plan?

21

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How have issues of risk (either to the patient or others) been taken into consideration in the patient's assessment and the drawing up of this proposed care plan?

22

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