

Detention Criteria

As the AMP named on page 1, I declare that I have examined the patient. I am granting this short-term detention certificate because I believe the patient meets the criteria set out in section 44(4):

- (a) I consider that it is likely, for the reasons stated below, that the patient has the following type(s) of mental disorder -
- | | | |
|--|---------------------------|--------------------------|
| The patient has a mental illness | <input type="radio"/> Yes | <input type="radio"/> No |
| The patient has a personality disorder | <input type="radio"/> Yes | <input type="radio"/> No |
| The patient has a learning disability | <input type="radio"/> Yes | <input type="radio"/> No |

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- (b) I consider that it is likely, for the reasons stated below, that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for that mental disorder is significantly impaired.

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Detention Criteria (cont)

- (c) I consider that it is likely, for the reasons stated below, that it is necessary to detain the patient in hospital for the purpose of:
- determining what medical treatment for mental disorder should be given to the patient
 - giving medical treatment to the patient.

3

- (d) I consider that it is likely, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk-
- to the health, safety or welfare of the patient
 - to the safety of any other person.

4

- (e) I consider that it is likely, for the reasons stated below, that the granting of this short-term detention certificate is necessary e.g. explain why the patient cannot be treated on a voluntary basis.

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PART 1 : CERTIFICATE (cont)

Consultation - MHO (to be completed by the MHO {see notes})

MHO details - Surname

First Name

Title

Local Authority
eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

I, the MHO named above, was consulted on the date opposite, and consent to the granting of this short-term detention certificate Date / /

- 1) I interviewed the patient before consenting to the granting of this certificate.
- 2) I confirmed to the AMP the name and address of the patient's named person.
- 3) I informed the patient of the availability of independent advocacy services and have taken appropriate steps to ensure that the patient has the opportunity of making use of these services.

Where any of the above has not been shaded, please state below the reasons why it was not practicable to carry out that action

Note: by completing this there is no longer a requirement to complete form DET3

6	
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MHO Signature

Signed by the MHO

Date / /

Notes

Wherever practicable, the MHO should complete this section of the form. Where not practicable, the RMO should complete on behalf of the MHO, and include reasons why it was not practicable in box 6.



Consultation - Named Person

Where known, the patient's named person is -

Surname

First Name

Title

Named Person's Address

Postcode

 Telephone

- Status of Named Person
- Nominated by patient
 - Appointed by the Mental Health Tribunal for Scotland
 - Default (primary carer or nearest relative)

Complete A or B as appropriate

A I consulted the named person prior to the granting of this certificate on: Date

 /

 /

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Summarise the views of the patient's named person about the proposed detention and the ways in which you have had regard to those views.

7	
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OR

B I did not consult the patient's named person prior to the granting of this certificate, as it was impracticable to do so, as detailed below. (Note: to include what efforts were made to consult the named person).

8	
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Transfer / admission of patient to hospital

If the patient was not already in hospital, please provide details, where relevant, of any transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.

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CERTIFICATION

Immediately before my examination of the patient, he / she was not detained in hospital under the authority of:

(a) a short-term detention certificate;

(b) an extension certificate;

(c) section 68 of this Act (extension of short-term detention pending determination of compulsory treatment order application); or

(d) a certificate granted under section 114(2) or 115(2) of this Act. (Compulsory treatment order: detention pending review or application for variation, & interim compulsory treatment order: detention pending further procedure).

By signing this certificate, I confirm that:

I have no conflict of interest as defined by the regulations.

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

Note: The certificate needs to be granted within three days of the completion of the medical examination

Date of examination

 / /

AT

 :
time
(24 hr clock)

Date the certificate was granted

 / /

AT

 :
time
(24 hr clock)Signed
by the AMP

