

PART 1 - EXTENSION CERTIFICATE

Detention Criteria

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

(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 Yes No
- The patient has a personality disorder Yes No
- The patient has a learning disability Yes No

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(b) I consider, for the reasons stated below, that because of the 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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(c) I am satisfied, for the reasons stated below, that it is necessary to detain the patient in hospital for the purpose of:

- determining what medical treatment should be given to the patient; or
- giving medical treatment to the patient;

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(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; or
- to the safety of any other person; and

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CERTIFICATION

I, the AMP, examined the patient on: Date / / at : time
dd / mm / yyyy 24 hr clock

I authorise the detention of the patient in -

Hospital

Ward / Clinic

The extension certificate is valid from the beginning of: Date / /
dd / mm / yyyy

The detention in hospital is valid for the period beginning with the expiry of the short-term detention certificate and ending at midnight at the end of the 3rd subsequent working day.

eg: a short-term detention certificate ceases to authorise the patient's detention at midnight at the end of Friday. The extension certificate is therefore valid from midnight at the start of Saturday through to midnight at the end of Wednesday.

I certify that I have no conflict of interest as defined by the regulations

Signed

by the AMP granting this certificate

Date

dd / mm / yyyy

 / / at : time
24 hr clock

***The extension certificate MUST be granted within 24 hours of the completion of the medical examination.
This certificate must be given to the hospital managers within 24 hours beginning with the granting of the certificate.***

PART 2 : RECORD OF NOTIFICATION

To be completed by the Approved Medical Practitioner

Notice (see note 1) will be given to the following parties within 24 hours beginning with the granting of the certificate.

- The patient
- The patient's named person
- The patient's MHO
- Any guardian of the patient (see note 2)
- Any welfare attorney of the patient (see note 3)

A copy of the whole of form DET 4 will be sent to the following parties within 24 hours beginning with the granting of the certificate. -

- The Mental Health Tribunal for Scotland
- The Mental Welfare Commission

Notes

1. Notice to include: notice of the granting of the certificate; the AMP's reasons for why s/he believed the conditions in section 44(4) (a) to (d) (as detailed on page 2) are met in respect to the patient; as to whether the consent of the MHO was obtained to the granting of the certificate; and if the certificate was granted without consent to its granting having been obtained from the MHO, the reason why it was impracticable to consult the MHO.
2. "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, where they have the power to consent
3. "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, where they have the power to consent

