

Determination to Extend a CTO or CO

Section 86 / Section 152 determination following mandatory review

NOT FOR 1st EXTENSION OF COMPULSION ORDER
SEE INSTRUCTIONS BELOW

CTO3a

Instructions

v7.1

The following form is to be used: where the RMO is extending a compulsory treatment order following any mandatory review, or a compulsion order following a mandatory review other than the first such review (for extension following first review, an application to the Tribunal is required and a CO1 form should be completed)

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the review.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in **BLOCK CAPITALS** and in **BLACK or BLUE ink**

For example

--	--	--	--	--	--	--	--	--	--	--	--

Shade circles like this ->

Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Status

This determination is in respect of a: **Compulsory Treatment Order**
 Compulsion Order

Patient Details

CHI Number	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td><td style="width: 25px; height: 20px;"> </td></tr></table>																																																																																																																								
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'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Gender

Male Female Prefers not to say Not listed

If not listed, please specify

<< Please enter NF1 1AB if no fixed abode

Correspondence address for the patient is:

- Home address noted above
- Detention hospital (see page 2/3)
- Other address (enter in text box)



RMO Details

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**



Part 1: Record of Mandatory Review

To be completed by RMO

CTO / CO Details

The compulsory treatment order / compulsion order was first made on: / /

The order will cease to authorise the measures specified at midnight at the end of: / /

The patient is detained in, or under the care / management of:

Hospital

Ward/ unit/ clinic

Examination Details

The patient was examined on - Date / /

Complete A or B as appropriate

A I, the RMO named above, examined the patient as part of a mandatory review.

OR

B I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board



Criteria for compulsion

I am satisfied, for the reasons stated below, that the patient has the following type(s) of mental disorder -

		Primary ICD 11 Code	
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

Please enter primary ICD 11 diagnosis code for each disorder present.

[Click here for ICD11 Coding Tool](#)

1

Complete A or B as appropriate

A This/these is/are the same type(s) of mental disorder as is/are most recently recorded in the patient's original order or previous mandatory review

OR

B This/these is/are NOT the same type(s) of mental disorder as is/are most recently recorded in the patient's original order or previous mandatory review. The difference is:

2

I am satisfied, for the reasons stated below, that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder, is available for the patient

3



Criteria for compulsion (cont)

I am satisfied, for the reasons stated below, that if the patient were not provided with such medical treatment there would be a significant risk -

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

4	
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- I am satisfied, for the reasons stated below, that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.

Only to be completed for patients subject to a Compulsory Treatment Order

5	
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Detail why you believe compulsory powers continue to be required, and why the patient cannot be treated on a voluntary basis.

6	
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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

Before making this determination to extend the order, I gave notice to the above MHO of my intention to make this determination on

Date / /



MHO views on determination - Complete only A (MHO) or B (RMO), but not both

The MHO should complete A **before** the RMO signs page 10 wherever practicable. Where not practicable, A should be left blank and the RMO should complete B

A MHO views *To be completed by MHO if practicable*

I, the above named MHO, agree with this determination
 disagree with this determination for the following reasons:

7	
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Signed
by MHO

Date
dd / mm / yyyy

		/			/				
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B Record by RMO of MHO views *To be completed by RMO where A is not practicable*

The above named MHO, agrees with this determination
 disagrees with this determination for the following reasons:

8	
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OR

The MHO has failed to comply with his/her duty to inform me whether s/he agrees or disagrees with this determination.



Consultation with other persons

In advance of making this determination, I consulted with, and considered the views of, certain persons with respect to the determination. These persons are:

- the patient's MHO
and, (if applicable), others I considered appropriate to consult:
- persons who provide medical treatment of the kind set out in the patient's care plan.
- persons who provide community care or relevant services of the kind set out in the patient's care plan.
- persons who provide other treatment, care or services of the kind set out in the patient's care plan.
- other persons I considered appropriate, as detailed below:

9	
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Other Relevant Information

Please provide any other information which you believe to be relevant to this determination

10	
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Advance Statement

Shade A or B as appropriate

A	<input type="radio"/> 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.
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OR

B	<input type="radio"/> As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.
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Notification

I hereby confirm that I will send the following a copy of this record.

- The Mental Health Tribunal for Scotland
- The patient's MHO
- The Mental Welfare Commission
- The patient's named person (if any)

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																																		

Notification to Patient

Complete A or B as appropriate

A I hereby confirm that I have also notified the patient of this determination and have sent the patient of a copy of this record.

OR

B I hereby confirm that I have notified the patient of having made this determination. I will NOT however be sending him/her a copy of this record as I believe there would be a risk of significant harm to the patient, or to others, if a copy of the record were sent to him/her. My reasons for believing this are:

11	
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Where there has been a change of mental disorder, MHO disagrees or the patient is due to be reviewed by the Tribunal, please complete this page.

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

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. "Welfare 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 Other Relevant Persons

Please provide the names and addresses (including telephone numbers and email addresses) of others who may be relevant, 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 any tribunal.

Curator Ad Litem

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



Determination to Extend Order**Complete where patient is subject to a Compulsory Treatment Order**

As a result of this review and having complied with all the relevant duties linked to such a review, I am satisfied the patient continues to meet the conditions set out in section 64(5)(a) to (d) of the Act (see pages 3 - 5 of this form), and that it continues to be necessary for the patient to be subject to a compulsory treatment order. I do not consider it necessary to modify any of the compulsory measures or recorded matters.

I hereby confirm that I am extending this compulsory treatment order for the period of (shade as appropriate):

- a) 6 months beginning with the day on which the compulsory treatment order will no longer authorise the measures specified in it, OR
- b) 12 months beginning with the day on which the order as extended as a result of the immediately preceding review will no longer authorise the measures specified within it;

Complete where patient is subject to a Compulsion Order

As a result of this review and having complied with all the relevant duties linked to such a review, I am satisfied the patient continues to meet the conditions set out in section 139 (4) of the Act (see pages 4 - 6 of this form), and that it continues to be necessary for the patient to be subject to a compulsion order. I do not consider it necessary to modify any of the compulsory measures specified in the order.

I hereby confirm that I am extending this compulsion order for the period of

- 12 months beginning with the day on which the order as extended as a result of the immediately preceding review will no longer authorise the measures specified within it:

Signature / Date

By signing this certificate I confirm that I have no conflict of interest as defined in regulations.

Signature
of RMO

Date
dd / mm / yyyy

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Notes**Guidance on extension periods:**

Compulsory Treatment Orders are extended for 6 months following first mandatory review, and for 12 months following subsequent mandatory reviews.

All Compulsion Orders should be extended for 12 months (1st mandatory review / 6 month extension should be documented using form CO1).

Guidance on dates:

An order is first made on the 22nd June 2006. The measures specified will cease to be authorised at midnight at the end of the day on the 21st December 06. The determination will then have effect from midnight at the start of the 22nd December 06, and will authorise the measures specified until midnight at the end of 21st June 07.

Similarly, an order originally granted on 4th November 2005 which had been subsequently extended, would cease to authorise the measures specified at midnight at the end of the day on the 3rd November 06. The next determination to extend would have effect from midnight at the start of the 4th November 06, and will authorise the measures specified until midnight at the end of 3rd November 07.

