



**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

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

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

[Click here for ICD11 Coding Tool](#)

**1**

(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.

**2**



**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.

<b>3</b>	
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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
- to the safety of any other person.

<b>4</b>	
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(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.

<b>5</b>	
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**PART 1 : CERTIFICATE (cont)**

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

MHO details - Surname

First Name

Title

Address

Postcode

Telephone No.

Email

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 (if any). *Note: if you have confirmed the named person's name but cannot confirm their address, leave the circle unshaded and write this in box 6 below.*
- 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

<b>6</b>	
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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**

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

Surname																												
First Name																												
Title																												
Address																												
Postcode									Telephone																			

*Complete A or B as appropriate*

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

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.

<b>7</b>	
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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).

<b>8</b>	
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Patient Pre- Detention Status, Transfer / Admission to Hospital

Complete A or B as appropriate

A At the time of this certificate being granted this person was a patient in the following hospital.

Hospital

Grid for hospital name

OR

B At the time of this certificate being signed this patient was not in hospital.

Please state where the patient was when the certificate was granted (location/address) and provide details of transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.

9

If applicable, you MUST provide these details. Usually escort is provided by the receiving hospital.

Large text area for details

CERTIFICATION

- Options for certificate type: (a) a short-term detention certificate; (b) an extension certificate; (c) section 68 of this Act... (d) a certificate granted under section 114(2) or 115(2) of this Act... (e) a certificate granted under section 113(5) of the Act...

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

Date of examination grid

AT

Time grid

time (24 hr clock)

Date the certificate was granted

Date the certificate was granted grid

AT

Time grid

time (24 hr clock)

Signed by the AMP

Signed by the AMP box





The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number

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The patient describes his / her ethnic group as:

Information not provided

**A White**

Scottish

Other British

Irish

Gypsy/ Traveller

Polish

Roma

Showman/ Showwoman

Any other white ethnic group, please describe

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**B Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups, please describe

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**C Asian, Scottish Asian or British Asian**

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Any other Asian, please describe

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**D African, Scottish African or British African**

Please describe, for example Nigerian, Somali

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**E Carribean or black**

Please describe, for example Scottish Carribean, Black Scottish

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**F Other ethnic group**

Arab, Scottish Arab or British Arab

Other, please describe, for example Sikh, Jewish

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