

2008 No. 2439 (W. 212)

MENTAL HEALTH, WALES

The Mental Health (Hospital,
Guardianship, Community
Treatment and Consent to
Treatment) (Wales) Regulations
2008

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are the principal regulations dealing with the exercise of compulsory powers in respect of persons liable to be detained in hospital or under guardianship, together with community patients, under the Mental Health Act 1983 c.20 (“the Act”) (as amended by the Mental Health Act 2007 c.12).

Part 1 (regulations 1 to 3) contains general provisions affecting the interpretation of the Regulations and procedures relating to documentation required by the Act.

Part 2 (regulations 4 to 8) contains provisions relating to the procedure for, and record of, hospital admissions, renewal of authority for detention and the discharge of patients liable to be detained. It further specifies information to be given to patients liable to be detained and their nearest relatives.

Part 3 (regulations 9 to 15) contains provisions relating to the procedure for, and record of guardianship, renewal of guardianship, discharge of patients under guardianship. It also contains provisions relating to the duties of private guardians. It further specifies information to be given to guardianship patients and their nearest relatives.

Part 4 (regulations 16 to 22) contains provisions relating to the procedure for, and record of, community treatment orders and extension of such orders. It also contains provision relating to the recall and release of community patients, the revocation of community treatment orders upon recall of community patients and the discharge of community patients. It further

specifies information to be given to community patients and their nearest relatives.

Part 5 (regulations 23 to 32) contains provisions relating to the transfer and conveyance of patients between hospitals, or guardianship and from hospitals to guardianship and vice versa. It also contains provisions relating to the assignment of responsibility for community patients and transfer of such patients upon recall. Provision is made for the removal of patients to Wales from Scotland, Northern Ireland, any of the Channel Islands or the Isle of Man. Provision is also made in relation to the transfer of patients between Wales and England. It also specifies information to be given to patients and their nearest relatives in the event of the transfer of patients.

Part 6 (regulations 33 and 34) contains provisions empowering nearest relatives to authorise other persons to exercise their functions under the Act, together with restrictions on the discharge of patients by nearest relatives.

Part 7 (regulations 35 to 37) provides for delegation by hospital managers of their functions under the Act and their functions under the Domestic Violence, Crime and Victims Act 2004 as well as delegation of functions by local social services authorities.

Part 8 (regulations 38 to 40) prescribes treatments (other than those specified in sections 57 and 58A of the Act) which either require consent and a second opinion or consent or a second opinion. It also sets out requirements as to certification of treatments administered under Part 4 and Part 4A of the Act.

Part 9 (regulations 41 and 42) contains provisions regarding the correspondence of patients, setting out procedures to be followed on the opening of postal packets and prescribing certain advocacy services for the purposes of section 134(3A) of the Act.

Part 10 (regulation 43 and Schedule 2) revokes specified secondary legislation.

Schedule 1 contains the statutory forms as referred to within the Regulations.

A full regulatory impact assessment has not been produced for this instrument.

2008 No. 2439(W.212)

MENTAL HEALTH, WALES

**The Mental Health (Hospital,
Guardianship, Community
Treatment and Consent to
Treatment) (Wales) Regulations
2008**

Made 15 September 2008

Laid before the National Assembly for Wales

17 September 2008

Coming into force 3 November 2008

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The Welsh Ministers in exercise of the powers conferred by sections 9, 17F(2), 19(1) and (4), 19A, 32(1), (2) and (3), 57(1)(b), 58A(1)(b), 64(2), 64H(2) and 134(3A)(a) and (8) of the Mental Health Act 1983⁽¹⁾, after consultation with such bodies as appear

⁽¹⁾ 1983 c.20, as amended by the Mental Health Act 2007 c.12.

to them to be concerned in accordance with section 57(4) and 58A(8), hereby make the following regulations—

Part 1

General

Title, application and commencement

1. The title of these Regulations is the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008, they apply in relation to Wales and come into force on 3 November 2008.

Interpretation

2.—(1) In these Regulations, unless the context otherwise requires —

“the Act” (“*y Ddeddf*”) means the Mental Health Act 1983;

“bank holiday” (“*gwyl banc*”) means a bank holiday under the Banking and Financial Dealings Act 1971(1);

“business day” (“*diwrnod busnes*”) means any day except Saturday, Sunday or a bank holiday;

“document” (“*dogfen*”) means any application, recommendation, record, report, order, notice or other document;

“electronic communication” (“*cyfathrebiad electronig*”) has the same meaning as in section 15(1) of the Electronic Communications Act 2000(2);

“private guardian” (“*gwarcheidwad preifat*”), in relation to a patient, means a person, other than a local social services authority, who acts as a guardian under the Act;

“served” (“*cyflwyno*”), in relation to a document, includes addressed, delivered, given, forwarded, furnished or sent;

“special hospital” (“*ysbyty arbennig*”) means a hospital at which high security psychiatric services are provided

“tribunal” (“*tribiwnlys*”) means the Mental Health Tribunal for Wales or the First-tier Tribunal established under the Tribunals, Courts and Enforcement Act 2007(3) as the case may be.

(2) Except insofar as the context otherwise requires, any reference in these Regulations to —

(1) 1971 c.80.

(2) 2007 c.7.

(3) 2007 c.15.

- (a) a numbered section is to the section of the Act bearing that number;
- (b) a numbered regulation or Schedule is to the regulation in or Schedule to these regulations bearing that number;
- (c) any reference in a regulation to a numbered paragraph is a reference to the paragraph of that regulation bearing that number;
- (d) an alphanumeric form is a reference to the form in Schedule 1 bearing that designation.

Documents

3.—(1) Except in a case to which paragraphs (2), (3) (4) or (5) apply, any document required or authorised to be served upon any authority, body or person by or under Part 2 of the Act (compulsory admission to hospital, guardianship and supervised community treatment) or these Regulations may be served —

- (a) by delivering it to the authority, body or person upon whom it is to be served; or
- (b) by delivering it to any person authorised by that authority, body or person to receive it; or
- (c) by sending it by prepaid post addressed to—
 - (i) the authority or body at their registered or principal office, or
 - (ii) to the person upon whom it is to be served at the person’s usual or last known residence; or
- (d) by delivering it using an internal mail system operated by the authority, body or person.

(2) Any application for the admission of a patient to a hospital under Part 2 of the Act must be served by delivering the application to an officer of the managers of the hospital, to which it is proposed that the patient will be admitted, authorised by them to receive it.

(3) Where a patient is liable to be detained in a hospital under Part 2 of the Act—

- (a) any order by the nearest relative of the patient under section 23 for the patient’s discharge, and
- (b) the notice of such order under section 25(1),

must be served by—

- (i) delivering the order or notice at that hospital to an officer of the managers authorised by them to receive it, or
- (ii) sending it by prepaid post to those managers at that hospital, or
- (iii) delivering it using an internal mail system operated by the managers upon whom it is to be served, if those managers agree.

(4) Where a patient is a community patient—

- (a) any order by the nearest relative of the patient under section 23(1A) for the patient's discharge, and
- (b) the notice of such order given under section 25(1A),

must be served by—

- (i) delivery of the order or notice at the patient's responsible hospital to an officer of the managers authorised by them to receive it, or
- (ii) by sending it by prepaid post to those managers at that hospital, or
- (iii) delivering it using an internal mail system operated by the managers upon whom it is to be served, if those managers agree.

(5) Any report made under section 5(2) (detention of patient already in hospital for 72 hours) must be served by—

- (a) delivery of the report to an officer of the managers of the hospital authorised by them to receive it, or
- (b) delivering it using an internal mail system operated by the managers upon whom it is to be served, if those managers agree.

(6) Where a document referred to in this regulation is sent by prepaid—

- (a) first class post, service is deemed to have taken place on the second business day following the day of posting;
- (b) second class post, service is deemed to have taken place on the fourth business day following posting,

unless the contrary is shown

(7) Where a document under this regulation is delivered using an internal mail system, service is considered to have taken place immediately it is delivered into the internal mail system.

(8) Subject to sections 6(3) and 8(3) (proof of applications), any document required or authorised by or under Part 2 of the Act or these Regulations and purporting to be signed by a person required or authorised by or under that Part or these Regulations to do so may be received in evidence and be deemed to be such a document without further proof, unless the contrary is shown.

(9) Any document required to be addressed to the managers of a hospital in accordance with the Act or these Regulations will be deemed to be properly addressed to such managers if addressed to the administrator of that hospital.

(10) Where under Part 2 of the Act or these Regulations the managers of a hospital are required to make any record or report, that function may be performed by an officer authorised by those managers in that behalf.

(11) Where under these Regulations the decision to accept service by a particular method requires the agreement of the managers of a hospital, that agreement may be given by an officer authorised by those managers in that behalf.

Part 2

Procedures and Records relating to Hospital Admissions

Procedure for and record of hospital admissions

4.—(1) For the purposes of admission to hospital under Part 2 of the Act —

- (a) any application for admission for assessment under section 2 must be in the form set out—
 - (i) where made by the nearest relative, in Form HO 1;
 - (ii) where made by an approved mental health professional, in Form HO 2;
- (b) any medical recommendations for the purposes of section 2 must be in the form set out—
 - (i) in the case of joint recommendations, in Form HO 3,
 - (ii) in any other case, in Form HO 4;
- (c) any application for admission for treatment under section 3 must be in the form set out—
 - (i) where made by the nearest relative, in Form HO 5,
 - (ii) where made by an approved mental health professional, in Form HO 6;
- (d) any medical recommendations for the purposes of section 3 must be in the form set out—
 - (i) in the case of joint recommendations, in Form HO 7,
 - (ii) in any other case, in Form HO 8;
- (e) any emergency application under section 4 must be in the form set out—
 - (i) where made by the nearest relative, in Form HO 9,
 - (ii) where made by an approved mental health professional, in Form HO 10;

- (f) any medical recommendation for the purposes of section 4 must be in the form set out in Form HO 11;
- (g) any report made under subsection (2) of section 5 (detention of patient already in hospital for 72 hours) by—
 - (i) the registered medical practitioner or approved clinician in charge of the treatment of the patient, or
 - (ii) any such person nominated by the registered medical practitioner or approved clinician to act for them

must be in the form set out in Part 1 of Form HO 12 and the hospital managers must record receipt of that report in Part 2 of that Form;

- (h) any record made under subsection (4) of section 5 (power to detain an in-patient for a maximum of 6 hours) by a nurse of the class for the time being prescribed for the purposes of that subsection⁽¹⁾ must be in the form set out in Form HO 13.

(2) For the purposes of rectifying applications or recommendations under section 15, the managers of the hospital to which a patient has been admitted in pursuance of an application for assessment or for treatment may authorise in writing an officer on their behalf —

- (a) to consent under subsection (1) of that section to the amendment of the application or any medical recommendation given for the purposes of the application;
- (b) to consider the sufficiency of a medical recommendation and, if the recommendation is considered insufficient, to give written notice as required by subsection (2) of that section.

(3) Where a patient has been admitted to a hospital pursuant to an application under section 2, 3 or 4, a record of the same must be made by the managers of that hospital in the form set out in Form HO 14 and be attached to the application or, as the case may be, recommendation.

(4) For the purposes of any medical recommendation under sections 2, 3 and 4 (admission for assessment, admission for treatment and admission for assessment in cases of emergency respectively) in the case of—

- (a) a single recommendation made in respect of a patient whom a doctor has examined in England, the medical recommendation must be in the form required by Regulations made

⁽¹⁾ See the Mental Health (Nurses) (Wales) Order 2008 (S.I. 2008/2441 (W. 214).

- by the Secretary of State to similar effect for England;
- (b) joint recommendations made in respect of a patient whom both doctors have examined in England, the medical recommendation must be in the form required by Regulations made by the Secretary of State to similar effect for England;
 - (c) joint recommendations made in respect of a patient whom one doctor has examined in Wales and one doctor has examined in England, the medical recommendation must either be in the form required by these Regulations or in the form required by Regulations made by the Secretary of State to similar effect for England.

Renewal of authority to detain

5.—(1) For the purposes of renewing authority to detain a patient admitted to hospital in pursuance of an application for treatment—

- (a) any report made by a responsible clinician for the purposes of section 20(3) (medical recommendation for renewal of authority to detain) must be in the form set out in Parts 1 and 3 of Form HO 15;
- (b) the statement made by a person who has been professionally concerned with the patient's medical treatment for the purposes of section 20(5A) (agreement with medical recommendation) must be in the form set out in Part 2 of Form HO 15;
- (c) the renewal of authority for detention under section 20(8) must be recorded by the managers of the hospital in which the patient is liable to be detained in the form set out in Part 4 of Form HO 15.

Detention after absence without leave for more than 28 days

6. In relation to a patient who is liable to be detained after being taken into custody or returning after absence without leave for more than 28 days—

- (a) any report made under section 21B(2) (authority for detention for patients who are taken into custody or return after more than 28 days) must be in the form set out in Part 1 of Form HO 16;
- (b) the receipt of that report must be recorded by the managers of the hospital in which the patient is liable to be detained in the form set out in Part 2 of Form HO 16.

Discharge of patients liable to be detained by responsible clinicians or hospital managers

7. Any order made by the responsible clinician or hospital managers under section 23(2)(a) (discharge of patients) for the discharge of a patient who is liable to be detained under the Act must be in the form set out in Form HO 17 and in the event of the order being made by the patient's responsible clinician must be served on the managers of the hospital in which the patient is liable to be detained.

Provision of information – patients liable to be detained

8. Unless the patient requests otherwise, where—

- (a) a patient's detention is renewed pursuant to a report furnished under section 20 (duration of authority), the managers of the responsible hospital must take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that renewal as soon as practicable following their decision not to discharge the patient;
- (b) by virtue of section 21B(7) (patients who are taken into custody or return after more than 28 days) a patient's detention is renewed pursuant to a report furnished under section 21B(2), the managers of the responsible hospital in which the patient is liable to be detained must take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that renewal as soon as practicable following their decision not to discharge the patient;
- (c) by virtue of section 21B(5) and (6) (patients who are taken into custody or return after more than 28 days), a patient's detention is renewed retrospectively pursuant to a report furnished under section 21B(2), the managers of the hospital in which the patient is liable to be detained must take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that renewal as soon as practicable following their receipt of that report.

PART 3

Procedures and Records relating to Guardianship

Procedure for and acceptance of guardianship applications

9.—(1) For the purposes of applying for guardianship under section 7—

- (a) an application for guardianship must be in the form set out—
 - (i) where made by the nearest relative, in Part 1 of Form GU 1,
 - (ii) where made by an approved mental health professional, in Part 1 of Form GU 2;
- (b) where a person named as guardian will be a private guardian, the statement by that person that he or she is willing to act must be in the form set out in Part 2 of Form GU 1 or, as the case may be, Part 2 of Form GU 2;
- (c) any medical recommendation must be in the form set out —
 - (i) in the case of a joint recommendation, in Form GU 3,
 - (ii) in any other case, in Form GU 4.

(2) For the purposes of any medical recommendation under section 7 in the case of—

- (a) a single recommendation made in respect of a patient whom a doctor has examined in England, the medical recommendation must be in the form required by Regulations made by the Secretary of State to similar effect for England;
- (b) joint recommendations made in respect of a patient whom both doctors have examined in England, the medical recommendation must be in the form required by Regulations made by the Secretary of State to similar effect for England;
- (c) joint recommendations made in respect of a patient whom one doctor has examined in Wales and one doctor has examined in England, the medical recommendation must either be in the form required by these Regulations or in the form required by Regulations made by the Secretary of State to similar effect for England.

(3) Where an application made under section 7 is accepted by the responsible local social services authority it must record its acceptance of the

application in the form set out in Form *GU 5*, which must be attached to the application.

Visits to patients subject to guardianship

10. The responsible local social services authority must arrange for every patient received into guardianship under the Act to be visited at such intervals as the authority may decide, but—

- (a) in any case at intervals of not more than 3 months, and
- (b) at least one such visit in any year must be made by an approved clinician or a practitioner approved by the Welsh Ministers for the purposes of section 12 (general provisions as to medical recommendations).

Duties of private guardians

11.—(1) It is the duty of a private guardian—

- (a) to appoint a registered medical practitioner to act as the nominated medical attendant of the patient;
- (b) to notify the responsible local social services authority of the name and address of the nominated medical attendant;
- (c) in exercising the powers and duties conferred or imposed upon the private guardian by the Act and these Regulations, to comply with such directions as the responsible local social services authority may give;
- (d) to furnish that authority with all such reports or other information with regard to the patient as the responsible local social services authority may from time to time require;
- (e) to notify the responsible local social services authority—
 - (i) on the reception of the patient into guardianship, of his or her address and the address of the patient,
 - (ii) except in a case to which paragraph (f) applies, of any permanent change of either address, before or not later than 7 days after the change takes place;
- (f) where on any permanent change of his or her address, the new address is in the area of a different local social services authority, to notify both that authority and the authority which was formerly responsible of—
 - (i) his or her address and that of the patient,
 - (ii) the particulars mentioned in paragraph (b); and

- (g) in the event of the death of the patient, or the termination of the guardianship by discharge, transfer or otherwise, to notify the responsible local social services authority of the same as soon as reasonably practicable.

(2) Any notice, reports or other information under this regulation may be given or furnished in any other way (in addition to the methods of serving documents provided for by regulation 3(1)) to which the relevant local social services authority agrees, including orally or by electronic communication.

Renewal of guardianship

12. For the purposes of renewing guardianship—

- (a) any report made under section 20(6) (report renewing guardianship) must be in the form set out in Part 1 of Form GU 6;
- (b) any renewal of authority for guardianship under section 20(8) must be recorded by the responsible local social services authority in the form set out in Part 2 of Form GU 6.

Guardianship after absence without leave for more than 28 days

13. In relation to the return of a patient subject to guardianship who is taken into custody or returns after absence without leave after more than 28 days—

- (a) any report made under section 21B(2) (authorisation for guardianship of patients who are taken into custody or return after more than 28 days) must be in the form set out in Part 1 of Form GU 7;
- (b) the receipt of that report must be recorded by the responsible local social services authority in the form set out in Part 2 of Form GU 7.

Discharge of patients subject to guardianship by responsible clinicians or responsible local social services authorities

14. Any order made by the responsible clinician or responsible local social services authority of the patient under section 23(2)(b) for discharge of a patient subject to guardianship under the Act must be in the form set out in Form GU 8 and in the event of the order being made by the patient's responsible clinician must be served on the responsible local social services authority.

Provision of information – patients subject to guardianship

15.—(1) Upon a patient becoming subject to guardianship under the Act, the responsible local

social services authority must take such steps as are practicable to cause to be informed both the patient and the person (if any) appearing to the authority to be the patient's nearest relative of the rights referred to in paragraph (2).

- (2) The rights are—
 - (a) the patient's right to apply to a Tribunal under section 66 ;
 - (b) the nearest relative's right, as the case may be, to—
 - (i) discharge the patient under section 23 , or
 - (ii) apply to a Tribunal under section 69 (where the patient is, or is treated as being, subject to guardianship under section 37).
- (3) Where information referred to in paragraph (1)—
 - (a) is to be given to the patient, it must be given both orally and in writing;
 - (b) is to be given to the nearest relative it must be given in writing.
- (4) Unless the patient requests otherwise, where—
 - (a) a patient's guardianship is renewed pursuant to a report furnished under section 20, the responsible local social services authority must take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that renewal as soon as practicable following the decision of the responsible local social services authority not to discharge the patient;
 - (b) by virtue of section 21B(7) a patient's guardianship is renewed pursuant to a report furnished under section 21B(2), the responsible local social services authority must take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that renewal as soon as practicable following the decision of the responsible local social services authority not to discharge the patient;
 - (c) by virtue of section 21B(5) and (6) a patient's guardianship is renewed retrospectively pursuant to a report furnished under section 21B(2), the responsible local social services authority must take such steps as are reasonably practicable to cause the person (if any) appearing to it to be the patient's nearest relative to be informed of that renewal as soon as practicable following the receipt by the responsible local social services authority of that report.

(5) Where paragraph (4)(b) or (c) applies, the responsible local social services authority must, as soon as practicable inform the private guardian (if any) of its receipt of a report furnished under section 21B.

PART 4

Procedures and Records relating to Community Treatment

Procedures for and record of community treatment orders

16.—(1) For the purposes of making community treatment orders under section 17A and attaching conditions to the same under section 17B—

- (a) any order made by the responsible clinician under section 17A(1) must be in the form set out in Parts 1 and 3 of Form CP 1;
- (b) the conditions specified in the order under section 17B(3) and any other conditions under section 17B(2) must be in the applicable form set out in Part 1 of Form CP 1;
- (c) any statement of an approved mental health professional made under section 17A(4) or, as the case may be, section 17B(2) must be in the applicable form set out in Part 2 of Form CP 1;
- (d) any community treatment order must be furnished to the managers of the responsible hospital as soon as reasonably practicable.

(2) Any variation to conditions specified in a community treatment order under section 17B(4) must be recorded in the form set out in Form CP 2 and the order so varying the conditions must be furnished to the managers of the responsible hospital as soon as reasonably practicable.

Extension of community treatment periods

17. For the purposes of extending community treatment periods under section 20A—

- (a) any report by a responsible clinician made under section 20A(4) must be in the form set out in Parts 1 and 3 of Form CP 3;
- (b) any statement of an approved mental health professional made under section 20A(8) must be in the form set out in Part 2 of Form CP 3;
- (c) any extension of a community treatment period under section 20A(3) must be recorded by the managers of the responsible hospital in the form set out in Part 4 of Form CP 3.

Community treatment after absence without leave for more than 28 days

18. In relation to the return of a community patient who is taken into custody or returns after absence without leave after more than 28 days—

- (a) any report made under section 21B(2) must be in the form set out in Part 1 of Form CP 4;
- (b) the receipt of that report must be recorded by the managers of the responsible hospital in the form set out in Part 2 of Form CP 4.

Recall and release of community patients

19.—(1) For the purpose of recalling a patient to hospital under section 17E(1)—

- (a) a responsible clinician's notice under section 17E(5) must be in the form set out in Form CP 5;
- (b) the responsible clinician must furnish a copy of the notice to the managers of the responsible hospital as soon as reasonably practicable;
- (c) where the patient is recalled to a hospital which is not the responsible hospital, the responsible clinician must—
 - (i) furnish the managers of that hospital with a copy of the notice, and
 - (ii) notify those managers of the name and address of the responsible hospital; and
- (d) the managers of the hospital to which the patient is recalled must record the time and date of the patient's detention pursuant to that notice in the form set out in Part 1 of Form CP 6.

(2) In relation to the release of a community patient recalled to hospital under section 17F(5), the responsible clinician must notify the managers of the responsible hospital of any such release and those managers must record the time and date of the patient's release in the form set out in Part 2 of Form CP 6.

(3) Where the patient's responsible hospital is in England, the patient's recall must be effected in accordance with Regulations made by the Secretary of State to similar effect for England.

(4) A responsible clinician's notice recalling a patient to hospital for the purposes of section 17E (power to recall a community patient to hospital) in Form CP 5 must be served by—

- (a) delivering it by hand to the patient,
- (b) delivering it by hand to the patient's usual or last known address, or

- (c) sending it by pre-paid first class post addressed to the patient at the patient's usual or last known address.

(5) Notice of recall in Form CP 5 is considered served—

- (a) in the case of paragraph 4(a), immediately on delivery of the notice to the patient;
- (b) in the case of paragraph 4(b), on the day (which does not have to be a business day) after it is delivered;
- (c) in the case of paragraph 4(c), on the second business day after it was posted.

Revocation of community treatment orders

20. For the purpose of revoking a community treatment order under section 17F(4) (powers in respect of recalled patients)—

- (a) a responsible clinician's order revoking a community treatment order must be in the form set out in Parts 1 and 3 of Form CP 7;
- (b) any statement of an approved mental health professional made under section 17F(4)(b) must be in the form set out in Part 2 of Form CP 7;
- (c) the responsible clinician must furnish the managers of the hospital to which the patient has been recalled with the revocation order;
- (d) where the patient has been recalled to a hospital which is not the responsible hospital, the responsible clinician must (as soon as reasonably practicable) furnish the managers of the hospital which was the patient's responsible hospital prior to the revocation of the patient's community treatment order, with a copy of that revocation order;
- (e) the managers of the hospital in which the patient is detained upon revocation of the community treatment order must record receipt of the copy of the revocation order and the time and date of the revocation in the form set out in Part 4 of Form CP 7.

Discharge of community patients by responsible clinicians or hospital managers

21. Any order made by the responsible clinician or hospital managers under section 23(2)(c) for the discharge of a community patient must be in the form set out in Form CP 8 and in the event of the order being made by the patient's responsible clinician must be served on the managers of the responsible hospital.

Provision of information – community patients

22.—(1) As soon as practicable following the recall of a patient under section 17E, the managers of the responsible hospital must take such steps as are reasonably practicable to—

- (a) cause the patient to be informed, both orally and in writing, of the provisions of the Act under which the patient is for the time being detained and the effect of those provisions, and
- (b) ensure that the patient understands the effect, so far as is relevant to the patient's case, of sections 56 to 64 (consent to treatment).

(2) Unless the patient requests otherwise, where—

- (a) a patient's period of community treatment is extended pursuant to a report furnished under section 20A (community treatment period), the managers of the responsible hospital must take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that extension as soon as practicable following their decision not to discharge the patient;
- (b) by virtue of section 21B(7A) (patients who are taken into custody or return after more than 28 days) a patient's period of community treatment is extended pursuant to a report furnished under section 21B(2), the managers of the responsible hospital must take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that extension as soon as practicable following their decision not to discharge the patient;
- (c) by virtue of section 21B(6A) and (6B) (patients who are taken into custody or return after more than 28 days) a patient's period of community treatment is extended retrospectively pursuant to a report furnished under section 21B(2), the managers of the responsible hospital must take such steps as are reasonably practicable to cause the person (if any) appearing to them to be the patient's nearest relative to be informed of that extension as soon as practicable following their receipt of that report.

PART 5

Transfer and Conveyance

Transfer from hospital to hospital or guardianship

23.—(1) This regulation applies in respect of any patient to whom section 19(1)(a) as modified by Schedule 1 to the Act applies (“hospital patient”), who is not a patient transferred under—

- (a) section 19(3) (transfer between hospitals under the same managers), or
- (b) section 123(1) and (2) (transfers between and from special hospitals).

(2) A hospital patient may be transferred to another hospital where—

- (a) an authority for transfer in the form set out in Part 1 of Form TC 1 is given by the managers of the hospital in which the patient is liable to be detained; and
- (b) those managers are satisfied that arrangements have been made for the admission of the patient to the hospital to which it is proposed that he or she is to be transferred.

(3) On the transfer of that patient, the managers of the hospital to which he or she is transferred must record the patient’s admission in the form set out in Part 2 of Form TC 1.

(4) A hospital patient may be transferred into the guardianship of a local social services authority, or of any person approved by a local social services authority, where—

- (a) an authority for transfer in the form set out in Part 1 of Form TC 2 is given by the managers of the hospital in which the patient is liable to be detained;
- (b) the transfer has been agreed by the local social services authority, which will be the responsible one if the proposed transfer takes effect;
- (c) that local social services authority has specified the date on which the transfer will take place; and
- (d) where the person named in the authority for transfer as guardian will be a private guardian, the agreement of that person has been obtained and recorded in the form set out in Part 2 of Form TC 2.

(5) On the transfer of that patient, the responsible local social services authority must record the patient’s transfer in the form set out in Part 3 of Form TC 2.

(6) Where a hospital patient is detained in a registered establishment—

- (a) he or she may be transferred from that establishment to another registered establishment where both establishments are under the management of the same managers, and paragraph (2) will not apply;
- (b) if he or she is maintained under a contract with a National Health Service Trust, Local Health Board, Strategic Health Authority, Primary Care Trust, NHS Foundation Trust, Special Health Authority or the Welsh Ministers, any authority for transfer required under paragraph (2)(a) or, as the case may be, (4)(a) may be given by a duly authorised officer of that trust, board or authority instead of by the managers, or, as the case may be, by the Welsh Ministers instead of the managers.

(7) In this regulation the functions of the managers may be performed by an officer authorised by them in that behalf.

(8) Where the conditions of paragraphs (2) or (4), as the case may be, are satisfied, the transfer of the patient must be effected within 28 days of the date of the authority as provided under sub-paragraph (a) of paragraphs (2) or (4), failing which the authority for the transfer will cease.

Transfer from guardianship to guardianship or hospital

24.—(1) This regulation applies in respect of any patient who is for the time being subject to guardianship under the Act (“guardianship patient”).

(2) A guardianship patient may be transferred into the guardianship of another local social services authority or another person where—

- (a) an authority for transfer is given by the guardian in the form set out in Part 1 of Form TC 3;
- (b) the transfer has been agreed by the local social services authority, which will be the responsible one if the proposed transfer takes effect;
- (c) that local social services authority has specified the date on which the transfer will take place; and
- (d) where the person named in the authority for transfer as proposed guardian will be a private guardian, the agreement of that person has been obtained and recorded in the form set out in Part 2 of Form TC 3;.

(3) On the transfer of that patient, the responsible local social services authority must record the patient’s transfer of guardianship in the form set out in Part 3 of Form TC 3.

(4) An authority for transfer to hospital of a guardianship patient may be given by the responsible local social services authority in the form set out in Part 1 of Form TC 4 where—

- (a) an application for admission for treatment has been made by an approved mental health professional in the form set out in Form HO 6 and, for the purposes of that application, sections 11(4) (consultation with nearest relative) and 13 (duty of approved mental health professional) will apply as if the proposed transfer were an application for admission for treatment;
- (b) an application for admission for treatment has been made by the nearest relative in the form set out in Form HO 5;
- (c) the application is founded on medical recommendations given by two registered medical practitioners in accordance with section 12 and regulation 4(1)(d);
- (d) the responsible local social services authority is satisfied that arrangements have been made for the admission of the patient to that hospital.

(5) On the transfer of that patient to hospital, a record of admission must be made by the managers of the hospital to which the patient is transferred in the form set out in Part 2 of Form TC 4.

(6) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

(7) Where the conditions of paragraph (2) are satisfied, the transfer of the patient must be effected within 28 days of the date of the authority as provided under sub-paragraph (a) of paragraph (2), failing which the patient will remain in the guardianship of the initial guardian.

(8) Where the conditions of paragraph (4) are satisfied, the transfer of the patient must be effected within 14 days of the date on which the patient was last examined, failing which the patient will remain subject to guardianship.

Assignment of responsibility for community patients

25.—(1) This regulation applies in respect of any patient who is for the time being a community patient.

(2) Responsibility for a community patient may be assigned to another hospital under different management from the responsible hospital (“other hospital”) where—

- (a) an authority for assignment in the form set out in Part 1 of Form TC 5 is given by the

managers of the assigning responsible hospital prior to assignment;

- (b) those managers are satisfied that arrangements have been made for the assignment of responsibility of the patient to the other hospital within a period of 28 days beginning with the date of the authority for assignment;
- (c) on assignment, the managers of the other hospital must record the assignment in the form set out in Part 2 of Form TC 5.

(3) Where the conditions of paragraph (2) are satisfied, the assignment of responsibility must be effected within 28 days of the date of the authority as provided under sub-paragraph (a) of that paragraph, failing which responsibility for the community treatment order will remain with the hospital so responsible prior to assignment.

(4) Responsibility for a community patient to whom this regulation applies may be assigned to another hospital managed by the same hospital managers, in which event the provisions of paragraphs (2) and (3) and regulation 32 (b) will not apply.

(5) Where responsibility for a patient is assigned from a responsible hospital which is a registered establishment to another hospital under different management from the assigning hospital and the patient is maintained under a contract with a National Health Service Trust, Local Health Board, Strategic Health Authority, Primary Care Trust, NHS Foundation Trust, Special Health Authority or the Welsh Ministers any authority for assignment required under paragraph (2)(a) may be given by an duly authorised officer of that trust, board or authority, or by the Welsh Ministers, instead of the managers.

(6) The functions of the managers referred to in this regulation may be performed by an officer authorised by them in that behalf.

Transfer of recalled patients to hospital

26.—(1) This regulation applies in respect of any patient who is for the time being recalled from a community treatment order under section 17E.

(2) Where the hospital to which the patient has been recalled and the hospital to which the patient is being transferred are not under the same management, a transfer may only take place if the requirements in paragraphs (3) to (5) are satisfied.

(3) Subject to paragraph (5), a patient referred to in paragraph (1) may be transferred to another hospital where—

- (a) an authority for transfer in the form set out in Part 1 of Form TC 6 is given by the managers

of the hospital in which the patient is detained prior to transfer, and

- (b) those managers are satisfied that arrangements have been made for the admission of the patient to the hospital to which it is proposed that he or she is to be transferred.

(4) On the transfer of that patient, the managers of the hospital to which he or she is transferred must record the patient's admission in the form set out in Part 2 of Form TC 6.

(5) The managers of the hospital from which the patient is being transferred must furnish the managers of the hospital to which the patient is being transferred with a copy of Form CP 6 (record of patient's detention in hospital after recall) before, or at the time of, the patient's transfer.

(6) Where—

- (a) a patient has been recalled to a hospital which is a registered establishment; and
- (b) that patient is maintained under a contract with a National Health Service Trust, Local Health Board, Strategic Health Authority, Primary Care Trust, NHS Foundation Trust, Special Health Authority or the Welsh Ministers,

any authority for transfer required under paragraph (3) may be given by an duly authorised officer of that trust, board or authority, or by the Welsh Ministers, instead of the managers.

(7) In this regulation the functions of the managers may be performed by an officer authorised by them in that behalf.

Conveyance to hospital on transfer

27.—(1) Where the conditions of regulation 23(2), 24(4) or 26(2), as the case may be, are satisfied, the authority for transfer given in accordance with those regulations will be sufficient authority for the following persons to take the patient and convey him or her to the hospital to which the patient is being transferred within the periods specified—

- (a) in a case to which regulation 23(2) applies, an officer of the managers of either hospital, or any person authorised by those managers, within the period of 28 days beginning with the date of the authority for transfer;
- (b) in a case to which regulation 24(4) applies, an officer of, or any person authorised by, a local social services authority, within the period of 14 days beginning with the date on which the patient was last examined by a medical practitioner for the purposes of regulation 24(4)(c).

- (c) in a case to which regulation 26 applies, an officer of, or any other person authorised by the managers of the hospital to which the patient is being transferred, within the period of 72 hours beginning with the time of the patient's detention pursuant to the patient's recall under section 17E.
- (2) Paragraph (1) also applies to a patient who—
- (a) is liable to be detained under the Act and is removed to another hospital in circumstances to which section 19(3) applies, as if the authority given by the managers for that transfer were an authority for transfer given in accordance with regulation 23(2);
 - (b) is liable to be detained in a special hospital and who, pursuant to a direction given by the Welsh Ministers under section 123(1) or (2), is removed to another special hospital or transferred to another hospital, as if that direction were an authority for transfer given in accordance with regulation 23(2).
- (3) In a case to which regulation 23(6)(a) applies, an officer of or any other person authorised by the managers of the registered establishment may take and convey the patient to the registered establishment to which he or she is being transferred.

Transfers from Wales to England and from England to Wales

28.—(1) Where a patient who is liable to be detained or is subject to guardianship under the Act is transferred from a hospital or guardianship in Wales to a hospital or guardianship in England, that transfer will be subject to such conditions as may be prescribed in these Regulations.

(2) Where a patient who is liable to be detained or is subject to guardianship under the Act is transferred from a hospital or guardianship in England to a hospital or guardianship in Wales, that transfer and the duty to record the admission of a patient so transferred will be subject to such conditions as may be prescribed in Regulations made by the Secretary of State to similar effect for England.

(3) Where paragraph (2) applies and any Regulations made by the Secretary of State to similar effect for England provide for authority to convey a patient in England, those Regulations will provide authority to convey the patient whilst in Wales.

Removal of patients

29.—(1) Paragraphs (2) and (3) apply to a patient who is removed from Scotland, Northern Ireland, any

of the Channel Islands or the Isle of Man to Wales under—

- (a) section 82, 84 or 85 (as the case may be), or
- (b) Regulations made under section 290 of the Mental Health (Care and Treatment) (Scotland) Act 2003⁽¹⁾ (removal and return of patients within United Kingdom).

(2) Where a patient to whom this paragraph applies is liable to be detained in a hospital, the managers of the hospital must—

- (a) record in the form set out in Form TC 7 the date on which the patient is admitted to the hospital, and
- (b) take such steps as are reasonably practicable to inform the person (if any) appearing to be the patient's nearest relative or performing such functions as correspond to those performed by nearest relatives of the patient's admission.

(3) Where a patient to whom this paragraph applies is received into guardianship the guardian must—

- (a) record in the form set out in Form TC 7 the date on which the patient arrives at the place at which the patient is to reside on his or her reception into guardianship under the Act;
- (b) take such steps as are reasonably practicable to inform the person (if any) appearing to be the patient's nearest relative or performing such functions as correspond to those performed by nearest relatives that the patient has been received into guardianship under the Act; and
- (c) a private guardian must notify the responsible local social services authority of the date mentioned in sub-paragraph (a) and of the particulars mentioned in regulation 11(1)(b) and (e).

(4) Paragraph (5) applies to a patient who is removed from Scotland, any of the Channel Islands or the Isle of Man to Wales under—

- (a) section 289 of the Mental Health (Care and Treatment) (Scotland) Act 2003; or
- (b) section 85ZA (responsibility for community patients transferred from any of the Channel Islands or the Isle of Man)⁽²⁾ in the case of any of the Channel Islands or the Isle of Man.

(5) Where a patient to whom this paragraph applies is to receive treatment in the community—

⁽¹⁾ 2003 asp 13.

⁽²⁾ Section 85ZA was inserted by paragraph 12 of Schedule 5 to the Mental Health Act 2007.

- (a) the conditions specified by the responsible clinician under section 80C(5) or 85ZA(4) for the purposes of section 17B(1) must be in the form set out in Part 1 of Form TC 8;
- (b) the agreement of the approved mental health professional required under section 80C(6) must be in the form set out in Part 2 of Form TC 8;
- (c) the managers of the responsible hospital in respect of which the patient is treated as having been admitted by virtue of section 80C(2) must record in the form set out in Part 3 of Form TC 8 the date on which the patient arrived at the place he or she is to reside in Wales (and in consequence of which the patient is treated as if a community treatment order had been made discharging him or her from hospital).

Provision of information – transfer

30. In the event of the proposed or actual transfer of—

- (a) a hospital patient under regulation 23(2) to a hospital with different hospital managers from that from which the patient was transferred, the managers of the hospital to which the patient is to be or is transferred must notify the patient and, save where a patient requests otherwise, must take such steps as are reasonably practicable to notify the person (if any) appearing to be the patient's nearest relative, in writing, of the transfer and name and address of the hospital and the details of those hospital managers;
- (b) a hospital patient into guardianship under regulation 23(4) the responsible local social services authority must, save where the patient requests otherwise, take such steps as are reasonably practicable to notify the person (if any) appearing to be the patient's nearest relative of the date of the patient's transfer or, where it has not done so, record its reasons for not doing so;
- (c) a guardianship patient into the guardianship of another authority or person under regulation 24(2) the responsible local social services authority must, save where the patient requests otherwise, take such steps as are reasonably practicable to notify the person (if any) appearing to be the patient's nearest relative of the date of the patient's transfer or, where it has not done so, record its reasons for not doing so;

- (d) a guardianship patient to hospital under regulation 24(4), the hospital managers of the hospital to which the patient is to be or has been transferred must notify to the patient and, save where the patient requests otherwise, take such steps as are reasonably practicable to notify the person (if any) appearing to be the patient's nearest relative, in writing, of the name and address of the hospital and the details of the hospital managers.

Provision of information – transfer in case of death, incapacity etc. of guardian

31. Unless the patient requests otherwise, where a patient's guardianship becomes vested in the local social services authority or the functions of a guardian are, during the guardian's incapacity, transferred to the authority or a person approved by it under section 10 (transfer of guardianship in case of death, incapacity, etc of guardian), the responsible local social services authority must take such steps as are reasonably practicable to cause the person (if any) appearing to be the patient's nearest relative to be informed of that vesting, or as the case may be, transfer before it takes place or as soon as practicable thereafter.

Provision of information – assignment of responsibility for community patients

32. In the event of the proposed or actual assignment of responsibility for a community patient, the hospital managers of the hospital to which responsibility has been assigned must—

- (a) notify the patient, in writing, of the name and address of the responsible hospital and the details of the hospital managers (irrespective of whether or not there are any changes in the hospital managers); and
- (b) unless the patient requests otherwise, where the assignment is made to a hospital under different management from the assigning hospital under regulation 25(2), take such steps as are reasonably practicable to notify the person (if any) appearing to be the patient's nearest relative, the name and address of responsible hospital and the details of the hospital managers of that hospital.

Part 6

Functions of Nearest Relatives

Performance of functions of nearest relative

33.—(1) Subject to paragraph (8) and the conditions in paragraph (7), the nearest relative of a patient may authorise in writing any person other than—

- (a) the patient; or
- (b) a person mentioned in section 26(5) (persons deemed not to be the nearest relative),

to act on his or her behalf in respect of the matters mentioned in paragraph (2).

(2) Those matters are the performance in respect of the patient of the functions conferred upon the nearest relative under—

- (a) Part 2 of the Act (as modified by Schedule 1 to the Act as the case may be); and
- (b) section 66 (applications to tribunals).

(3) Such an authority confers upon the person authorised all the rights of the nearest relative that are reasonably necessary for and incidental to the performance of the functions referred to in paragraph (2) or are reasonably necessary to carry those functions into full effect.

(4) Any such authority takes effect upon receipt of the authority by the person authorised.

(5) Subject to the conditions in sub-paragraph (7)(b), the nearest relative of a patient may revoke such authority.

(6) Any revocation of such authority takes effect upon the receipt of the notice by the person authorised.

(7) The conditions mentioned in paragraphs (1) and (5) are, as relevant, that—

- (a) the person to be authorised has given his or her consent; and
- (b) on making or revoking such authority, the nearest relative must give notice in writing of that fact to—
 - (i) the person authorised;
 - (ii) the patient;
 - (iii) in the case of a patient liable to be detained in a hospital, the managers of that hospital;
 - (iv) in the case of a patient subject to guardianship, the responsible local social services authority and the private guardian, if any;
 - (v) in the case of a community patient, the managers of the responsible hospital.

(8) A nearest relative of a patient may not authorise any person under paragraph (1) to perform functions on his or her behalf in the event of any person having made an application to the court for displacement of that nearest relative under section 29 on the grounds listed in sub-paragraphs (b) to (e) of sub-section (3) of that section.

(9) An authorisation or notification referred to in this regulation may be transmitted by means of electronic communication if the recipient agrees.

Restriction on discharge by nearest relative

34.—(1) Any report given by the responsible clinician for the purposes of section 25 (restrictions on discharge by nearest relative)—

- (a) must be in the form set out in Part 1 of Form NR 1; and
- (b) the receipt of that report by—
 - (i) the managers of the hospital in which the patient is liable to be detained
 - (ii) the managers of the responsible hospital in the case of a community patient

must be in the form set out in Part 2 of Form NR 1.

(2) In addition to the methods of serving documents provided for by regulation 3(1), reports under this regulation may be furnished by—

- (a) transmission by facsimile, or
 - (b) the transmission in electronic form of a reproduction of the report,
- if the managers of the hospital agree.

Part 7

Delegation

Delegation of hospital managers' functions under the Act

35. The functions of the managers of a hospital in respect of the following—

- (a) notifying local social services authorities under section 14 (social reports) of patients detained on the basis of applications by their nearest relatives;
- (b) authorising persons under section 17(3) (leave of absence from hospital) to keep in custody patients who are on leave of absence who are subject to a condition that they remain in custody;
- (c) authorising person under sections 18(1) and (2A) (return and readmission of patients

absent without leave) to take and return detained and community patients respectively who are absent without leave,
may be performed by any person authorised by them in that behalf.

Delegation of hospital managers' functions under the Domestic Violence, Crime and Victims Act 2004

36. The functions of the managers of a hospital under sections 35 to 44B of the Domestic Violence, Crime and Victims Act 2004 (provision of information to victims of patients under the Act etc.)(1) may be performed by any person authorised by them in that behalf.

Delegation by local social services authorities

37.—(1) Except as provided by paragraph (2), a local social services authority may delegate its functions under Parts 2 and 3 of the Act and these Regulations in the same way and to the same persons as its functions referred to in the Local Government Act 1972(2) may be delegated in accordance with section 101 of that Act.

(2) The function of the local social services authority under section 23 (discharge of patients) may not be delegated otherwise than in accordance with that section.

Part 8

Consent to Treatment

Forms of treatment under Part 4 of the Act

38.—(1) For the purposes of section 57 (treatment requiring consent and a second opinion) the form of treatment to which that section applies, in addition to the treatment mentioned in subsection (1)(a) of that section (any surgical operation for destroying brain tissue or for destroying the functioning of brain tissue), is the surgical implantation of hormones for the purpose of reducing male sexual drive.

(2) For the purposes of section 58A (electro-convulsive therapy, etc.) the form of treatment to which that section applies, in addition to the

(1) As amended section 48 and Schedule 6 of the Mental Health Act 2007. By virtue of section 45(4) of the Domestic Violence, Crime and Victims Act 2004 a function conferred on the managers of a hospital under sections 35 to 44B of that Act is to be treated as a function of those managers under Part 3 of the Mental Health Act 1983 for the purposes of section 32(3) of the 1983 Act (regulations as to delegation of managers' functions, etc).

(2) 1972 c.70.

administration of electro-convulsive therapy mentioned in subsection (1)(a) of that section, is the administration of medicines as part of that therapy.

(3) Section 58A does not apply to treatment by way of the administration of medicines as part of electro-convulsive therapy where that treatment falls within section 62(1)(a) or (b) of the Act (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in his or her condition).

Forms of treatment under Part 4A of the Act

39. For the purposes of Part 4A of the Act (treatment of community patients not recalled to hospital) —

- (a) treatment of a patient to whom section 64B(3)(b) or section 64E(3)(b) (which set out when treatment under Part 4A of the Act may be given to adult and child community patients respectively) applies may include treatment by way of the administration of medicines as part of electro-convulsive therapy but only where that treatment falls within section 64C(5)(a) or (b);
- (b) treatment of a patient to whom section 64G (emergency treatment for community patients lacking capacity or competence) applies may include treatment by way of medicines used in connection with electro-convulsive therapy but only where that treatment falls within section 64C(5)(a) or (b).

Certificates for administration of treatment

40.—(1) The certificate required under sections 57(2)(a) and (b) (treatment requiring consent and a second opinion) must be in the form set out in Form CO 1.

(2) The certificates required under sections 58(3)(a) and (b) (treatment requiring consent or a second opinion) must be in the form set out in Forms CO 2 and CO 3 respectively.

(3) The certificates required under sections 58A(3)(c), (4)(c) and (5) (electro-convulsive therapy, etc.) must be in the form set out in Forms CO 4, CO 5 and CO 6 respectively.

(4) The certificate required under sections 64B(2)(b) or 64E(2)(b) (treatment of community patients) must be in the form set out in Form CO 7.

Part 9

Correspondence of Patients

Inspection and opening of postal packets

41.—(1) Where under section 134(4) (inspection and opening of postal packets addressed to or by patients in hospital) any postal packet is inspected and opened, but neither the packet nor anything contained in it is withheld under section 134(1), the person appointed must record in writing—

- (a) that the packet had been so inspected and opened;
- (b) that nothing in the packet has been withheld; and
- (c) his or her name and the name of the hospital,

and must, before resealing the packet, place the record in that packet and keep a copy of that record.

(2) Where under section 134(1) any postal packet or anything contained in it is withheld by the person appointed—

- (a) he or she must record in a register kept for the purpose—
 - (i) that the packet or anything contained in it has been withheld,
 - (ii) the date on which it was so withheld,
 - (iii) the grounds on which it was so withheld,
 - (iv) a description of the contents of the packet withheld or of any item withheld, and
 - (v) his or her name and the name of the hospital; and
- (b) if anything contained in the packet is withheld, he or she must record in writing—
 - (i) that the packet has been inspected and opened,
 - (ii) that an item or items contained in the packet have been withheld,
 - (iii) a description of any such item, and
 - (iv) his or her name and the name of the hospital,

and must, before resealing the packet, place the record in that packet.

(3) For the purposes of this regulation “the person appointed” means a person appointed under section 134(7) to perform the functions of the managers of the hospital under that section.

Independent Advocacy Services

42. For the purposes of section 134(3A)(b)(iii), the prescribed arrangements are arrangements in respect of independent mental capacity advocates made under sections 35 to 41 of the Mental Capacity Act 2005⁽¹⁾ (independent advocacy service).

Part 10

Revocations

Revocations

43. The Regulations specified in Schedule 2 are revoked in relation to Wales.

Edwina Hart

Minister for Health and Social Services, one of the
Welsh Ministers

15 September 2008

⁽¹⁾ 2005 c.9.

SCHEDULE 1

FORMS

Form HO 1

Regulation 4(1)(a)(i)

Mental Health Act 1983 section 2—application by nearest relative for admission for assessment

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Delete either (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 2

Regulation 4(1)(a)(ii)

Mental Health Act 1983 section 2—application by an approved mental health professional for admission for assessment

To the managers of [name and address of hospital]

I [full name] of [full office address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you, if different] *<delete as appropriate>*

The following section should be completed if nearest relative is known

Complete (a) or (b) as applicable and delete the other

- (a) To the best of my knowledge and belief [full name and address] is the patient's nearest relative within the meaning of the Act.
OR
- (b) I understand that [full name and address] has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.

I have/have not yet* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient.

< Delete as appropriate>*

The following section should be completed if the nearest relative is not known

Delete (a) or (b)

- (a) I have been unable to ascertain who the patient's nearest relative is within the meaning of the Act.
OR
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

The remainder of the form must be completed in all cases

I last saw the patient on [date] which is within the period of 14 days ending on the day this application is signed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]
Date [date]

Form HO 3

Regulation 4(1)(b)(i)

Mental Health Act 1983 section 2—joint medical recommendation for admission for assessment

We, both being registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

I [full name and address of second practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

In our opinion this patient

(a) is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

(b) ought to be so detained

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

<delete the indents not applicable >

Our reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form HO 4

Regulation 4(1)(b)(ii)

Mental Health Act 1983 section 2—medical recommendation for admission for assessment

I [full name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete if not applicable >

In my opinion this patient

- (a) is suffering from mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period

AND

- (b) ought to be so detained
 - (i) in the interests of the patient's own health
 - (ii) in the interests of the patient's own safety
 - (iii) with a view to the protection of other persons

My reasons for this opinion are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate]

Signed [signature]

Date [date]

Form HO 5

Regulation 4(1)(c)(i)

Mental Health Act 1983 section 3—application by nearest relative for admission for treatment

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

Delete either (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 6

Regulation 4(1)(c)(ii)

Mental Health Act 1983 section 3—application by an approved mental health professional for admission for treatment

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for treatment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services that approved you, if different] *<*delete as appropriate >*

The following section should be completed where consultation with the nearest relative has taken place.

Complete (a) or (b) and delete the other

- (a) I have consulted [full name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act.

OR

- (b) I have consulted [full name and address] who I understand has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative. *<* delete the phrase that does not apply>*

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

OR

- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

- (c) I understand that [full name and address] is

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

< delete either (i) or (ii) >*

but in my opinion it is not reasonably practicable/would involve unreasonable delay* to consult that person before making this application, because [insert reasons]

< Delete as appropriate>*

The remainder of this form must be completed in all cases

I saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Form HO 7

Regulation 4(1)(d)(i)

Mental Health Act 1983 section 3—joint medical recommendation for admission for treatment

We, both being registered medical practitioners, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

I [full name and address of second practitioner] last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

In our opinion

(a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in hospital

AND

(b) it is necessary

(i) for the patient's own health

(ii) for the patient's own safety

(iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital

AND

(c) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the following hospital (or one of the following hospitals): [Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part].

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form HO 8

Regulation 4(1)(d)(ii)

Mental Health Act 1983 section 3—medical recommendation for admission for treatment

I [full name and address of practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<* delete as appropriate>

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in hospital

AND

- (b) it is necessary
 - (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons

<delete the indents not applicable>

that this patient should receive treatment in hospital

AND

- (c) such treatment cannot be provided unless the patient is detained under section 3 of the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the following hospital (or one of the following hospitals): [Enter name of hospital(s). If appropriate treatment is available in a particular part of the hospital, say which part].

Signed [signature]

Date [date]

Form HO 9

Regulation 4(1)(e)(i)

Mental Health Act 1983 section 4—emergency application by nearest relative for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

Delete (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase that does not apply>*, and a copy of the authority is attached to this application.

I last saw the patient on [date] which was within the last 24 hours.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Time [time]

Form HO 10

Regulation 4(1)(e)(ii)

Mental Health Act 1983 section 4—emergency application by an approved mental health professional for admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

To the managers of [name and address of hospital]

I [full name] of [full address] apply for the admission of [full name of patient] of [full address of patient] for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you, if different] *<delete as appropriate>*.

I last saw the patient on [date] at [time] which was within the last 24 hours.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act and compliance with the provisions of Part 2 of the Act relating to applications under that section would involve undesirable delay.

This application is founded on a medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making the recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

Time [time]

Form HO 11

Regulation 4(1)(f)

Mental Health Act 1983 section 4—medical recommendation for emergency admission for assessment

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I [full name and address of medical practitioner], a registered medical practitioner, recommend that [full name and address of patient] be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date] at [time].

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete if not applicable>

I am of the opinion—

- (a) that this patient is suffering from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period

AND

- (b) that this patient ought to be so detained
 - (i) in the interests of the patient's own health
 - (ii) in the interests of the patient's own safety
 - (iii) with a view to the protection of other persons.

<delete the indents not applicable>

AND

- (c) it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act.

My reasons for this opinion are: [Your reasons should cover (a), (b) and (c) above. As part of the describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; also explain why the patient ought to be admitted to hospital urgently and why informal admission is not appropriate]

Compliance with the provisions of Part 2 of the Act relating to applications under section 2 would involve undesirable delay, because [say approximately how long you think it would take to obtain a second medical recommendation and what risk such a delay would pose to the patient or to other people]

Signed [signature]

Date [date]

Time [time]

Form HO 12

Regulation 4(1)(g)

Mental Health Act 1983 section 5(2)—report on hospital in-patient

PART 1

(To be completed by the registered medical practitioner or approved clinician in charge of the treatment of the patient under section 5(2), or any person nominated under section 5(3))

To the managers of [name and address of hospital]

I am [full name] and I am

Delete (a) or (b) as appropriate

- (a) the registered medical practitioner/the approved clinician (who is not a registered medical practitioner) *<delete the phrase which does not apply>*
OR

- (b) a registered medical practitioner/an approved clinician who is the nominee of the registered medical practitioner or the approved clinician *<delete the phrase which does not apply>*

in charge of the treatment of [full name of patient], who is an in-patient in this hospital and not at present liable to be detained under the Mental Health Act 1983.

It appears to me that an application ought to be made under Part 2 of the Act for this patient's admission to hospital for the following reasons [the full reasons why informal treatment is no longer appropriate must be given.]

I am furnishing this report by: *<delete the phrase which does not apply>*

consigning it to the hospital managers' internal mail system today at [time]

delivering it (or having it delivered) by hand to a person authorised by the hospital managers to receive it.

Signed [signature]

Date [date]

PART 2

(To be completed on behalf of the hospital managers)

This report was *<delete the phrase which does not apply>*

furnished to the hospital managers through their internal mail system

delivered to me in person as someone authorised by the hospital managers to receive this report at [time] on [date]

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form HO 13

Regulation 4(1)(h)

Mental Health Act 1983 section 5(4) – record of hospital in-patient

To the managers of [name and address of hospital]

[Full name of the patient]

It appears to me that —

- (a) this patient, who is receiving treatment for mental disorder as an in-patient of this hospital, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others for this patient to be immediately restrained from leaving the hospital
AND
- (b) it is not practicable to secure the immediate attendance of a registered medical practitioner or an approved clinician for the purpose of furnishing a report under section 5(2) of the Mental Health Act 1983.

I am [full name], a nurse registered—

<delete whichever do not apply >

- (a) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing
OR
- (b) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is mental health nursing
OR
- (c) in Sub-Part 1 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing
OR
- (d) in Sub-Part 2 of the register, whose entry includes an entry to indicate the nurse's field of practice is learning disabilities nursing

Signed [signature]

Date [date]

Time [time]

Form HO 14

Regulation 4(3)

Mental Health Act 1983 sections 2, 3 and 4 — record of detention in hospital

(To be attached to the application for admission or further medical recommendation)

PART 1

[Name and address of hospital]

[Full name of patient]

Complete (a) if the patient is not already an in-patient in the hospital

Complete (b) if the patient is already an in-patient

Delete the one which does not apply

- (a) The above named patient was admitted to this hospital on [date of admission to hospital] at [time] in pursuance of an application for admission under section [state section] of the Mental Health Act 1983
- (b) An application for the admission of the above named patient (who had already been admitted to this hospital) under section [state section] of the Mental Health Act 1983 was received by me on behalf of the hospital managers on [date] at [time] and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application)

On [date] at [time] I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form HO 15

Regulation 5

Mental Health Act 1983 section 20—renewal of authority for detention

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital in which the patient is liable to be detained].

I examined [full name of patient] on [date of examination]. The patient is liable to be detained for a period ending on [date authority for detention is due to expire]

I have consulted [full name] a [state profession] who has been professionally concerned with the patient's treatment.

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

- (b) it is necessary
 - (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons,<delete the indents not applicable>

that this patient should receive treatment in hospital, because [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate.]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons [Reasons should indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

| | |
|------------|--------------|
| Signed | [signature] |
| Name | [full name] |
| Profession | [profession] |
| Date | [date] |

PART 2

(To be completed by a professional who has been professionally concerned with patient's medical treatment and who is of a different profession from the Responsible Clinician)

I agree with the responsible clinician that: this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital; it is necessary for the patient's own health or safety or for the protection of other persons that the patient should receive such treatment and it cannot be provided unless the patient continues to be detained under the Act; and that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available for the patient.

Signed [signature]
Name [name]
Profession [profession]
Date [date]

PART 3

(To be completed by the Responsible Clinician)

I am furnishing this report by: <delete the phrase which does not apply>
today consigning it to the hospital managers' internal mail system
sending or delivering it without using the hospital managers' internal mail system

Signed [signature]
Date [date]

PART 4

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply>
furnished to the hospital managers through their internal mail system
received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers
Name [name]
Date [date]

Form HO 16

Regulation 6

Mental Health Act 1983 section 21B—authority for detention after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician)

To the managers of [name of hospital in which the patient is liable to be detained]

I examined [name of patient] on [date of examination] who:

- (a) was absent without leave from hospital or the place where the patient ought to have been beginning on [date absence without leave began];
- (b) was/is* liable to be detained for a period ending on [date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire]; *<*delete the phrase which does not apply>* and
- (c) returned to the hospital or place on [date].

I have consulted [full name] who is an approved mental health professional.

I have also consulted [full name] a [profession] who has been professionally concerned with the patient's treatment.

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital
AND
- (b) it is necessary
 - (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons*<delete the indents not applicable>*

that this patient should receive treatment in hospital, because [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate.]

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons [Reasons should indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

The authority for the detention of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the hospital managers. *<*delete the phrase which does not apply>*

Complete the following only if the authority for detention is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient. < *delete the phrase which does not apply >

Complete the following in all cases

I am furnishing this report by: <delete the phrase which does not apply >

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature]

Name [name]

Date [date]

PART 2

(To be completed on behalf of the hospital managers)

This report was <delete the phrase which does not apply >

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form HO 17

Regulation 7

Mental Health Act 1983 section 23 – discharge by the responsible clinician or the hospital managers

I/We* order the discharge of [full name of patient and their address] from liability to detention under [state section] of the Mental Health Act 1983 on [date] at [time]

The patient will/will not* be remaining in hospital.

<*delete as appropriate>

Signed [signature]

Name [name], the Responsible Clinician

Date [date]

OR

Signed [signature]

Name [name], a Hospital Manager

Signed [signature]

Name [name], a Hospital Manager

Signed [signature]

Name [name], a Hospital Manager

Date [date]

Form GU 1

Regulation 9(1)(a)(i) and (b)

Mental Health Act 1983 section 7—guardianship application by nearest relative

PART 1

(To be completed by the nearest relative)

To the [name of local social services authority]

I [your full name] of [your full address] apply for the reception of [full name of patient] of [full address of patient] into the guardianship of [name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983.

Delete (a) or (b) and complete as applicable

- (a) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Act. I am the patient's [state relationship].
- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by a county court/the patient's nearest relative *<delete the phrase which does not apply>*, and a copy of the authority is attached to this application.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

- (i) The patient's date of birth is [date]

OR

- (ii) I believe the patient is aged 16 years or over.

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient [insert reasons]

Signed [signature]

Date [date]

PART 2

(To be completed by the proposed guardian, only if the proposed guardian is not a local social services authority)

I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

Form GU 2

Regulation 9(1)(a)(ii) and (b)

Mental Health Act 1983 section 7—guardianship application by an approved mental health professional

PART 1

(To be completed by the approved mental health professional)

To the [name of local social services authority]

I [full name] of [full office address] apply for the reception of [full name of patient] of [full address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part 2 of the Mental Health Act 1983 as a person suffering from mental disorder.

I am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you]. *<Delete as appropriate>*

The following section should be completed where consultation with the nearest relative has taken place

Complete (a) or (b) as applicable and delete the other

- (a) I have consulted [full name and address] who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Act

OR

- (b) I have consulted [full name and address] who I understand has been authorised by a county court/ the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative. *<* delete the phrase which does not apply>*

That person has not notified me or the local social services authority on whose behalf I am acting that he or she objects to this application being made.

The following section should be completed where no consultation with the nearest relative has taken place

Delete whichever two of (a), (b) or (c) do not apply

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Act.

OR

- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.

OR

- (c) [full name and address] is

(i) this patient's nearest relative within the meaning of the Act

(ii) authorised to exercise the functions of this patient's nearest relative under the Act

<Delete the phrase which does not apply>

but in my opinion it is not reasonably practicable/would involve unreasonable delay *<Delete as appropriate>* to consult that person before making this application, because [give reasons].

The remainder of Part 1 of this form must be completed in all cases

I last saw the patient on [date] which was within the period of 14 days ending on the day this application is signed.

Delete (i) or (ii) as applicable, and where (i) applies insert the date

(i) The patient's date of birth is [date].

OR

(ii) I believe the patient is aged 16 years or over.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance of the patient [insert reasons]

Signed [signature]

Date [date]

PART 2

(To be completed by the proposed guardian, only if the proposed guardian is not a local social services authority)

I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

Form GU 3

Regulation 9(1)(c)(i)

Mental Health Act 1983 section 7— joint medical recommendation for reception into guardianship

We, both being registered medical practitioners, recommend that [full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I [full name and address of first practitioner] last examined this patient on [date], and

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

I [full name and address of second practitioner] last examined this patient on [date] and

* I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

In our opinion

- (a) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

- (b) it is necessary
 - (i) in the interests of the welfare of the patient
 - (ii) for the protection of other persons<delete (i) or (ii) unless both apply>

that the patient should be so received.

Our reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Form GU 4

Regulation 9(1)(c)(ii)

Mental Health Act 1983 section 7—medical recommendation for reception into guardianship

I [full name and address of practitioner], a registered medical practitioner recommend that [full name and address of patient] be received into guardianship in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on [date]

*I had previous acquaintance with the patient before I conducted that examination.

* I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

<*delete as appropriate>

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which warrants reception into guardianship under the Act.

AND

- (b) it is necessary
 - (i) in the interests of the welfare of the patient
 - (ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should be so received.

My reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Date [date]

Form GU 5

Regulation 9(3)

Mental Health Act 1983 section 7—record of acceptance of guardianship application

(To be attached to the guardianship application)

[Full name and address of the patient]

This application was accepted by/on behalf* of the local social services authority on [date]

<*Delete the phrase that does not apply>

Signed [signature], on behalf of the responsible social services authority

Name [full name]

Date [date]

Form GU 6

Regulation 12

Mental Health Act 1983 section 20—renewal of authority for guardianship

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]

[name of responsible local social services authority if it is not the guardian]

I examined [full name of patient] on [date].

The patient is subject to guardianship for a period ending on [date authority for guardianship is due to expire].

In my opinion

(a) this patient is suffering from a mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act

AND

(b) it is necessary

(i) in the interests of the welfare of the patient

(ii) for the protection of other persons

<delete (i) or (ii) unless both apply>

that the patient should remain under guardianship under the Act.

My reasons for these opinions are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

Signed [signature]

Responsible Clinician/Nominated Medical Attendant <delete whichever does not apply>

Name [full name]

Date [date]

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form GU 7

Regulation 13

Mental Health Act 1983 section 21B - authority for guardianship after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician or nominated medical attendant)

To [name of guardian]

[name of responsible local social services authority if it is not the guardian]

I examined [full name of patient] on [date of examination] who:

- (a) was absent without leave from the place where the patient is required to reside beginning on [date absence without leave began];
- (b) was/is* subject to guardianship for a period ending on [date authority for guardianship would have expired, apart from any extension under section 21, or date on which it will expire]; < *delete the phrase which does not apply > and
- (c) returned to that place on [date].

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into guardianship under the Act
- AND
- (b) it is necessary
 - (i) in the interests of the welfare of the patient
 - (ii) for the protection of other persons<delete (i) or (ii) unless both apply >

that the patient should remain under guardianship under the Act.

My reasons for this opinion are: [Your reasons should cover both (a) and (b) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient cannot appropriately be cared for without powers of guardianship.]

The authority for the guardianship of the patient is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished. < *delete the phrase which does not apply >

Complete the following only if the authority for guardianship is due to expire within that period of two months.

This report shall/shall not* have effect as a report duly furnished under section 20(6) for the renewal of the authority for the guardianship of the patient. < *delete the phrase which does not apply >

Signed [signature]

Responsible Clinician/Nominated Medical Attendant <delete whichever does not apply >

Name [full name]

Date [date]

PART 2

(To be completed on behalf of the responsible local social services authority)

This report was received by me on behalf of the local social services authority on [date].

Signed [signature], on behalf of the local social services authority

Name [full name]

Form GU 8

Regulation 14

Mental Health Act 1983 section 23 – discharge by the responsible clinician or the responsible local social services authority

I order the discharge of [full name of patient and their address] from guardianship under section [state section] of the Mental Health Act 1983 on [date] at [time]

Signed [signature], the Responsible Clinician

Name [name]

Date [date]

OR

Signed [signature], on behalf of the responsible local social services authority

Name [name]

Date [date]

Form CP 1

Regulation 16(1)

Mental Health Act 1983 section 17A - community treatment order

PART 1

(To be completed by the Responsible Clinician)

I [full name and address] am the responsible clinician for [full name and address of patient].

In my opinion:

- (a) the patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for:-
 - (i) the patient's health;
 - (ii) the patient's safety;
 - (iii) the protection of other persons,<Delete any phrase which is not applicable>
that the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

My opinion is founded on the following grounds [give grounds for opinion]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Conditions to which the patient is to be subject by virtue of this community treatment order

1. The patient is to make himself or herself available for examination under section 20A, as requested.

2. If it is proposed to give a certificate under Part 4A of the Act in the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

[set out conditions]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety

- to protect other persons.

Signed [signature], Responsible Clinician
Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you, if different]. *<Delete as appropriate>*

I agree that:

- (i) the above patient meets the criteria for a community treatment order to be made
- (ii) it is appropriate to make a community treatment order
- (iii) the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed [signature], an Approved Mental Health Professional
Date [date]

PART 3

(To be completed by the Responsible Clinician, after Parts 1 and 2 have been completed)

I exercise my power under section 17A of the Mental Health Act 1983 to make a community treatment order in respect of the above-named patient.

This community treatment order is to be effective from [date] at [time]

Signed [signature], Responsible Clinician
Date [date]

Form CP 2

Regulation 16(2)

Mental Health Act 1983 section 17B - variation of conditions of a community treatment order

I [full name and address] am the responsible clinician for [full name and address of the community patient].

I am varying the conditions applying to the community treatment order for the above named patient.

Delete (a) or (b) as applicable, and where (a) applies insert the conditions

- (a) The conditions made under section 17B(2), as varied, are [list the conditions as varied in full (including any which are not being varied)]

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment;
- to prevent risk of harm to the patient's health or safety;
- to protect other persons.

- (b) The conditions are only those set out in section 17B(3) of the Mental Health Act 1983.

The variation is to take effect from [date]

Signed [signature], Responsible Clinician

Date [date]

Form CP 3
Regulation 17

Mental Health Act 1983 section 20A - report extending the community treatment period

PART 1

(To be completed by the Responsible Clinician)

To the managers of [name and address of the responsible hospital].

I am [full name and address] the responsible clinician for [full name and address of patient].

The patient is currently subject to a community treatment order made on [enter date].

I examined the patient on [enter date].

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons<Delete any phrase which is not applicable>
that the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient

My opinion is founded on the following grounds [give grounds for opinion]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if he or she were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you]. <Delete as appropriate>

I agree that:

- (i) the above patient meets the criteria for the extension of the community treatment period
- AND
- (ii) it is appropriate to extend the community treatment period.

Signed [signature], an Approved Mental Health Professional
Date [date]

PART 3

(To be completed by the Responsible Clinician)

Before furnishing this report, I consulted [full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

I am furnishing this report by: <delete the phrase which does not apply>
today consigning it to the hospital managers' internal mail system
sending or delivering it without using the hospital managers' internal mail system

Signed [signature], the Responsible Clinician
Date [date]

PART 4

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was
furnished to the hospital managers through their internal mail system
received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [full name]
Date [date]

Form CP 4

Regulation 18

Mental Health Act 1983 section 21B—authority for community treatment after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of responsible hospital]

I am [full name and address] the responsible clinician for [full name and address of patient].

I examined the patient on [date of examination] who:

- (a) was recalled to hospital on [date] under section 17E of the Mental Health Act 1983
- (b) was absent without leave from hospital beginning on [date absence without leave began]
- (c) was/is *<delete as appropriate>* subject to a community treatment order for a period ending on [date community treatment order would have expired, apart from any extension under section 21, or date on which it will expire] and
- (d) returned to the hospital on [date].

I have consulted [full name] who is an approved mental health professional.

I have also consulted [full name and profession of person consulted] who has been professionally concerned with the patient's treatment.

In my opinion:

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons*<delete any phrase which is not applicable>*
that the patient should receive such treatment
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

My opinion is founded on the following grounds [insert grounds]

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were not detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

The community treatment order is/is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the managers of the responsible hospital. *<* delete the phrase which does not apply.>*

Complete the following only if the community treatment order is due to expire within that period of two months

This report shall/shall not* have effect as a report duly furnished under section 20A(4) for the extension of the community treatment period for this patient. < *Delete as applicable >

Complete the following in all cases

I am furnishing this report by: <delete the phrase which does not apply>

today consigning it to the hospital managers' internal mail system

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed on behalf of the hospital managers of the responsible hospital)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on [date]

Signed [signature], on behalf of the hospital managers

Name [full name]

Date [date]

Form CP 5

Regulation 19(1)(a)

Mental Health Act 1983 section 17E - Notice of recall to hospital

I notify you, [name of community patient], that you are recalled to [name and address of the hospital] under section 17E of the Mental Health Act 1983.

Complete either part 1 or 2 below and delete the one which does not apply.

PART 1

In my opinion

- (a) you require treatment in hospital for mental disorder

AND

there would be a risk of harm to your health or safety or to other persons if you were not recalled to hospital for that purpose.

This opinion is founded on the following grounds [insert grounds]

PART 2

You have failed to comply with the condition imposed under section 17B of the Mental Health Act 1983 that you make yourself available for examination for the purpose of:-

- (a) consideration of extension of the community treatment period under section 20A
(b) enabling a Part 4A certificate to be given.

<Delete (a) or (b) as applicable>

Signed [signature], the Responsible Clinician

Name [name]

Date [date]

Time [time]

This notice is sufficient authority for the managers of the named hospital to detain the patient there in accordance with the provisions of section 17E of the Mental Health Act 1983

Form CP 6

Regulation 19(1)(d) and (2)

Mental Health Act 1983 section 17E – Record of patient’s detention in hospital following recall

[Full name and address of patient] (‘the patient’) is currently a community patient.

PART 1

In pursuance of a notice recalling the patient to hospital under section 17E of the Act, the patient was detained in [name and address of hospital] on [date] at [time].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

PART 2

The patient was released from hospital by the responsible clinician at [time] on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form CP 7

Regulation 20

Mental Health Act 1983 section 17F - revocation of a community treatment order

PART 1

(To be completed by the Responsible Clinician)

I [full name and address] am the responsible clinician for [full name and address of community patient] who is detained in [name and address of hospital] having been recalled to hospital under section 17E(1) of the Act.

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital.

AND

- (b) it is necessary
- (i) for the patient's own health
 - (ii) for the patient's own safety
 - (iii) for the protection of other persons

<Delete the indents not applicable>

that this patient should receive treatment in hospital

AND

- (c) such treatment cannot be provided unless the patient is detained for medical treatment under the Act

because [your reasons should cover (a), (b) and (c) above. As part of them describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of care or treatment (e.g. out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.]

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available for the patient at the hospital named above.

Signed [signature], Responsible Clinician

Date [date]

PART 2

(To be completed by an Approved Mental Health Professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of LSSA that approved you]. <Delete as appropriate>

I agree that:

- (i) the above patient meets the criteria for detention in hospital set out above

AND

(ii) it is appropriate to revoke the community treatment order.

Signed [signature], an Approved Mental Health Professional
Date [date]
Time [time]

PART 3

(To be completed by the Responsible Clinician)

I exercise my power under section 17F(4) to revoke the community treatment order in respect of the patient named in Part 1 who has been detained in hospital since [time] on [date] having been recalled under section 17E(1).

Signed [signature], Responsible Clinician
Date [date]

PART 4

(To be completed on behalf of the hospital managers)

The community treatment order in respect of the above named patient was revoked at [time] on [date] and the patient is now detained in [name of hospital].

Signed [signature], on behalf of the hospital managers
Name [name]
Date [date]

Form CP 8

Regulation 21

Mental Health Act 1983 section 23 – discharge by the responsible clinician or the hospital managers

I/We* order the discharge of [full name of patient and their address] from liability to recall under Part 2 of the Act and the application for admission for treatment shall cease to have effect on [date] at [time].

<*delete as appropriate>

Signed [signature]

Name *[name], the Responsible Clinician*

Date [date]

OR

Signed [signature]

Name [name], a Hospital Manager

Signed [signature]

Name [name], a Hospital Manager

Signed [signature]

Name [name], a Hospital Manager

Date [date]

Form TC 1

Regulation 23(2) and (3)

Mental Health Act 1983 section 19 - authority for transfer from one hospital to another under different managers

PART 1

(To be completed on behalf of the managers of the hospital where the patient is liable to be detained)

Authority is given for the transfer of [full name of patient] from [name and address of hospital in which the patient is liable to be detained] to [name and address of hospital to which patient is to be transferred] to which the patient is to be transferred in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008 within 28 days beginning with the date of this authority.

Signed [signature], on behalf of managers of first named hospital

Name [name]

Date [date]

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was transferred to [name of hospital] in pursuance of this authority for transfer and admitted to that hospital on [date of admission to receiving hospital].

Signed [signature], on behalf of managers of the receiving hospital

Name [name]

Date [date]

Form TC 2

Regulation 23(4) and (5)

Mental Health Act 1983 section 19 - authority for transfer from hospital to guardianship

PART 1

(To be completed on behalf of the managers of the hospital where the patient is liable to be detained)

Authority is given for the transfer of [full name of patient] who is at present liable to be detained in [name and address of hospital] to the guardianship of [name and address of proposed guardian] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by [name of local social services authority] on [date]

This transfer is to take place on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983.

I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of [name of guardian or local social services authority] on [date] in pursuance of this authority for transfer.

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form TC 3

Regulation 24(2) and (3)

Mental Health Act 1983 section 19 —Authority for transfer of a patient from the guardianship of one guardian to another

PART 1

(To be completed by the present guardian)

Authority is given for the transfer of [name and address of patient] from the guardianship of [name and address of the present guardian] to the guardianship of [name and address of the proposed guardian] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

This transfer was agreed by the [name of local social services authority] on [date].

The transfer is to take place on [date].

Signed [signature], the guardian/on behalf of the local social services authority which is the guardian
<delete whichever does not apply>

Name [name]

Date [date]

PART 2

(To be completed by the proposed guardian, if not the responsible local social services authority)

I am willing to act as the guardian of the above named in accordance with Part 2 of the Mental Health Act 1983. I confirm that my full name and address is as entered in Part 1 of this form.

Signed [signature]

Date [date]

PART 3

(This is not part of the authority for transfer but is to be completed by the responsible local social services authority)

This patient was transferred into the guardianship of [name of guardian or local social services authority] on [date] in pursuance of this authority for transfer.

Signed [signature], on behalf of the local social services authority

Name [name]

Date [date]

Form TC 4

Regulation 24(4) and (5)

Mental Health Act 1983 section 19—authority for transfer from guardianship to hospital

PART 1

(To be completed on behalf of the local social services authority)

Authority is given for the transfer of [full name and address of patient] who is at present under the guardianship of [name and address of guardian] to [name and address of hospital] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

Signed [signature], on behalf of local social services authority

Name [name]

Date [date]

PART 2

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to the above named hospital in pursuance of this authority for transfer on [date of admission].

Signed [signature], on behalf of the managers of the receiving hospital

Name [name]

Date [date]

Form TC 5

Regulation 25(2)

Mental Health Act 1983 section 19A - authority for assignment of responsibility for a community patient from one hospital to another under different managers

PART 1

(To be completed on behalf of the responsible hospital)

Authority is given for the assignment of responsibility for [full name of patient] from [name and address of responsible hospital] to [name and address of hospital to which responsibility is to be assigned] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

Signed [signature], on behalf of managers of first named hospital

Name [name]

Date [date]

PART 2

(This is not part of the authority for assignment but is to be completed at the hospital which will become the responsible hospital if the assignment takes place)

The responsibility for the above named patient was assigned to the managers of [name of hospital] on [date].

Signed [signature], on behalf of managers of the hospital accepting responsibility

Name [name]

Date [date]

Form TC 6

Regulation 26(3) and (4)

Mental Health Act 1983 section 17F(2) - authority for transfer of recalled community patient to a hospital under different managers

PART 1

(To be completed on behalf of the managers of the hospital where the patient is detained by virtue of recall)

Authority is given for the transfer of [full name of patient] from [name and address of hospital in which the patient is detained] to [name and address of hospital to which patient is to be transferred] in accordance with the Mental Health (Hospital, Guardianship, Community Treatment and Consent to Treatment) (Wales) Regulations 2008.

The responsible hospital for the patient is [name and address of responsible hospital].

Signed [signature], on behalf of managers of the hospital in which the patient is currently detained
Name [name]
Date [date]

PART 2

RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)

This patient was admitted to [name of hospital] in pursuance of this authority for transfer on [date of admission] at [time].

Signed [signature], on behalf of managers of receiving hospital
Name [name]
Date [date]

Form TC 7

Regulation 29(2)(a) and (3)(a)

Mental Health Act 1983 Part 6—Date of reception of a patient to hospital or into guardianship in Wales

[Full name of patient]

* was admitted to [name and address of hospital] on [date]

* was received into the guardianship of [name and address of guardian] on [date].

<*Complete as appropriate and delete the other>

Signed [signature], on behalf of the hospital managers/on behalf of the local social services authority/ the private guardian <delete the phrases which do not apply>

Name [name]

Date [date]

Form TC 8

Regulation 29(5)

Mental Health Act 1983 Part 6—transfer of patient subject to compulsion in the community

PART 1

(To be completed by the Responsible Clinician)

I [name and address] am the responsible clinician for [full name and address of patient] who is treated as if subject to a community treatment order having been transferred to Wales.

The conditions to which the patient is to be subject by virtue of the community treatment order are that:

1. the patient is to make himself or herself available for examination under section 20A, as requested
2. if it is proposed to give a certificate under Part 4A of the Act the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 17B(2) of the Act:

[set out conditions]

I confirm that I consider the above conditions to be made under section 17B(2) of the Act are necessary or appropriate for one or more of the following purposes

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons

Signed [signature] the Responsible Clinician

Date [date]

PART 2

(To be completed by an approved mental health professional)

I [full name and address] am acting on behalf of [name of local social services authority] and am approved to act as an approved mental health professional for the purposes of the Act by that authority/[name of local social services authority that approved you if different]. *<Delete as appropriate>*

I agree that the conditions made above under section 17B(2) are necessary or appropriate for one or more of the purposes specified.

Signed [signature], an Approved Mental Health Professional

Date [date]

PART 3

(To be completed on behalf of the hospital managers of the responsible hospital)

The above named patient arrived at the place where he or she is to reside in Wales on [date], and as a consequence is treated as if a community treatment order has been made.

Signed [signature] on behalf of managers of the responsible hospital

Name [name]

Date [date]

Form NR 1

Regulation 34

Mental Health Act 1983 Section 25—report barring discharge by nearest relative

PART 1

(To be completed by the responsible clinician)

To the managers of [name and address of hospital]

[Name of nearest relative] gave notice at [time] on [date] of an intention to discharge [name of patient].

I am of the opinion that the patient, if discharged, would be likely to act in a manner dangerous to other persons or to himself or herself.

The reasons for my opinion are [insert reasons]

I am furnishing this report by

consigning it to the hospital managers' internal mail system today at [time]

sending or delivering it without using the hospital managers' internal mail system

Signed [signature], Responsible Clinician

Name [name]

Date [date]

Time [time]

PART 2

(To be completed on behalf of the hospital managers)

This report was

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers at [time] on [date].

Signed [signature], on behalf of the hospital managers

Name [name]

Date [date]

Form CO 1

Regulation 40(1)

Mental Health Act 1983 section 57—certificate of consent to treatment and second opinion

(Both parts of this certificate must be completed)

PART 1

I [full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), and we [full name, address and profession][full name, address and profession], being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that [full name and address of patient]

(a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

(b) has consented to that treatment.

Signed [signature]

Date [date]

Signed [signature]

Date [date]

Signed [signature]

Date [date]

PART 2

(To be completed by the second opinion appointed doctor only)

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act, have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

My reasons are below/I will provide a statement of my reasons separately <delete as appropriate>

[State reason; when giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person]

Signed [signature]

Date [date]

Form CO 2

Regulation 40(2)

Mental Health Act 1983 section 58(3)(a)—certificate of consent to treatment

I [full name and address] the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) *<delete the phrase which does not apply>*certify that [full name and address of patient]

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment.

Signed [signature]

Date [date]

Form CO 3

Regulation 40(2)

Mental Health Act 1983 section 58(3)(b)—certificate of second opinion

I [name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient].

I certify that the patient

<delete the phrase which does not apply>

(a) is not capable of understanding the nature, purpose and likely effects of

OR

(b) has not consented to

the following treatment [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period] but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately <Delete as appropriate> [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

Signed [signature]

Date [date]

Form CO 4

Regulation 40(3)

Mental Health Act 1983 section 58A(3)(c) —certificate of consent to treatment (patients at least 18 years of age)

I [full name and address] the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) *<delete as applicable>* certify that [full name and address of patient] who has attained the age of 18 years

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment.

Signed [signature]

Date [date]

Form CO 5

Regulation 40(3)

Mental Health Act 1983 section 58A(4)(c)—certificate of consent to treatment and second opinion (patients under 18 years of age)

I [full name and address] a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor) certify that [full name and address of patient] who has not yet attained the age of 18 years

- (a) is capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period]

AND

- (b) has consented to that treatment

AND

- (c) it is appropriate for that treatment to be given

My reasons are as below/I will provide a statement of my reasons separately *<Delete as appropriate>* [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

Signed [signature]

Date [date]

Form CO 6

Regulation 40(3)

Mental Health Act 1983 section 58A(5)—certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)

I [full name and address], a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor), have consulted [full name of nurse], a nurse and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient].

I certify that the patient is not capable of understanding the nature, purpose and likely effects of [give description of treatment or plan of treatment; indicate clearly if the certificate is to apply to any or all of the treatment for a specified period] but that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately *<Delete as appropriate>* [Set out reasons; when giving reasons please indicate if, in your opinion] disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or that of any other person.]

I further certify that giving the treatment described above to the patient would not conflict with

- (i) any decision of an attorney appointed under a Lasting Power of Attorney or deputy (appointed by the Court of Protection) of the patient as provided for by the Mental Capacity Act 2005
- (ii) any decision of the Court of Protection
- (iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.

Signed [signature]

Date [date]

Form CO 7

Regulation 40(4)

Mental Health Act 1983 Part 4A - certificate of appropriateness of treatment to be given to a community patient (Part 4A Certificate)

I [full name and address] am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a Second Opinion Appointed Doctor).

I have consulted [full name and profession] and [full name and profession] who have been professionally concerned with the medical treatment of [full name and address of patient] who is subject to a community treatment order.

I certify that it is appropriate for the following treatment to be given to this patient while the patient is not recalled to hospital, subject to any conditions specified below. The treatment is [description of treatment or plan of treatment]

I specify the following conditions (if any) to apply [description of conditions, if any, which may include time limits on the approval of any or all of the treatment]

I certify that it is appropriate for the following treatment (if any) to be given to this patient following any recall to hospital under section 17E of the Act, subject to any conditions specified below. The treatment is [description of treatment or plan of treatment]

I specify the following conditions (if any) to apply to the treatment following any recall to hospital under section 17E [description of conditions, if any, which may include time limits on the approval of any or all of the treatment]

My reasons are as below/I will provide a statement of my reasons separately *<Delete as appropriate>* [Set out reasons; when giving reasons please indicate if, in your opinion disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or that of any other person.]

Signed [signature]

Date [date]

SCHEDULE 2

Regulation 43

REVOCATIONS

The Mental Health (Hospital, Guardianship and Consent to Treatment) Regulations 1983 (SI 1983/893)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1993 (SI 1993/2156)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1996 (SI 1996/540)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1997 (SI 1997/801)

The Mental Health (Hospital, Guardianship and Consent to Treatment) (Amendment) Regulations 1998 (SI 1998/2624)