



**MHO Details**

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority   
 eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc (the word "Council" may be omitted)

**Patient's Current Status**

Complete A, B, C or D as appropriate

**A**  The patient is presently subject to a Transfer for Treatment Direction or Hospital Direction, and is detained in:  
 Hospital   
 The earliest date for licence is: Date  /  /

**OR**

**B**  The patient is presently subject to compulsory powers under the Act as authorised by:  
  
 This authority is due to cease at midnight at the end of Date  /  /   
 The patient is detained in:  
 Hospital Name

**OR**

**C**  The patient **IS NOT** presently subject to compulsory powers under the Act, but is an inpatient in -  
 Hospital Name

**OR**

**D**  The patient **IS NOT** presently subject to compulsory powers under the Act and is presently living in the community

**RMO Details - only required if not supplying one of the Mental Health Reports**

Surname [Grid]

First Name [Grid]

Title [Grid] GMC Number [Grid]

Hospital [Grid]

Hospital address [Grid]

Postcode [Grid]

Telephone No. [Grid]

e-mail address [Grid]

Approved under section 22 of the Act by:

Health Board **NHS** [Grid]

**Named Person Details**

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

Surname [Grid]

First Name [Grid]

Title [Grid]

Address [Grid]

Postcode [Grid] Telephone [Grid]

e-mail address [Grid]



**Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian**

Please enter full names and addresses, including contact telephone numbers and email addresses where known.

*Patient's primary carer (if any)*

*Patient's advocacy worker where applicable*

*Patient's welfare attorney where applicable (See note)*

*Patient's welfare guardian where applicable (See note)*

**Notes** "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

**Record Of Contact Details Of Others Relevant to the Application**

Please provide the names and addresses (including telephone numbers and email addresses) of others who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to the hearing.



**Curator Ad Litem**

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

[Empty box for providing reasons for Curator Ad Litem]

**Notification**

I confirm that I notified the following parties that this compulsory treatment order application was to be made as soon as practicable after the duty to make the application arose:

**Shade as appropriate**

- The patient
- The patient's named person (if any)
- The Mental Welfare Commission
- The Scottish Ministers (where the patient is subject to a hospital direction or a transfer for treatment direction)

**Note: if the mental health report (Form CTO 2) by the AMP states that notice should NOT be given to the patient as authorised by section 57(5)(C)(i) of the Act, then notice need not be given to the patient unless the MHO considers it appropriate to do so.**

The above parties had all been notified by:

Date:

[Date input boxes: DD / MM / YYYY]

**Notification to the Mental Welfare Commission: Copies of the application should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.**



# MHO REPORT

as required by Section 61 of the Act

## Requirements Under Section 61(2)

I have complied with the requirements of section 61(2) of the Act and have:

**Shade a to e to confirm**

- a) interviewed the patient, where it was practicable to do so;
- b) informed the patient of his/her rights in relation to the application;
- c) informed the patient of the availability of independent advocacy services;
- d) taken appropriate steps to ensure that the patient has the opportunity of making use of those services; and
- e) informed the patient that this application was to be made.

If you were unable to interview the patient, please detail why it was impracticable to do so.

1

Please detail the steps you took to comply with a) - e) above

2



***Details Of Personal Circumstances Of The Patient***

Please provide details of the personal circumstances of the patient in as far as they are relevant to this application.

3

Empty text area for providing details of the patient's personal circumstances.



***MHO's Views On The Mental Health Reports***

Please give your views on the two mental health reports which you are submitting as part of this application.

*Note: this involves your views on the mental health reports' content in respect to section 57(4)(a)(b) and (e) of the Act, as well as all other significant aspects of the reports (e.g. is it clear that the medical reports meet the legal requirements; are there any issues with the reports?)*

Views on report by Approved Medical Practitioner

**4**

Views on report by second medical practitioner

**5**





**Advance Statement**

Complete A or B as appropriate

- A**  As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

Where appropriate, a copy of the Advance Statement should accompany this application. Where it is not possible to attach a copy of the advance statement, please provide details of what is set out in that advance statement below. Please include the date of the advance statement.

<b>6</b>	
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OR

- B**  As far as I am aware the patient has not made an advance statement under the terms of the Act.

**Other Relevant Information**

Please provide any other information from your assessment, interview(s) and consultation(s) which you believe to be relevant to the Mental Health Tribunal for Scotland's determination of this application, and which is not included elsewhere in these documents.

<b>7</b>	
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# PROPOSED CARE PLAN

as required by Section 62 of the Act

## Part 3a: Introduction

I confirm that before preparing this proposed care plan I consulted the medical practitioners who provided the mental health reports relating to the patient (see notes below), as well as those persons who appear to provide the patient with

- i) medical treatment for mental disorder
- ii) community care services, or relevant services
- iii) other treatment, care or services

of the kind that is proposed within this proposed care plan.

If it was impracticable to consult any of the persons referenced above, please state the reasons why:

<b>8</b>	
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I confirm that before preparing this proposed care plan I consulted such other persons that I considered appropriate. These persons were -

<b>9</b>	
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I understand that the patient has the following type(s) of mental disorder as specified in paragraphs a) to c) of section 328(1) of the Act:

		Primary ICD 11 Code							
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 20px; height: 20px;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>		

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

[Click here for ICD11 Coding Tool](#)

### NOTES

Under Section 58 of the Act, the latter of the two medical examinations must be completed no more than 5 days after the first; and the MHO is required under Section 57(7) of the Act to make the application for the compulsory treatment order within 14 days of the second medical examination being conducted.

For a compulsory treatment order application to proceed, the two mental health reports must specify the same compulsory measures



**Part 3a(1): Patient's needs**

What are the patient's needs with respect to any assessments carried out under section 23(3) of the Children (Scotland) Act 1995 where the patient is a child, or section 12A(1)(a) of the Social Work (Scotland) Act 1968? (i.e. a community care assessment)

10

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**Part 3a(2): Interventions Required To Meet The Patient's Needs**

**3a(2)(a)** With reference to the mental health reports, what forms of **medical treatment** for mental disorder as defined under section 329(1) of the Act, and their objectives are to be provided to meet each of the needs identified in section 3a(1)(a) on -

**A COMPULSORY basis?**

11

**A VOLUNTARY basis?**

12

**3a(2)(b)** What community care services, other relevant services or other forms of care and treatment or services and their objectives are to be provided to the patient to meet each of the patient's assessed and other needs on -

**A COMPULSORY basis?**

13

**A VOLUNTARY basis?**

14



**Part 3a(3): Who Will Carry Out The Interventions Required To Meet Those Needs**

**3a(3)(a)** Who is to provide the medical treatment described in 3a(2)(a) (including the name(s) of the person(s) giving that treatment and the address of where the treatment will be given)?

15

**3a(3)(b)** Who will be providing the services described in 3a(2)(b), including the names of the persons providing those services, the address(es) where the treatment will be provided and the name and address of the hospital where the patient will be detained? Where measures other than detention are authorised provide the name of the hospital responsible for appointing the patient's RMO.

16



**Part 3b: Evidence To Back Up Proposals**

This part provides you with the opportunity to demonstrate how / why the conclusions reached in Part 3a of this proposed care plan have been arrived at (see note at foot of page).

How do the proposals set out in part 3a of this proposed care plan comply with the principles of the legislation as laid out at sections 1 to 3 of the Act?

17

What alternatives were considered to the options laid out in Part 3a(2) and 3a(3)? Why were these alternatives deemed to be not workable or practicable?

18

What contingency plans are in place if the options laid out in Part 3a(2) and 3a(3) above do not work?

19

**Note:**

*Although not statutory, the information requested in Part 3b is important in assisting the Mental Health Tribunal for Scotland in making an order under section 64 and 66 of the Act.*



**Part 3b: Evidence (cont)**

To what extent does this proposed care plan reflect the wishes of the patient as expressed in any advance statement or elsewhere? If any of these wishes have not been respected, why not?

**20**

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Who was consulted in the process of drawing up this proposed care plan? To what extent are the views of those consulted reflected in this proposed care plan?

**21**

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How have issues of risk (either to the patient or others) been taken into consideration in the patient's assessment and the drawing up of this proposed care plan?

**22**

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## APPLICATION FOR A COMPULSORY TREATMENT ORDER

### Proposed Compulsory Measures

In light of the mental health reports, the mental health officer's report (part 2) and the proposed care plan (part 3), it is proposed that the compulsory treatment order should authorise the following measures.

*Further details should be given in relevant text boxes in as far as they are known at the time of application*

- (a) the patient's detention in the following specified hospital

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- (b) giving the patient medical treatment in accordance with Part 16 of the Act

- (c) requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate), as detailed below:

23

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- (d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service (including associated travel where appropriate), as detailed below:

24

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- (e) requiring the patient to reside at a specified place, as detailed below

25

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- (f) requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are:

- patient's MHO     patient's RMO     any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.

- (g) requiring the patient to obtain the approval of the MHO to any proposed change of address

- (h) requiring the patient to inform the MHO of any change of address before the change of address takes effect

Where the order authorises measures other than the detention of the patient in hospital, the managers of the following hospital will have responsibility for appointing the patient's RMO.

Hospital

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**Confirmation Of Application**

**By signing below, you are confirming that:**

- a) the requirements of section 63(2)(a)(ii) of the Act are specified in the proposed care plan in part 4 of this form;
- b) you have completed all the relevant documents (i.e. proposed care plan, and MHO report) accompanying this application;
- c) you are submitting two mental health reports as accompanying documents to this application;
- d) you have completed the section relating to the patient's ethnicity.

**Signature / Date**

Signed

(by MHO making application)

Date

 /  / 

The application and accompanying documents should be sent to the Mental Health Tribunal for Scotland

You should NOT send a copy of this application to the Mental Welfare Commission

***Name, address, telephone number and email address of contact at Medical Records***



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

Patient CHI Number

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The patient describes his / her ethnic group as:

Information not provided

**A White**

Scottish

Other British

Irish

Gypsy/ Traveller

Polish

Roma

Showman/ Showwoman

Any other white ethnic group, please describe

--

**B Mixed or multiple ethnic groups**

Any mixed or multiple ethnic groups, please describe

--

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

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Any other Asian, please describe

--

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

Please describe, for example Nigerian, Somali

--

**E Carribean or black**  Please describe, for example Scottish Carribean, Black Scottish

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**F Other ethnic group**  Arab, Scottish Arab or British Arab

Other, please describe, for example Sikh, Jewish

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