SCOTTISH STATUTORY INSTRUMENTS

2017 No. 176

MENTAL HEALTH

The Mental Health (Certificates for Medical Treatment) (Scotland) Regulations 2017

Made	30th May 2017
Laid before the Scottish	
Parliament	<i>1st June 2017</i>
Coming into force	30th June 2017

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 245(2), 246(1) and 325 of the Mental Health (Care and Treatment) (Scotland) Act 2003(1) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Mental Health (Certificates for Medical Treatment) (Scotland) Regulations 2017 and come into force on 30th June 2017.

(2) In these Regulations—

- (a) "Form" means a Form set out in schedule 2; and
- (b) any reference to a Form having a letter and a number is a reference to the Form having that letter and number in schedule 2.

Form of certificate

2. Any certificate given under a section of the Mental Health (Care and Treatment) (Scotland) Act 2003 which is specified in an entry in column 1 of schedule 1 is to—

- (a) contain the particulars set out in the Form which is specified in the corresponding entry in column 2 of that schedule; and
- (b) be in the Form which is specified in column 2 of that schedule and set out in schedule 2.

Revocations

3. The Mental Health (Certificates for Medical Treatment) (Scotland) Regulations 2005(2) and the Mental Health (Certificates for Medical Treatment) (Scotland) Amendment Regulations 2008(3) are revoked.

St Andrew's House, Edinburgh 30th May 2017

MAUREEN WATT Authorised to sign by the Scottish Ministers

⁽²⁾ S.S.I. 2005/443.
(3) S.S.I. 2008/316.

SCHEDULE 1

Regulation 2

Column 1	Column 2
Section 235	Form T1
Section 236	Form T1
Section 238, where the treatment is that mentioned in section 237(3)	Form T2A
Section 238, where the treatment is that mentioned in section 240(3)	Form T2B
Section 239	Form T3A
Section 241	Form T3B

SCHEDULE 2

Regulation 2(b)

Form T1

The Mental Health (Care Safeguards									tai	in :	su	rgi	ca	١o	pe	rat	io	ns					-	Г1		
Instructions																										v7.0
The following form is to b	e us	ed:																								
where a certificate of conso (a) any surgical opera (i) brain tissu (ii) the functio (b) the treatment know	tion e or oning	for d	estr rain	oyin tiss	ig- sue;	and		g ty	pes	of m	nedia	cal tr	eatr	meni	t											
This form in		icribe se of																			Act	2003	i.			
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Write clearly within the boxes in		F	or	exa	mp	le										s	had	e cin	cles	like	this	->	•			,
BLOCK CAPITALS and in BLACK or BLUE ink		- [3	2 !	5	N	/ A	R	Κ	Е	Т	1	S 1	Г						Not	like	this	0	×	ξ	9	
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Patient Details																										
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First Name(s)	F	H			\vdash	\vdash			-	\vdash		\vdash		\vdash		\vdash	⊢	\vdash	\vdash	-						
Other / Known As		\vdash			\vdash	\vdash			-	\vdash	\vdash	\vdash	-	\vdash		\vdash	⊢	\vdash	\vdash	\vdash				H	-	
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Patient's home address																										
																									_	
Postcode																	-								_	
The patient will be treate	d in:			_																						
Hospital									Γ	Γ										Γ						
Ward / Clinic	\vdash	\vdash			\vdash	-			\vdash	-	-	\vdash	-				-		-	\vdash				\mid	\neg	
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Patient's Nar	ne													СН	IN	umb	er										
Patient's RMO (see note	ə 1 i	bel	ow)										_				_										
Surname										Τ														Γ		Γ	
First Name																				_							1
Title														GN	ЛС	Num	nbe	r									
Hospital																											
Ward / Clinic (If appropriate)]
I, the above named RMO	am	app	rov	ed u	Inde	er se	ectio	on 2	22 0	of t	he /	Act	by:														
Health Board NHS]
Where the patient is under the	age	of	18 -																								-
○ The above named RMC) is a	a ch	ild s	spec	ialis	st	0	Th	e a	abo	we	nan	ned	RM	Oi	is NO	ЭΤ	a ci	hilds	spe	cia	list					
T1 / PART 1																				То	be	con	npl	ete	d by	/ the	e DMP
DMP Details (see note	2 b	elo	w)																								
Full name and profession	al a	ddr	ess	of D	MP	who) is	pro	vid	ling	the	e ce	rtific	cate	,												
Surname	$\left[\right]$	Γ	Т		Γ		Τ	Τ	Τ						Γ		Γ	Т			Τ						
First Name	F	\vdash	\uparrow			\vdash	t	╈	T					\vdash	t	\top	t	t		1	1						
GMC Number	F	\square	\top			\square	T	Τ		_				_	-		-			_		_					
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Postcode	F	┢	$^{+}$	+	+	+	t	t	-	_						1	1		-	_							
Where the patient is under th	e aq	e of	18 -	-	-	-	-																				
O I am a child specialist	-			IOT	a ci	hild	spe	cial	list																		
Certification																											
Complete the appropriate	opi	tion																									
A - complete where - P	atie	ent	is C	ape	ble	of	Cor	ıse	nt i	to	Tre	atri	ent	1													
I, the above named DMP	, co	nfir	m ti	hat:																							
○ (a) the above named particular of a standard particular of a stan	atie	nt is	са	pabl	e of	cor	isei	ntin	g to	o tł	ne tr	reat	mer	nt													
O (b) the patient has cons	sent	ed I	to th	ne tr	eatn	nen	t in	writ	ing	j; a	Ind																
 (c) having regard to the in the patient's best interest 																	in	th	e pa	tier	nt's	con	ditio	on,	it is		
Details of the patient	's c	ons	sen	t in '	writ	ing	to	the	tre	eat	me	nt															
O A copy of the patient's	con	sen	t in	writi	ing i	s at	tacl	hed																			
The patient signed this cc	nse	nt o	m (e	date) []/	[1]										
B - complete where - P	atie	nt i	s In	cap	abl	e oi	fCo	ons	ent	t to	o Tr	eat	mer	nt													
I, the above named DMP	cor	nfirn	n th	at:																							
○ (a) the above named pa	atier	nt is	inc	apal	ble	of co	ons	enti	ng	to	the	trea	atme	ent													



O (b) the patient is not objecting to the treatment; and

O (c) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient

1. Where the patient does not have an RMO, all references in this form to the patient's RMO will be taken to be the medical practitioner primarily concerned with treating the patient.

2. Where the patient is a child (under the age of 18) and the patient's RMO is NOT a child specialist, then the DMP must be a child specialist (where a child specialist is a medical practitioner who has such qualifications or experience in relation to children as the Mental Welfare Commission may determine from time to time)

Notes

Patient's Name	e	CHI Number		
T1 / PART 2			To be completed b	y the DMP
Treatment Details				
The treatment under section	n 234(2) is to consist of (shade as approp	priate) :		
	on for destroying- or ng of brain tissue nas deep brain stimulation.			
Description of the treatment				
Signature / Date				
Signed by the DMP Date				



Form T2A

	d Treatment) (Scotland) Act 2003 (the Act) Consent To Treatment	T2A (S237)
Instructions		v7.0
The following form is to b	used:	
where the patient's RMO, c treatment under section 23 (a) electro-convulsive (b) vagus nerve stimul (c) transcranial magne	erapy (ECT); Note: ECT, VNS and TMS cannot be given ion (VNS); and, where the patient is capable of consenting	id is not refusing consent for
This form is prescribed by	egulations made under the Mental Health (Care and Treatment) (Scotland) Act 2 for the purpose for which this form has been prescribed is invalid.	2003. The use of any other form
Where not completing this f	m electronically, to ensure accuracy of information, please observe the fo	llowing conventions:
Write clearly within the boxes in	For example Shade circ	cles like this -> 🛛 🔴
BLOCK CAPITALS and in BLACK or BLUE ink		Not like this -> 🗙 🥑
the box. Extension sheet(s	ence number to the left, you can extend your response on plain paper w should be clearly labelled with Patient's name and CHI number, and eac text box reference number.	
CHI Number		
Surname		
First Name(s)		
Other / Known As		
	Other / Known As' could include any name / alias that the patient would prefer to be known as	
Title	Gender O Male	3
DoB dd/mm/yyyy	/ / / Em	ale
Patient's home address		
address		
Postcode		
The patient is detained in	or under the management / care of:	
Hospital		

Ward / Clinic





Patient's Nar	me												Cł	ΗN	umt	ber								7		
	_														1	ſot	e co	om	olet	ed	by	the	DN		or Ri	MO
RMO Details (where cer	tific	cate	gra	ante	d b	y ti	ne p	atie	ent's	; RI	10)										-					
Surname																						Γ	Γ	Г		1
First Name	-				-					-						-						t	\vdash	\vdash	-	
Title													G	MC	Nur	nbe	er i		_				T	Ē		
Hospital									· · · ·									_			-	+	┢	┢	\vdash	
Ward / Clinic (If appropriate)																										
Telephone No.																										
e-mail address	_			_	_	_	_	_	_	_			-													
Approved under section 2	2 01	fthe	Ac	t by																						_
Health Board NHS																						Γ]
Where the patient is under the	-																									
 I am a child specialist; 	or	0	lar	n N	OT	a cł	hild :	spe	ciali	st	(see	not	es)												
DMP Details (where cer	tific	ate	gra	nte	d b	y D	MP)	ļ																		
Surname																					1					
First Name												_									1					
Address												_									1					
																					1					
																					1					
Postcode								-	GM	сN	umt	er														
Where the patient is under the	-							-																		
I, the above DMP am a	chil	d sp	beci	alist	; or		о I,	the	abo	ove	DMI	⊃ ar	ηN	OT	a ch	hild	spec	ciali	st	(\$	see	not	es)			
Certification																										
Patient's consent to tre	eatn	nen	t																							
I, the above named RMO	or [OMF	o co	nfirr	n th	at																				
 (a) the patient is capable 	of co	nse	nting	g to	the	treat	tmer	nt;																		
O (b) the patient has cons	ente	ed ir	n wr	iting	to	the	trea	tme	ent (see	not	es);														
 (c) the giving of medica (Scotland) Act 2003, or 															еM	ent	al He	ealti	h (C	are	an	dT	reat	me	nt)	
 (d) having regard to the patient's best interests t 															tion	in,	the	pati	enť	s co	ond	litior	n, it i	is ir	the	
Details of the patient's	cor	ser	nt in	wr	itin	g to	the	e tre	atn	nen	t.															
 A copy of the patient's 	con	sen	tin	writi	ing	s af	tac	hed.								T2/	is s	igne	ed a	s th	e sh	gneo	i coi	nsei	ter t nt mu	he ist
The patient signed this con	sent	on ((date	e)]/]/]	The	Con	nmis	ssio	n ad	vise	s th	at th	e 72	A	
Notes																	uid i patie								iys at	ter
Where the patient is under the If consent to treatment has bee	age o	of 18	, cer	tifica	tion	MUS	ST be	by e	either	r an	RMO	or a	DM	P wh	o is i	a chi	ld sp	ecia	list.							



Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Patie	nt's Name		CHI Number		
			To be	completed by the D	MP or RM
Details Of Treati	nent				
he treatment cov	rered by this certificate	is:			
	O ECT under sectio	n 237(3)(a)			
	O VNS or TMS (bei	ng treatments specified in	regulations under see	tion 237(3)(b))	
Description of the stated.	treatment(s) including i	frequency. The maximum d	luration of the course	of treatment authorise	d must
1					
Certification by	RMO or DMP				
Certified by	○ the RMO ○ the	DMP			
Signature					
Dete					
Date					

A copy of this form must be sent to the Mental Welfare Commission within seven days of issuing the certificate



Form T2B

					_			_				_									_
Instructions																					
he following form is to b	e use	d:																			
where the patient's RMO, o reatment under section 24 (a) any medicine (other (b) any other medicine	IO(3) of r than t	f the	e Ac surç	t: gical ir	nplar	ntatic	n of	horr	none	s) gi	ven f	or th	e pur	ose o	f redu	icing			-	ent fo	я
This form is prescribed by	y regula	tion												otland invali		2003.	Theu	ise of	any oti	ner for	m
Where not completing this fo	orm ele	ectro	onic	ally, te	ens	ure a	iccur	acy	of in	forma	tion,	plea	ise ób	serve	the fo	llowi	ng co	nvent	ions:		_
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BLOCK CAPITALS and in BLACK or BLUE ink		Γ	Τ	Π												Not	like th	is ->	×	۲	1
he box. Extension sheet(s abelled with the appropriate Patient Details							ith P	atier	nt's r	iame	and	CHI	numb	er, an	d eac	h exi	lende	d resj	ponse	shou	d I
CHI Number			_			-	-														_
		\downarrow																			_
Surname																					
First Name(s)																					
Other / Known As		1				\top	\square					\top									٦
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DoB dd / mm / yyyy			/]/							Ge	ender	0	Male	<u>}</u>					_
DoB kd / mm / yyyy Patient's home			/									Ge	ender	0	Male	<u>}</u>					
DoB kd / mm / yyyy Patient's home			/									Ge	ender	0	Male	<u>}</u>					
DoB kd / mm / yyyy Patient's home			/									Ge	ender	0	Male	<u>}</u>					
DoB kd / mm / yyyy Patient's home			/									Ge	ender	0	Male	<u>}</u>					
DoB kd / mm / yyyy Patient's home			/									Ge	ender	0	Male	<u>}</u>					
DoB M/mm/yyyy Patient's home address			/									Ge	ender	0	Male	<u>}</u>					
DoB k/mm/yyyy Patient's home address	n, or u	nde	/	ne ma	/		nt/c	care	of:			Ge		0	Male	<u>}</u>					
DoB #/mm/yyyy Patient's home address Postcode The patient is detained ir		nde	/	ne ma	/		nt / c		of:			Ge	ender	0	Male	<u>}</u>					
DoB M/mm/yyyy Patient's home address			/				nt / c		of:			Ge		0	Male	<u>}</u>					



Patient's Na	ame CHI Number
	To be completed by the DMP or RMO
RMO Details (where co	ertificate granted by the patient's RMO)
Surname	
First Name	
Title	GMC Number
Hospital	
Ward / Clinic (If appropriate)	
Telephone No.	
e-mail address	22 of the Act tw
Health Board NHS	
Where the patient is under to O I am a child specialist;	he age of 18 - ; or O I am NOT a child specialist (see notes)
DMP Details (where ce	ertificate granted by DMP)
Surname	
First Name	
Address	
Postcode	GMC Number
Where the patient is under t	he age of 18 -

O I, the above DMP am a child specialist; or O I, the above DMP am NOT a child specialist (see notes)

Notes

Where the patient is under the age of 18, certification MUST be by either an RMO or a DMP who is a child specialist. If consent to treatment has been withdrawn (in writing or otherwise) then the treatment can not be given



	Patient's Name			CHI Number			
				Tol	be completed	by the DMP	or RMO
Certificatio	n						
Patient's co	onsent to treatme	nt					
I, the above r	named RMO or DM	/IP confirm that:					
 (a) the patie 	int is capable of con	senting to the treatme	ent;				
O (b) the pat	ient has consented	d in writing to the tre	atment (see notes));			
		tment to the patient riminal Procedure (al Health (Care	and Treatme	ent)
		hood of its alleviatin he treatment should			the patient's co	ondition, it is i	in the
Details of t	he patient's cons	ent in writing to th	he treatment				
.,	the patient's consi	ent in writing is atta m (date)	ched.	72 ex 11 71 st	B the patient ca B is signed as ti rist at the time the ine Commission a would not be issue to patient signs the patient signs the	he signed com e T2B is compli dvises that the ed more than 7	sent must eted. T2B days after
Details Of 1	Treatment						
The treatme	O Other med	certificate is: n to reduce sex dr given for the purpo dication beyond 2 compulsory treatm	use of reducing sex months - any othe	drive r medicine giver	beyond 2 mor	nths since	
beyond 2 r medicatior in this peri- required o	ment specified is o months, record the h for mental disord od of detention. No nly for the first T28 h issued, not for su	e date any ler was first given ote that this is 3 or T3B form for		1	prior ED or orders Procedur	te period hare i C, STDC, ICTO, s under the Crin re (Scotland) A late only to a si ion.	CTO, TTD minal at 1995



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Patient's N	ame CHI Number
	To be completed by the DMP or RMC
Details Of Treatment (
Description of the treatm	ent(s) including frequency and duration of treatment
1	
reatment can be author	ised by this certificate until (date)
	eriod of treatment authorised should be no longer
than three yea	rs in line with Mental Welfare Commission for Scotland recommendations
Certification by RMO o	r DMP
ertified by O the	RMO O the DMP
ignature	
late	



Form T3A

Certificate of t	he l	Desi	gna	ted	Me	dic	al	Pr	act	itic	one	er										(S2		<u></u>	_
Instructions																								1	v 7
The following form is to b	e us	ed:																							
where a designated medica consenting to treatment uno (a) electro-convulsive th (b) vagus nerve stimula (c) transcranial magneti	der se herap tion (y (EC VNS);	237(T); and	3) of t			ovide a certificate for medical treatment where Note: ECT, VNS and TMS cannot be given where the patient is capable of consenting to the treatment and refuses consent.												pat	ient i	is in	capa	ible	of	
This form is prescribed by for t		lations rpose												nt) (S	coti	and)	Act	2003	. Th	e use	e of a	апу о	ther	form	
Where not completing this fi	orme	lectro	nicall	v. to e	msu	re ac	cur	acy	ofi	nfon	mati	on p	leas	e ol	ser	ve ti	he fo	wow	ing	con	/ent	ions:			_
Write clearly within the boxes in LOCK CAPITALS nd in BLACK or BLUE ink Where a text box has a refe	reno	Fo	ber t	ample o the	e left,		can	ex.	fend	l you	ar re	spor	75e (on p	S	had	e cir	Noi Noi	like like	this this are is	-> ->	×	ient	spa	ce ii
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Patient Details																									
HI Number			Τ							1															
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atient's home ddress																									
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ostcode	П		T						-	_	-	-				-	-	-	-	-	-				
he patient is detained in	, or u	under	the	mana	ager	nen	t/c	are	e of:																
ospital	\square		Τ									Γ													
/ard / Clinic appropriate						Í																			
atient's RMO											Γ		Γ												Τ
There the patient is under th	e age	of 18																							
The RMO is a child spe	eciali	st	O Th	ne RN	NO I	is N	от	ad	hild	spi	ecia	list		(se	e r	ote	s - r	bag	8 2)						



Patient's Na	me										СН	l Nu	mb	er								
										_						Т	'o b	eco	omple	ted b	y the	DMP
DMP Details																						
Surname					Τ																	
First Name	H	+	\square		\vdash							+	+									
Address	H	+		+	t							+	+									
	H	+			\top							1	1									
	H	+		+	\vdash							+	1									
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	H	+										1	1									
Postcode						0	SMC	2 Nu	ımb	er												
Where the patient is under th						,																
O I, the above DMP am a	child :	speci	alist	; or	о I,	the	abo	we (DMF	° an	1 NK	Ла	chi	ild s	peo	ialis	st	(56	e not	es be	low)	
CERTIFICATION																						
The treatment covered	by this	certif	licati	e is:																		
 ECT under sect 	ion 23'	7(3)(8	a)																			
O VNS or TMS (b	eing tr	eatm	ents	specif	ied i	n reg	gula	tion	s ur	nder	sec	tion	237	7(3)	(b))							

I, the above named DMP, not being the patient's RMO certify that:

the patient is incapable of understanding the nature, purpose and likely effects of the treatment;

the giving of medical treatment to the patient is authorised by virtue of the Act, or the Criminal Procedure (Scotland) Act 1995; and

Complete A or B as appropriate for treatments under section 237(3)

A O the patient is NOT resisting or objecting to treatment, and having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given.

OR

B
 the patient resists or objects to treatment, and it is necessary to give treatment to the patient for the purpose of:

(a) saving the patient's life;

- (b) preventing serious deterioration in the patient's condition;
- O (c) alleviating serious suffering on the part of the patient.

Notes

Where the patient is under the age of 18, certification MUST be as follows -

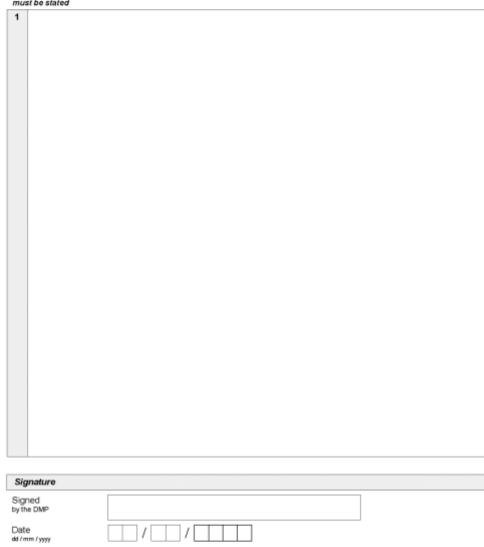
where the patient's RMO is a child specialist, by a designated medical practitioner approved by the Mental Welfare Commission where the patient's RMO is not a child specialist, by a designated medical practitioner approved by the Commission who is a child specialist Where the patient is not in hospital the above certificate does not authorise the giving of treatment by force to the patient



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Patient's Name	CHI Number		
Details of Treatment		<i></i>	

Description of the treatment(s) including frequency. The maximum duration of the course of treatment authorised must be stated



A copy of this form must be sent to the Mental Welfare Commission within seven days of issuing the certificate



Form T3B

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EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations revoke and replace the Mental Health (Certificates for Medical Treatment) (Scotland) Regulations 2005 and the Mental Health (Certificates for Medical Treatment) (Scotland) Amendment Regulations 2008.

These Regulations prescribe the forms to be used, and the particulars of those forms, in giving certificates required under sections 235, 236, 238, 239 and 241 of the Mental Health (Care and Treatment) (Scotland) Act 2003.