

2020 No. 146

MENTAL HEALTH

The Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) (Amendment) Regulations (Northern Ireland) 2020

Made - - - - *21st July 2020*

Coming into force - - *10th August 2020*

The Department of Health(a), in exercise of the powers conferred by Article 64(1)(b) and 135(1) of the Mental Health (Northern Ireland) Order 1986(b), makes the following Regulations:

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) (Amendment) Regulations (Northern Ireland) 2020 and shall come into operation on 10th August 2020.

(2) In these Regulations—

“the principal Regulations” means the Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) Regulations (Northern Ireland) 1986(c).

2. In the Schedule to the principal Regulations, for Form 10 and Form 23 there shall be substituted Form 10 and Form 23 in the Schedule.

Sealed with the Official Seal of the Department of Health on 21st July 2020.

(L.S.)

Mark Lee
A senior officer of the Department of Health.

(a) 2016 c. 5 (NI) s.1(5)

(b) S.I. 1986/595 (NI 4)

(c) S.R. 1986 No. 174, the relevant amending rules are S.R. 1992 No. 44, S.R. 1994 No. 65 and S.R. 1994 No. 349

SCHEDULE
Statutory Forms

Regulation 2

Index of Forms

<i>Form</i>	<i>Title</i>
Form 10	Medical Report for Detention for Treatment
Form 23	Certificate of second opinion

Form 10

Mental Health (Northern Ireland) Order 1986

Article 12

Medical Report For Detention For Treatment

To [name and address of the responsible authority].

[Full name of patient] was compulsory admitted to [name of hospital] on [date].

I [full name and professional address of medical practitioner], a medical practitioner appointed for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality Improvement Authority, examined this patient on [date].

In my opinion—

(a) this patient is suffering from

*mental illness

*severe mental impairment

*(Delete if not applicable)

of a nature or degree which warrants his/her detention in hospital for medical treatment;

My opinion at (a) above is based on the following grounds:—

[Give a clinical description of the patient’s mental condition.]

AND

(b) failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

My opinion at (b) is based on the following evidence:—

[Have regard only to evidence (all options referenced must be evidenced in the text below)—

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient’s judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves.]

AND

In my opinion there are no appropriate other methods of dealing with the patient.

[Specify whether other methods of dealing with the patient are available and, if so, why they are not appropriate.]

Signed

Dated

Form 23

Mental Health (Northern Ireland) Order 1986
Article 64(3)(b)

Certificate of Second Opinion

(Treatment Requiring Consent or a Second Opinion)

I [full name and professional address] am a medical practitioner appointed for the purpose of
*Part IV of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality
Improvement Authority.

*Part II of the Mental Health (Northern Ireland) Order 1986 by the Regulation and Quality
Improvement Authority.

*(Delete whichever does not apply)

**A medical practitioner appointed for the purposes of Part IV of the Mental Health (Northern
Ireland) Order 1986 by the Regulation and Quality Improvement Authority has not been consulted
due to the following exceptional circumstances: [details of the exceptional circumstances]

**(Delete if not appropriate)

I have consulted [full name, address and status of person(s) consulted] who appear(s) to me to be
principally concerned with the treatment of [full name, address, date of birth and HSC number of
patient].

I certify that this patient—

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

OR

***(b) has not consented to

***(Delete whichever does not apply)

[Give description of treatment or plan of treatment] but that, having regard to the likelihood of that
treatment alleviating or preventing a deterioration of the patient’s condition, it should be given.

The treatment plan detailed above is clinically defensible and effective; consideration has been
given to the views and rights of the patient.

I agree to the above treatment plan. My reasons are as stated below: [provide reasons why the plan
is agreed to].

I am not the responsible medical officer for this patient.

Signed

Dated

EXPLANATORY NOTE

(This note is not part of the Order)

The Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) Regulations (Northern Ireland) 1986 prescribes the forms (which are laid out in the Schedule) to be used under the Mental Health (Northern Ireland) Order 1986.

For detentions for treatment a medical report is required, using the prescribed Form 10. For certain treatments a second opinion is required, using the prescribed Form 23.

These Regulations substitute new Form 10 and 23.

© Crown copyright 2020

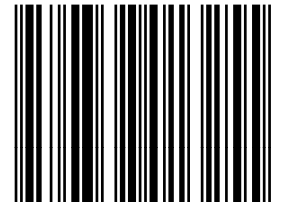
Printed and published in the UK by The Stationery Office Limited under the authority and superintendence of Jeff James, Controller of Her Majesty's Stationery Office being the Government Printer for Northern Ireland and the Officer appointed to print Acts of the Northern Ireland Assembly.

£4.90

NI202007211010 07/2020 19585

<http://www.legislation.gov.uk/id/nisr/2020/146>

ISBN 978-0-33-801325-5



9 780338 013255