

Subsidiary Legislation made under ss.9, 13, 22, 41, 45, 46, 47, 61, 125 and 134.

## **Mental Health (General) Regulations 2018**

**LN.2018/099**

*Commencement*

**23.4.2018**

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### **ARRANGEMENT OF REGULATIONS**

Regulation

*Part 1- General*

1. Title and commencement.
2. Interpretation.
3. Documents.

*Part 2 - Procedures and Records Relating to Hospital Admissions, Guardianship and  
Community Treatment Orders*

4. Procedure for and record of hospital admissions.
5. Procedure for and acceptance of guardianship applications.
6. Procedure for and records relating to community treatment orders.
7. Transfer from hospital to guardianship.
8. Transfer from guardianship to guardianship or hospital.
9. Conveyance to hospital on transfer from hospital or guardianship.
10. Renewal of authority for detention or guardianship and extension of community treatment period.
11. Detention, guardianship or community treatment after absence without leave for more than 28 days.
12. Discharge of patients.

*Part 3 - Functions of Guardians and Nearest Relatives*

13. Duties of private guardians.
14. Visits to patients subject to guardianship.
15. Performance of functions of nearest relative.
16. Discharge by nearest relative.

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**Mental Health (General) Regulations 2018**

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*Part 4 – Provision of information*

17. Provision of Information.

*Part 5 - Consent to Treatment*

18. Consent to treatment.

*Part 6 - Treatment of Community Patients not Recalled to Hospital*

- 19.

*Part 7 - Correspondence of Patients*

20. Inspection and opening of postal packets.

*Part 8 – Conflict of Interest*

21. General.  
22. Potential conflict for financial reasons.  
23. Potential conflict of interest for business reasons.  
24. Potential conflict of interest for professional reasons.  
25. Potential conflict of interest on the basis of a personal relationship.

**SCHEDULE**

**FORMS FOR USE IN CONNECTION WITH COMPULSORY ADMISSION TO HOSPITAL, GUARDIANSHIP AND TREATMENT**

*In exercise of the powers conferred upon it by sections 9, 13, 22, 41, 45, 46, 47, 61, 125 and 134 of the Mental Health Act 2016, and all other enabling powers, the Minister has made the following Regulations -*

*Part I- General*

**Title and commencement.**

1. These Regulations may be cited as the Mental Health (General) Regulations 2018 and shall come into operation on the day of publication.

**Interpretation.**

2.(1) In these Regulations—

“assessor” means—

- (a) an approved mental health professional; or
- (b) a registered medical practitioner;

“business day” means any day other than—

- (a) a Saturday, Sunday, Christmas Day or Good Friday; or
- (b) a public holiday or bank holiday under the Banking and Financial Dealings Act or the Interpretation and General Clauses Act;

“document” means any application, recommendation, record, report, order, notice or other document;

“electronic communication” means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa)-

- (a) by means of an electronic telecommunications network; or
- (b) by other means but while in an electronic form;

“guardianship patient” means a person who is subject to guardianship under the Act;

“private guardian”, in relation to a patient, means a person, other than the Care Agency, who acts as guardian under the Act.

(2) Any reference in these Regulations to-

- (a) a numbered section is to a section of Act; and
- (b) a form is a reference to the form in the Schedule bearing that designation.

**Documents.**

3.(1) Any document required or authorised to be served upon the Authority by or under the Act or these Regulations may be served by delivering it to the Authority or any person authorised by the Authority to receive it.

(2) Any document required or authorised to be served upon the Care Agency by or under the Act or these Regulations may be served by delivering it to the Care Agency or any person authorised by the Care Agency to receive it.

(3) Subject to sections 6(3) and 8(3) (proof of applications), any document –

- (a) required or authorised by or under the Act or these Regulations; and
- (b) purporting to be signed by a person required or authorised by or under the Act or these Regulations to do so,

shall be received in evidence and be deemed to be such a document without further proof.

(4) Where under the Act or these Regulations the Authority or Care Agency is required to make any record or report, that function may be performed by any person authorised by the Authority or, where applicable, Care Agency in that behalf.

*Part 2 - Procedures and Records Relating to Hospital Admissions, Guardianship and  
Community Treatment Orders*

**Procedure for and record of hospital admissions.**

4.(1) Subject to subregulation (2), for the purposes of admission to hospital under Part 2 of the Act–

- (a) any application for admission for assessment under section 2 shall be in the form set out –
  - (i) where made by the nearest relative, in Form A1;
  - (ii) where made by an approved mental health professional, in Form A2;

- (b) any medical recommendation for the purposes of section 2 shall be in the form set out –
- (i) in the case of joint recommendations, in Form A3;
  - (ii) in any other case, in Form A4;
- (c) any application for admission for treatment under section 3 shall be in the form set out –
- (i) where made by the nearest relative, in Form A5;
  - (ii) where made by an approved mental health professional, in Form A6;
- (d) any medical recommendation for the purposes of section 3 shall be in the form set out –
- (i) in the case of joint recommendations, in Form A7;
  - (ii) in any other case, in Form A8;
- (e) any emergency application under section 4 shall be in the form set out-
- (i) where made by the nearest relative, in Form A9;
  - (ii) where made by an approved mental health professional, in Form A10;
- (f) any medical recommendation for the purposes of section 4 shall be in the form set out in Form A11;
- (g) any report made under subsection (2) of section 5 (detention of in-patient already in hospital for a maximum of 72 hours) by –
- (i) the registered medical practitioner or approved clinician in charge of the treatment of the patient; or
  - (ii) any person nominated by the registered medical practitioner or approved clinician to act for them,

shall be in the form set out in Part 1 of Form H1 and the Authority shall record receipt of that report in Part 2 of that Form;

- (h) any record made under subsection (5) of section 5 (power to detain an in-patient for a maximum of 6 hours) by the mental health nurse shall be in the form set out in Form H2.

(2) For the purposes of section 15 (rectification of applications and recommendations), the Authority may authorise an officer on his 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 (admission for assessment, admission for treatment and admission for assessment in cases of emergency respectively), a record of admission shall be made by the Authority in the form set out in Part 1 of Form H3 and shall be attached to the application.

(4) Where a patient has been admitted to a hospital pursuant to an application under section 4 (admission for assessment in cases of emergency), a record of receipt of a second medical recommendation in support of the application for admission of the patient shall be made by the Authority in the form set out in Part 2 of Form H3 and shall be attached to the application.

**Procedure for and acceptance of guardianship applications.**

5.(1) For the purposes of section 7 (application for guardianship)–

- (a) an application for guardianship shall be in the form set out –
  - (i) where made by the nearest relative, in Part 1 of Form G1;
  - (ii) where made by an approved mental health professional, in Part 1 of Form G2;
- (b) where a person other than the Care Agency is named as guardian, the statement of willingness of that person to act as guardian shall be in the form set out in Part 2 of Form G1 or, as the case may be, G2;
- (c) any medical recommendation shall be in the form set out –
  - (i) in the case of joint recommendations, in Form G3;

(ii) in any other case, in Form G4.

(2) Where an application for guardianship is accepted by the Care Agency, it shall record its acceptance of the application in the form set out in Form G5 (which shall be attached to the application).

#### **Procedure for and records relating to community treatment orders**

6.(1) For the purposes of section 17 (community treatment orders)–

- (a) an order made by the responsible clinician shall be in the form set out in Parts 1 and 3 of Form CTO1;
- (b) the agreement of the approved mental health professional shall be in the form set out in Part 2 of Form CTO1;
- (c) as soon as reasonably practicable, the responsible clinician shall furnish the Authority with that order.

(2) For the purposes of section 18 (conditions in community treatment orders) –

- (a) the conditions to which the patient is subject whilst the order remains in force shall be in the form set out in Form CTO1;
- (b) a variation of any of those conditions by the responsible clinician shall be in the form set out in Form CTO2;
- (c) as soon as reasonably practicable, the responsible clinician shall furnish the Authority with Form CTO2.

(3) For the purposes of section 21 (power to recall a community patient to hospital)–

- (a) a responsible clinician's notice recalling a patient to hospital shall be in the form set out in Form CTO3;
- (b) as soon as reasonably practicable, the responsible clinician shall furnish the Authority recalled with a copy of the notice recalling the patient to hospital;
- (c) the Authority shall record the time and date of the patient's detention pursuant to that notice in the form set out in Form CTO4.

(4) A responsible clinician's notice recalling a patient to hospital for the purposes of section 21 (power to recall a community patient to hospital) in Form CTO3 shall 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 post addressed to the patient at the patient's usual or last known address.
- (5) Notice of recall in Form CTO3 is considered served—
- (a) in the case of subregulation 4(a), immediately on delivery of the notice to the patient;
  - (b) in the case of subregulation 4(b), on the day (which does not have to be a business day) after it is delivered;
  - (c) in the case of subregulation 4(c), on the second business day after it was posted.
- (6) As soon as practicable following the patient's recall, the Authority shall 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 Part 3 of the Act (consent to treatment).
- (7) For the purposes of section 22 (powers in respect of recalled patients) —
- (a) an order referred to in subsection (4) (responsible clinician's order revoking a community treatment order) shall be in the form set out in Parts 1 and 3 of Form CTO5;
  - (b) a statement of an approved mental health professional referred to in that subsection (signifying agreement with the responsible clinician's opinion and that it is appropriate to revoke the order) shall be in the form set out in Part 2 of Form CTO5;
  - (c) as soon as practicable, the responsible clinician shall furnish the Authority with that Form.

**Transfer from hospital to guardianship.**



7. A hospital patient may be transferred into the guardianship of the Care Agency, or a person approved by the Care Agency, where –

- (a) an authority for transfer is given by the Authority in the form set out in Part 1 of Form G6;
- (b) the transfer has been agreed by the Care Agency;
- (c) the Care Agency has specified the date on which the transfer shall take place;
- (d) the Authority has recorded the agreement of the Care Agency and the date for transfer in the form set out in Part 1 of that Form;
- (e) in the case of a person other than the Care Agency being named as guardian, the agreement of that person to act as guardian is recorded in the form set out in Part 2 of that Form.

**Transfer from guardianship to guardianship or hospital.**

8.(1) A guardianship patient may be transferred from the guardianship of the Care Agency into the guardianship of another person where–

- (a) an authority for transfer is given by the guardian in the form set out in Part 1 of Form G7; and
- (b) the statement of willingness of the proposed guardian to act as guardian is recorded in the form set out in Part 2 of that Form.

(2) An authority for transfer to hospital of a guardianship patient may be given by the Care Agency in the form set out in Part 1 of Form G8 where –

- (a) an application for admission for treatment has been made by an approved mental health professional in the form set out in Form A6;
- (b) that application is founded on medical recommendations given by two registered medical practitioners in accordance with section 12 in the form set out –
  - (i) in the case of joint recommendations, in Form A7;
  - (ii) in any other case, in Form A8;

- (c) the Care Agency is satisfied that arrangements have been made for the admission of the patient to that hospital within the period of 14 days beginning with the date on which the patient was last examined by a registered medical practitioner for the purposes of paragraph (b).

(3) Where subregulation (2)(a) applies, for the purposes of the application referred to in that subregulation, sections 11(5) (consultation with nearest relative) and 14 (duty of approved mental health professional) shall apply as if the proposed transfer were an application for admission for treatment.

(4) On the transfer of a guardianship patient referred to in subregulation (2), a record of admission shall be made by the Authority in the form set out in Part 2 of Form G8 and shall be attached to the application referred to in subregulation (2)(a).

(5) Where the conditions of subregulation (2) 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.

#### **Conveyance to hospital on transfer from hospital or guardianship.**

9. Where the conditions of regulation 8(2) are satisfied, the authority for transfer given in accordance with that regulation shall be sufficient authority for an officer of, or any person authorised by, the Care Agency to take the patient and convey the patient to the hospital to which the patient is being transferred 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 8(2)(b).

#### **Renewal of authority for detention or guardianship and extension of community treatment period.**

10.(1) Any report for the purposes of section 25(3) (medical recommendation for renewal of authority to detain) shall be in the form set out in Parts 1 and 3 of Form H4.

(2) The statement for the purposes of section 25(6) (agreement with medical recommendation for renewal of authority to detain) shall be in the form set out in Part 2 of Form H4.

(3) The receipt of Form H4 shall be recorded by the Authority in the form set out in Part 4 of that Form.

(4) Any report for the purposes of section 25(9) (medical recommendation for renewal of guardianship) shall be in the form set out in Part 1 of Form G9.

(5) The Care Agency shall record receipt of Form G9 in the form set out in Part 2 of that Form.

(6) For the purposes of section 26 (community treatment period)–

- (a) a report for the purposes of subsection (3) of that section (responsible clinician's report extending the community treatment period) shall be in the form set out in Parts 1 and 3 of Form CTO6;
- (b) a statement for the purposes of subsection (7) of that section (approved mental health professional's statement that it is appropriate to extend the order) shall be in the form set out in Part 2 of Form CTO6.

(7) The Authority shall record the receipt of Form CTO6 in the form set out in Part 4 of that Form.

**Detention, guardianship or community treatment after absence without leave for more than 28 days.**

11.(1) In relation to a patient who is liable to be detained–

- (a) any report for the purposes of section 30(2) (authority for detention or guardianship of patients who are taken into custody or return after more than 28 days) shall be in the form set out in Part 1 of Form H5, and
- (b) the receipt of that report shall be recorded by the Authority in the form set out in Part 2 of that Form.

(2) In relation to a patient who is subject to guardianship–

- (a) any report for the purposes of section 30(2) shall be in the form set out in Part 1 of Form G10, and
- (b) the receipt of that report shall be recorded by the Care Agency in the form set out in Part 2 of that Form.

(3) In relation to a community patient–

- (a) any report for the purposes of section 30(2) shall be in the form set out in Part 1 of Form CTO7, and
- (b) the receipt of that report shall be recorded by the Authority in the form set out in Part 2 of that Form.

**Discharge of patients.**

12. For the purposes of section 32 (discharge of patients) a responsible clinician's order for the discharge of –

- (a) a patient liable to be detained under the Act, or a community patient, shall be sent to the Authority as soon as practicable after it is made;
- (b) a guardianship patient, shall be sent to the guardian as soon as practicable after it is made.

*Part 3 - Functions of Guardians and Nearest Relatives*

**Duties of private guardians.**

13.(1) It shall be 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 Care Agency of the name and address of the nominated medical attendant;
- (c) in exercising the powers and duties of a private guardian conferred or imposed by the Act and these Regulations, to comply with such directions as the Care Agency authority may give;
- (d) to furnish the Care Agency with all such reports or other information with regard to the patient as the Care Agency may from time to time require;
- (e) to notify the Care Agency –
  - (i) on the reception of the patient into guardianship, of the private guardian's address and the address of the patient,
  - (ii) of any permanent change of either address, before or not later than 7 days after the change takes place;
- (f) in the event of the death of the patient, or the termination of the guardianship by discharge, transfer or otherwise, to notify the Care Agency 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 Care Agency agrees, including orally or by electronic communication.

**Visits to patients subject to guardianship.**

14. The Care Agency shall arrange for every patient received into guardianship under the Act to be visited at such intervals as the Care Agency 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 shall be made by an approved clinician or a practitioner approved by the Minister for the purposes of section 12.

**Performance of functions of nearest relative.**

15.(1) Subject to the conditions of subregulation (7), any person other than —

- (a) the patient;
- (b) a person mentioned in section 35(5) (persons deemed not to be the nearest relative); or
- (c) a person in respect of whom the court has made an order on the grounds set out in section 38(4)(b) to (e) (which sets out the grounds on which an application to the court for the appointment of a person to exercise the functions of a nearest relative may be made) for so long as an order under that section is in effect,

may be authorised to act on behalf of the nearest relative in respect of the matters mentioned in subregulation (3).

(2) Subject to subregulation (8), the authorisation mentioned in subregulation (1) must be given in writing by the nearest relative.

(3) The matters referred to in subregulation (1) are the performance in respect of the patient of the functions conferred upon the nearest relative under —

- (a) Part 2 of the Act; and
- (b) section 91 (applications to the Tribunal).

(4) An authorisation given under subregulation (1) shall take effect upon its receipt by the person authorised.

(5) Subject to the conditions of subregulation (7), the nearest relative of a patient may give notice in writing revoking that authorisation.

(6) Any revocation of such authorisation shall take effect upon the receipt of the notice by the person authorised.

(7) The conditions mentioned in subregulations (1) and (5) are that the nearest relative shall immediately notify –

- (a) the patient;
- (b) in the case of a patient liable to be detained in a hospital or a community patient, the Authority;
- (c) in the case of a patient subject to guardianship, the Care Agency and the private guardian, if any,

of the authorisation or, as the case may be, its revocation.

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

#### **Discharge by nearest relative.**

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

- (a) shall be in the form set out in Part 1 of Form M1; and
- (b) the receipt of that report by the Authority shall be in the form set out in Part 2 of that Form.

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

- (a) transmission by facsimile; or
- (b) the transmission in electronic form of a reproduction of the report.

#### *Part 4 – Provision of information*

#### **Provision of Information**

17.(1) Unless the patient requests otherwise, where –

- (a) a patient's detention is renewed pursuant to a report furnished under section 25 (duration of authority), the Authority shall 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 30(10) (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 30(2), the Authority shall 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 30(6) and (7) (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 30(2), the Authority shall take such steps as are reasonably practicable to cause the patient and 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;
- (d) a patient's period of community treatment is extended pursuant to a report furnished under section 26 (community treatment period), the Authority shall 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;
- (e) by virtue of section 30(11) (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 30(2), the Authority shall 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;
- (f) by virtue of section 30(8) and (9) (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 30(2), the Authority shall take such steps as are reasonably practicable to cause the patient and 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;

- (g) a patient is to be or has been transferred from hospital to guardianship, the Care Agency shall take such steps as are reasonably practicable to cause the person appearing to it to be the patient's nearest relative to be informed of that transfer before it takes place or as soon as practicable thereafter;
- (h) a patient is to be or has been transferred from the guardianship of one person to the guardianship of another person, the Care Agency shall 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 transfer before it takes place or as soon as practicable thereafter;
- (i) a patient's guardianship becomes vested in the Care Agency or the functions of a guardian are, during the guardian's incapacity, transferred to the Care Agency or a person approved by it under section 10 (transfer of guardianship in case of death, incapacity, etc of guardian), the Care Agency shall 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 vesting, or as the case may be, transfer before it takes place or as soon as practicable thereafter;
- (j) a patient's guardianship is renewed pursuant to a report furnished under section 25 (duration of authority), the Care Agency shall 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 Care Agency not to discharge the patient;
- (k) by virtue of section 30(10) (patients who are taken into custody or return after more than 28 days) a patient's guardianship is renewed pursuant to a report furnished under section 30(10), the Care Agency shall 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 Care Agency not to discharge the patient;
- (l) by virtue of section 30(6) and (7) (patients who are taken into custody or return after more than 28 days) a patient's guardianship is renewed retrospectively pursuant to a report furnished under section 30(2), the Care Agency shall take such steps as are reasonably practicable to cause the patient and 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 Care Agency of that report.

(2) Where subregulation (1)(k) or (l) applies, the Care Agency shall, as soon as practicable inform the private guardian (if any) of its receipt of a report furnished under section 30 (patients who are taken into custody or return after more than 28 days).



(3) Upon a patient becoming subject to guardianship under the Act, the Care Agency shall take such steps as are reasonably 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—

- (a) the patient's rights under section 91 (applications to the Tribunal); and
- (b) the nearest relative's right to discharge the patient under section 32 (discharge of patients).

(4) Where information referred to in subregulation (1)(c), (f) or (l), or in subregulation (3) is to be given to the patient, it shall be given both orally and in writing.

(5) Where information referred to in subregulation (1) or (3) is to be given to the person appearing to be the patient's nearest relative, it shall be given in writing.

(6) Where information referred to in subregulation (2) is to be given to the private guardian, it shall be given in writing.

(7) Information that is to be given in writing under subregulations (5) and (6) may be transmitted by means of electronic communication if the recipient agrees.

#### *Part 5 - Consent to Treatment*

#### **Consent to treatment**

18.(1) For the purposes of section 45 (treatment requiring consent and a second opinion)—

- (a) the form of treatment to which that section shall apply, 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), shall be the surgical implantation of hormones for the purpose of reducing male sexual drive, and
- (b) the certificates required for the purposes of subsection (2)(a) and (b) of that section shall be in the form set out in Form T1.

(2) For the purposes of section 46 (treatment requiring consent or a second opinion) the certificates required for the purposes of subsection (3)(a) and (b) of that section shall be in the form set out in Forms T2 and T3 respectively.

(3) For the purposes of section 47 (electro-convulsive therapy, etc) —

- (a) the form of treatment to which that section shall apply, in addition to the administration of electro-convulsive therapy mentioned in subsection (1)(a) of that section, shall be the administration of medicine as part of that therapy; and
- (b) the certificates required for the purposes of subsections (3), (4) and (5) of that section shall be in the form set out in Forms T4, T5 and T6 respectively.

(4) Section 47 does not apply to treatment by way of the administration of medicine as part of electro-convulsive therapy where that treatment falls within section 51(1)(a) or (b) (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in the patient's condition).

*Part 6 - Treatment of Community Patients not Recalled to Hospital*

19.(1) For the purposes of Part 4 of the Act (treatment of community patients not recalled to hospital), the certificates required for the purposes of sections 55(2)(b) and 58(2)(b) (which set out when treatment under Part 4 of the Act may be given to adult and child community patients respectively) shall be in the form set out in Form CTO8.

(2) Treatment of a patient to whom section 55(3)(b) or section 58(3)(b) applies (adult and child patients for whom treatment is immediately necessary), may include treatment by way of administration of medicine as part of electro-convulsive therapy but only where that treatment falls within section 56(5)(a) or (b) (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in the patient's condition).

(3) Treatment of a patient to whom section 60 (emergency treatment for patients lacking capacity or competence) applies may include treatment by way of the administration of medicine as part of electro-convulsive therapy but only where that treatment falls within section 60(5)(a) or (b) (treatment immediately necessary to save the patient's life or to prevent a serious deterioration in the patient's condition).

*Part 7 - Correspondence of Patients*

**Inspection and opening of postal packets.**

20.(1) Where under section 125(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 125(1) or (2) the person appointed who inspected and opened it, shall record in writing—

- (a) that the packet had been so inspected and opened,
- (b) that nothing in the packet has been withheld, and

- (c) the name of the person appointed and the name of the hospital,

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

(2) Where under section 125(1) or (2) any postal packet or anything contained in it is withheld by the person appointed—

- (a) that person shall 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) the name of the person appointed; and

- (b) if anything contained in the packet is withheld, the person appointed shall 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;
- (iv) the name of the person appointed and the name of the hospital; and
- (v) in any case to which section 125(1)(b) or (2) applies, the further particulars required for the purposes of section 125(6),

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

(3) In a case to which section 125(1)(b) or (2) applies—

- (a) the notice required for the purposes of section 125(6) shall include –

- (i) a statement of the grounds on which the packet in question or anything contained in it was withheld, and

- (ii) the name of the person appointed who so decided to withhold that packet or anything contained in it and the name of the hospital; and
- (b) where anything contained in a packet is withheld the record required by subregulation (2)(b) shall, if the provisions of section 125(6) are otherwise satisfied, be sufficient notice to the person to whom the packet is addressed for the purposes of section 125(6).

*Part 8 – Conflict of Interest*

**General.**

21.(1) Regulations 22 to 25 set out the circumstances in which there would be a potential conflict of interest within the meaning of section 13(1) of the Act such that an approved mental health professional shall not make an application or a registered medical practitioner shall not give a medical recommendation.

(2) For the purposes of this Part, “application” means an application mentioned in section 11(1) of the Act.

**Potential conflict for financial reasons.**

22. An assessor shall have a potential conflict of interest for financial reasons if the assessor has a financial interest in the outcome of a decision whether or not to make an application or give a medical recommendation.

**Potential conflict of interest for business reasons.**

23.(1) When considering making an application or considering giving a medical recommendation in respect of a patient, an assessor shall have a potential conflict of interest for business reasons if both the assessor and the patient or another assessor are closely involved in the same business venture, including being a partner, director, other office-holder or major shareholder of that venture.

(2) Where the patient's nearest relative is making an application, a registered medical practitioner who is considering giving a medical recommendation in respect of that patient shall have a potential conflict of interest for business reasons if that registered medical practitioner and the nearest relative are both closely involved in the same business venture, including being a partner, director, other office-holder or major shareholder of that venture.

**Potential conflict of interest for professional reasons.**

24.(1) When considering making an application or considering giving a medical recommendation in respect of a patient, an assessor shall have a potential conflict of interest for professional reasons if the assessor –

- (a) directs the work of, or employs, the patient or one of the other assessors making that consideration; or
- (b) is a member of a team organised to work together for clinical purposes on a routine basis and the patient is a member of the same team.

(2) Where the patient's nearest relative is making an application, a registered medical practitioner who is considering giving a medical recommendation in respect of that patient shall have a potential conflict of interest for professional reasons if that registered medical practitioner–

- (a) directs the work of, or employs, the nearest relative; or
- (b) works under the direction of, or is employed by, the patient's nearest relative.

**Potential conflict of interest on the basis of a personal relationship.**

25.(1) An assessor who is considering making an application or considering giving a medical recommendation in respect of a patient, shall have a potential conflict of interest on the basis of a personal relationship if that assessor is-

- (a) related to a relevant person in the first degree;
- (b) related to a relevant person in the second degree;
- (c) related to a relevant person as a half-sister or half-brother;
- (d) the spouse, ex-spouse, civil partner or ex-civil partner of a relevant person; or
- (e) living with a relevant person as if they were a spouse or a civil partner.

(2) For the purposes of this regulation–

- (a) “relevant person” means another assessor, the patient, or, if the nearest relative is making the application, the nearest relative;
- (b) “related in the first degree” means as a parent, sister, brother, son or daughter and includes step relationships;

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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- (c) “related in the second degree” means as an uncle, aunt, grandparent, grandchild, first cousin, nephew, niece, parent-in-law, grandparent-in-law, grandchild-in-law, sister-in-law, brother-in-law, son-in-law or daughter-in-law and includes step relationships.

**SCHEDULE**

FORMS FOR USE IN CONNECTION WITH COMPULSORY ADMISSION TO  
HOSPITAL, GUARDIANSHIP AND TREATMENT

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form A1** Regulation 4(1)(a)(i)

**Mental Health Act 2016**

**Section 2 – application by nearest relative for admission for assessment**

To the Gibraltar Health Authority

I (*PRINT your full name and address*)

*apply for the admission of (PRINT full name and address of patient)*

To \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

(\*Delete if not applicable)

for assessment in accordance with Part 2 of the Mental Health Act 2016.

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

(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 your relationship with the patient)

(b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by the Supreme Court / the patient's nearest relative (*delete the phrase which does not apply*), and a copy of the authority is attached to this application.

I saw the patient on

/ /

(date)

which was within the period of 14 days ending on the day this application is completed

*continue overleaf*



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-*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

**Signed**

**Date**

/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form A2** Regulation 4(1)(a)(ii)

**Mental Health Act 2016**

**Section 2 – application by an approved mental health professional for admission for assessment**

To the Gibraltar Health Authority

I (*PRINT your full name and address*)

apply for the admission of (*PRINT full name and address of patient*)

To \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

*(Delete if not applicable)*

for assessment in accordance with Part 2 of the Mental Health Act 2016.

I am an approved mental health professional for the purposes of the Act.

Complete the following if you know who the nearest relative is.

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

(a) To the best of my knowledge and belief (*PRINT full name and address*)

is the patient's nearest relative within the meaning of the Act.

(b) I understand that (*PRINT full name and address*)

has been authorised by the Supreme 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*)

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 the phrase which does not apply*)

*Continue overleaf*

Complete the following if you do not know who the nearest relatives is. Delete (a) or (b).

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

(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 was within the period of 14 days ending on the day this application is completed.

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-

(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)

Signed

Date

/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form A3** Regulation 4(1)(b)(i)

**Mental Health Act 2016**

**Section 2 – joint medical recommendation for admission for assessment**

We, registered medical practitioners, recommend that  
(PRINT full name and address of patient)

Be admitted to a hospital for assessment in accordance with part 2 of the Mental Health Act 2016.

I (PRINT 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 (PRINT 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,

(a) This patient 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 interest 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)

*continue overleaf*

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 and explain how those symptoms and behaviour lead you to your opinion: explain why the patients ought to be admitted to hospital and why informal admission is not appropriate.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed	<input type="text"/>	Date	<input type="text" value="/ /"/>
Signed	<input type="text"/>	Date	<input type="text" value="/ /"/>

**NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form A4** Regulation 4(1)(b)(ii)

**Mental Health Act 2016**

**Section 2 –medical recommendation for admission for assessment**

I (PRINT full name and address of medical practitioner)

a registered medical practitioner, recommend that

(PRINT full name and address of patient)

Be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 2016.

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,

- (a) This patient 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)

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 ought to be admitted to hospital and why informal admission is not appropriate.)

*continue overleaf*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form A5** Regulation 4(1)(c)(i)

**Mental Health Act 2016**

**Section 3 – application by nearest relative for admission for treatment**

To the Gibraltar Health Authority

I (*PRINT your full name and address*)

apply for the admission of (*PRINT full name and address of patient*)

To \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

for treatment in accordance with Part 2 of the Mental Health Act 2016.

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

- (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 your relationship with the patient*).

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by the Supreme Court / the patient's nearest relative (*delete the phrase which 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 completed.

*continue overleaf*



This application is founded on two medical recommendations in the prescribed form, at least one of whom is approved under Section 12 of the Act.

*If neither of the medical practitioners had previous acquaintance with the patients before making the recommendations, please explain why you could not get a recommendation from a medical practitioner who did have a previous acquaintance with the patient –*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form A6** Regulation 4(1)(c)(ii)

**Mental Health Act 2016**

**Section 3 – application by an approved mental health professional for admission for treatment**

To the Gibraltar Health Authority

I (*PRINT your full name and address*)

apply for the admission of (*PRINT full name and address of patient*)

To \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

*(Delete if not applicable)*

for treatment in accordance with Part 2 of the Mental Health Act 2016.

I am an approved mental health professional for the purposes of the Act.

*Complete the following where consultation with the nearest relative has taken place.*

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

(a) I have consulted (*PRINT 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.

(b) I have consulted (*PRINT full name and address*)

who I understand has been authorised by the Supreme 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 Authority that he or she objects to this application being made.

**Complete the following where the nearest relative has not been consulted.**

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

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

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

(c) I understand that (*PRINT 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 (*delete as appropriate*) to consult that person before making this application, because –

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

*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 completed.

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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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 patients before making the recommendations, please explain why you could not get a recommendation from a medical practitioner who did have a previous acquaintance with the patient –*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

Page 3 of 3

**Form A7** Regulation 4(1)(d)(i)

**Mental Health Act 2016**

**Section 3 – joint medical recommendation for admission for treatment**

We, registered medical practitioners, recommend that  
*(PRINT full name and address of patient)*

Be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 2016.

I *(PRINT 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 *(PRINT 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,

- (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 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 treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 to the patient at the following hospital:-

*(Enter name of hospital(s). If appropriate treatment is available only in a particular part of the hospital, say which part.)*

Signed

Date

/ /

Signed

Date

/ /

**NOTE: AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS FORM MUST BE APPROVED UNDER SECTION 12 OF THE ACT.**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form A8** Regulation 4(1)(d)(ii)

**Mental Health Act 2016**

**Section 3 – medical recommendation for admission for treatment**

I (PRINT full name and address of practitioner)

--

a registered medical practitioner, recommend that  
(PRINT full name and address of patient)

--

be admitted to a hospital for treatment in accordance with Part 2 of the Mental Health Act 2016.

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,

- (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 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 treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)

continue overleaf



*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 at the following hospital:-

*(Enter name of hospital (s). If appropriate treatment is available only in a particular part of the hospital, say which part.)*

Signed

Date

/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form A9** Regulation 4(1)(e)(i)

**Mental Health Act 2016**

**Section 4 – Emergency application by nearest relative for admission for assessment**

**THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION**

To the Gibraltar Health Authority

I (PRINT your full name and address)

apply for the admission of (PRINT full name and address of patient)

To \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

(Delete if not applicable)

for assessment in accordance with Part 2 of the Mental Health Act 2016

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

- (a) To the best of my knowledge and belief I am the patient's nearest within the meaning of the Act.

I am the patient's (state your relationship with the patient)

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by the Supreme Court/the patient's nearest relative (delete the phrase which does not apply), and a copy of the authority is attached to this application.

I last saw the patient on

(date)

at

(time)

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.

*continue overleaf*

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 –*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

Time

:

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form A10** Regulation 4(1)(e)(ii)

**Mental Health Act 2016**

**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 Gibraltar Health Authority

I (*PRINT your full name and address*)

------------------

apply for the admission of

(*PRINT full name and address of patient*)

------------------

To \*Ocean View Mental Health Facility, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

(\* Delete if not applicable)

for assessment in accordance with Part 2 of the Mental Health Act 2016.

I am an approved mental health professional for the purposes of the Act.

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.

*continue overleaf*

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 –*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

Time

:

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form A11** Regulation 4(1)(f)

**Mental Health Act 2016**

**Section 4 – Medical recommendation for emergency admission for assessment**

**THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION**

I (PRINT name and address of medical practitioner)

--

a registered medical practitioner, recommend that  
(PRINT full name and address of patient)

--

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 2016.

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) this patient 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) 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.

*continue overleaf*

**My reasons for these opinions are:** *(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; and explain why the patient ought to be admitted to hospital urgently and why informal admission is not appropriate.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

**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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

Time

:

**Mental Health Act 2016**

**FORM CTO1** Regulation 6(1)(a), (b) and 6(2)(a)

**Section 17 – Community Treatment Order**

*(Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional)*

**PART 1**

I (PRINT full name and address of the responsible clinician)

am the responsible clinician for  
(PRINT full name and address of patient).

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 be able to exercise the power under section 21(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 –

(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)

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**

The patient is to make himself or herself available for examination under section 26, as requested

If it is proposed to give a certificate under Part 4 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.

*Page 2 of 4*

The patient is also to be subject to the following conditions (if any) under section 18(3) of the Act:

(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)

I confirm that I consider the above conditions to be made under section 18(3) 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 Date

/ /

**PART 2**

I (PRINT full name and address)

am an approved mental health professional for the purposes of the Act.

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, and
- (iii) the conditions made above under section 18(3) are necessary or appropriate for one or more of the purposes specified.

Signed

Approved mental health professional

Date

/ /

**PART 3**

I exercise my power under section 17 of the Mental Health Act 2016 to make a community treatment order in respect of the patient named in Part 1 of this Form.

/ /

(date)

at

:

(time)

Signed

Responsible clinician

Date

/ /

**THIS COMMUNITY TREATMENT ORDER IS NOT VALID UNLESS ALL THREE PARTS ARE COMPLETED AND SIGNED. IT MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE GIBRALTAR HEALTH AUTHORITY**

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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**Form CTO2** *Regulation 6(2)(b)*

**mental Health Act 2016**

**Section 18 – Variation of condition of a Community Treatment Order**

I (*PRINT full name and address of the responsible clinician*)

am the responsible clinician for

(*PRINT full name and address of the community patient*)

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

The conditions made under section 18(3), as varied, are; (*List the conditions as varied in full (including any which are not being varied) or state that there are no longer to be any such conditions.*)

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

*continue overleaf*

The variation is to take effect from,

/ /	(date)
-----	--------

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

Signed

--

Responsible clinician

Date

/ /
-----

**THIS FORM MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE GIBRALTAR HEALTH  
AUTHORITY**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form CTO3** Regulation 6(3)(a)

**mental Health Act 2016**

**Section 21 – Community Treatment Order: Notice of recall to hospital**

*(To be completed by the responsible clinician)*

I notify you,

*(PRINT name of community patient)*

that you are recalled to

*(PRINT full name and address of the hospital)*

under section 21 of the Mental Health Act 2016.

Complete either (a) or (b) below and delete the one which does not apply.

(a) In my opinion,

(i) You require treatment in hospital for mental disorder,

AND

(ii) There would be a risk of harm to your health and safety or to other persons if you were not recalled to hospital for that purpose.

This opinion is founded on the following grounds –

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

*continue overleaf*

(b) You have failed to comply with the condition imposed under section 18 of the Mental Health Act 2016 that you make yourself available for examination for the purpose of:

*(Delete as appropriate)*

- (i) consideration of extension of the community treatment period under section 26
- (ii) enabling a part 4 certificate to be given

Signed

Responsible clinician

PRINT NAME

Date

Time

**A COPY OF THIS NOTICE IS TO BE FORWARDED TO THE GIBRALTAR HEALTH AUTHORITY AS SOON AS POSSIBLE AFTER IT IS SERVED ON THE PATIENT.**

*This notice is sufficient authority for the Authority to detain the patient there in accordance with the provisions of section 21 of the Mental Health Act 2016.*

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**FORM CTO4** Regulation 6(3)(c)

**Mental Health Act 2016**

**Section 17 – Community treatment order: record of patient's detention in hospital after recall**

*(PRINT full name and address of patient)*

('the patient') is currently a community patient.

In pursuance of a notice recalling the patient to hospital under section 21 of the Act, the patient was detained in *(full name and address of hospital)*

*on (enter date and time at which the patient's detention in the hospital as a result of the recall notice began)*

(date)

at

(time)

Signed

on behalf of the Authority

PRINT NAME

Date

Time



**FORM CT05** Regulation 6(7)(a) and (b)

**Mental Health Act 2016**

**Section 22(4) – Revocation of Community Treatment Order**

*(Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional)*

**PART 1**

I *(PRINT full name and address of the responsible clinician)*

am the responsible clinician for  
*(PRINT full name and address of patient).*

Who is detained in  
*(name and address of hospital)*

having been recalled to hospital under section 21(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 for

- (i) the patient's own health
  - (ii) the patient's own safety
  - (iii) the protection of other persons
- (delete the indents not applicable)*

that the patient should receive treatment in hospital,

AND

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

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

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 treatment or care (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.)

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 other circumstances of the case, appropriate medical treatment is available to the patient at the hospital named above.

Signed

Date

/ /

Page 2 of 3

**PART 2**

I (PRINT full name and address)

am an approved mental health professional for the purposes of the Act.

I agree that:

- (i) the patient meets the criteria for detention in hospital set out above and
- (ii) it is appropriate to revoke the community treatment order.

Signed

Date

Approved mental health professional

**PART 3**

I exercise my power under section 22(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 21(1).

Signed

Date

**THIS REVOCATION ORDER IS NOT VALID UNLESS ALL THREE PARTS ARE COMPLETED AND SIGNED. IT MUST BE SENT AS SOON AS PRACTICABLE TO THE GIBRALTAR HEALTH AUTHORITY.**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**FORM CTO6** Regulation 10(6) and (7)

**Mental Health Act 2016**

Section 26 – Community Treatment Order: Report Extending the Community Treatment Period

*Parts 1 and 3 of this form are to be completed by the responsible clinician and Part 2 by an approved mental health professional. Part 4 is to be completed by or on behalf of the Gibraltar Health Authority.*

**PART 1**

To the Gibraltar Health Authority

I am (*PRINT full name and address of the responsible clinician*)

the responsible clinician for  
(*PRINT 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

(date)

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which makes 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 indent 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;;

page 1 of 4

(d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 21(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 –

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 to continue not to be detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

Signed

Responsible clinician

Date

/ /

**PART 2**

I (PRINT full name and address)

am an approved mental health professional for the purposes of the Act.

I agree that:

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

Signed

Date

Approved mental health professional

**PART 3**

Before furnishing this report, I consulted  
(PRINT 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)*

a, Consigning it to the hospital managers' internal mail system today at

*(time)*

b, Sending or delivering it without using the hospital managers' internal mail system

Signed

Date

Responsible clinician

**THIS REPORT IS NOT VALID UNLESS PARTS 1,2 & 3 ARE COMPLETED AND SIGNED**

*Page 3 of 4*

**PART 4**

This report was received by me on behalf of the Authority on

/ /	(date)
-----	--------

Signed

--

on behalf of the Authority

PRINT NAME

--

Date

/ /
-----

**FORM CTO7** Regulation 11(3)(a) and (b)

**Mental Health Act 2016**

Section 30 – Authority for extension of community treatment period after absence without leave for more than 28 days

**PART 1**

*(To be completed by the responsible clinician)*

To the Gibraltar Health Authority

I am *(PRINT full name and address of the responsible clinician)*

[Empty box for responsible clinician name and address]

the responsible clinician for

*(PRINT full name and address of patient)*

[Empty box for patient name and address]

I examined the patient on

[Date box: / /]

*(date of examination)*

who:

(a) was recalled to hospital on:

[Date box: / /]

*(date)*

under section 21 of the Mental Health Act 2016;

(b) was absent without leave from hospital beginning on

[Date box: / /]

*(date absence without leave began)*

(c) was / is *(delete as appropriate)* subject to a community treatment order for a period ending on

[Date box: / /]

*(date community treatment order would have expired, apart from any extension under section 28, or date on which it will expire)*

and

(d) returned to the hospital on

[Date box: / /]

*(date)*



I have consulted  
(PRINT full name of approved mental health professional)

Who is an approved mental health professional.

I have also consulted  
(PRINT 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 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 indent 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 21(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.

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 to continue not to be detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

page 2 of 4

My opinion is founded on the following grounds –

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 Authority. *(\*Delete the phrase which does not apply)*

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

This report shall / shall not\* have effect as a report duly furnished under section 26(3) for the extension of the community treatment period for this 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)*

a. Consigning it to the hospital managers' internal mail system today at

:

*(time)*

b, Sending or delivering it without using the hospital managers' internal mail system

Signed	Date
<input type="text"/>	<input type="text" value="/ /"/>

**PART 2**

*(to be completed on behalf of the Authority)*

This report was received by me on behalf of the Authority.

Signed

on behalf of the Authority

PRINT NAME	Date
<input type="text"/>	<input type="text" value="/ /"/>

**FORM CTO8** *Regulation 19(1)*

**Mental Health Act 2016**

**Section 56(4) – Certificate of appropriateness of treatment to be given to community patient**

**(Part 4 certificate)**

I (*PRINT full name and address*)

am a registered medical practitioner appointed for the purposes of Part 4 of the Act.

I have consulted (*PRINT full name and profession*)

and (*full name and profession*)

who have been professionally concerned with the medical treatment of  
(*PRINT 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:

(*Give description of treatment or plan of treatment.*)

I specify the following conditions (if any) to apply:

(*Conditions may include time-limits on the approval of any or all of the treatment*)

*continue overleaf*

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 21 of the Act, subject to any conditions specified below. The treatment is:

*(Give description of treatment or plan of treatment.)*

I specify the following conditions (if any) to apply to the treatment which may be given to the patient following any recall to hospital under section 21:

*(Conditions 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)*

*(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.)*

*(If you need to continue on a separate sheet for any of the above please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

**Form G1** Regulation 5(1)(a)(i) and 5(1)(b)

**Mental Health Act 2016**

**Section 7 – Guardianship application by nearest relative**

**PART 1**

*(to be completed by the nearest relative)*

To the Care Agency

I (*PRINT your full name and address*)

[Empty text box for applicant's name and address]

Apply for the reception of  
(*PRINT full name and address of patient*)

[Empty text box for patient's name and address]

into the guardianship of  
(*PRINT full name and address of proposed guardian*)

[Empty text box for proposed guardian's name and address]

in accordance with Part 2 of the Mental Health Act 2016.

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

- (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 your relationship with the patient*)

[Empty text box for relationship with patient]

- (b) I have been authorised to exercise the functions under the Act of the patient's nearest relative by the Supreme Court/the patient's nearest relative (*delete the phrase which does not apply*), and a copy of the authority is attached to this application.

\*The patient's date of birth is

[ / / ] (date)

OR

\*I believe the patient is aged 16 years or over.  
(\* *delete the phrase which does not apply.*)

I last saw the patient

[ / / ] (date)

which was within the period of 14 days ending on the day this application is completed. This application is founded on two medical recommendations in the prescribed form

*continue overleaf*

*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-*

<i>(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)</i>

Signed	Date
	/ /

**PART 2\***

*(\*Complete only if proposed guardian is not the Care Agency)  
(To be completed by the proposed guardian)*

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 2016.

Signed	Date
	/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form G2** Regulation 5(1)(a)(ii) and 5(1)(b) **mental Health Act 2016**  
Section 7 – Guardianship application by an approved mental health professional

**PART 1**

*(To be completed by the approved mental health professional)*

To the Care Agency

*I (PRINT your full name and address)*

apply for the reception of  
*(PRINT full name and address of patient)*

Into the guardianship of  
*(PRINT full name and address of proposed guardian)*

In accordance with Part 2 of the Mental Health Act 2016.

I am an approved mental health professional for the purposes of the Act.

**Complete the following where consultation with the nearest relative has taken place.**

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

- (a) I have consulted  
*(PRINT 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.*



(b) I have consulted

*(PRINT full name and address)*

Who I understand has been authorised by the Supreme 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 Authority that he or she objects to this application being made.

**Complete the following where the nearest relative has not been consulted.**

*Delete whichever two of (a), (b) and (c) do not apply.*

(a) I have been unable to ascertain which is the 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) *(PRINT 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 *(delete as appropriate)* to consult that person before making this application, because -

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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*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 completed.

\*The patient's date of birth is

/ /	(date)
-----	--------

OR

\*I believe the patient is aged 16 years or over.

(\* Delete the phrase which does not apply.)

This application is founded on two medical recommendations in the prescribed form. One of whom is approved under Section 12 of MHA

*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-*

<i>(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)</i>

Signed

--

Date

/ /
-----

**PART 2\***

*(\*Complete only if proposed guardian is not the Care Agency)*

*(To be completed by the proposed guardian)*

My full name and address is an entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 2016,

Signed

--

Date

/ /
-----

**Form G3** Regulation 5(1)(c)(i)

**mental Health Act 2016**

**Section 7 – Joint medical recommendation for reception into guardianship**

We, registered medical practitioners, recommend that  
*(PRINT full name and address of patient)*

Be received into guardianship in accordance with Part 2 of the Mental Health Act 2016.  
I *(PRINT your full name and address of first practitioner)*

last examined this patient on

/ / (date)

and *(\*delete if not applicable)*

\*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 the mental disorder.

I *(PRINT full name and address of second practitioner)*

Last examined this patient on

/ / (date)

and *(\*delete if not applicable)*

\*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 the mental disorder.

In our opinion,

- (a) This patient is suffering from mental disorder of a nature or degree which warrants the patient's reception into the 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 .

*continue overleaf*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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Our reason 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; and explain why the patient cannot appropriately be cared for without powers of guardianships.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

Signed

Date

/ /

**NOTE : AT LEAST ONE OF THE PRACTITIONERS SIGNING THIS MUST BE APPROVED UNDER SECTION 12 OF THE ACT**

**Form G4** Regulation 5(1)(c)(ii)

Mental Health Act 2016

**Section 7 –Medical recommendation for reception into guardianship**

I (PRINT full name and address of practitioner)

--

a registered medical practitioner recommend that

(PRINT full name and address of patient)

--

be received into guardianship in accordance with Part 2 of the Mental Health Act 2016.

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 the mental disorder.

(\*Delete if not applicable)

In my opinion,

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

Continue overleaf

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

---

My reason 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; and explain why the patient cannot appropriately be cared for without powers of guardianships.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

/ /

**Form G5** Regulation 5(2)

**mental Health Act 2016**

**Section 7 –Record of acceptance of guardianship application**

*(To be attached to the guardianship application)*

*(PRINT full name and address of patient)*

This application was accepted by / on behalf of\* the Care Agency on

/	/	(Date)
---	---	--------

*(\*Delete the phrase that does not apply)*

Signed

on behalf of the Care Agency.

PRINT NAME

Date

/	/
---	---

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form G6** Regulation 7(a), (d) and (e)

**Mental Health Act 2016**

**Section 41 – Authority for transfer from hospital to guardianship**

**PART 1**

*(To be completed on behalf of the Authority)*

Authority is given for the transfer of *(PRINT full name of patient)*

who is at present liable to be detained in *(name and address of hospital)*

to the guardianship of *(PRINT full name and address of proposed guardian)*

in accordance with the Mental Health (General) Regulations 2016

This transfer was agreed by the Care Agency.

on

*(date of confirmation)*

The transfer is to take place on

*(date)*

Signed

On behalf of the Authority

PRINT NAME

Date

*continue overleaf*



**PART 2\***

*(\*Complete only if proposed guardian is not the Care Agency)*

*(To be completed by the proposed guardian)*

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with Part 2 of the Mental Health Act 2016.

Signed

Date

**IF THE GUARDIAN IS TO BE A PRIVATE GUARDIAN, THE TRANSFER MAY NOT TAKE PLACE UNTIL BOTH PARTS OF THIS FORM ARE COMPLETED**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

---

**Form G7** Regulation 8(1)(a) and (b)  
Section 41- Authority for transfer of a patient from the guardianship of one guardian to another

mental Health Act 2016

**PART 1**

*(To be completed by the present guardian)*

Authority is given for the transfer of *(PRINT full name and address of patient)*

From the guardianship of *(PRINT full name and address of the present guardian)*

To the guardianship of *(PRINT full name and address of the proposed guardian)*

in accordance with the Mental Health (General) Regulations 2016.

This transfer was agreed by the Care Agency  
on

*(date of confirmation)*

The transfer is to take place on

*(date)*

Signed

the guardian / on behalf of the Care Agency which is the guardian *(Delete whichever does not apply)*

PRINT NAME

Date

*continue overleaf*

**PART 2\***

*(\*Complete only if proposed guardian is not the Care Agency)*

*(To be completed by the proposed private guardian)*

My full name and address is as entered in Part 1 of this form and I am willing to act as the guardian of the above named patient in accordance with part 2 of the Mental Health Act 2016.

Signed

Date

**IF THE NEW GUARDIAN IS TO BE A PRIVATE GUARDIAN, THE TRANSFER MAY NOT TAKE PLACE UNTIL BOTH PARTS OF THIS FORM ARE COMPLETED**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

**Form G8** Regulation 8(2) and (4)

**Mental Health Act 2016**

**Section 41 – Authority for Transfer from Guardianship to Hospital**

**PART 1**

*(To be completed on behalf of the Care Agency)*

Authority is given for the transfer of *(PRINT full name and address of patient)*

Who is a present under the guardianship of (name and address of guardian)

In accordance with the Mental Health (General) Regulations 2016

Signed

on behalf of the Care Agency

PRINT NAME

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 the above named hospital in pursuance of this authority for transfer on

*(date of admission to receiving hospital)*

at

*(time)*

Signed

on behalf of the Authority

PRINT NAME

Date

**Form G9** Regulation 10(4) and (5)**Mental Health Act 2016****Section 25 – Renewal of Authority for Guardianship****PART 1***(To be completed by the responsible clinician or nominated medical attendant)*

To (name of guardian)

*(addressed to Care Agency if it is not the guardian)*I examined (*PRINT full name and address of patient*)

on

*(date of examination)*

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 mental disorder of a nature of 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 happy)*

That the patient should remain under guardianship under the Act.

*continue overleaf*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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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; and explain why the patient cannot appropriately be cared for without powers of guardianship.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

\*Responsible clinician  
\*Nominated medical attendant  
*(\*delete whichever does not apply)*

PRINT NAME

DATE

/ /

Page 2 of 3

**PART 2**

*(To be completed on behalf of the Care Agency)*

*This report was received by me on behalf of the Care Agency on*

/ /

*(date)*

*Signed*

*On behalf of the Care Agency*

**PRINT NAME**

**DATE**

/ /

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form G10** Regulation 11(2)(a) and (b)

**Mental Health Act 2016**

Section 30 – 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)

I examined (*PRINT full name and address 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 (\*delete phrase which does not apply

(date authority for guardianship would have expired, apart from any extension under section 28, or date on which it will expire); and

(c) returned to that place on

(date)

In my opinion,

(a) This patient is suffering from mental disorder of a nature of 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 happy)*

That the patient should remain under guardianship under the Act.

Page 1 of 3



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; and explain why the patient cannot appropriately be cared for without powers of guardianship.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 25(7) for the renewal of the authority for the guardianship of the patient. (*\*Delete the phrase which does not apply*)

Signed

\*Responsible clinician  
\*Nominated medical attendant  
(\*delete whichever does not apply)

PRINT NAME

DATE

/ /

**PART 2**

*(To be completed on behalf of the Care Agency)*

This report was received by me on behalf of the Care Agency on

(date)

Signed

On behalf of the Care Agency

PRINT NAME

DATE

**FORM H1** Regulation 4(1)(g)  
Section 5(2) – report on hospital in-patient

**Mental Health Act 2016**

**PART 1**

*(To be completed by a medical practitioner or an approved clinician qualified to do so under section 5(2) of the Act)*

To the Gibraltar Health Authority

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

in charge of the treatment of *(PRINT 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 2016.

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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form*  
*continue overleaf*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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I am furnishing this report by: (Delete the phrase which does not apply)

consigning it to the Authority's internal mail system today at

:  (time)

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

Signed

Date

/  /

**PART 2**

*(To be completed on behalf of the Authority)*

This report was delivered to me in person as someone authorised by the Authority to receive this report at

:  (time) on  /  /  (date)

Signed

on behalf of the Authority

PRINT NAME

Date

/  /

**FORM H2** *Regulation 4(1)(h)*  
Section 5(5) – record of hospital in-patient

**Mental Health Act 2016**

To the Gibraltar Health Authority

*(PRINT full name of the patient)*

At \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

*(delete as appropriate)*

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 (who is not a registered medical practitioner) for the purpose of furnishing a report under section 5(2) of the Mental Health Act 2016.

*I (PRINT full name)*

Am the nurse in charge of the ward.

Signed

Date

Time

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

**FORM H3** regulation 4(4) and (5)

**Mental Health Act 2016**

**Sections 2, 3 and 4 – record of detention in hospital**

*(To be attached to the application for admission)*

**PART 1**

*(Name and address of hospital)*

*(PRINT 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 2016.

(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 2016 was received by me on behalf of the Authority on

*(date)*

at

*(time)*

and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed

on behalf of the Authority

PRINT NAME

Date

*continue overleaf*

**PART 2**

(To be completed only if the patient was admitted in pursuance of an emergency application under section 4 of the Act)

On  (date) at  (time)

I received, on behalf of the Authority, the second medical recommendation in support of the application for the admission of the above named patient.

Signed

on behalf of the Authority.

PRINT NAME

Date

**NOTE: IF THE PATIENT IS BEING DETAINED AS A RESULT OF A TRANSFER FROM GUARDIANSHIP, THE PATIENT'S ADMISSION SHOULD BE RECORDED IN PART 2 OF THE FORM G8 WHICH AUTHORISED THE TRANSFER.**

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**FORM H4** *Regulation 10(1), (2) and (3)*  
Section 25 - Renewal of Authority for Detention

**Mental Health Act 2016**

**PART 1**

*(To be completed by the responsible clinician)*

To the Gibraltar Health Authority

I examined *(PRINT full name of patient)*

At \*Ocean Views Mental Health Unit, Europa Road  
\*St Bernard's Hospital, Harbour Views Road

*(delete as appropriate)*

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 *(PRINT 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 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.)

*Page 1 of 3*



*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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

PRINT NAME

Profession

Date

/ /

**PART 2**

*(To be completed by a professional who has been professionally concerned with the 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 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 to the patient.

Signed

PRINT NAME

Profession

Date

**PART 3**

*(to be completed by the responsible clinician)*

I am furnishing this report by:

Signed

PRINT NAME

Date

**PART 4**

*(To be completed on behalf of the Authority)*

This report was received by me on behalf of the Authority on

(date)

Signed

on behalf of the Authority

PRINT NAME

Date

**FORM H5** Regulation 11(1)(a) and (b)

**Mental Health Act 2016**

Section 30 – Authority for detention after absence without leave for more than 28 days

**PART 1**

*(To be completed by the responsible clinician)*

To the Gibraltar Health Authority

I examined *(PRINT full 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 *(\*delete the phrase which does not apply)*

*(date authority for detention would have expired, apart from any extension under section 28, or date on which it will expire)*

and

(c) returned to the hospital or place on

*(date)*

I have consulted *(PRINT full name of approved mental health professional)*

Who is an approved mental health professional.

I have also consulted *(PRINT 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 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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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 other circumstances of the case, appropriate medical treatment are 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 Authority. (\* 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 25(3) for the renewal of the authority for the detention of the patient. (\* Delete the phrase which does not apply)

*Complete the following an all cases.*

I am furnishing this report by:

Signed

PRINT NAME

Date

/ /

**PART 2**

*(To be completed on behalf of the Authority)*

This report was received by me on behalf of the Authority on

/   /
-------

*(date)*

Signed

--

on behalf of the Authority

PRINT NAME

--

Date

/   /
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**Form M1** Regulation 25(1)(a) and (b)  
Section 25 – report barring discharge by nearest relative

mental Health Act 2016

**PART 1**

*(To be completed by the responsible clinician)*

To the Gibraltar Health Authority

*(Name of nearest relative)*

[Empty text box for name of nearest relative]

gave notice at

[Empty text box for time]

*(time)*

on

[Empty text box for date]

*(date)*

of an intention to discharge *(PRINT full name of patient)*

[Empty text box for patient name]

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 –

[Large empty text box for reasons]

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

*continue overleaf*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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I am furnishing this report by: *(Delete the phrase which does not apply)*

a, Consigning it to the hospital managers' internal mail system today at

*(time)*

b, Sending or delivering it without using the hospital managers' internal mail system

Signed

Responsible clinician

PRINT NAME

Date

Time

**PART 2**

*(To be completed on behalf of the Authority)*

This report was received by me on behalf of the Gibraltar Health Authority at

*(time)*

on

*(date)*

Signed

on behalf of the Authority

PRINT NAME

DATE



**Form T1** Regulation 18(1)(b)

**mental Health Act 2016**

**Section 45 – certificate of consent to treatment and second opinion**

*(Both parts of this certificate must be completed)*

**PART 1**

I (PRINT full name and address)

a registered medical practitioner appointed for the purposes of Part 3 of the Act (a SOAD), and we  
(PRINT full name, address and profession)

(PRINT full name, address and profession)

being two persons appointed for the purposes of section 45(2)(a) of the Act, certify that  
(PRINT 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 only to apply to any or all of the treatment for a specific period.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

AND (b) has consented to that treatment.

Signed

Date

/ /

Signed

Date

/ /

Signed

Date

/ /

Continued overleaf

PAGE 2

*(To be completed by SOAD only)*

I, the above named registered medical practitioner appointed for the purposes of PART 3 of the Act have consulted

*(PRINT full name of nurse)*

a nurse and

*(PRINT 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 as below / I will provide a statement of my reasons separately. *(Delete as appropriate)*

*(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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date

**FORM T2** *Regulation 18(2)*

**Mental Health Act 2016**

**Section 46 – certificate of consent to treatment**

I (PRINT full name and address)

the approved clinician in charge of the treatment described below / a registered medical practitioner appointed for the purposes of Part 3 of the Act (a SOAD) (delete the phrase which does not apply) certify that

(PRINT 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 only to apply to any or all of the treatment for a specific period.)

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

AND

has consented to that treatment.

Signed

Date

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**Form T3** *Regulation 18(2)*  
**Section 46(3)(b) – Certificate of second opinion**

**mental Health Act 2016**

I (*PRINT full name and address*)

a registered medical practitioner appointed for the purpose of Part 3 of the Act,  
have consulted

(*PRINT full name of nurse*)

a nurse and

(*PRINT full name and profession*)

Who have been professionally concerned with the medical treatment of

(*PRINT 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
- (b) has not consented to

the following treatment:

(Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.)

(*If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form*)

*continue overleaf*

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)*

*(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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed	Date

2016-18

Mental Health

2018/099

Mental Health (General) Regulations 2018

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**FORM T4** *Regulation 18(3) (b)*

**Mental Health Act 2016**

**Section 47(3) – Certificate of consent to treatment (patients at least 18 years old)**

**THIS FORM IS NOT TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE**

I (PRINT full name and address)

--

the approved clinician in charge of the treatment described below / a registered medical practitioner appointed for the purposes of Part 3 of the Act (a SOAD) (delete as appropriate) certify that

(PRINT 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 only to apply to any or all of the treatment for a specific period.)

--

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

AND

has consented to that treatment.

Signed

--

Date

--

**Form T5** *Regulation 18(3)(b)*

**mental Health Act 2016**

**Section 47(4) – Certificate of consent to treatment and second opinion  
(patients under 18)**

**THIS FORM IS ONLY TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE**

I (*PRINT full name and address*)

a registered medical practitioner appointed for the purposes of Part 3 of the Act  
certify that

(*PRINT full name and address of patient*)

who has not yet attained the age of 18 years,

(a) is capable of understanding the nature, purposes and likely effects of: (*Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.*)

(*If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form*)

AND

(b) has consented to that treatment.

*continue overleaf*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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In my opinion 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)*

*(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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

Signed

Date



**Form T6** *Regulation 18(3)(b)*

**mental Health Act 2016**

**Section 47(5) – Certificate of second opinion (patients who are not capable of understanding the nature, purpose and likely effects of the treatment)**

I (*PRINT full name and address*)

a registered medical practitioner appointed for the purposes of Part 3 of the Act (a SOAD) have consulted

(*PRINT full name of nurse*)

a nurse and

(*PRINT full name and profession*)

who have been professionally concerned with the medical treatment of

(*PRINT 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 only to apply to any or all of the treatment for a specific period.*)

(*If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form*)

But that is appropriate for the treatment to be given.

*continue overleaf*

**2016-18**

**Mental Health**

**2018/099**

**Mental Health (General) Regulations 2018**

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My reasons are as below / I will provide a statement of my reasons separately. *(Delete as appropriate)*

*(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.)*

*(If you need to continue on a separate sheet please indicate here ( ) and attach that sheet to this form)*

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

- (i) any decision of a deputy (appointed by the Court of Protection) of the patient; or
- (ii) any decision of the Court of Protection.
- (iii) any advance decision to refuse treatment that is valid and applicable under the lasting Powers of Attorney and Capacity Act 2016

Signed

Date