

Emergency Detention Certificate

DET1

Instructions

v7.1

The following form is to be used :

where it is necessary as a matter of urgency to detain the patient in hospital for the purpose of permitting a full assessment of the person's mental state; and where if the patient were not detained in hospital there would be a significant risk to either themselves or others.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

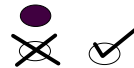
If you are not completing this form electronically, please observe the following conventions, to ensure accuracy of information:

Write clearly within the boxes in **BLOCK CAPITALS** and in **BLACK** or **BLUE** ink

For example

Grid for example text entry

Shade circles like this ->



Not like this ->

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI number [Grid]

Surname [Grid]

First name(s) [Grid]

Other / known as [Grid]

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title [Grid]

Gender

- Male Female Prefers not to say Not listed

DoB dd / mm / yyyy [Grid]

If not listed, please specify

Text box for gender specification

Patient's home address [Grid]

Post code [Grid]

<< Please enter NF1 1AB if no fixed abode

Medical Practitioner Details

Surname [Grid]

First name(s) [Grid]

If you are an AMP, please indicate Yes No

An Approved Medical Practitioner (AMP) is a medical practitioner who has been approved under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 by a NHS Board or by the State Hospitals Board for Scotland as having special experience in the diagnosis and treatment of mental disorder.

Work Address [Grid]

Postcode [Grid]

Telephone No. [Grid]

Email [Text Box]

Please Note This form must be sent to medical records, not just filed in case notes



Detention Criteria

Boxes 1 - 6 must be completed

As the medical practitioner named on page 1, I declare that I have examined the patient. I am granting this emergency detention certificate because I believe the patient meets the following criteria -

I consider it is likely, for the reasons stated below, that the patient has a mental disorder (see notes at foot).

1	<i>Describe your reasons for believing the patient may have mental disorder, e.g. they may have hallucinations, suicidal ideation, disorientation etc.</i>

I consider it likely, for the reasons stated below, that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for mental disorder is significantly impaired.

2	<i>Describe why you believe the patient has SIDMA (significantly impaired decision making ability) as a result of their mental disorder, e.g. that they have no insight into the fact that their hallucinations are part of a mental illness, that they cannot retain information due to memory problems, etc.</i>

I am satisfied, for the reasons stated below, that it is necessary as a matter of urgency to detain the patient in hospital for the purpose of determining what medical treatment for mental disorder the patient requires.

3	<i>Note the reason for urgency, e.g. that the patient is trying to leave at present, or stating that they are going to leave; also, e.g. that detention is necessary to assess what medical, social and nursing needs the patient has.</i>

Notes

As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.



Detention Criteria (cont)

Boxes 1 - 6 must be completed

I am satisfied, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk -

- to the patient's health, safety or welfare
- to the safety of any other person.

4	<p><i>Give evidence of the risk, e.g. 'has suicidal ideation', 'would not be aware of common dangers' etc., remembering to shade one or both of the circles above.</i></p>
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I am satisfied, for the reasons stated below, that making arrangements with a view to the granting of a short-term detention certificate would involve undesirable delay. Give details of efforts which were made with respect to granting a short-term detention certificate

5	<p><i>Would it take too long to get an AMP (Approved Medical Practitioner) to assess for STDC, how long would it have taken, why is this delay undesirable? What risks might be posed by waiting? Give details of attempts to get an AMP (phone number called, number of attempts, times of calls, length of wait for response). Delays relating to MHO attendance should be noted in box 7.</i></p>
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Please give details of the alternatives which you considered to the granting of this certificate. Why is informal/voluntary care not appropriate ?

6	<p><i>Is there no safe alternative management plan other than involuntary inpatient hospital management? What other options have you considered?</i></p>
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MHO Consent

Complete A or B as appropriate

A I have consulted with the MHO named below, and he / she consents to the granting of this emergency detention certificate.

Surname [grid]

First name(s) [grid]

Appointed to act as a MHO by:

Local Authority [grid]

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

MHO's work address and telephone number

[Large empty box for MHO's work address and telephone number]

OR

B It was not practicable, for the reasons stated below, to gain the consent of a mental health officer to the granting of this certificate.

7

Would it take too long for an MHO to attend? How long would it have taken and why would this constitute an undesirable delay? What risks might be posed by waiting? Give details of attempts to contact MHO (phone number called, number of attempts, times of calls, length of wait for response).

[Large empty box for details of attempts to contact MHO]

Patient Pre-Detention Status, Transfer / Admission to Hospital

Complete A or B as appropriate

A At the time of this certificate being granted this patient was an informal inpatient in the following hospital.

Hospital [grid]

OR

B At the time of this certificate being signed this patient was not in hospital.

Please state where the patient was when the certificate was granted (location/address) and provide details of transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.

8

If applicable, you MUST provide these details. Usually escort is provided by the receiving hospital.

[Large empty box for details of patient location and arrangements]



Certification

So far as I am able to ascertain, immediately before the medical examination was conducted, the patient was not detained in hospital under the authority of :

- (a) an emergency detention certificate;
- (b) a short-term detention certificate;
- (c) an extension certificate;
- (d) section 68 of the Act (extension of short-term detention pending determination of application for compulsory treatment order);
- (e) a certificate granted under section 114(2) or 115(2) of the Act. (Compulsory treatment order: detention pending review or application for variation, or interim compulsory treatment order: detention pending further procedure).
- (f) a certificate granted under section 113(5) of the Act (non-compliance with order).

I have completed the section at the end of this form relating to the patient's ethnicity.

Date examination concluded / / AT : time
 (24 hr clock)

Date certificate granted (see notes) / / AT : time
 (24 hr clock)

By signing this certificate I confirm that I have no conflict of interest as defined in the regulations.

Signed
 by the medical practitioner

The medical practitioner must now give this certificate to the managers of the hospital (e.g. the bed manager or the senior nursing page holder) in which the patient is to be detained. Failure to do so may invalidate the detention (see notes).

Notes

The emergency detention certificate must be granted:

- i) before the end of the day if the examination was concluded by 8.00 pm; or
- ii) within 4 hours if the examination concluded between 8.00pm and the end of the day.

If the patient is not in hospital immediately before the certificate is granted, the patient's detention in hospital under the authority of this certificate is only authorised if the certificate was given to the managers of the hospital before the patient was first admitted to hospital

If the patient is in hospital immediately before the certificate is granted, the medical practitioner shall as soon as practicable after granting the certificate, give the certificate to the managers of that hospital.

Admission Details

Shade as appropriate

The patient was an informal inpatient in the hospital detailed below when the certificate was granted. As a result the 72-hour period of detention began when the certificate was granted.

OR

The patient was not in hospital immediately before the certificate was granted. As a result the 72-hour period of detention began when the patient was admitted to the hospital detailed below.

Hospital

Ward / clinic

Date detention began / / AT : time
 (24 hr clock)

Unless revoked, this authorisation to detain will expire on - / / AT : time
 (24 hr clock)



PART 2

To be completed by the Hospital Managers

Record of Informing and Notifying

Please ensure only current contact details are used

The following were informed that the emergency detention certificate was granted within 12 hours of the hospital managers receiving the emergency detention certificate as specified under section 38(3)(a) of the Act.

Patient's nearest relative

Full name and address of patient's nearest relative

Phone number (if known)

Patient's named person (if they have one and if known)

Full name and address of the patient's named person

Phone number (if known)

Any person who resides with the patient
(if the patient's nearest relative does not reside with the patient)

Phone number (if known)

Any guardian of the patient (if known)

Phone number (if known)

Any welfare attorney of the patient (if known)

Phone number (if known)

It was considered appropriate by hospital managers to notify the following in writing of the circumstances (see notes below) within 7 days of receiving the emergency detention certificate as specified under section 38(3A) of the Act.

- | | | |
|--|--|---|
| <input type="radio"/> Patient's nearest relative | <input type="radio"/> Any person who resides with the patient | <input type="radio"/> Patient's named person (if known) |
| <input type="radio"/> Any guardian of the patient (if known) | <input type="radio"/> Any welfare attorney of the patient (if known) | |

Where it was not practicable to gain the consent of the mental health officer for the granting of this certificate, the following will be sent a copy of this certificate (part 1 of this form) within 7 days of receiving the certificate:

- the local authority for the area in which the patient resides, OR
- if the patient's address is not known, the local authority for the area in which the hospital is situated

Local Authority

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

Completion Details

The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by

Job title

Telephone No.

Signature

Date

A copy of this form should be sent to the Mental Welfare Commission as soon as practicable after receiving the certificate, and no later than 7 days after receiving the certificate.

Notes

The circumstances are:

- the reasons for granting the certificate;
- whether consent of a MHO was obtained to the granting of the certificate, and if not, the reasons why it was impracticable to consult the MHO;
- the alternatives to granting the certificate that were considered by the medical practitioner; and
- the reason for the medical practitioner determining that any such alternative(s) was/were inappropriate.



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

Patient CHI Number

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The patient describes his / her ethnic group as:

Information not provided

A White

Scottish

Other British

Irish

Gypsy/ Traveller

Polish

Roma

Showman/ Showwoman

Any other white ethnic group, please describe

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please describe

C Asian, Scottish Asian or British Asian

Pakistani, Scottish Pakistani or British Pakistani

Indian, Scottish Indian or British Indian

Bangladeshi, Scottish Bangladeshi or British Bangladeshi

Chinese, Scottish Chinese or British Chinese

Any other Asian, please describe

D African, Scottish African or British African

Please describe, for example Nigerian, Somali

E Carribean or black

Please describe, for example Scottish Carribean, Black Scottish

F Other ethnic group

Arab, Scottish Arab or British Arab

Other, please describe, for example Sikh, Jewish

