The Mental Health (Care and Treatment) (Scotland) Act 2003

Compulsory Treatment Order

CTO1

Part A Application

This box is for the use of the Tribunal for Scotland only	е Ме	ental	Hea	alth																						
Instructions																										v7.1
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by an MHO making an appl	icati	on to	the	Mer	ntal	Hea	alth T	ribu	ınal	for s	Sco	tland	d for	a c	comp	ulso	ry tr	eatr	nen	t ord	er.					
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Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink For example Shade circles like this -> Not like this ->								\checkmark	•																	
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Other address (enter in	•			•		,																				
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Social Work Reference Number (if Applicable)

PART	1																		T	o b	e cc	mp	olet	ed k	y t	he l	ИНО
MHO E	Details																										
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	eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc (the word "Council" may be omitted)																										
Patient	t's Current Statu	s																									
Complete	e A, B, C or D as app	ropr	iate																								
A	The patient is pr	ese	ntly	sub	ject	to	a Tı	rans	fer	for	Trea	atm	ent	Dire	ectic	n o	r Ho	spit	tal C	Direc	ction	ı, aı	nd is	s de	tair	ned	in: ¦
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OR																											
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	The patient is de	etain	ned i	in:														_			_					_	
	Hospital Name																						Τ	Т] :
OR		·	. – – –																								
C	The patient is NoT presently subject to compulsory powers under the Act, but												t is a	an ir	npat ⊤	ien	t in	<u>-</u>		_	7						
	Hospital Name	L									<u> </u>					<u> </u>			<u> </u>	<u> </u>			<u></u>	<u></u>		<u></u>	
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	community																										



RMO Details - only required if not supplying one of the Mental Health Reports																											
Surname																								Τ	$\overline{}$		
First Name											T													T	-	_	
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Title													•	GΝ	IC	Nu	mbe	er					L	\perp			
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Approved under section 22 of the Act by: Health Board NHS																											
Health Board NH	3																										
N 15 51																											
Named Person Detail	IS																										
○ The patient does																											
○ The patient does	s hav	e a	nan	ned _l	oers	son	- d∈	etail	ls b	elo	W																
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PART 1 - Record Of Contact Details

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PAR	- 1	Record	CH C.O.	maci	Delans

Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian								
Please enter full names and addresses, including contact telephone	e numbers and email addresses where known.							
Patient's primary carer (if any)	Patient's advocacy worker where applicable							
Patient's welfare attorney where applicable (See note)	Patient's welfare guardian where applicable (See note)							
Notes "Welfare attorney" means an individual authorised, by a	"Guardian" means a person appointed as a guardian under							
welfare power of attorney granted under section 16 of the	the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in							
Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.	relation to the personal welfare of a person.							
Record Of Contact Details Of Others Relevant to the Ap	oplication							
Please provide the names and addresses (including telephone numbers where not available elsewhere on this form or the Mental Health Reports, evidence from, for example: the patient's GP. Also record any others who	, and whom the Mental Health Tribunal for Scotland may wish to hear							
Stability of Statistics and Patternes Cl. 17 too 100010 any care of mile	s chould be invited to the hearing.							



PART 1	To be completed by the MHO
Curator Ad Litem	
If, in your view, the patient requires a Cul	rator Ad Litem, please indicate this here and give your reasons.
Notification	
	hat this compulsory treatment order application was to be made as soon as
practicable after the duty to make the applica	
Shade as appropriate	
○ The patient	Note: if the mental health report (Form CTO 2) by the AMP states that notice should NOT be given to the patient as authorised by
○ The patient's named person (if any)	section 57(5)(C)(i) of the Act, then notice need not be given to the
○ The Mental Welfare Commission	patient unless the MHO considers it appropriate to do so.
○ The Scottish Ministers (where the patient i	s subject to a hospital direction or a transfer for treatment direction)
The above parties had all been notified by:	Date: / / /
Notification to the Mental Welfare Commi	ssion: Copies of the application should NOT be sent as notification.

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



MHO REPORT



PART 2 (cont)	e completed by the MHO
Details Of Personal Circumstances Of The Patient	
Please provide details of the personal circumstances of the patient in as far as they are relevant	nt to this application.
precise provide details of the personal circumstances of the patient in as far as they are relevant	it to this application.



PART 2 (cont) To be comp

MHO's Views On The Mental Health Reports

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

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

view	s on report by Approved Medical Practitioner
4	s on report by Approved Medical Practitioner
	vs on report by second medical practitioner
5	



	RT 2 (cont) To be completed by the MHC
Ad	vance Statement
Com	plete A or B as appropriate
A	 As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.
	Where appropriate, a copy of the Advance Statement should accompany this application. Where it is not possible to attach a copy of the advance statement, please provide details of what is set out in that advance statement below. Please include the date of the advance statement.
OR B	As far as I am aware the patient has not made an advance statement under the terms of the Act.
Oth	ner Relevant Information
relev	use provide any other information from your assessment, interview(s) and consultation(s) which you believe to be want to the Mental Health Tribunal for Scotland's determination of this application, and which is not included where in these documents.
7	



PROPOSED CARE PLAN

as required by Section 62 of the Act

	ac required by escalaring a strain rec	
Part 3a: Introduction		
	nis proposed care plan I consulted the medical practitioners who provided ent (see notes below), as well as those persons who appear to provide the	
\bigcirc i) medical treatment for menta	disorder	
○ ii) community care services, o	relevant services	
\bigcirc iii) other treatment, care or se	vices	
of the kind that is proposed with	n this proposed care plan.	
If it was impracticable to consult	any of the persons referenced above, please state the reasons why:	
8		
I confirm that before preparing t These persons were -	nis proposed care plan I consulted such other persons that I considered a	appropriate.
9		
I understand that the patient has paragraphs a) to c) of section 32	the following type(s) of mental disorder as specified in 8(1) of the Act: Primary ICD 11 Code	
Mental illness	Please enter primary	
Personality disorder	disorder present.	
Learning disability	O Yes O No	1 Coding Tool
Learning disability	0 165 0 140	

NOTES

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

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



Part 3a(1): Patient's needs								
Act 19	are the patient's needs with respect to any assessments carried out under section 23(3) of the Children (Scotland) 995 where the patient is a child, or section 12A(1)(a) of the Social Work (Scotland) Act 1968? (i.e. a community care ssment)							
10	SSITICITY TO THE PROPERTY OF							



PART 3 (cont)

Part 3a(2): Interventions Required To Meet The Patient's Needs								
3a(2)(a) With reference to the mental health reports, what forms of medical treatment for mental disorder as defined under section 329(1) of the Act, and their objectives are to be provided to meet the patient's needs identified in the mental health reports.								
A CC	DMPULSORY basis?							
11								
A VC	DLUNTARY basis?							
12								
their	(b) What community care services, other relevant services or other forms of care and treatment or services and objectives are to be provided to the patient to meet each of the patient's assessed and other needs on -							
	Jim GEGGIAT Budio.							
13								
A VC	DLUNTARY basis?							
14								



PART 3 (cont)

PART 3 (cont)	To be completed by the MHO								
Part 3a(3): Who Will Carry Out The Interventions Required To Meet Those Needs									
3a(3)(a) Who is to provide the medical treatment described in 3a(2)(a) (including the name(s) of the person(s) giving that treatment and the address of where the treatment will be given)?									
15									
3a(3)(b) Who will be providing the services described in 3a(2)(b), including the reservices, the address(es) where the treatment will be provided and the name and patient will be detained? Where measures other than detention are authorised presponsible for appointing the patient's RMO.	d address of the hospital where the								



PART 3 (cont) To be completed by the MHO									
Part 3b: Evidence To Back Up Proposals									
This part provides you with the opportunity to demonstrate how / why the conclusions reached in Part 3a of this proposed care plan have been arrived at (see note at foot of page).									
How do the proposals set out in part 3a of this proposed care plan comply with the principles of the legislation as laid out at sections 1 to 3 of the Act?									
17									
What alternatives were considered to the options laid out in Padeemed to be not workable or practicable?	rt 3a(2) and 3a(3)? Why were these alternatives								
18									
What contingency plans are in place if the options laid out in P	art 3a(2) and 3a(3) above do not work?								
19									
Note:									

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

PAR	T 3 (cont)	To be completed by the MHO								
Part 3b: Evidence (cont)										
To w adva	To what extent does this proposed care plan reflect the wishes of the patient as expressed in any advance statement or elsewhere? If any of these wishes have not been respected, why not?									
20										
	was consulted in the process of drawing up this proposed care plan? To what extendible reflected in this proposed care plan?	nt are the views of those								
21										
How draw	have issues of risk (either to the patient or others) been taken into consideration in t ng up of this proposed care plan?	he patient's assessment and the								
22										



APPLICATION FOR A COMPULSORY TREATMENT ORDER

Proposed Compulsory Measures

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

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

											·														
0	(a)	the	pati	ent's	de	tenti	on in	the	tollowi	ng sp	ecifie	d hos	pital						1						
 O	(b) giving the patient medical treatment in accordance with Part 16 of the Act																								
0	(c) requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate), as detailed below:							ed																	
23																									
	plác	ces	with	ı a v	iew	to re	ceivi	ng c	ommu	nity c		rvices	s, rele			es or a									ed
24																									
	(e)	req	uirin	g th	e pa	itien	t to r	eside	at a s	pecif	ied pla	ace, a	s det	ailed b	elow										
25																									
	(f) r part				pa	tient	to al	low a	any of	the fo	llowin	g par	ties to	visit '	the pa	atient ir	n the	plac	ce wł	nere	the	patient	resid	es. Th	nose
	○ p	atie	ent's	s MH	10 	C	pat	ient'	s RM0	O '	ser	vices	, rele	vant s	ervice	or proves or an purpo	ny tre	atm	ent,	care	or s	ervice			
0	(g)	req	uirin	g th	e pa	tien	t to c	btain	the a	pprov	al of t	he MI	-IO to	any p	ropos	sed cha	ange	of a	ddre	ss					
0	(h) requiring the patient to inform the MHO of any change of address before the change of address takes effect																								
	Where the order authorises measures other than the detention of the patient in hospital, the managers of the following hospital will have responsibility for appointing the patient's RMO.																								
Hospi	tal																								



PART 4 (cont)		To be completed by the MHO								
Confirmation Of Application										
By signing below, you are confirming that:										
a) the requirements of section 63(2)(a)(ii) of the Act are specified in the proposed care plan in part 4 of this form;										
b) you have completed all the relevant documents (i.e. proposed care plan, and MHO report) accompanying this application;										
c) you are submitting two menta	al health reports as accompanying documents to this a	application;								
d) you have completed the section relating to the patient's ethnicity.										
Signature / Date										
Signed (by MHO making application)										
Date										
The application and accompanying documents should be sent to the Mental Health Tribunal for Scotland										
You should NOT send a copy of this application to the Mental Welfare Commission										
Name, address, telephone nu	umber and email address of contact at Medical Red	cords								

