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SCOTTISH STATUTORY INSTRUMENTS

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**2008 No. 316**

**MENTAL HEALTH**

**The Mental Health (Certificates for Medical Treatment) (Scotland) Amendment Regulations 2008**

*Made* - - - - *18th September 2008*  
*Laid before the Scottish*  
*Parliament* - - - - *19th September 2008*  
*Coming into force* - - *12th October 2008*

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

**Citation and commencement**

**1.** These Regulations may be cited as the Mental Health (Certificates for Medical Treatment) (Scotland) Amendment Regulations 2008 and come into force on 12th October 2008.

**Amendment of the Mental Health (Certificates for Medical Treatment) (Scotland) Regulations 2005**

**2.** In Schedule 2 of the Mental Health (Certificates for Medical Treatment) (Scotland) Regulations 2005<sup>(2)</sup>—

- (a) for parts 1 and 2 of Form T1 substitute parts 1 and 2 of Form T1 in the Schedule to these Regulations;
- (b) for Form T2 substitute Form T2 in the Schedule to these Regulations; and
- (c) for parts 1, 2 and 3 of Form T3 substitute parts 1, 2 and 3 of Form T3 in the Schedule to these Regulations.

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(1) 2003 asp 13.  
(2) S.S.I. 2005/443.

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**Status:** This is the original version (as it was originally made).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

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St Andrew's House,  
Edinburgh  
18th September 2008

*S ROBISON*  
Authorised to sign by the Scottish Ministers

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## SCHEDULE

Regulation 2

Form T1 Parts 1 and 2

Form T2

Form T3 Parts 1, 2 and 3

T1 - PART 1		To be completed by the DMP	
<b>Full name and professional address of DMP who is providing the certificate</b>			
Surname			
First Name			
GMC Number			
Address			
Postcode			
<input type="radio"/> I am a child specialist <input type="radio"/> I am NOT a child specialist			
<b>Consent to treatment</b>			
Complete the appropriate option			
<b>A - Complete Where Patient is Capable of Consent to Treatment</b>			
I, the above named DMP, confirm that:			
<input type="radio"/> (a) the above named patient is capable of consenting to the treatment			
<input type="radio"/> (b) the patient has consented to the treatment in writing			
<input type="radio"/> (c) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient			
<b>B - Complete Where Patient is Incapable of Consent to Treatment</b>			
I, the above named DMP confirm that:			
<input type="radio"/> (a) the above named patient is incapable of consenting to the treatment			
<input type="radio"/> (b) the patient is not objecting to the treatment; and			
<input type="radio"/> (c) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient			
<b>Notes</b>			
where the patient is a child (under the age of 16) and the patient's RMO is NOT a child specialist, then the DMP must be a child specialist (where a child specialist is a medical practitioner who has such qualifications or experience in relation to children as the Mental Welfare Commission may determine from time to time)			

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**Part 5** **Part 5: Treatment of a patient**

The treatment under section 234(2) consisted of (state as appropriate):

- (a) any surgical operation for destroying:
  - (i) brain tissue; or
  - (ii) the functioning of brain tissue;
- (b) the treatment known as deep brain stimulation

Description of the treatment(s) including the frequency and duration of treatment.

**Part 6** **Part 6: Signature of the DHP**

Signed by the DHP: \_\_\_\_\_ Date: \_\_\_\_\_

The DHP should complete Parts 3 & 4 (page 4) where applicable and then ensure that Part 5 (page 5) is completed and counter-signed by each of the Mental Welfare Commission's appointees.

A copy of the whole of form 1\* should then be sent to the Mental Welfare Commission within seven days of issuing the certificate.

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The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA)  
**Certificate Of Consent To Treatment**

T2

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**The following form is to be used:**  
 where the patient's RMO, or a DMF, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatment under:




**A:** section 237(3): electro-convulsion therapy (ECT), vagus nerve stimulation (VNS), or transcranial magnetic stimulation (TMS);

**B:** section 240(3): any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; any other medicine given for a period of 2 months since its start of compulsory treatment; and provision, without consent of the patient and by artificial means, of nutrition to the patient

**NOTE: where both A and B apply, two separate T2 forms are required**

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

Write clearly using the boxes in **BLOCK CAPITALS** and in **ALL CAPS** or **UPPER CASE**      For example      **25 M A R K E T S I**      Shaded circles like this ->       Not like this ->  

Where a field has a reference number to the left, you can extend your response on that page where there is insufficient space in the box. Extension sheets should be clearly labelled with patient's name and GPs number, and each extended response should be labelled with the appropriate box and reference number.

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**Identifying Details**

Civil Number

Surname

First Name(s)

Other / Known As

Title  Gender  Male  Female

DoB dd/mm/yyyy  /  /

Patient's home address

Postcode

The patient is detained in, or under the management / care of:

Hospital

Ward / Clinic

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**True consent by the DMP or GMC**

**RMG (Medical Director) certificate completed by the patient (RMG)**

Surname:

First Name:

Title:  GMC Number:

Hospital:

Ward / Clinic:

(if appropriate)

Telephone No.

e-mail address:

Approved under section 22 of the Act by:

Health Board: **NHS**

I am a child specialist, or  I am NOT a child specialist (see notes)

**DBM (Dental Board) certificate completed by DMP**

Surname:

First Name:

Address:

Postcode:  GMC Number:

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

- I, the above named RMG or DMP confirm that:**
- (a) the patient is capable of consenting to the treatment below;
  - (b) the patient has consented in writing to the treatment listed on this certificate (see notes);
  - (c) the giving of medical treatment to the patient is authorised by virtue of this Mental Health (Care and Treatment) (Scotland) Act 2003, or the Criminal Procedures (Scotland) Act 1996;
  - (d) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient; and
  - (e) a copy of the patient's consent in writing is attached.

**Notes**

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

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To be completed by the DMG or RMO

**Period of Treatment**

The treatment covered by this certificate is:

Treatment covered by section 237  ECT under section 237(a)  VNS or TMS (being treatments specified in regulations under section 227(a)(2))

OR

Treatment covered by section 240  any medicine (other than the surgical implantation of hormones) given for the purpose of reducing the risk  any other medicine given beyond a period of 3 months since the start of compulsory treatment  provision, without consent of the patient and by artificial means, of nutrition to the patient

**Note: if treatments under sections 237 AND 240 are required, separate certificates must be completed**

The treatment was first given to the patient on  /  /  Note: this is only required for medication beyond two months. The period of compulsory treatment should include any medication given over certificates or orders under the Clinical Procedure (Sections) Act

**Description of the treatment(s) including frequency and duration of treatment**

**Completed by RMO or DMG**

Certified by  the RMO  the DMG

Signature  000

Date  /  /

A copy of this form should be sent to the Mental Welfare Commission

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**Part 3: Form 1: Certificates under section 237(3) (England, Wales, Northern Ireland, TAS)**

The treatment covered by this certificate is:

- ECT under section 237(3)(a)
- VNS or TMS (being treatments specified in regulations under section 237(3)(b))

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

- the patient is incapable of understanding the nature, purpose and likely effects of the treatment; and
- the giving of medical treatment to the patient is authorised by virtue of the Act, or the Criminal Procedure (Scotland) Act 1995, and

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

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

OR

the patient is resisting or objecting to treatment, and it is necessary to give treatment to the patient for the purpose of:

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

**Now complete PART 3**

Notes

Where the patient is under the age of 16, certification MUST be as follows -

where the patient's RMO is a child specialist, by a designated medical practitioner approved by the Mental Welfare Commission

where the patient's RMO is not a child specialist, by a designated medical practitioner approved by the Commission or a child specialist

Where the patient is not in hospital this certificate does not authorise the giving of treatment by force to the patient



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**2.1 (3)(b)** It is provided by the DMP, in accordance with section 24(1) of the Act, only for medical purposes of a nature

The treatment covered by this certificate is:

- any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive;
- any other medicine given beyond 2 months since the start of compulsory treatment;
- provision, without consent of the patient and by artificial means, of nutrition to the patient.

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

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

having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatments below should be given; and

- the patient is capable of consenting, but does not consent, or
- the patient is incapable of consenting to the treatment below;

If the patient is capable of consenting, but is refusing consent, complete reasons why the treatment should be given.

Now complete PART 3

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PART 1		To be completed by the DMF
<b>Description of treatment</b>		
The treatment was first given to the patient on	<input type="text"/> / <input type="text"/> / <input type="text"/>	<small>Note: This is only required for medical treatments. In the context of compulsory treatment orders, it should include any antecedent short term certificates or orders under the Criminal Procedure (Scotland) Act</small>
<b>Description of the treatment(s) including frequency and duration of treatment</b>		
<div style="border: 1px solid black; height: 300px;"></div>		
<b>Signature</b>		
Signed by the DMF	<input type="text"/>	G.09
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	
A copy of this form should be sent to the Mental Welfare Commission within seven days of issuing the certificate		

## **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

These Regulations substitute the prescribed contents of forms T1, T2 and T3 which are to be used for giving certificates under sections 235, 236, 238, 239 and 241 of the Mental Health (Care and Treatment) (Scotland) Act 2003. The certificates are in respect of the patient's consent to certain types of medical treatment and the patient's best interests with regard to giving that treatment.