

**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(a) 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(b)–

- (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.

*S ROBISON*

Authorised to sign by the Scottish Ministers

St Andrew's House,  
Edinburgh  
18th September 2008

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(a) 2003 asp 13.  
(b) S.S.I. 2005/443.

## SCHEDULE

Regulation 2

Form T1 Parts 1 and 2

Form T2

Form T3 Parts 1, 2 and 3

**DMP Details (see note)****Full name and professional address of DMP who is providing the certificate**

Surname																												
First Name																												
GMC Number																												
Address																												
Postcode																												

- I am a child specialist     I am NOT a child specialist

**Certification****Complete the appropriate option****A - complete where - Patient is Capable of Consent to Treatment**

I, the above named DMP, confirm that:

- (a) the above named patient is capable of consenting to the treatment
- (b) the patient has consented to the treatment in writing
- (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 - complete where - Patient is Incapable of Consent to Treatment**

I, the above named DMP confirm that:

- (a) the above named patient is incapable of consenting to the treatment
- (b) the patient is not objecting to the treatment; and
- (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

**Notes**

where the patient is a child (under the age of 18) 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)

**Treatment Details**

The treatment under section 234(2) consisted of (*shade 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.**

1

**Signature / Date**Signed  
by the DMP
 0.00

Date

 / 
  / 
 




**The DMP 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 appointees.**

**A copy of the whole of form T1 should then be sent to the Mental Welfare Commission within seven days of issuing the certificate**

**Certificate Of Consent To Treatment**

**Instructions**

v6.1

The following form is to be used:

where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatments under:

**A:** section 237(3): electro-convulsive 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 beyond a period of 2 months since the 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**

This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid.

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

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

For example

2 5 M A R K E T S T

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

Surname

First Name(s)

Other / Known As

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

Title

DoB dd / mm / yyyy  /  /

Gender  Male  Female

Patient's home address

Postcode

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

Hospital

Ward / Clinic

To be completed by the DMP or RMO

**RMO Details (where certificate granted by the patient's RMO)**

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**

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

**DMP Details (where certificate granted by DMP)**

Surname																										
First Name																										
Address																										
Postcode											GMC Number															

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

**Patient's consent to treatment**

I, the above named RMO 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 the Mental Health (Care and Treatment) (Scotland) Act 2003, or the Criminal Procedures (Scotland) Act 1995;
- (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, certification MUST be by either an RMO 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

To be completed by the DMP or RMO

**Details Of Treatment**

The treatment covered by this certificate is:

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

OR

- Treatment covered by section 240
- any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive
  - any other medicine given beyond a period of 2 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 antecedent short term certificate or orders under the Criminal Procedure (Scotland) Act

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

1	
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**Certification by RMO or DMP**

Certified by  the RMO  the DMP

Signature  0.00

Date  /  /

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

**T3 / PART 1: Treatments under section 237(3) - only use this part for ECT, VNS and TMS)**

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)*

**A**  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**

**B**  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 18, 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 who is a child specialist

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



*Treatments under section 240(3) - only use for medication, hormones or nutrition*

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.

1

**Now complete PART 3**

*Details of Treatment*

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 antecedant short term certificate or orders under the Criminal Procedure (Scotland) Act

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

2	
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*Signature*

Signed by the DMP  0.00

Date dd / mm / yyyy  /  /

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.

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£5.00