DET 1

Shade circles like this ->

Not like this ->

Emergency Detention Certificate

For example

2 5

Instructions v6.0

The following form is to be used:

Write clearly within the boxes in

and in BLACK or BLUE ink

BLOCK CAPITALS

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:

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																								
	'Oth	er / K	nown	As' c	ould	includ	de an	y nan	ne / a	lias th	at the	e patie	ent w	ould p	orefer	to be	knov	vn as	S.					
Title													(Gen	der		○ N	1ale		I I I				
DoB dd / mm / yyyy]/			/											0 F	em	ale	 - -				
Patient's home address																								
Post code																								
		•																						
Medical Practitioner I	Deta	ils																						
Surname																								
First name(s)																								
Address																								
Postcode									•											-			•	



Detention Criteria

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 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 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	

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.





Dete	ention Criteria (cont)
	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	
certif	satisfied, for the reasons stated below, that making arrangements with a view to the grant of a short-term detention icate would involve undesirable delay. Give details of efforts which were made with respect to granting a short-term nation certificate
5	
Pleas	se give details of the alternatives which you considered to the granting of this certificate. Why is informal/voluntary not appropriate ?
6	



PART 1 : CEF	TIFICATE (cont
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To be completed by the Medical Practitione

MHO Consent

Con	Complete A or B as appropriate																										
Α	I have consulted with detention certificate.		e MI	НО	nam	ned	bel	ow,	and	d he	/ sł	ne c	ons	ents	s to	the	gra	ntin	g of	this	s en	nerg	gen	су			
	Surname																										
	First name(s)																										
	Title												•		•	•	•	'	•		'	'	'			'	
	Appointed to act as	a M	НО	by:				•																			
	Local Authority																										
		eg G	reater	Glas	gow,	City	of Ed	inbur	gh, H	ighlaı	nd, So	cottis	h Boro	ders,	etc (t	the wo	ord "C	Counc	il" ca	n be o	omitte	ed)	-	1			_
	Building name / town																										
OR																											
В	It was not practicable		or th				ctot					oin t	 ho o					onto	l bo						ara.		
В	of this certificate.	₽, IC	יוון וכ	ете	:asu	1115 3	Siai	eu	Jeio	w, ı	o ga	1111 L	ne c	OHS	em	1016	1111	enta	11 116	aili	1 011	icei	ιο	uie	yrai	ILIII	g
	7																										
Pa	tient Pre-DetentionS	tatı	IS																								
Con	plete A or B as appropria	ate																									
Α	At the time of this ce	rtific	cate	bei	ng g	gran	ted	this	 s pa	tien	t wa	ıs ar	n inf	orm	al i	npa	tien	t in	the	follo	wir	ng h	osp	ital			
	Hospital																										
OR																											
В	At the time of this ce	 rtific	cate	bei	ng s	 sign	ed t	 this	pat	ient	was	 s no	t in l	hos	pita	 J.											
	Please provide detai	ils o	f tra	nsp	orta	_			-					-			wh	ich	you	hav	e n	nade	e w	ith r	espe	ect	to
	transferring the patie	ent t	o no	ospi	tai.																						
	8																										



PART 1 : CERTIFICATE (cont)

To be completed by the Medical Practitioner

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); or
- (e) a certificate granted under section 114(2) or 115(2) of the Act. (Compulsory treatment order: detention pending review or application for variation, & interim compulsory treatment order: detention pending further procedures).
- 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)
Signed by the medical practitioner				

The medical practitioner must now give this certificate to the managers of the hospital in which the patient is to be detained (see notes)

Notes

The emergency detention certificate must be granted:

- 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.

PART 2

To be completed by the Hospital Managers

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 beg	gan		/	АТ	:	time (24 hr clock)
Unless revoked, the to detain will expire			/	АТ		time (24 hr clock)



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The following were informed that the emergency detention certificate was granted within 12 hours of the hospital managers receiving the emergency detention certificate

○ The patient		
O Patient's nearest rel	ative f patient's nearest relative	 Patient's named person (if known) Full name and address of the patient's named person
Phone number (if known)		Phone number (if known)
○ Any person who res	ides with the patient (if the patient's r	nearest relative does not reside with the patient)
Phone number (if known)		• •
		nces (see notes below) by the hospital managers within e as specified under section 38(3) of the Act.
○ Patient's nearest rel	ative O Any person who resides w	vith the patient O Patient's named person (if known)
		ntal health officer for the granting of this certificate, the form) within 7 days of receiving the certificate:
the local authority fo	or the area in which the patient reside	es, OR
if the patient's addre	ess is not known, the local authority f	or the area in which the hospital is situated
Local Authority	eg Greater Glasgow, City of Edinburgh, Highlar	nd, Scottish Borders, etc (the word "Council" can be omitted)
Completion Details		
○ The hospital manag	ers have fulfilled their obligations un	der section 260 of the Act.
Completed by		
Job title		
Signature		
Date		
A copy of this form shoulater than 7 days after re		ssion as soon as practicable after receiving the certificate, and no
Notes —		

It is the hospital managers' responsibility to ensure that arrangements have been made for contacting the Mental Welfare Commission out of hours. 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.



PATIENT ETHNICITY

Patient CHI Number

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

The patient describe	es his / her ethnic g	roup as:	
		O Information not provided	
		O Scottish	
	White	O Other British	
	William	O Irish	
		O Other White (please specify)	
	Mixed	O Please specify	
		O Indian	
	Asian, Asian	O Pakistani	
	Scottish, or Asian British	O Bangladeshi	
		O Chinese	
		O Other Asian (please specify)	
	Black, Black	O Caribbean	
Scottish, or Black British		O African	
		O Other Black (please specify)	
	Other ethnic background	O Please specify	

