

Suspension under Sections 221 or 224 of the Act of measure authorising detention in hospital, and revocation of a suspension certificate granted under Part 13 of the Act.

Revocation under section 223 or 226 of a certificate granted under Part 13 of the Act , by the Scottish Ministers and record of notifications made (**Part 3**).

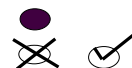
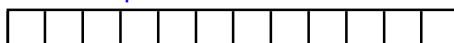
The following form is to be used:

AND

Note : Where the RMO is granting a certificate authorising the temporary suspension of the compulsory measure specifying hospital detention in relation to a compulsion order alone (without restriction order) form SUS 4 should be used.

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.

Not like this ->



Where a text box has a reference number (eg CTO1_1) at the top right, 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.

[illegible][illegible][illegible][illegible]

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

[illegible]

www

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☐ Male

☐ Female

[illegible][illegible][illegible][illegible][illegible]



RMO Details

Surname

[illegible]

First Name

[illegible]

Title

[illegible]

Hospital

[illegible]

Clinic
(If appropriate)

[illegible]

Health Board

[illegible]

- ### Patients Detention Status

☐ An assessment order (section 52D of the Criminal Procedure (Scotland) Act 1995).

Expiry Date: / /

- An interim compulsion order (section 53 of the Criminal Procedure (Scotland) Act 1995).

Expiry Date: / /

- ☐ A compulsion order (section 57A of the Criminal Procedure (Scotland) Act 1995) and a restriction order (section 59 of the 1995 Act)
- ☐ A hospital direction (section 59A of the Criminal Procedure (Scotland) Act 1995).
- ☐ A transfer for treatment direction order (section 136 of the Act).

Suspension Details

I am granting a certificate suspending the order authorising detention in hospital as detailed above.
The period that the order will not authorise the patient's detention in hospital will be:

	time (24 hr clock)		dd		mm		yyyy	
Start Time	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Start Date:	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>(including associated travel where appropriate)</i>
End Time:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	End Date:	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Note: If the suspension certificate covers a series of events, the dates given here should detail the dates for the first and last suspension.

If the period specified is for a period of events please provide further details below

(Please complete in black or blue ink. Lower case is permitted)

SUS3_1




Full name of hospital in which the patient is currently detained

[illegible][illegible]

Please detail where the patient will be living while the suspension to the measures detailed above apply

SUS3_2



Suspension Details (cont)

Note: do NOT complete where the patient is subject to an assessment order

- ☐ I confirm that the above suspension period is in line with section 224 of the Act as detailed below:

(As per sections 224(2)&(4) the Act)

(1) that this period will not exceed three months

(2) the sum of -

(a) the period detailed under subsection (1) above; and

(b) the period specified in any other certificate suspending the hospital detention certificate in respect of the same patient,

will not exceed 9 months in the period of 12 months ending with the expiry of this suspension certificate

I believe that, in the interests of the patient, or for the protection of any other person, it is necessary that the following condition(s) apply during this suspension period (if applicable) -

(a) during the period specified in the certificate, the patient be kept in the charge of the following authorised person -

Full name and address of authorised person

(b) such other conditions as I have specified below -

SUS3_3



Notification Details

Note: do NOT complete where the patient is subject to an assessment order

Where the period of the certificate mentioned above (in part 1 of this form) when taken together with the period specified in any other certificate granted under section 224 exceeds 28 days, or by itself exceeds 28 days, I confirm that the following parties have been notified of the suspension.

Shade as appropriate

- ☐ The patient
- ☐ The patient's named person
- ☐ The patient's general medical practitioner
- ☐ The patient's MHO
- ☐ The Mental Welfare Commission

(Note: A copy of the whole of form SUS 3 should be sent to the Commission within 14 days of issuing the certificate)

Date that the Mental Welfare Commission was notified:

dd	mm	yyyy
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature / Date

Signed by the RMO

Date completed

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To be completed where the certificate is being revoked by the patient's RMO

RMO Details

[illegible]

Revocation Of Suspension

I am satisfied that in the interests of the patient; or for the protection of any other person, it is necessary to revoke the certificate (detailed below), suspending the authority to detain the patient in a specified hospital.

Shade as appropriate

I am revoking:

- ☐ the certificate granted under section 221 of the Act (assessment order);
- ☐ the certificate granted under section 224 of the Act (treatment order);
- ☐ the certificate granted under section 224 of the Act (interim compulsion order);
- ☐ the certificate granted under section 224 of the Act (compulsion order and a restriction order);
- ☐ the certificate granted under section 224 of the Act (hospital direction); or
- ☐ the certificate granted under section 224 of the Act (transfer for treatment direction);

The above certificate was granted on:

Date

	dd

 /

	mm

 /

		yyyy

I revoked the certificate for the following reasons:

(Please complete in black or blue ink. Lower case is permitted)

SUS3 4

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Notification Details

I confirm that I gave notice of this revocation to the following parties as soon as was practicable after the revocation took place.

For revocation of certificate under section 222 (assessment order)

- ☐ The patient
- ☐ Where a person is authorised for the purposes of section 221(b)(a), that person
- ☐ The Scottish Ministers

For revocation of certificate under section 225 (other orders and directions)

- ☐ The patient
 - ☐ The patient's named person
 - ☐ The patient's general medical practitioner (where the period specified is more than 28 days)
 - ☐ The MHO
 - ☐ Where a person is authorised for the purposes of section 224(7)(a), that person
 - ☐ The Scottish Ministers
- ☐ The Mental Welfare Commission (**Note: A copy of the whole of form SUS 3 should be sent to the Commission within 14 days of the revocation of the certificate**)

Date commission was notified

dd		mm		yyyy					

Signature / Date

Signed by the RMO

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Date

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Revocation Details

Surname

[illegible][illegible][illegible]

Shade as appropriate

☐ the certificate granted under section 221 of the Act (assessment order,) granted on -

Date / /

☐ The patient

- The patient's RMO

○ The patient

☐ The patient's named person

☐ The patient's general medical practitioner

☐ The MHO

○ Where a person is authorised for the purposes of section 221(b)(a), that person



Notification Details (cont)

- ☐ The Mental Welfare Commission (**Note: this needs to be within 14 days of revoking the certificate, where it is revoked under section 226 of the Act. A copy of the whole of form SUS 3 should be sent**)

Date commission was notified

dd		mm		yyyy					
		/			/				

Signature / Date

Signed by an authorised person

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Date

		/			/				

