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

Section 221/224 Suspension Of Detention

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.

Certificate of suspension of measure authorising detention in hospital under sections 221 or 224 of the Act (Part 1). Revocation under section 222 or 225 of a certificate granted under Part 13 of the Act, by the patient's RMO and record of notifications made (Part 2).

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).

Write clearly within the **BLOCK CAPITALS**

The following form is to be used:

where the patient's RMO grants a certificate authorising the temporary suspension of the compulsory measure specifying detention in hospital in relation to: an assessment order; a treatment order; an interim compulsion order; a compulsion order and a restriction order (CORO); a hospital direction; or a transfer for treatment direction;

AND

where a suspension certificate granted under section 221 or 224, is revoked by the patient's RMO or the Scottish Ministers.

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.

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

Write clearly within the boxes in	For example	
BLOCK CAPITALS		
and in BLACK or BLUE ink		1 1 1

Shade	circles like	this ->
	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.

Patient Details																									
CHI Number]														
Surname																									
First Name (s)																									
Other / Known As																									
	'Oth	er / I	Know	/n As	s' coi	uld in	clud	e ang	y nar	ne /	alias	that	the	oatie	nt wo	buld	prefe	er to	be ki	nowr	n as.				
Title													G	Send	der			Ma			1 				
	d	d		m	m			уу	уу								0	Fer	nale	;					
DoB			/			/																			
Patient's home add	dres	s																							
Line 1																									
Line 2																									
Line 3																									
Line 4																									
Line 5																									
Postcode									-	-							-		-		-	-	-	-	
						SL	JS 3	V5	.0					Ρ	age	e 1 c	of 10)							

The following certificate applies where the patient is subject to: an assessment order; a treatment order; an interim compulsion order; a compulsion order and a restriction order (CORO); a hospital direction; or a transfer for treatment direction.

RMO Details

Full name and hospital of RMO

Surname																								
First Name																								
Title]														
Hospital																								
Clinic (If appropriate)																								
I, the above named R	RMO, a	m a	opro	ved	und	ler	sec	tion	22	of t	he A	Act b	oy:											
Health Board																								
O I attach a copy of the order/direction																		omp	ulso	ory r	nea	sure	e in	
Patients Detention	Statu	S																						
The patient's detention	on is cu	irren	itly a	uthc	oriec	d by	/ -																	
O An assessment or	rder (se	ectio	n 52	D of	f the	e Ci	rimi	nal	Pro	ced	ure	(Sc	otla	nd)	Act	199	95).							
Expi	ry Date	e:	dd		/[mr	n	/[уу	уу													
O A treatment order	(sectio	on 52	2M o	of the	e Cr	imi	nal	Pro	ced	ure	(Sc	otla	nd)	Act	199	95).								
O An interim comput	lsion o	rder	(sec	tion	53	of t	he (Crin	nina	al Pr	oce	dur	e (S	cotl	and) A	ct 19	995).					
Expi	ry Date):	dd		/[mr	n	/ [уу	уу													
O A compulsion order order (section 59					he (Crin	nina	al Pi	roce	edur	e (S	Scot	lanc	A (b	ct 1	995) ar	nd a	res	trict	ion			
O A hospital directio	n (sec	tion	59A	of th	ne C	Crim	nina	l Pr	oce	dure	e (S	cotl	and) Ac	ct 19	995)).							
O A transfer for treat	tment	direc	tion	orde	er (s	sect	tion	136	6 of	the	Act).												



SUS 3 V5.0

PART 1 : CERTIFICATE OF SUSPENSE (cont)

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	уууу	(including
Start Time	Start Date:			associated travel where
End Time:	End Date:			appropriate)

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

PART 1 : (CERTIFIC	ATE OF S	SUSPENSE	(cont)
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Suspension Details (cont

Full name of hospital in which the patient is currently detained

Hospital													
Ward / Clinic													

During the above period of suspension it is intended that the patient will reside at: *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

O 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



Note: do NOT compl	ete where the patient is subject to an assessment order
	mentioned above (in part 1 of this form) when taken together with the period anted under section 224 exceeds 28 days, or by itself exceeds 28 days, I confirm a notified of the suspension.
Shade as appropriate	
O The patient	
O The patient's named person	
O The patient's general medical practices of the patient of the pa	ctitioner
O The patient's MHO	
O 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
Signature / Date	
Signed by the RMO	
Date completed	

To be completed where the certificate is being revoked by the patient's RMO

RMO Details																						
Surname																						
First Name																						
Title]											
Hospital																						
Clinic (If appropriate)																						
I, the above named	d RN	/10 a	am	арр	rove	ed u	nde	r se	ectic	n 2	2 of	the	Ac	t by:	:							
Health Board																						

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.

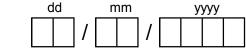
Shade as appropriate

I am revoking:

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

The above certificate was granted on:

Date



I revoked the certificate for the following reasons:

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

SUS3 4



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)	
O The patient	
O Where a person is authorised for the purposes of section 221(b)(a), that person	
O The Scottish Ministers	
For revocation of certificate under section 225 (other orders and directions)	
O The patient	
O The patient's named person	
O The patient's general medical practitioner (where the period specified is more than 28 days)	
O The MHO	
O Where a person is authorised for the purposes of section 224(7)(a), that person	
O 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		
Date		



To be completed where a suspension certificate is being revoked by the Scottish Ministers

Revoca	tion	Dotaila
Revola		Delaiis

This form is being completed on behalf of the Scottish Ministers by:

Surname													
First Name													
Designation													

I the aforementioned authorised representative of the Scottish Ministers confirm that the Scottish Ministers are satisfied that it is necessary: in the interests of the patient; or for the protection of any other person, to revoke the certificate which suspended the measure specified in the order or direction which authorised the patient's detention in the specified hospital.

Shade as appropriate

The Scottish Ministers are revoking

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

	dd		mm	_	y.	ууу	
Date		/		/			

A		
Notifi	cation	Details
	cauon	Details

For revocation of certificate granted under section 221 ONLY

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

- O The patient
- O The patient's RMO

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

For revocation of certificate grantedunder section 224 ONLY

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

- O The patient
- O The patient's named person
- O The patient's general medical practitioner
- O The MHO
- O Where a person is authorised for the purposes of section 221(b)(a), that person
- O The patient's general medical practitioner (where the certificate specifies a period more than 28 days).



Notification Details (cont)

O 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	
Date	

