

# GUIDELINES FOR THE CONSENT TO TREATMENT, PART IV MENTAL HEALTH ACT 1983

## Document Summary

Guidance to ensure compliance with MHA Code of Practice in respect of the application, the use and implementation of the Mental Health Act 1983 as amended by the Mental Health Act (2007) with regards to consent to treatment.

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## Important Note:

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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## 1 SCOPE

This policy details the roles and responsibilities of all staff in respect of consent to treatment under the Mental Health Act 1983 (the Act)<sup>1</sup> and compliance with the Mental Health Act Code of Practice 2015 (CoP)<sup>2</sup>.

## 2 INTRODUCTION

The powers to give treatment with or without consent is are contained within Part 4 of the Act and are further clarified in Chapter 25 of the Code of Practice and chapters 23 and 24 of the Reference Guide (2015)<sup>3</sup>. Further explanation of the legislation covering an individual's capacity to consent under the Mental Capacity Act (2005)<sup>4</sup> can be found in the Mental Capacity Act Code of Practice<sup>5</sup>. Compulsory treatment is capable of being inhuman treatment (or in extreme cases even torture) contrary to Article 3 of the Convention on Human Rights, if its effect on the person concerned reaches a sufficient level of severity. Scrupulous adherence to the requirements of the legislation and good clinical practice should ensure that there is no such incompatibility.

Mental disorder does not necessarily mean that a patient lacks capacity to give or refuse consent, or to take any other decision.

## 3 STATEMENT OF INTENT

The intention of this guidance document is to promote good practice in the consent to treatment in respect of patients detained in hospital under the Mental Health Act (1983) as amended by the Mental Health Act (2007)<sup>6</sup> and to ensure compliance with the Mental Health Act (1983) and its associated Code of Practice.

## 4 DEFINITIONS

The Act defines medical treatment for mental disorder as medical treatment which is for the purpose of alleviating or preventing a worsening of a mental disorder or one or more of its symptoms or manifestations. This includes treatment of physical health problems only to the extent that such treatment is part of, or ancillary to, treatment for mental disorder (e.g. treating wounds self-inflicted as a result of mental

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<sup>1</sup> Mental Health Act 1983 c20

<sup>2</sup> Code of practice: Mental Health Act 1983, Department of Health 2015

<sup>3</sup> Mental Health Act 1983: reference guide, Department of Health 2015

<sup>4</sup> Mental Capacity Act 2005 c9

<sup>5</sup> Mental Capacity Act Code of Practice, Department of Health 2016

<sup>6</sup> Mental Health Act 2007 c12

disorder). Otherwise, the Act does not regulate medical treatment for physical health problems.

In the Act, “medical treatment” also includes nursing, psychological intervention and specialist mental health habilitation, rehabilitation and care.

## **5 DUTIES**

### **5.1 Mental Health Act Hospital Managers**

The Mental Health Act (1983) requires the Trust's Mental Health Act Hospital Managers have in place policy, procedures and guidelines in respect of the rights of detained patients.

### **5.2 Director of Quality and Nursing**

The Director of Quality and Nursing is the accountable Director for this policy.

### **5.3 The Unit/Ward Manager**

The unit/ward has manager responsibility for ensuring this policy is implemented.

### **5.4 All others**

Details of the duties and responsibilities of all other staff in respect of the operation of this policy are covered in Section 6 below.

## **6 DETAILS OF THE POLICY**

### **6.1 Appropriate medical treatment**

The majority of long term detentions sections (i.e. 3, 36, 37, 37/41, 47, 47/49, 48, 48/49 and community treatment orders) require that appropriate medical treatment is available. Appropriate in this sense is treatment relevant to the person's case, taking into account the nature and degree of their mental disorder and all other circumstances of their case. All such treatment should be consistent with the guiding principles<sup>7</sup> and any such treatments which require the patient's co-operation in order to be effective cannot be considered inappropriate simply because the patient does not wish to engage with them.

Treatment must be available to the patient and it is not sufficient that appropriate treatment could be theoretically provided. However, the CoP states ‘Medical treatment must actually be available to the patient. It is not sufficient that appropriate treatment could theoretically be provided’. A person cannot be detained where the appropriate medical treatment is available and the criteria are not met if this is part of the detention application.

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<sup>7</sup> Code of practice: Mental Health Act 1983 chp1

## 6.2 Treatment under Special Rules

The Act set out types of medical treatment for mental disorder to which special rules and procedures apply, including the need for a certificate from a Second Opinion Appointed Doctor (SOAD) approving the treatment. These are Section 57 (Neurosurgery for mental disorder and surgical implantation of hormones to reduce male sex drive), Section 58 (medication after an initial three-month period, except medication administered as part of electro-convulsive therapy) and Section 58A (ECT and medication administered as part of ECT).

## 6.3 The 3 Month Rule (Section 63)

Sections 63 of the Act provides the power to give treatments (medication or other forms of treatment) to detained patients with or without their consent in the first 3 calendar months starting with the first time they are given such treatment.

This power does not apply to patients subject to Sections 4, 5(4), 5(2), 35, 135(1), 136, Guardianship and conditional discharge (41 only). Treatment can only be given to such patients if they have the capacity to consent to it or, if they lack capacity, under the powers of the Mental Capacity Act.

Patients subject to Community Treatment Orders are not covered by Part 4 of the Act unless they are subject to recall to hospital. However, any time spent subject to CTO must be included within the 3 month period.

Patients subject to Section 17 leave are covered by Section 63.

Treatment must be for the person's mental disorder and physical treatments may only be given in so far as it can be shown to treat the systems resulting directly from the mental disorder or integral to it.

Consent should be sought before any treatment is commenced (where practicable), even that given under Section 63. A record of the patient's capacity to consent and any consequent consent or refusal should be recorded in the patients' clinical record by the Responsible Clinician/Approved Clinician at the time and reviewed regularly.

MHA Administration will remind RC's in writing of the requirement for further consent a minimum of four weeks prior to the end of the 3 month period. At the end of the 3 month period further treatment may only be given either with the patients consent (which must be documented on Form T2) or under the provisions of Section 58

## 6.4 Capacity and Consent

Consent to any intervention must be freely given, without coercion, threat or undue pressure. In order to give consent a person must first have the capacity to do so. Compulsory administration of treatment which would otherwise require consent is

invariably an infringement of Articles 3 and 8 of the Convention on Human Rights<sup>8</sup>. The test for capacity is defined within the Mental Capacity Act (2005). The MCA Code of Practice summarises assessing capacity as by stating the following requirements.

Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity.

- Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment or disturbance is temporary or permanent.)
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Assessing ability to make a decision.

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

Assessing capacity to make more complex or serious decisions

- Is there a need for a more thorough assessment (perhaps by involving a doctor or other professional expert)?

For further information on assessing capacity please refer to the Mental Capacity Act Code of Practice Chapter Four.

In all cases when obtaining consent the patient must be informed that they have the right to withdrawal that consent and refuse treatment either at the time or at a later date. It should also be remembered that capacity can fluctuate and therefore should a person who lacks capacity at the onset of treatment later regain capacity then consent to further treatment must be sought.

## **6.5 Treatment Post 3 Months (Section 58)**

After medication has been given for the first three month under Section 63 then Section 58 comes into force. The purpose of this section is to provide further safeguards and protection for patients who require further treatment.

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<sup>8</sup> Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, as amended) (ECHR) arts 3 and 8

If the person has the capacity to consent to the proposed treatment, the Responsible Clinician must complete Form T2 (Appended). This form is used to demonstrate that the patient has understood the nature, purpose and likely effect of the proposed treatment and that they have consented to it. It also provides a record of the Responsible Clinician's consideration of capacity and a record of the discussion with the patient. A copy of this form should be retained in the patient's clinical record and should be reviewed/renewed on a regular basis.

Should the patient later withdraw their consent to treatment then Form T2 becomes invalid. Also should the patient later lose capacity then T2 would be invalid and treatment may only be given under Section 62 or under the authorisation of a Second Opinion Approved Doctor (SOAD).

Should a patient refuse treatment or lack the capacity to consent to it a SOAD must be called. The SOAD Request Form must be completed on line by the Responsible Clinician as soon as possible and the receipt forwarded to the MHA Administrator who will coordinate the necessary arrangements. It is considered poor practice to wait until the end of the 3 month period to request a SOAD if it is known that the patient lacks capacity and/or will refuse continued treatment. In the case of a Community Treatment Order the request for a SOAD must be completed by the RC at the time the application for the order is made (unless the patient has capacity whereby a CTO12 form would be completed instead).

The SOAD will consult with the Patient, Responsible Clinician, a nurse involved in the patient's care and another professional (not a doctor or nurse). It is important that all these professionals are identified at the point of making the request and that they are available for consultation with the SOAD. Following such consultations the SOAD can authorise the proposed treatment if they consider it to be appropriate. Authorisation will be given in on the Form T3 a copy of which must be kept with the patient's prescription chart. Only treatment authorised on the T3 can be given and no additions or amendments are permissible without authorisation of the SOAD. It is the nurse administering the medication who is responsible for ensuring it is compliant with the authorisation.

It is the responsibility of the RC to discuss the outcome of the SOAD's visit with the patient and ensure there is documented evidence of these discussions in the patient's record.

Certificates which no longer authorise treatment (or particular treatments) are clearly marked as such, as are all copies of those certificates kept with the patient's notes and medication chart.

## **6.6 Consent and ECT (Section 58a)**

This power applies only to patients subject to Sections 2, 3, 36, 37, 38, 47 and 48 without restrictions. Patients on all other Sections are not covered and can be only given ECT if they have the capacity to consent to it, or, if they lack capacity in their Best Interests under the Mental Capacity Act. Patients subject to a CTO may be given ECT without consent if they are recalled to hospital in which case a refusal

may be overridden in the same manner as that for a Section 3. All patients under the age of 18 whether they are detained under the Mental Health Act or not are subject to the special protections of this Section. ECT may only be given if the patient meets one of the three following criteria

- They are over 18 and have consented to the treatment and that an Approved Clinician or SOAD has certified that consent on Form T4 (Appended)
- They are under 18 and have consented to the treatment and a SOAD has certificated such treatment on Form T5 (Appended)
- They lack capacity to consent and a SOAD has authorised the treatment on Form T6 (Appended)

ECT may be given in emergency situation subject to the constraints and restricts of Section 62, even in cases where an Advanced Decision to refuse treatment is in place.

### **6.7 Review of Treatment (Section 61)**

Section 61 places a duty on the Responsible Clinician to regularly review the treatment of patients for whom a SOAD has authorised treatment. The review requires the RC to complete Section 61 Review of Treatment form whenever the patients the section is renewed, when requested by the Care Quality Commission (CQC), or restricted patients, six month after the section began then annually thereafter. It is good practice to renew capacity and consent at any such reviews.

### **6.8 Urgent Treatment (Section 62)**

Section 62 authorises the administration of treatment in emergency circumstances where other parts of the Act cannot be used because there is an urgent need for treatment. Urgent treatment is that which is:

- Treatment which is necessary to save a person's life and,
- Treatment which (not being irreversible) is immediately necessary to prevent a serious deterioration of a patient's condition or,
- Treatment which (not being irreversible or hazardous) is immediately necessary to alleviate serious suffering to the patient or,
- Treatment which (not being irreversible or hazardous) is immediately necessary and represents the minimum interference necessary to prevent the patient from behaving violently or being a danger to themselves or others

Only the first two points of the definition can be utilised for the administration of ECT.

Section 62 may be used while a Responsible Clinician waits for authorisation from a SOAD provided a SOAD has been requested. Also Section 62 (2) states that if a patient who had previously consented to the treatment withdraws that consent and the Approved Clinician considers that ceasing the treatment would cause serious suffering then the treatment may continue. It is recommended that in such case an immediate request for a SOAD is forwarded to MHA Administration



All uses of Section 62 should be recorded on the Section 62: Report to Hospital Managers Form (Appended) a copy of which should be kept in the patient's clinical record and the original forwarded to MHA Administration.

## **6.9 Consent and Community Treatment Orders (CTO) – Part 4(a)**

All patients subject to CTO are covered by Part 4 (a) of the Act unless they are subject to recall to hospital in which case they are covered by Part 4. If they have capacity and are not recalled to hospital they can only be given treatment that they consent to. If they lack capacity to consent they may be given treatment only if

- They have an attorney of deputy (under the MCA) who can authorise treatment or if there is a Court of Protection Order in place. Or,
- The treatment does not conflict with an advanced decision and the views of an attorney, deputy or Court of Protection Order. And,
- There is no reason to believe that the patient would object to the treatment. If there is reason to believe that the patient may object that it is not necessary to use any force in order to administer the treatment.

If there is reason to think that the patient would object to the treatment, if able to do so, then the patient should be taken as objecting.

**All** CTO patients require a certificate of treatment from a SOAD Form CTO11 (Appended) for medication after one month and ECT) at any time. Consenting patients will require Form CTO 12 Medication can be given during the first month without consent but after this authorisation from the SOAD is required. It is the Responsible Clinician responsibility to ensure that an appropriate request for a SOAD is made at the time of placing an individual on a CTO and MHA Administration are informed. The required forms are appended to this document in Appendices nine and ten respectively.

Emergency treatment for patients who lack capacity and are subject to CTO may be given under Section 64 (g). The categories under which emergency treatment can be given are the same as those for Section 62 detailed above. However, treatment may be given even if it contradicts a refusal by an attorney, deputy or Court Order and force may be used in exceptional circumstances provided it is proportional to the risk and likelihood of serious harm.

It is not good practice to use a certificate that was issued to a patient when detained and who has since been discharged on a CTO to authorise treatment if the patient is then recalled to hospital, even if the certificate remains technically valid. A new certificate should be obtained as necessary.

## **6.10 Consent and Special Treatments (Section 57)**

This Section applies to all patients detained or informal and defines special treatments as

- Surgery to destroy brain tissue or the functioning of the brain

- Other treatment as specified by the Secretary of State for Health including the surgical implantation of hormones to reduce male sex drive.

In these cases the patient must consent, a SOAD and two others appointed by the MHAC, must agree that the patient has the capacity to consent and the SOAD must have consulted with two members of the care team( other than the doctor) before providing authorisation on Form T1 (Appended)

## 7 TRAINING

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Learning and Development Policy

## 8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Number of recorded uses of T1 – T6, Use of S64, 64(g)	MHAHM Statistical return	MHAA	Quarterly	MHAHM	MHAHM

## 9 REFERENCES/ BIBLIOGRAPHY

Mental Health Act 1983 c20  
 Code of practice: Mental Health Act 1983, Department of Health 2015  
 Mental Health Act 1983: reference guide, Department of Health 2015  
 Mental Capacity Act 2005 c9  
 Mental Capacity Act Code of Practice, Department of Health 2016  
 Mental Health Act 2007 c12  
 Convention for the Protection of Human Rights and Fundamental Freedoms (European Convention on Human Rights, as amended)

## 10. RELATED TRUST POLICY/PROCEDURES

<a href="#">POL/001/005/014</a>	Age Appropriate Admissions Policy
<a href="#">POL/001/005/017</a>	Children Visiting Detained Patients Guidance
<a href="#">CCC Guardianship</a>	Guardianship Policy, Procedures and Guidance (Interim Joint Cumbria County Council Policy)
<a href="#">POL/001/005/004</a>	Guidelines on Section 5 (4) Nurses Six Hour Holding Power
<a href="#">POL/001/005/005</a>	Informal Patients Leave Arrangements Guidelines
<a href="#">POL/001/005/016</a>	Management of Mental Health and Learning Disabilities Patients Policy
<a href="#">POL/001/005/012</a>	Mental Act Guideline on the Exclusion of Visitors to Detained Patients
<a href="#">POL/001/005/009</a>	Mental Health Act Guidelines for the Exercise of Powers to Withhold Outgoing Mail
<a href="#">POL/001/005/007</a>	Mental Health Act Guidelines on Receipt and Scrutiny of Section Papers
<a href="#">POL/001/005/003</a>	Mental Health Act Guidelines on Section 5 (2) 72 Hour Holding Power (2013)
<a href="#">POL/001/005/011</a>	MHA Section 117 Aftercare Policy
<a href="#">POL/001/005/006</a>	Section 17 Leave of Absence MHA (1983) Guidelines
<a href="#">POL/001/005/010</a>	Use of Supervised Community Treatment MHA Section 17(a)

**APPENDIX 1 – FORM T1**

***Regulation 27(1)(b)***

**Mental Health Act 1983 section 57—certificate of consent to treatment and second opinion**

*(Both parts of this certificate must be completed)*

**PART 1**

I [PRINT full name and address],

.....  
.....  
.....

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD),

and we [PRINT full name, address and profession],

.....  
.....  
.....  
.....  
.....  
.....

being two persons appointed for the purposes of section 57(2)(a) of the Act, certify that [PRINT full name and address of patient]

.....  
.....  
.....

(a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

AND

(b) has consented to that treatment.

Signed.....

Date.....

Signed.....

Date.....

Signed.....

Date.....

**PART 2**

*(To be completed by SOAD only)*

I, the above named registered medical practitioner appointed for the purposes of Part 4 of the Act have consulted [PRINT full name of nurse]

.....  
.....  
.....

a nurse

and [PRINT full name and profession]

.....  
.....  
.....

who have been professionally concerned with the medical treatment of the patient named above and certify that it is appropriate for the treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately.

*<Delete as appropriate>*

[When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient or to that of any other person.]

.....  
.....  
.....

If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

Signed.....

Date.....

**APPENDIX 2 – FORM T2**

***Regulation 27(2)***

**Mental Health Act 1983 section 58(3)(a)—certificate of consent to treatment**

I [PRINT full name and address],

.....  
.....  
.....

the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD)  
<delete the phrase which does not apply>

certify that [PRINT full name and address of patient]

.....  
.....  
.....

(a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

AND

(b) has consented to that treatment.

Signed.....

Date.....

**The patient must be informed**

1. of the nature, purpose and likely effects of the treatment which is planned;
2. of their rights to withdraw their consent to treatment at any time and of the need for consent to be given to any further treatment;
3. how and when treatment can be given without their consent, including by the second opinion process and when treatment has begun if stopping it would cause serious suffering to the patient.

**A. Does the person have an Advanced Directive/Decision/Statement in place?**

Yes  No  (please tick)

**Name of proposed treatment** (include brief explanation if medical terms not clear)

\_\_\_\_\_

**B. Statement of Consultant Psychiatrist or other health professional** (to be completed by someone with appropriate knowledge of proposed treatment)

I have explained the nature of the treatment to the patient. In particular, I have explained: -

The intended benefits\_\_\_\_\_

\_\_\_\_\_

Serious or frequently occurring risks\_\_\_\_\_

\_\_\_\_\_

Any extra procedures which may become necessary:

(please specify)\_\_\_\_\_

\_\_\_\_\_

*I have also discussed what the assessment and/or treatment is likely to involve, the benefits and risks of any available*

*alternatives (including no treatment) and any particular concerns raised by the patient.*

The following information has been provided\_\_\_\_\_

\_\_\_\_\_

Signed\_\_\_\_\_Name(print)\_\_\_\_\_Date\_\_\_\_\_

\_\_\_\_\_

Job Title\_\_\_\_\_

Contact details (if patient wishes to discuss options later)\_\_\_\_\_

\_\_\_\_\_

*Statement of interpreter (where appropriate)*

I have interpreted the above information to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed \_\_\_\_\_ Name(Print) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

**C. Statement of patient**

*Please read this form carefully. (If your treatment has been planned in advance, you should already have your own copy of the Consent Form, which describes the benefits, and risks of the proposed assessment and/or treatment.*

*If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, even after you have signed the form.*

I agree to the treatment described on this form.

Patient's signature \_\_\_\_\_ Name (print) \_\_\_\_\_ Date \_\_\_\_\_

**Copy accepted by patient:**

**Yes**

**No**  *(please tick)*



**APPENDIX 3 – FORM T3**

**Regulation 27(2)**

**Mental Health Act 1983 section 58(3)(b)—certificate of second opinion**

I [PRINT full name and address],

.....  
.....  
.....

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), have consulted [PRINT full name of nurse],

.....  
.....  
.....

a nurse

and [PRINT full name and profession]

.....  
.....  
.....

who have been professionally concerned with the medical treatment of [PRINT full name and address of patient].

.....  
.....  
.....

I certify that the patient—

*<Delete the phrase which does not apply>*

- (a) is not capable of understanding the nature, purpose and likely effects of
- (b) has not consented to the following treatment: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

but that it is appropriate for the treatment to be given. My reasons are as below/I will provide a statement of my reasons separately. *<Delete as appropriate>*

[When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

Signed.....

Date.....

**APPENDIX 4 – FORM T4**

***Regulation 27(3)(b)***

**Mental Health Act 1983 section 58A(3)—certificate of consent to treatment  
(patients at least 18 years old)**

**THIS FORM IS NOT TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE**

I [PRINT full name and address],

.....  
.....  
.....

the approved clinician in charge of the treatment described below/a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) *<delete as appropriate>* certify that [PRINT full name and address of patient]

.....  
.....  
.....

who has attained the age of 18 years,

- (a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form]

AND

- (b) has consented to that treatment.

Signed.....

Date.....

**APPENDIX 5 – FROM T5**

**Regulation 27(3)(b)**

**Mental Health Act 1983 section 58A(4)—certificate of consent to treatment and second opinion (patients under 18)**

**THIS FORM IS ONLY TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE**

I [PRINT full name and address],

.....  
.....  
.....

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD) certify that [PRINT full name and address of patient]

.....  
.....  
.....

who has not yet attained the age of 18 years,

- (a) is capable of understanding the nature, purpose and likely effects of: [Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to apply to any or all of the treatment for a specific period.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

AND

- (b) has consented to that treatment.

In my opinion it is appropriate for that treatment to be given.

My reasons are as below/I will provide a statement of my reasons separately. *<Delete as appropriate>*

[When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this form.]

Signed.....

Date.....

**APPENDIX 3 – FORM T6**

***Regulation 27(3)(b)***

**Mental Health Act 1983 section 58A(5)—certificate of second opinion  
(patients who are not capable of understanding the nature, purpose and  
likely effects of the treatment)**

I [PRINT full name and address],

.....  
.....  
.....

a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD), have  
consulted [PRINT full name of nurse]

.....  
.....  
.....

a nurse and [PRINT full name and profession]

.....  
.....  
.....

who have been professionally concerned with the medical treatment of [PRINT full name and  
address of patient].

.....  
.....  
.....

I certify that the patient is not capable of understanding the nature, purpose and likely effects of:  
[Give description of treatment or plan of treatment. Indicate clearly if the certificate is only to  
apply to any or all of the treatment for a specific period.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this  
form]

but that it is appropriate for the treatment to be given. My reasons are as below/I will provide a  
statement of my reasons separately. *<Delete as appropriate>*

[When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient  
would be likely to cause serious harm to the physical or mental health of the patient or to that of  
any other person.]

.....  
.....  
.....

[If you need to continue on a separate sheet please indicate here [ ] and attach that sheet to this  
form.]

I further certify that giving the treatment described above to the patient would not conflict with—

- (i) any decision of an attorney appointed under a Lasting Power of Attorney or deputy (appointed by the Court of Protection) of the patient as provided for by the Mental Capacity Act 2005
- (ii) any decision of the Court of Protection, or
- (iii) any advance decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005.

Signed.....

Date.....

**APPENDIX 7 – SECTION 62: REPORT TO THE HOSPITAL MANAGERS**

**Part I: Treatment proposed under Section 62:**  
(to be completed by the Responsible Clinician)

Part I

Delete the phrase which does not apply

- \*a) the Registered Medical Practitioner
- \*b) the nominee of the Registered Medical Practitioner hereby give notice that

Delete the phrase which does not apply

- \*a) is not consenting
- \*b) is unable to consent

but is nevertheless in need of emergency treatment as follows (description of treatment proposed)

.....  
.....  
.....  
.....  
.....  
.....

Delete the phrases which do not apply)

- \*a) which is immediately necessary to save the patient's life or
- \*b) which (not being irreversible) is immediately necessary to prevent a serious deterioration of his/her condition or
- \*c) which (not being irreversible or hazardous) is immediately necessary to alleviate serious suffering by the patient
- \*d) which (not being irreversible or hazardous) is immediately necessary and represents the minimum interference necessary to prevent the patient from behaving violently or being a danger to him/herself or to others

in accordance with the Section 62 of the Mental Health Act 1983

Signed.....Time.....Date.....  
 .....

**Part II. Treatment Given under Section 62:**  
 (to be completed by RC or Nursing Staff)  
 Details of treatment with times administered:

Date Initials	Time	Treatment	
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

**Part III. Record of the time at which Section 62 ceased to apply.**  
 (to be completed by RC or NURSING STAFF)

Section 62 ceased to apply at (time)..... on  
 (date)..... because  
 (delete the phrase which does not apply)

- \*a) The Second Opinion Doctor arrived
- \*b) Other circumstances (give details)

-----  
 -----

**Part IV. Receipt of report on behalf of the Hospital Managers**  
 (to be completed by the Mental Health Information Manager or her  
 nominee)

MEDICAL SCRUTINY

PRESENTED TO MANAGERS  
 MEETING OF

**APPENDIX 8 – FORM CTO11**

***Regulation 28(1)***

**Mental Health Act 1983 section 64C(4) — certificate of appropriateness of treatment to be given to community patient (Part 4A certificate)**

*(To be completed on behalf of the responsible hospital)*

I [PRINT full name and address]

.....  
.....  
.....

am a registered medical practitioner appointed for the purposes of Part 4 of the Act (a SOAD).

I have consulted [PRINT full name and profession]

.....  
.....  
.....

and [full name and profession]

.....  
.....  
.....

who have been professionally concerned with the medical treatment of [PRINT full name and address of patient]

.....  
.....  
.....

who is subject to a community treatment order.

I certify that it is appropriate for the following treatment to be given to this patient while the patient is not recalled to hospital, subject to any conditions specified below. The treatment is:  
[Give description of treatment or plan of treatment.]

.....  
.....  
.....

I specify the following conditions (if any) to apply: [Conditions may include time-limits on the approval of any or all of the treatment.]

.....  
.....  
.....

I certify that it is appropriate for the following treatment (if any) to be given to this patient following any recall to hospital under section 17E of the Act, subject to any conditions specified below. The treatment is: [Give description of treatment or plan of treatment].

.....  
.....  
.....

I specify the following conditions (if any) to apply to the treatment which may be given to the patient following any recall to hospital under section 17E: [Conditions may include time-limits on the approval of any or all of the treatment.]

.....  
.....  
.....



.....  
.....  
My reasons are as below/I will provide a statement of my reasons separately. *<Delete as appropriate>*

[When giving reasons please indicate if, in your opinion, disclosure of the reasons to the patient would be likely to cause serious harm to the physical or mental health of the patient, or to that of any other person.]

.....  
.....  
.....

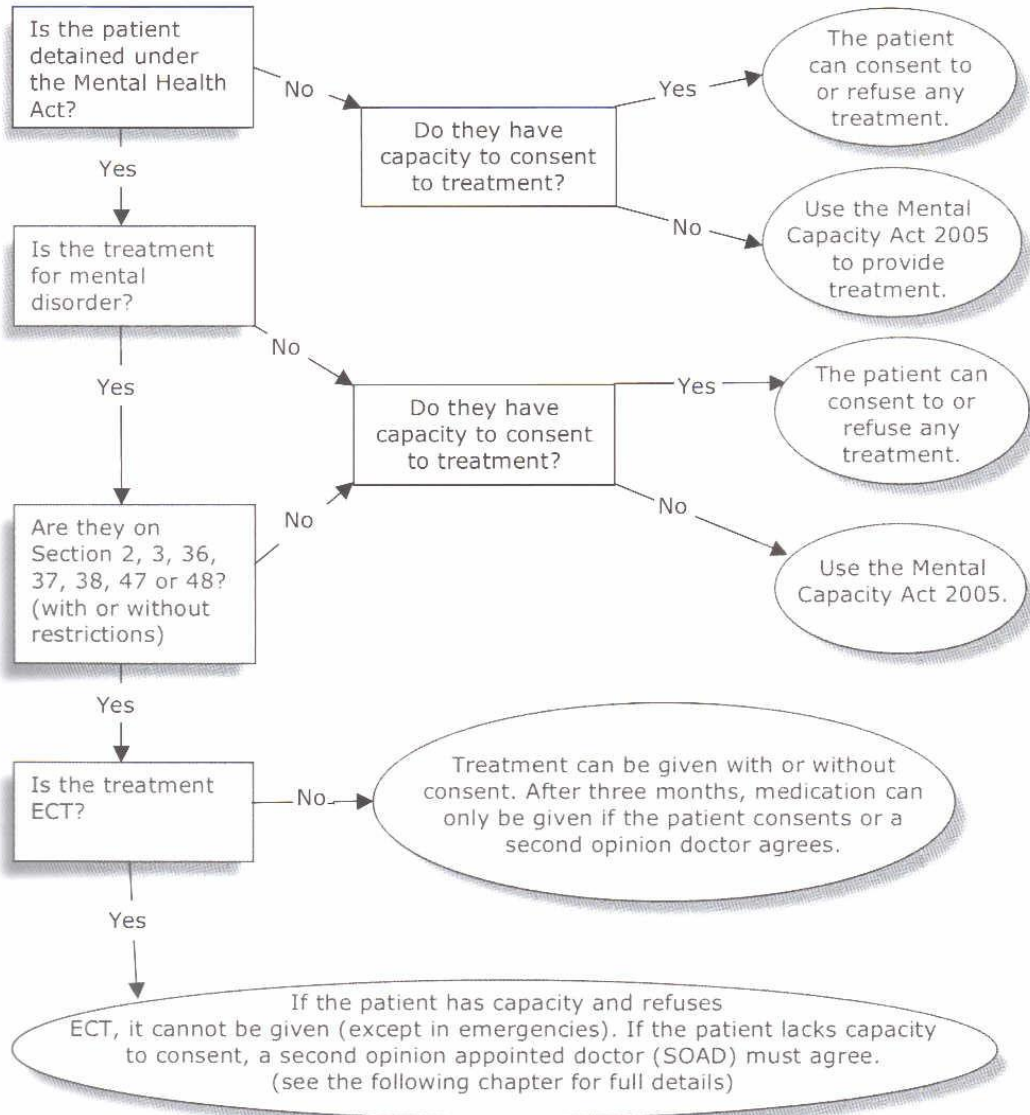
[If you need to continue on a separate sheet for any of the above please indicate here [ ] and attach that sheet to this form.]

Signed .....

Date.....

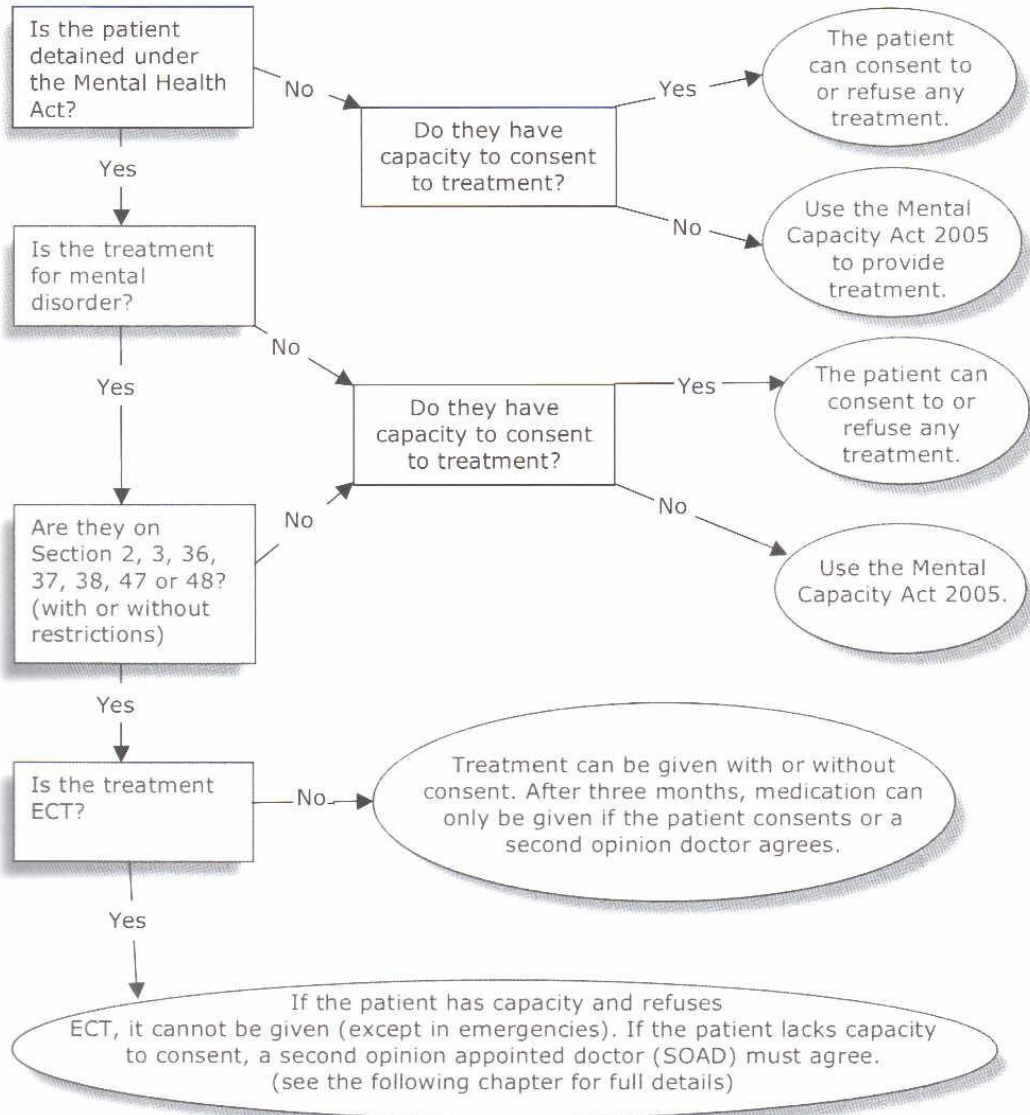
**APPENDIX 11 – MHA CONSENT SUMMARY CHART**

**SUMMARY OF TREATMENT UNDER THE MENTAL HEALTH ACT**



**Note:** If neurosurgery or the implantation of hormones is the proposed treatment, Section 57 will apply and the patient must consent and a second opinion doctor plus two other independent people must also agree. This applies to both detained and informal (voluntary) patients.

**SUMMARY OF TREATMENT UNDER THE MENTAL HEALTH ACT**



**Note:** If neurosurgery or the implantation of hormones is the proposed treatment, Section 57 will apply and the patient must consent and a second opinion doctor plus two other independent people must also agree. This applies to both detained and informal (voluntary) patients.