Care Quality Commission

Guidance for SOADs: Consent to treatment & the SOAD role under the revised Mental Health Act

This guidance applies only to England

Previously issued by the Mental Health Act Commission October 2008

This note provides guidance to Second Opinion Appointed Doctors on the key changes to consent to treatment provisions of the Mental Health Act 1983 as the revisions to that Act are implemented on the 3 November 2008.

General Summary

Revisions made to the Mental Health Act 1983 by the Mental Health Act 2007 come into force on the 3 November 2008. SOADS need to be aware, in particular, of the following changes from that date:

1. There is a **new legal test** (that treatment is "appropriate to be given") for SOADs to apply;
2. There are **new statutory forms** for SOAD use;
3. There are **new statutory roles.** The term "responsible medical officer" ("RMO") is abolished. Instead of an "RMO", patients will have a "responsible clinician", who may or may not a doctor and therefore may not be "the clinician in charge of the treatment in question" for a SOAD visit;
4. There are **new rules regarding authorisation of ECT.** It is no longer possible for SOADs to authorise ECT in the face of a capacitated patient's refusal of consent; and
5. There will be **new community-based powers** under "Supervised Community Treatment" (Community Treatment Orders), with distinct consent to treatment rules and roles for SOADs.

Details of these changes follow in this guidance and its appendices.

1. The new legal test – appropriate treatment

Prior to the revision made by the 2007 Act, a SOAD certifying treatment on Form 39 had to state that treatment "should be given"…"having regard to the likelihood of that treatment alleviating or preventing a deterioration of the patient's condition"[1].

Under the revised Act, SOADs will instead certify that "it is appropriate for the treatment to be given"[2]. This means that treatment must be

> "…appropriate in [the patient's] case, taking into account the nature and degree of the mental disorder from which he is suffering and all other circumstances of his case"[3]

but such treatment also must be

> "treatment the purpose of which is to alleviate, or prevent a worsening of, the disorder or one or more of its symptoms or manifestations."[4]

There is little practical consequence in the revision of the legal test to be applied by SOADs in considering authorisation of treatment without consent, although **SOADs should be clear of the precise nature of that test when performing their function**. More detailed discussion of this is at **Annex A** to this guidance.

2. New statutory forms for SOADs

From the 3 November, new statutory forms T2, T3, T4, T5, T6 and CTO11 replace existing forms 38 and 39. The increase in numbers of forms is a consequence of the increased complexity of consent to treatment rules under the revised Act.

The new forms are appended to this guidance at **Annex B**, alongside matrices showing which form to use depending upon the patient's age, legal status and the treatment proposed (**Annex C**). In brief, the new forms are as follows:

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1 MHA 1983 (prior to amendment by MHA 2007), s.58(3)(b).
2 MHA 1983 (as amended by MHA 2007), s.58(3)(b), 58A(4), 58A(5)
3 MHA 1983 (as amended by MHA 2007), s.64(3)
4 MHA 1983 (as amended by MHA 2007), s.145(4)

Form T2 certifies a patient's consent to medication for mental disorder, and usually will be completed by the approved clinician in charge of the treatment; although (as with Forms 38 prior to the revision of the Act) SOADs may on occasion wish to make such certification.

Form T3 is used by a SOAD to certify that medication for mental disorder treatment is appropriate in the case of a detained patient who is either refusing or incapable of giving consent.

Form T4 certifies an adult patient's consent to ECT, and usually will be completed by the approved clinician in charge of the treatment; although (as with Forms 38 prior to the revision of the Act) SOADs may on occasion wish to make such certification.

Form T5 is used by a SOAD to certify that a patient under 18 years gives valid consent and that ECT is appropriate (see discussion of ECT rules at 3 below).

Form T6 is by a SOAD used to certify ECT in the case of any patient who lacks capacity to give or withhold consent (whether or not that patient has attained the age of 18 years).

Form CTO11 certifies appropriateness of treatment to patients subject to Supervised Community Treatment (see 5 below).

Only new statutory SOAD certificates should be issued on or after the 3 November 2008.

Do not use form 39 after this date to authorise treatment. Forms T3,T6 and CTO11 will be those most commonly completed by SOAD's after 3 Nov.

Do not use new forms until the 3 November 2008.

Forms 39 extant on the 3 November 2008 (i.e. issued before that date) will, however, continue as valid authority for treatment, except in the case of any certificate authorising ECT to a patient who has capacity and is refusing consent, which must be treated as expired.

Treating hospitals are responsible for providing forms for SOAD use. However, where a hospital fails to locate the appropriate form for certification, it is acceptable to use photocopies of the blank forms contained in the appendices to this guidance.

Giving reasons for a decision

SOADs certifying that treatment is appropriate on Forms T3, T5, T6 or CTO11 are required to record the reasons for their decisions, either within the space provided on the statutory form itself, or on a separate sheet of paper.

On those occasions when a SOAD certifies a patient's consent to medication for mental disorder, or an adult patient's consent to ECT, there is no statutory requirement to provide reasons why such treatment is appropriate. However, in these circumstances the Commission requests that a SOAD should record on a separate sheet of paper their assessment of the patient's capacity to consent and an outline of broad contents of their discussion with the patient, including any relevant information about the patient's attitude towards treatment and any concerns that the patient may have expressed. A copy of this should go into the patient's notes, with a copy to the Care Quality Commission.

3. Electro-convulsive therapy (ECT)

The revised Act sets out new parameters for the treatment of patients with ECT in the new section 58A. The law distinguishes between patients under 18 years of age and patients over 18 years of age. These are dealt with separately below.

ECT and patients over 18 years of age

For any patient over 18 years of age who is detained under or subject to a section of the MHA to which Part 4 applies[5], ECT may be given:

- in an emergency (i.e. if it is immediately necessary to save life or prevent a serious deterioration of the patient's condition) under section 62; otherwise;
  - under the authority of Form T4 (certificate of consent to treatment) if either the approved clinician in charge of the treatment or a SOAD has certified that the patient **is** capable of understanding the nature, purpose and likely effects of the treatment and consents to it; or
  - under the authority of Form T6 (certificate of second opinion) where a SOAD has certified that the patient is **not** capable of understanding the nature, purpose and likely effects of the treatment, but that it is appropriate for the treatment to be

[5] For the purpose of ECT, Part 4 of the MHA 1983 applies to:
- patients detained under Sections 2, 3, 36, 37, 38, 44, 45A, 46, 47, 48, 49 of the Mental Health Act 1983,
- patients who are subject to a hospital order under the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991, and
- (with certain modifications, discussed at part xx of this guidance) community patients who are recalled to hospital.

given. The SOAD must also certify that giving ECT would not conflict with any advance decision, or any decision of an attorney, deputy or the court of Protection[6].

This means that, excepting in an emergency when section 62 powers can be invoked, any capacitated patient's refusal of consent to treatment with ECT must be respected.

The revised Act does not allow SOADs to authorise ECT treatment in the face of a capacitated refusal of consent by the patient concerned. Neither can treatment be imposed upon an incapable patient if it conflicts with a valid advance refusal of treatment or a Court of Protection ruling, or with a refusal of consent by a deputy or attorney as defined in the Mental Capacity Act: in such cases the patient must be considered to have equivalent status as if they were contemporaneously refusing consent.

If a capacitated patient aged over 18 years of age gives valid consent to ECT, SOADs may certify this consent to ECT on Form T4 (just as SOADs are currently empowered to certify a patient's consent on Forms 38), although it will normally be for the approved clinician in charge of the treatment to do this.. The Commission will not arrange a SOAD visit where such a patient is reported to us to be consenting. It may be, however, that a SOAD concludes that a patient is consenting to ECT during the course of a visit to an adult patient whose consent status was previously in doubt or had refused. In these circumstances the Commission requests that a SOAD records on a separate sheet of paper their assessment of the patient's consent capacity together with the broad outline of the information shared with the patient about the treatment and the latter's attitudes and views or concerns about the ECT plan proposed. A copy should go on the patient's file, with a copy to the Care Quality Commission.

ECT and patients under 18 years of age.

ECT treatment is rarely given to patients under 18 years of age but all SOADs should be aware of the legal rules established under the revised Act as described below.

For any patient under 18 years of age, whether that person is detained under the MHA or is an informal patient[7], ECT may be given:

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[6] The Commission expects that assurance that no such conflicts exist will be provided by the hospital administration as a condition of arranging the second opinion visit.

[7] But not, however, to:

- patients who are liable to be detained under Section 4 prior to the receipt of the second recommendation for a Section 2;
- patients who are liable to be detained under holding powers (Sections 5(2), 5(4), 35, 135, 136);

- in an emergency (i.e. if it is immediately necessary to save life or prevent a serious deterioration of the patient's condition), and where the patient is detained under or subject to a section of the MHA to which Part 4 applies[8], under section 62; otherwise;
  - under the authority of Form T5 (certificate of consent to treatment and second opinion) if a SOAD has certified that the patient **is** capable of understanding the nature, purpose and likely effects of the treatment and consents to it, and that it is appropriate for such treatment to be given; or
  - under the authority of Form T6 (certificate of second opinion) where a SOAD has certified that the patient is **not** capable of understanding the nature, purpose and likely effects of the treatment, but that it is appropriate for the treatment to be given. The SOAD must also certify that giving ECT would not conflict with any advance decision, or any decision of an attorney, deputy or the court of Protection[9].

Thus, for *informal* patients under 18 years of age, section 62 is not available, but for *detained* patients under 18 years of age it is available and emergency powers may have been used prior to the SOAD visit. With this exception, SOAD procedure is the same irrespective of whether the patient in question is detained or informal. A SOAD visit will be necessary to consider ECT treatment, regardless of that patient's capacity or consent status, and treatment can only be given if certified by the SOAD on Form T5 or T6 (depending upon that patient's capacity to consent, as described above)[10]. In either case, the SOAD is required to give reasons why the treatment is appropriate on the statutory form.

4. Changing professional roles

"Responsible clinicians" and "clinicians in charge of the treatment in question"

From 3 November 2008, the statutory designation "Responsible Medical Officer" (RMO)

- patients who have been conditionally discharged under Section 42(2) or Sections 73 or 74 and have not been recalled to hospital; or
- patients who are in hospital on the sole authority of directions under either Section 35 or 37(4);

for whom the MHA provides no authority for ECT treatment.

[8] For the purpose of ECT, Part 4 of the MHA 1983 applies to:
- patients detained under Sections 2, 3, 36, 37, 38, 44, 45A, 46, 47, 48, 49 of the Mental Health Act 1983,
- patients who are subject to a hospital order under the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991, and
- (with certain modifications, discussed at part xx of this guidance) community patients who are recalled to hospital.

[9] The Commission expects that assurance that no such conflicts exist will be provided by the hospital administration as a condition of arranging the second opinion visit.

[10] However, for informal patients under 18 years of age such certificates are not themselves the legal authority for the treatment to be given: such authority comes either from the patient's consent or, generally speaking, from the Mental Capacity Act (if the patient is 16 or 17 years old), or from either parental consent or common law powers (for patients under 16 years of age).

will no longer exist. Instead, patients will have a “Responsible Clinician” (RC) with overall responsibility for the patient’s case. The RC may or may not be a registered medical practitioner[11], and as such may or may not have the required professional competencies to prescribe medication or ECT. For the purposes of such treatments, a detained patient will have an “Approved Clinician in charge of the treatment in question” who will usually be a registered medical practitioner. The revised consent to treatment rules make it clear that it is under the authority of the “Approved Clinician in charge of the treatment in question”, that treatment for mental disorder is given using the powers of s.63 (including during the three-month period for medication) or s.62 (emergency treatment), and it is the “Approved Clinician in charge of the treatment in question” who will usually certify the consent of a patient under s.58(3)(a).

Of course, for many patients the “Approved Clinician in charge of the treatment in question” and the Responsible Clinician will be one and the same person. Where this is not the case, however, it is the “Approved Clinician in charge of the treatment in question” who will arrange the Second Opinion and will be responsible for making notes and statutory consultees available. The SOAD should therefore arrange to meet with the “Approved Clinician in charge of the treatment in question” to discuss the patient’s case.

SOADs should expect to find a treatment plan and practical arrangements prepared by “the approved clinician in charge of the treatment in question” when undertaking second opinions.

In many cases that clinician will also be the “Responsible Clinician” under the Act, but not necessarily. SOADs should deal primarily with “the clinician in charge of the treatment in question”, even if the SOAD chooses to also discuss the patient with the responsible clinician.

Neither the Responsible Clinician nor the “Approved Clinician in charge of the treatment in question” can be a ‘statutory consultee’ in the second opinion procedure, regardless of their professional qualification.

5. Supervised Community Treatment

SOADs have a specific role in relation to patients who are subject to Supervised Community Treatment (SCT). This is set out at Part 4A of the revised Act.

Force may not be used to treat SCT patients whilst they are in the community *if they object to treatment*. Force may be used where a patient is incapacitated, provided that the person giving the treatment decides that the patient does not object to the treatment (see Code of Practice 23.24 – 23.25).

A patient who is capable of giving consent and refuses to do so therefore cannot be

[11] The RC may be a doctor; social worker; mental health or learning disabilities nurse; occupational therapist or clinical psychologist, provided that they are an “approved clinician” under the Act, having successfully undertaken specific training.

compelled to accept treatment. Neither can treatment be imposed upon an incapable patient if it conflicts with a valid advance refusal of treatment or a Court of Protection ruling, or with a refusal of consent by a deputy or attorney as defined in the Mental Capacity Act: in such cases the patient must be considered to have equivalent status as if they were contemporaneously refusing consent.

For the first month of an SCT, treatment can be given to an SCT patient (provided that patient is not refusing consent to it) without SOAD authorisation. After the first month SOAD certification is needed (irrespective of whether the patient is consenting or incapable but compliant), unless the three-month period that was applicable to treatment with medication as an inpatient is still to expire at this time, in which case that three-month period must run its course before certification is needed.

Assuming they support the treatment, SOADs are required to certify the appropriateness of medication for mental disorder (i.e. irrespective of whether the patient is consenting to it or lacks capacity to consent) given after the first month of a patient being in the community on SCT.

In the less likely circumstance that treatment with ECT is proposed for an SCT patient, there is no ‘one month’ initial period when SOAD certification of its appropriateness is unnecessary. As with medication, SOADs are required to certify the appropriateness of ECT irrespective of whether the patient is consenting to it or lacks capacity to consent.

SOADs visits to SCT patients will take place in hospitals, out-patient clinics or somewhere similar that has been agreed between the “Approved Clinician in charge of the treatment in question” and the SOAD. **It is not expected that SOADs will visit patients at home**. The procedure for the SOAD visit is similar to that for detained patients, except that the statutory consultee rules stipulate only that at least one statutory consultee shall not be a doctor, and that neither can be the Responsible Clinician or “Approved Clinician in charge of the treatment in question”.

There is only one statutory form (Form COCT011) for the SOAD to use for certifying the appropriateness of ECT or medication to any SCT patient. This is reproduced at **Annex A1**. The form does not require SOADs to certify whether the patient is consenting or incapable of doing so, nor whether a patient with capacity is consenting or refusing. However, it will almost certainly be appropriate to address these questions when giving reasons for the decision to authorise any treatment using this form. A statement of reasons is required by the statutory form irrespective of the whether the patient has capacity, and irrespective of, if so, he or she consents to the treatment in question.

Approving treatment upon recall from an SCT

The law allows SOADs to certify on form CTO11 not only what treatment is appropriate whilst the patient is in the community on SCT, but also to authorise treatment to be given in the event of the patient's recall to hospital. A patient may be 'recalled' to hospital from an SCT for assessment, and held there for a period of up to 72 hours, by the end of which he or she should have either been released back into the community on the SCT, or readmitted formally to hospital upon the revocation of the SCT.

The SOAD is entitled to place any conditions upon such authorisations of future treatment, and examples are given in the revised Code of Practice (para 24.27) suggesting that a SOAD "might specify that a particular treatment is to be given only with the patient's consent" or "that a medication may be given up to a certain dosage if the patient lacks capacity to consent, but that a higher dosage may be given with the patient's consent".

The Code of Practice further states that SOADs should only authorise treatment to be given upon recall "where they believe they have sufficient information upon which properly to make a judgment". The Commission urges SOADs to take particular care when considering the exercise of this power, and to be mindful that an SCT patient's recall to hospital may take place long after the certificate is issued under quite different circumstances than the SOAD encounters during the second opinion visit.

Questions or concerns about this guidance should be addressed to the
Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG, Telephone: 0115 8736250

e-mail mat.kinton@cqc.org.uk

The new legal test of "appropriate treatment".

Under the revised Act, SOADs approving treatment must certify that "it is appropriate for the treatment to be given"[12]. This means that treatment must be

> "…appropriate in [the patient's] case, taking into account the nature and degree of the mental disorder from which he is suffering and all other circumstances of his case"[13]

but such treatment also must be

> "treatment the purpose of which is to alleviate, or prevent a worsening of, the disorder or one or more of its symptoms or manifestations."[14]

Case-law prior to the revision of the Act has already determined that, in practical terms, the test to be applied by a SOAD when considering the authorisation of treatment without consent is whether such treatment is medically and therapeutically necessary and in the patient's best interests[15]. Commission guidance on that case-law states that determining medical and therapeutic necessity involves consideration of

> "how certain is it that the patient does suffer from a treatable mental disorder; how serious a disorder it is; how serious a risk is presented to others; how likely is it that, if the patient does suffer from such a disorder, the proposed treatment will alleviate the condition; how much alleviation is there likely to be; how likely is it that the treatment will have adverse consequences for the patient; and how severe are they likely to be"[16]

and that the test of best interests involves consideration of

> "whether there is a less invasive form of treatment that could be given instead and which would be likely to achieve the same results; ... the patient's resistance to treatment; the degree to which treatment is likely to alleviate or prevent a deterioration of his condition; the risk he presents to himself and to others; the

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[12] MHA 1983 (as amended by MHA 2007), s.58(3)(b), 58A(4), 58A(5)
[13] MHA 1983 (as amended by MHA 2007), s.64(3)
[14] MHA 1983 (as amended by MHA 2007), s.145(4)
[15] *R (on the application of PS) v Responsible Medical Officer Dr G* [2003] EWHC 2335 (admin). Previously discussed in MHAC *Guidance Note for SOADs following the PS case*, first issued January 2004. See also Fennel, P (2008) *Mental Health: the New Law* para 10.16 and MHAC (2006) *In Place of Fear? Eleventh Biennial Report*, pages 55-7.
[16] *Guidance Note for SOADs following the PS case*, first issued January 2004, page 3.

consequences of the treatment not being given; and any possible adverse effects of the treatment. A relevant consideration in deciding whether the treatment is justified is whether it is likely to lead to the patient being rehabilitated rather than remaining subject to long-term hospitalisation".[17]

The above lists are not intended to be exhaustive. They are echoed by the revised Code of Practice for England (para 24.58), which states that SOADs should, in particular:

- Consider the appropriateness of alternative forms of treatment, not just that proposed;
- Balance the potential therapeutic efficacy of the proposed treatment against the side effects and any other potential advantages to the patient;
- Seek to understand the patient's views on the proposed treatment, and the reasons for them;
- Give due weight to the patient's views, including any objection to the proposed treatment and any preference for an alternative;
- Take into account any previous experience of comparable treatment for a similar episode of disorder; and
- Give due weight to the opinions, knowledge, experience and skills of those consulted.

The revised Act also requires that SOADs should have regard to the Code of Practice when performing their function[18], and as such SOADs' decisions must be informed by the principles set out in Chapter 1 of that Code:

- **The purpose principle** – decisions must be taken with a view to minimising the undesired effects of mental disorder, by maximising the safety and wellbeing (mental and physical) of patients, promoting their recovery and protecting other people from harm.
- **The least restriction principle** – people taking action without a person's consent must attempt to keep to a minimum the restrictions they impose on the patient's liberty, having regard to the purpose for which the restrictions are imposed;
- **The respect principle** – people taking decisions under the Act must recognise and respect the diverse needs, values and circumstances of each person, including their race, religion, culture, gender, age, sexual orientation and any disability. They must consider the patient's views, wishes and

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[17] *Guidance Note for SOADs following the PS case*, first issued January 2004, page 3.
[18] MHA 1983 (as amended by MHA 2007), s.118(2D)

feelings (whether expressed at the time or in advance), so far as they are reasonably ascertainable, and follow those wishes wherever practicable and consistent with the purpose of the decision.

- **The participation principle** – patients must be given the opportunity to be involved, as far as is practicable in the circumstances, in planning, developing and reviewing their treatment and care to ensure that it is delivered in a way that is as appropriate and effective for them as possible. The involvement of carers, family members and other people who have an interest in the patient's welfare should be encouraged (unless there are particular reasons to the contrary) and their views taken seriously.
- **The effectiveness, efficiency and equity principle** - people taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken.

Independence of SOADs

The courts have described the SOAD role as that of a "statutory watchdog function on behalf of the public, to protect detained patients who are in an especially vulnerable position"[19]. The SOAD must act as an individual and reach his or her own judgment as to whether the proposed treatment is appropriate according to the criteria discussed above.

[19] Hale LJ in *R (on the application of Wilkinson) v RMO Broadmoor Hospital* [2001] EWCA Civ 1545

Statutory Forms

The following pages show the statutory wording and approximate layout of the consent to treatment forms introduced on the 3 November 2008.

Many hospital administrators will have purchased official printed versions of all the forms from 3MSPSL through the NHS Forms Contract (3MSPSL took over from Astron/RR Donnelly as the supplier for this contract). We understand that the Department of Health has undertaken not to distribute electronic or other copies of these designed forms for commercial reasons. However, there is nothing to stop hospitals – or indeed any other body – from producing their own forms: provided that the statutory wording is unchanged, the form is perfectly valid for use.

We have included the consent to treatment forms relevant to SOAD work in this annex, so that SOADs will have an opportunity to familiarise themselves with them. These are our own versions of the forms, but they could be used to certify treatment if SOADs wish to use them. It may be, for example, that a hospital has no supply of official forms when you visit, or perhaps SOADs accessing the electronic version of this guidance would wish to have an electronic template for certification. We have no objection – proprietary or otherwise – to SOADs or anyone else making use of these templates for the purposes of Parts 4 and 4A of the Act.

Form T2 *Regulation 27(2)* **Mental Health Act 1983**

Section 58 - Certificate of consent to treatment

I (PRINT full name and address)

c/o the Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG,

the approved clinician in charge of the treatment described below / a registered medical practitioner appointed for the purpose 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 / /

Form T3 *Regulation 27(2)* Mental Health Act 1983

Section 58(3) b) – Certificate of second opinion

I *(PRINT full name and address)*

c/o the Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG,

A registered medical practitioner appointed for the purpose of Part 4 on 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 that 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)

Continue overleaf

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 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   /   /

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)

c/o the Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG,

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

Form 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 ONLY TO BE USED FOR PATIENTS UNDER 18 YEARS OF AGE

I *(PRINT full name and address)*

c/o the Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG,

A registered medical practitioner appointed for the purpose of Part 4 on the Act (a SOAD) certify that

(PRINT full name and address of patient)

Who has not yet attained the age of 18

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 treatment

Continue overleaf

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 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 / /

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)*

c/o the Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG,

A registered medical practitioner appointed for the purpose of Part 4 on 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 it is appropriate for the treatment to be given.

Continue overleaf

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 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 advanced decision to refuse treatment that is valid and applicable under the Mental Capacity Act 2005

Signed date / /

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)

I (*PRINT full name and address*)

c/o the Care Quality Commission, The Belgrave Centre , Stanley Place, Talbot Street, Nottingham ,NG1 5GG,

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

I have consulted *(PRINT full name address 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)

Continue overleaf

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 certify the following conditions (if any) to apply to the treatment which may be given to this 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 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   /   /

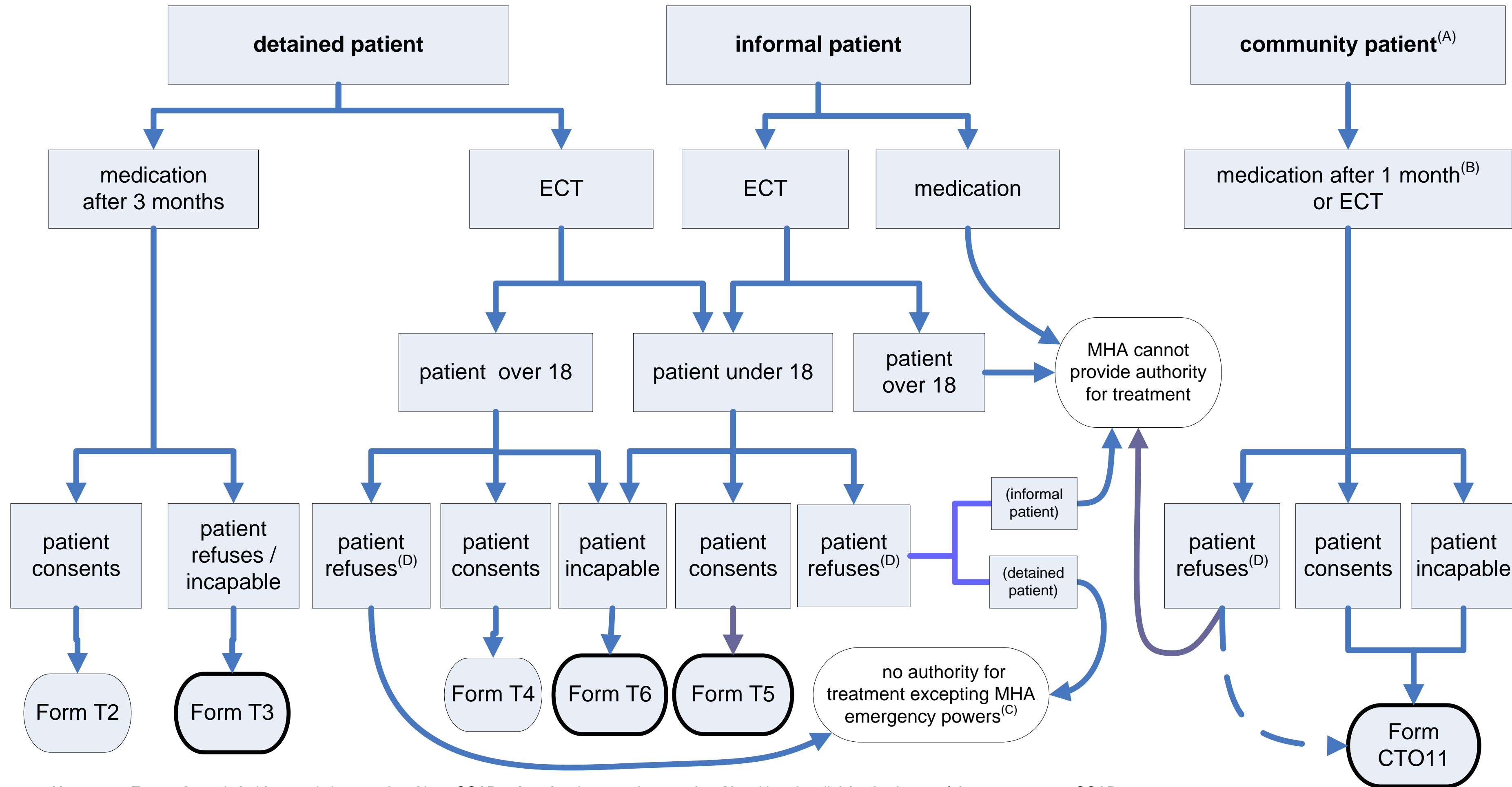
Annex C – Matrices showing SOAD role in certification, adult and child detained & SCT patients

The form to be used in certification is indicated in brackets. "AC in charge" = Approved Clinician in charge of the treatment in question

Adult (Patient aged over 18 years)		Consenting	Incapable	Refusing
Detained in hospital	ECT	AC in charge usually certifies (T4) SOAD may also certify (T4)	SOAD certifies (T6)	Emergency treatment only (s.62)
	Meds	AC in charge usually certifies (T2) SOAD may also certify (T2)	SOAD certifies (T3)	SOAD certifies (T3)
SCT in community	ECT	SOAD certifies (CTO11)	SOAD certifies (CTO11)	Cannot be given
	Meds	SOAD certifies (CTO11)	SOAD certifies (CTO11)	Emergency treatment only (s.64G)

Child / Adolescent (Patient aged under 18 yrs)		Consenting	Incapable	Refusing
Detained in Hospital	ECT	SOAD certifies (T5)	SOAD certifies (T6)	Emergency treatment only (s.62)
	Meds	AC in charge usually certifies (T2) SOAD may also certify (T2)	SOAD certifies (T3)	SOAD certifies (T3)
SCT in Community	ECT	SOAD certifies (CTO11)	SOAD certifies (CTO11)	Cannot be given
	Meds	SOAD certifies (CTO11)	SOAD certifies (CTO11)	Emergency treatment only (s.64G)
Informal	ECT	SOAD certifies (T5)	SOAD certifies (T6)	Cannot be given

Certification of treatment under the revised Mental Health Act 1983 - all patients



Notes: Forms shown in bold can only be completed by a SOAD: otherwise they may be completed by either the clinician in charge of the treatment or a SOAD

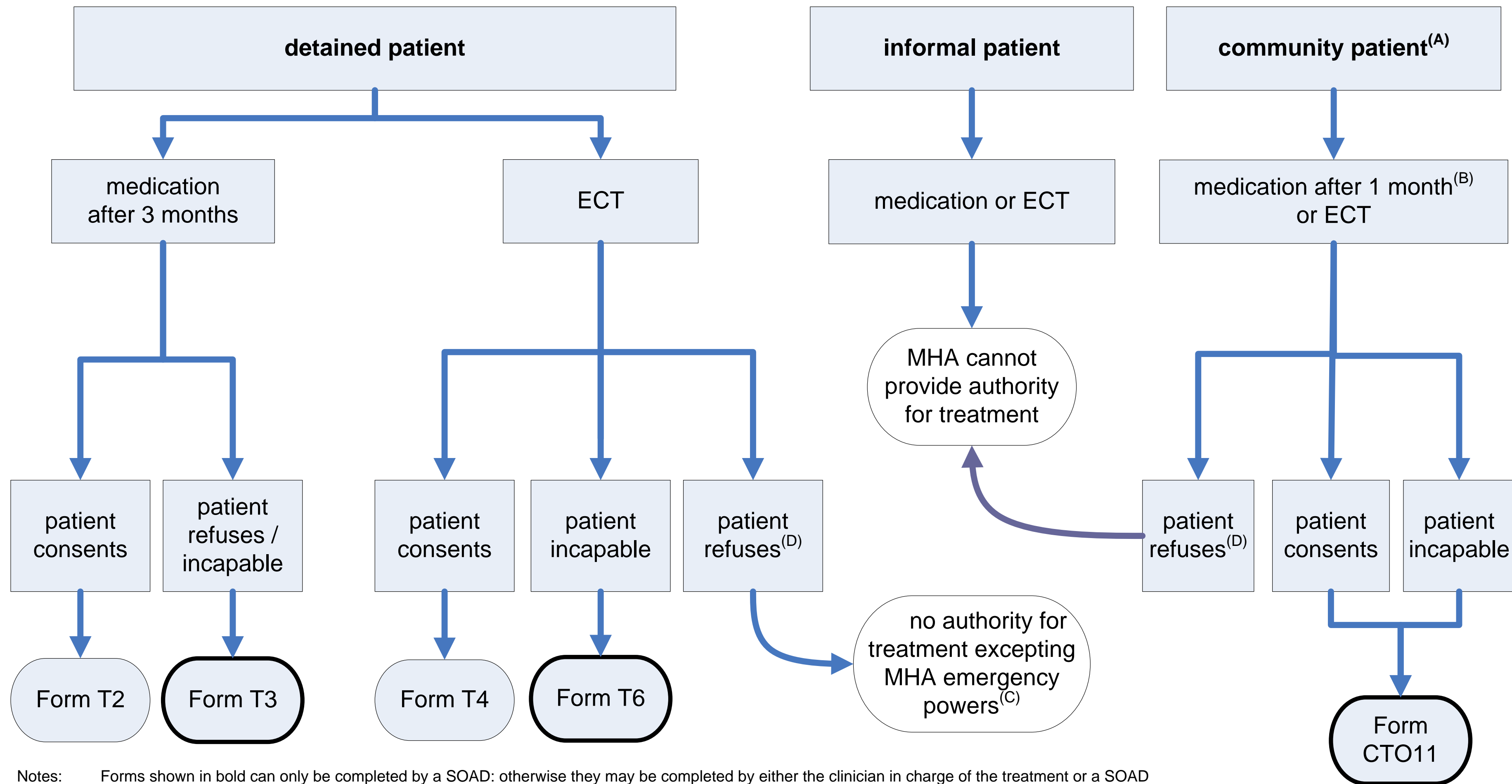
(A) i.e. patients subject to a Community Treatment Order (Supervised Community Treatment) who have not been recalled to hospital

(B) After one month, or the end of the three-month period relevant to s.58(3), whichever is later

(C) See s.62.

(D) Refusal in these circumstances includes, for patients aged over 16, refusal by advance directive, or conflict with a decision by a deputy, donee or the Court of Protection.

Certification of treatment *of adults* under the revised Mental Health Act 1983



Notes: Forms shown in bold can only be completed by a SOAD: otherwise they may be completed by either the clinician in charge of the treatment or a SOAD

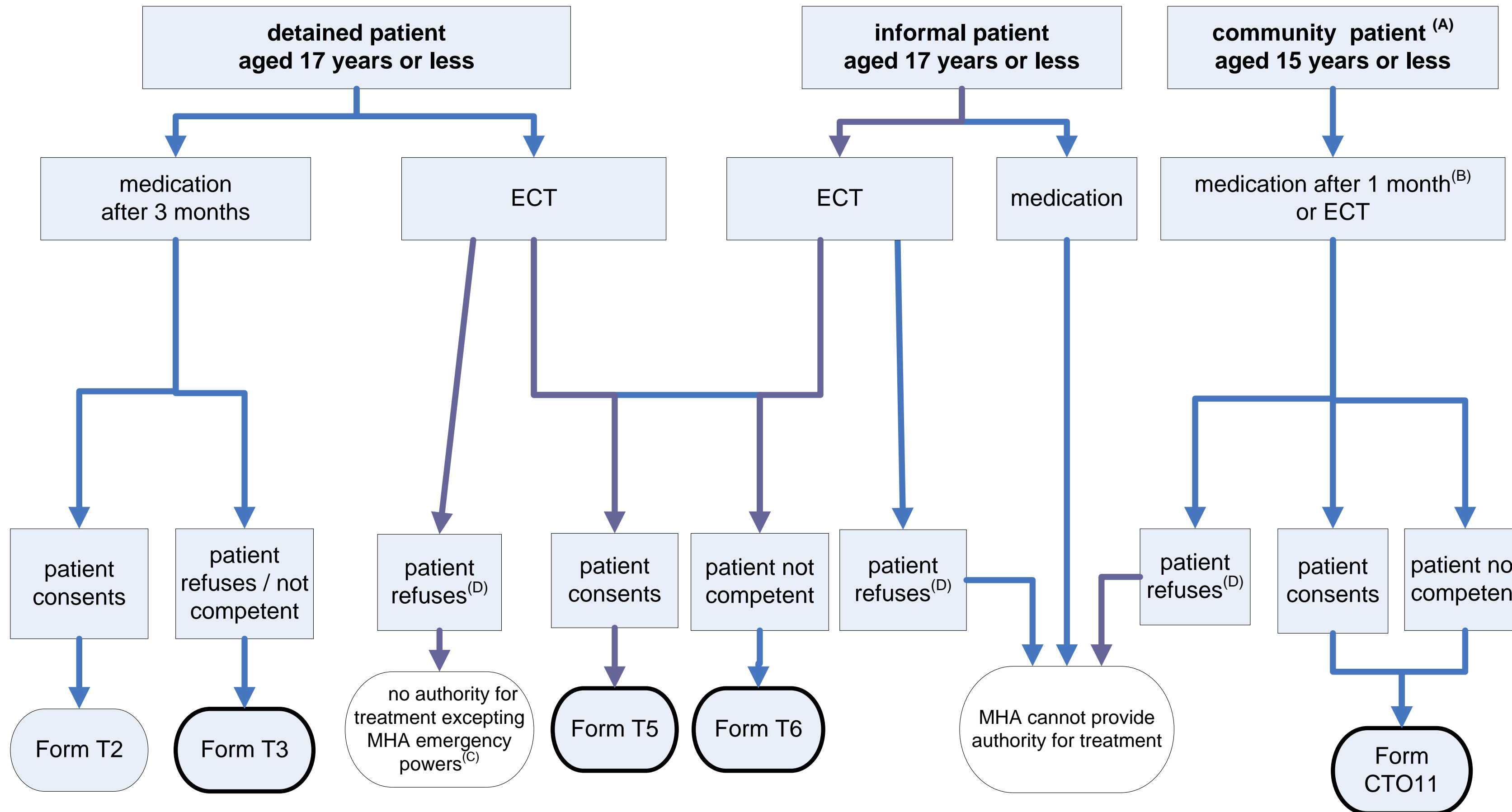
[A] i.e. patients subject to a Community Treatment Order (Supervised Community Treatment) who have not been recalled to hospital

[B] After one month, or the end of the three-month period relevant to s.58(3), whichever is later

[C] See s.62.

[D] Refusal in these circumstances includes refusal by advance directive, or conflict with a decision by a deputy, donee or the Court of Protection.

Certification of treatment of *child / adolescent patients* under the revised MHA 1983



Notes: Forms shown in bold can only be completed by a SOAD: otherwise they may be completed by either the clinician in charge of the treatment or a SOAD

(A) i.e. patients subject to a Community Treatment Order (Supervised Community Treatment) who have not been recalled to hospital

(B) After one month, or the end of the three-month period relevant to s.58(3), whichever is later

(C) See s.62.

(D) Refusal in these circumstances includes, for patients over the age of 16, refusal by advance directive, or conflict with a decision by a deputy, donee or the Court of Protection.