

Section 21B – authority for extension of community treatment period after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician)

To the managers of
(enter name and address of responsible hospital)

I am *(PRINT full name and address of the responsible clinician)*

the responsible clinician for
(PRINT full name and address of patient)

I examined the patient on
/ / *(date of examination)*

who:

(a) was recalled to hospital on
/ / *(date)*

under section 17E of the Mental Health Act 1983;

(b) was absent without leave from hospital beginning on
/ / *(date absence without leave began)*

(c) was / is *(delete as appropriate)* subject to a community treatment order for a period ending on
/ / *(date community treatment order would have expired, apart from any extension under section 21, or date on which it will expire);*

and

(d) returned to the hospital on
/ / *(date)*

I have consulted
(*PRINT full name of approved mental health professional*)

who is an approved mental health professional.

I have also consulted
(*PRINT full name and profession of person consulted*)

who has been professionally concerned with the patient's treatment.

In my opinion,

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment;
- (b) it is necessary for
 - (i) the patient's health
 - (ii) the patient's safety
 - (iii) the protection of other persons

(delete any indent which is not applicable)

that the patient should receive such treatment;
- (c) such treatment can be provided without the patient continuing to be detained in a hospital provided the patient is liable to being recalled to hospital for medical treatment;
- (d) it is necessary that the responsible clinician should continue to be able to exercise the power under section 17E(1) to recall the patient to hospital;
- (e) taking into account the nature and degree of the mental disorder from which the patient is suffering and all other circumstances of the case, appropriate medical treatment is available to the patient.

I confirm that in determining whether the criterion at (d) above is met, I have considered what risk there would be of deterioration of the patient's condition if the patient were to continue not to be detained in hospital, with regard to the patient's history of mental disorder and any other relevant factors.

My opinion is founded on the following grounds –

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

The community treatment order is / is not* due to expire within a period of two months beginning with the date on which this report is to be furnished to the managers of the responsible hospital.
(* *Delete the phrase which does not apply*)

Complete the following only if the community treatment order is due to expire within that period of two months.

This report shall / shall not* have effect as a report duly furnished under section 20A(4) for the extension of the community treatment period for this patient. (* *Delete the phrase which does not apply*)

Complete the following in all cases.

I am furnishing this report by: (*Delete the phrase which does not apply*)

today consigning it to the hospital managers' internal mail system.

sending or delivering it without using the hospital managers' internal mail system.

Signed

Date

/ /

PART 2

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

This report was *(Delete the phrase which does not apply)*

furnished to the hospital managers through their internal mail system.

received by me on behalf of the hospital managers on

/ / (date)

Signed

on behalf of the hospital managers

PRINT NAME

Date

<input type="text"/>	/ /
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