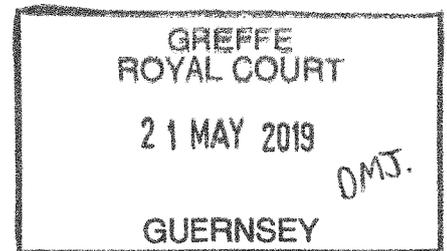


GUERNSEY STATUTORY INSTRUMENT

2019 NO. 70



The Mental Health (Treatment and Forms) Regulations, 2013

Made 5th April, 2013
Coming into operation , 2013
Laid before the States , 2013

THE HEALTH AND SOCIAL SERVICES DEPARTMENT, in exercise of the powers conferred on it by sections 9, 11, 20(2), 21, 23(2), 24, 28(4), 33(2), 34, 51(1), 52(1), 55(1)(c), 62(2), 82(2) and 101 of the Mental Health (Bailiwick of Guernsey) Law, 2010^a, and sections 1, 5(7), 7(6), 11(1) and 18 of the Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2013, and all other powers enabling it in that behalf, makes the following regulations:-

Treatment

Prescribed forms of treatment for the purposes of section 55.

1. Electro-convulsive therapy for patients who have not attained 18 years of age is a treatment prescribed for the purposes of section 55(1)(c) of the Law.

Forms

Prescribed forms in relation to nominated representatives.

2. Where –
- (a) an individual appoints a nominated representative under section 9(1) of the Law and the person appointed consents, the prescribed form is Form NR1,

^a Order in Council No. XV of 2011.

- (b) the Department appoints a nominated representative for a person under section 9(2) of the Law and the person appointed consents, the prescribed form is Form NR2,
- (c) an individual indicates the priority between nominated representatives under section 9(5) of the Law, the prescribed form is Form NR3,
- (d) an individual varies or revokes the terms or conditions of an appointment under section 11(1)(a) of the Law, the prescribed form is Form NR4,
- (e) the Department varies or revokes the terms or conditions of an appointment under section 11(1)(b) of the Law, the prescribed form is Form NR4a, and
- (f) a person appointed as a nominated representative withdraws his consent to act under section 11(2)(d) of the Law, the prescribed form is Form NR5.

Prescribed forms in relation to nearest relatives.

3. Where –

- (a) a nearest relative authorises a person to exercise any right or perform any function under section 11(1) of the Ordinance, the prescribed notice is Form NR6, and
- (b) a nearest relative revokes the authorisation of a person to exercise any right or perform any function under section 11(3) of the Ordinance, the prescribed notice is Form NR7.

Prescribed forms for the purposes of applications for assessment orders.

4. (1) Subject to paragraphs (2) and (3), for the purposes of section 20(2) of the Law (application for assessment order) –

- (a) the prescribed form is Form A1,
- (b) the prescribed document is a medical recommendation in the form of Form A2, and
- (c) the prescribed person is an approved medical practitioner.

(2) For the purposes of section 20(2) of the Law (application for assessment order), where the person in respect of whom the application is made is resident in Alderney –

- (a) where the person making the application is –
 - (i) an approved social worker, the prescribed form is Form A1, and
 - (ii) the Chairman or a Jurat of the Court of Alderney, the prescribed form is Form A1a,
- (b) the prescribed document is a medical recommendation in the form of Form A2, and
- (c) the prescribed person is an approved medical practitioner.

(3) For the purposes of section 20(2) of the Law (application for assessment order), where the person in respect of whom the application is made is resident in Sark –

- (a) where the person making the application is –

- (i) an approved social worker, the prescribed form is Form A1, and
 - (ii) the Seneschal, the prescribed form is Form A1b,
- (b) the prescribed document is a medical recommendation in the form of Form A2, and
 - (c) the prescribed person is an approved medical practitioner.

Prescribed forms for the purposes of applications for treatment orders.

5. (1) Subject to paragraphs (2) and (3), for the purposes of section 23(2) of the Law (application for treatment order) –

- (a) the prescribed form is Form A3,
- (b) the prescribed documents are 2 medical recommendations in the form of –
 - (i) if a joint medical recommendation, Form A4, and
 - (ii) if 2 separate medical recommendations, Form A5, and
- (c) the prescribed persons are approved medical practitioners.

(2) For the purposes of section 23(2) of the Law (application for treatment order), where the person in respect of whom the application is made is resident in Alderney –

- (a) where the person making the application is –
 - (i) an approved social worker, the prescribed form is Form A3, and

- (ii) the Chairman or a Jurat of the Court of Alderney, the prescribed form is Form A3a,
 - (b) the prescribed documents are 2 medical recommendations in the form of –
 - (i) if a joint medical recommendation, Form A4, and
 - (ii) if 2 separate medical recommendations, Form A5, and
 - (c) the prescribed persons are approved medical practitioners.
- (3) For the purposes of section 23(2) of the Law (application for treatment order), where the person in respect of whom the application is made is resident in Sark –
- (a) where the person making the application is –
 - (i) an approved social worker, the prescribed form is Form A3, and
 - (ii) the Seneschal, the prescribed form is Form A3b,
 - (b) the prescribed document is a medical recommendation in the form of Form A5, and
 - (c) the prescribed person is an approved medical practitioner.

Prescribed forms for the purposes of applications for other applications in relation to assessment and treatment orders.

6. (1) For the purposes of section 24(3) of the Law (application for renewal of treatment order) -
- (a) where the applicant is –

- (i) an approved social worker, the prescribed form is Form A6,
 - (ii) the Department, the prescribed form is Form A6a, and
 - (iii) the Committee, the prescribed form is Form A6b,
- (b) the prescribed documents are 2 medical recommendations in the form of –
- (i) if a joint medical recommendation, Form A7, and
 - (ii) if 2 separate medical recommendations, Form A8, and
- (c) the prescribed persons are approved medical practitioners.

(2) For the purposes of section 33(2) of the Law (variation of assessment or treatment order), the prescribed form is Form A10.

Prescribed forms for the purposes of the transfer of patient overseas or from overseas.

7. (1) For the purposes of section 82(2) of the Law (application for overseas transfer order), the prescribed form is Form A9.

(2) Where a patient is transferred to the Bailiwick and detained in an approved establishment in accordance with section 83 of the Law, the prescribed form is Form H4.

Prescribed forms for orders made by a Law Officer.

8. Where a Law Officer makes –

- (a) an assessment order under section 21(1) of the Law, the prescribed form is Form LO1,

- (b) a treatment order under section 24(1) of the Law, the prescribed form is Form LO2, and
- (c) an order renewing a treatment order under section 24(3) of the Law, the prescribed form is Form LO3.

Prescribed particulars which may be varied under section 34.

9. The prescribed particulars which may be varied under section 34(a)(i) of the Law are –

- (a) name, and
- (b) address,

of the patient.

Prescribed forms in relation to community treatment orders.

10. (1) Where a responsible medical officer makes a community treatment order under section 26(1) of the Law, the prescribed form is Form CTO1.

(2) Where a responsible medical officer –

- (a) varies or suspends any or all of the conditions specified in a community treatment order, or
- (b) varies the supervisor,

under section 27(4) of the Law, the prescribed form is Form CTO2.

(3) Where a responsible medical officer furnishes a report to the managers of an approved establishment for the purposes of section 28(4)(b) of the Law (extension of a community treatment order), the prescribed form is Form CTO5.

(4) Where a responsible medical officer recalls a community patient under section 30(5) of the Law, the prescribed form is Form CTO3.

(5) Where a community patient is detained in an approved establishment under section 31(2) of the Law, the prescribed form which may be completed by the managers of the approved establishment is Form CTO4.

Prescribed form in relation to the transfer of patients between approved establishments.

11. Where a patient is transferred between approved establishments under section 38 of the Law, the prescribed form which may be completed by the managers of the approved establishment, the responsible medical officer and a Law Officer is Form H3.

Holding certificates.

12. Where –

- (a) a medical practitioner issues a medical practitioner's holding certificate under section 51 of the Law, the prescribed form is Form H1, and
- (b) an authorised nurse issues an authorised nurse's holding certificate under section 52 of the Law, the prescribed form is Form H2.

Certificates for the purposes of Part VIII of the Law.

13. Where –

- (a) a second opinion approved doctor gives a certificate under section 55(2) of the Law -
 - (i) for the purposes of the treatment prescribed by regulation 1, the prescribed form is Form T5, and
 - (ii) for the purposes of any other treatment, the prescribed form is Form T1,

- (b) the responsible medical officer or an approved medical practitioner gives a certificate under section 56(3)(a) of the Law, the prescribed form is Form T2, and
- (c) a second opinion approved doctor gives a certificate under section 56(3)(b) of the Law, the prescribed form is Form T3.

Certificates for the purposes of treatment under section 1 of the Ordinances.

14. Where –

- (a) a responsible medical officer or a second opinion approved doctor gives a certificate under section 1(3) of the Ordinance, the prescribed form is Form T4, and
- (b) a second opinion approved doctor gives a certificate under section 1(4) of the Ordinance, the prescribed form is Form T6.

Certificates for the purposes of treatment in the community.

15. Where a person is authorised to give treatment under Part II of the Ordinance and gives a certificate –

- (a) under section 5(7) of the Ordinance, the prescribed form is Form CTO6, and
- (b) under section 7(6) of the Ordinance, the prescribed form is Form CTO7.

Schedule.

16. (1) A reference in these Regulations to a "Form" is a reference to the appropriately titled form listed in the Schedule to these Regulations.

(2) The Schedule to these Regulations shall have effect.

Interpretation.

17. (1) In these Regulations -

"**enactment**" means any Law, Ordinance or subordinate legislation,

"**the Law**" means the Mental Health (Bailiwick of Guernsey) Law, 2010,

"**the Ordinance**" means the Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2013,

"**subordinate legislation**" means any regulation, rule, order, rule of court, resolution, scheme, byelaw or other instrument made under any enactment and having legislative effect,

and any other word or phrase shall have the same meaning as found in the Law.

(2) Any reference in these Regulations to an enactment is a reference thereto as from time to time amended, re-enacted (with or without modification), extended or applied.

(3) The Interpretation (Guernsey) Law, 1948^b applies to the interpretation of these Regulations.

Citation and commencement.

18. (1) These Regulations may be cited as the Mental Health (Treatment and Forms) Regulations, 2013.

(2) These Regulations will come into force –

(a) in Guernsey and Alderney, on 8th April 2013, and

^b Ordres en Conseil Vol. XIII, p.355.

(b) subject to section 103 of the Law, in Sark, with the exception of regulations 3, 14 and 15, on 10th April 2013.

Dated this 5th day of April 2013.



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Deputy M. H. DOREY
Minister of the Health and Social Services Department
For and on behalf of the Department.

SCHEDULE

Regulation 11

Form A1 *Reg 4*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 20 – application by an approved social worker for admission for assessment

To *(name & title of the Law Officer)*

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I *(your full name and address)*

apply for the admission of *(full name and address of patient)*

for assessment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am approved to act as an approved social worker for the purposes of the Law by

HSSD

Medical Committee

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable.

(a) To the best of my knowledge and belief *(full name and address)*

is the patient's nearest relative within the meaning of the Law.

(b) I understand that *(full name and address)*

who I understand has been authorised * by a court to be the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* *Tick the phrase which does apply*)

continued

Complete the following if you do not know who the nearest relative is. Tick (a) or (b).

- (a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.

The remainder of the form must be completed in all cases.

I last saw the patient on date (dd/mm/yyyy)

I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on one medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making a recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed date (dd/mm/yyyy)

Form A1a Reg 4

Mental Health (Bailiwick of Guernsey) Law 2010

Section 20 – application by the Chairman or a Jurat of the Court of Alderney

To (name & title of the Law Officer)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I (your full name and address)

apply for the admission of (full name and address of patient)

for assessment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am

- the Chairman of the Court of Alderney
- a Jurat of the Court of Alderney

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable.

(a) To the best of my knowledge and belief (full name and address)

is the patient's nearest relative within the meaning of the Law.

(b) I understand that (full name and address)

has been authorised by a court is the patient's nearest relative* to exercise the functions under the Law of the patient's nearest relative. (* tick the phrase which applies)

Complete the following if you do not know who the nearest relative is. Tick (a) or (b).

- (a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.

The remainder of the form must be completed in all cases.

- (a) I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*
- (b) I have spoken to the medical practitioner who has made the recommendation and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*

(* tick the phrase which applies)

This application is founded on one medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making a recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed

date

(dd/mm/yyyy)

Form A1b Reg 4

Mental Health (Bailiwick of Guernsey) Law 2010

Section 20 – application by the Seneschal, Deputy Seneschal or a Lieutenant Seneschal

To *(name & title of the Law Officer)*

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I *(your full name and address)*

apply for the admission of *(full name and address of patient)*

for assessment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am

- the Seneschal
- the Deputy Seneschal
- a Lieutenant Seneschal

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable.

(a) To the best of my knowledge and belief *(full name and address)*

is the patient's nearest relative within the meaning of the Law.

(b) I understand that *(full name and address)*

has been authorised by a court is the patient's nearest relative* to exercise the functions under the Law of the patient's nearest relative. (* tick the phrase which applies)

continued

Complete the following if you do not know who the nearest relative is. Tick (a) or (b).

- (a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.

The remainder of the form must be completed in all cases.

- (a) I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*
- (b) I have spoken to the medical practitioner who has made the recommendation and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*

(* tick the phrase which applies)

This application is founded on one medical recommendation in the prescribed form.

If the medical practitioner did not have previous acquaintance with the patient before making a recommendation, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed

date

(dd/mm/yyyy)

Form A2 *Reg 4*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 20 – medical recommendation for admission for assessment

I, an approved medical practitioner, recommend that
(full name & address of patient)

be admitted to an approved establishment for assessment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I (full name and address of approved medical practitioner)

last examined this patient on

date *(dd/mm/yyyy)*

I had previous acquaintance with the patient before I conducted that examination.

(Tick if applicable)

In my opinion,

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in an approved establishment for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

(i) in the interests of the patient's own health,

(ii) in the interests of the patient's own safety,

(iii) with a view to the protection of other persons from harm.

(Tick those that are applicable)

continued

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to an approved establishment and why informal admission is not appropriate.)

Signed

date

(dd/mm/yyyy)

Form A3 Reg 5

Mental Health (Bailiwick of Guernsey) Law 2010

Section 23 – application by an approved social worker for admission for treatment

To (name & title of the Law Officer)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I (your full name and address)

apply for the admission of (full name and address of patient)

for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am approved to act as an approved social worker for the purposes of the Law by

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b)

(a) I have consulted (full name and address)

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Law.

(b) I have consulted (full name and address)

who I understand has been authorised * by a court to be the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* Tick the phrase which does apply)

Complete the following where the nearest relative has not been consulted.

Tick whichever of (a), (b) and (c) applies.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.
- (c) I understand that (*full name and address*)

is

- (i) this patient's nearest relative within the meaning of the Law,
- (ii) authorised to exercise the functions of this patient's nearest relative under the Law,

(Tick either (i) or (ii))

but in my opinion it is not reasonably practicable* would involve unreasonable delay* (*tick as appropriate) to consult that person before making this application, because –

The remainder of this form must be completed in all cases.

I saw the patient on date (dd/mm/yyyy)

I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed

date

(dd/mm/yyyy)

Form A3a *Reg 5*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 23 – application by the Chairman or a Jurat of the Court of Alderney

To *(name & title of the Law Officer)*

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I *(your full name and address)*

apply for the admission of *(full name and address of patient)*

for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am

the Chairman of the Court of Alderney

a Jurat of the Court of Alderney

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b)

(a) I have consulted *(full name and address)*

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Law.

(b) I have consulted *(full name and address)*

who I understand has been authorised by a court is the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* *Tick the phrase which does apply*)

Complete the following where the nearest relative has not been consulted.

Tick whichever of (a), (b) and (c) applies.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.
- (c) I understand that *(full name and address)*

is

- (i) this patient's nearest relative within the meaning of the Law,
- (ii) authorised to exercise the functions of this patient's nearest relative under the Law,

(Tick either (i) or (ii))

but in my opinion it is not reasonably practicable* would involve unreasonable delay* (**tick as appropriate*) to consult that person before making this application, because –

The remainder of this form must be completed in all cases.

- (a) I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*
- (b) I have spoken to the medical practitioner who has made the recommendation and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*

(* tick the phrase which applies)

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

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

Signed

date

(dd/mm/yyyy)

Form A3b Reg 5

Mental Health (Bailiwick of Guernsey) Law 2010

Section 23 – application by the Seneschal, Deputy Seneschal or a Lieutenant Seneschal

To (name & title of the Law Officer)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I (your full name and address)

apply for the admission of (full name and address of patient)

for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am

- the Seneschal
- the Deputy Seneschal
- a Lieutenant Seneschal

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b)

(a) I have consulted (full name and address)

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Law.

(b) I have consulted (full name and address)

who I understand has been authorised * by a court to be the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* Tick the phrase which does apply)

Complete the following where the nearest relative has not been consulted.

Tick whichever of (a), (b) and (c) applies.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.
- (c) I understand that (*full name and address*)

is

- (i) this patient's nearest relative within the meaning of the Law,
- (ii) authorised to exercise the functions of this patient's nearest relative under the Law,

(Tick either (i) or (ii))

but in my opinion it is not reasonably practicable* would involve unreasonable delay* (*tick as appropriate) to consult that person before making this application, because –

The remainder of this form must be completed in all cases.

- (a) I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*
- (b) I have spoken to the medical practitioner who has made the recommendation and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.*

(* tick the phrase which applies)

This application is founded on one medical recommendation in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

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

Signed

date

(dd/mm/yyyy)

Form A4 Reg 5

Mental Health (Bailiwick of Guernsey) Law 2010

Section 23 – joint medical recommendation for admission for treatment

We, approved medical practitioners, recommend that
(full name & address of patient)

be admitted to an approved establishment for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I, *(full name and address of first practitioner)*

last examined this patient on

date *(dd/mm/yyyy)*

I had previous knowledge with the patient before I conducted that examination.

(Tick if applicable)

I, *(full name and address of second practitioner)*

last examined this patient on

date *(dd/mm/yyyy)*

I had previous acquaintance with the patient before I conducted that examination.

(Tick if applicable)

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 in an approved establishment,

AND

(b) it is necessary

(i) for the patient's own health

(ii) for the patient's own safety

(iii) for the protection of other persons from harm

(tick those that are applicable)

that this patient should receive treatment in an approved establishment,

AND

- (c) such treatment cannot be provided unless the patient is detained under section 24 of the Law,

because – *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following approved establishment (or one of the following approved establishments):—

(Enter name of approved establishment(s). If appropriate treatment is available only in a particular part of the approved establishment, say which part.)

Signed date (dd/mm/yyyy)

Signed date (dd/mm/yyyy)

Form A5 Reg 5

Mental Health (Bailiwick of Guernsey) Law 2010

Section 23 – medical recommendation for admission for treatment

I, an approved medical practitioner, recommend that
(full name & address of patient)

be admitted to an approved establishment for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I *(full name and address of approved medical practitioner)*

last examined this patient on date *(dd/mm/yyyy)*

I had previous knowledge with the patient before I conducted that examination.

(Tick if applicable)

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 in an approved establishment,

AND

- (b) it is necessary
 - (i) for the patient's own health,
 - (ii) for the patient's own safety,
 - (iii) for the protection of other persons from harm,
- (tick those that are applicable)*

that this patient should receive treatment in an approved establishment,

AND

(c) such treatment cannot be provided unless the patient is detained under section 24 of the Law,

because – *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following approved establishment (or one of the following approved establishments):-

(Enter name of approved establishment(s). If appropriate treatment is available only in a particular part of the approved establishment, say which part.)

Signed

date

(dd/mm/yyyy)

Form A6 *Reg 6*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 24(3) – application by an approved social worker for renewal of treatment order

To *(name & title of the Law Officer)*

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I *(your full name and address)*

apply for the continued admission of *(full name and address of patient)*

for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am approved to act as an approved social worker for the purposes of the Law by

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b)

(a) I have consulted (full name and address)

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Law.

(b) I have consulted (full name and address)

who I understand has been authorised * by a court to be the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* *Tick the phrase which does apply*)

Complete the following where the nearest relative has not been consulted.

Tick whichever of (a), (b) and (c) applies.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.
- (c) I understand that *(full name and address)*

is

- (i) this patient's nearest relative within the meaning of the Law,
- (ii) authorised to exercise the functions of this patient's nearest relative under the Law,

(Tick either (i) or (ii))

but in my opinion it is not reasonably practicable* would involve unreasonable delay* (**tick as appropriate*) to consult that person before making this application, because –

The remainder of this form must be completed in all cases.

I saw the patient on date *(dd/mm/yyyy)*

I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed

date

(dd/mm/yyyy)

Form A6a Reg 6

Mental Health (Bailiwick of Guernsey) Law 2010

Section 24(3) – application by the Department for renewal of treatment order

To (name & title of the Law Officer)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I (your full name and address)

apply for the continued admission of (full name and address of patient)

for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am a person approved by

- the Department
- the Committee

for the purposes of making an application under s24(3) of the Law.

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b)

(a) I have consulted (full name and address)

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Law.

(b) I have consulted (full name and address)

who I understand has been authorised * by a court to be the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* Tick the phrase which does apply)

Complete the following where the nearest relative has not been consulted.

Tick whichever of (a), (b) and (c) applies.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.
- (c) I understand that *(full name and address)*

is

- (i) this patient's nearest relative within the meaning of the Law,
- (ii) authorised to exercise the functions of this patient's nearest relative under the Law,

(Tick either (i) or (ii))

but in my opinion it is not reasonably practicable* would involve unreasonable delay* (**tick as appropriate*) to consult that person before making this application, because –

The remainder of this form must be completed in all cases.

I saw the patient on date (dd/mm/yyyy)

I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed

date

(dd/mm/yyyy)

Form A6b Reg 6

Mental Health (Bailiwick of Guernsey) Law 2010

Section 24(3) – application by the Committee for renewal of treatment order

To (name & title of the Law Officer)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I (your full name and address)

apply for the continued admission of (full name and address of patient)

for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am a person approved by

- the Department
- the Committee

for the purposes of making an application under s24(3) of the Law.

Complete the following where consultation with the nearest relative has taken place.

Complete (a) or (b)

(a) I have consulted (full name and address)

who to the best of my knowledge and belief is the patient's nearest relative within the meaning of the Law.

(b) I have consulted (full name and address)

who I understand has been authorised * by a court to be the patient's nearest relative * to exercise the functions under the Law of the patient's nearest relative. (* Tick the phrase which does apply)

Complete the following where the nearest relative has not been consulted.

Tick whichever of (a), (b) and (c) applies.

- (a) I have been unable to ascertain who is this patient's nearest relative within the meaning of the Law.
- (b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Law.
- (c) I understand that (*full name and address*)

is

- (i) this patient's nearest relative within the meaning of the Law,
- (ii) authorised to exercise the functions of this patient's nearest relative under the Law,

(Tick either (i) or (ii))

but in my opinion it is not reasonably practicable* would involve unreasonable delay* (**tick as appropriate*) to consult that person before making this application, because –

The remainder of this form must be completed in all cases.

I saw the patient on date (dd/mm/yyyy)

I have interviewed the patient and I am satisfied that detention in an approved establishment is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient –

Signed

date (dd/mm/yyyy)

Form A7 Reg 6

Mental Health (Bailiwick of Guernsey) Law 2010

Section 24(3) – joint medical recommendation for renewal of treatment order

We, registered medical practitioners, recommend that
(full name & address of patient)

be continued to be admitted to an approved establishment for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I, *(full name and address of first practitioner)*

last examined this patient on

date *(dd/mm/yyyy)*

I had previous knowledge with the patient before I conducted that examination.

(Tick if applicable)

I, *(full name and address of second practitioner)*

last examined this patient on

date *(dd/mm/yyyy)*

I had previous acquaintance with the patient before I conducted that examination.

(Tick if applicable)

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 in an approved establishment,

AND

(b) it is necessary

(i) for the patient's own health

(ii) for the patient's own safety

(iii) for the protection of other persons from harm

(tick those that are applicable)

that this patient should receive treatment in an approved establishment,

AND

- (c) such treatment cannot be provided unless the patient is detained under section 24 of the Law,

because – *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

We are also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following approved establishment (or one of the following approved establishments):-

(Enter name of approved establishment(s). If appropriate treatment is available only in a particular part of the approved establishment, say which part.)

Signed date (dd/mm/yyyy)

Signed date (dd/mm/yyyy)

Form A8 Reg 6

Mental Health (Bailiwick of Guernsey) Law 2010

Section 24(3) – medical recommendation for renewal of treatment order

I (full name & address of approved medical practitioner)

an approved medical practitioner, recommend that

(full name and address of patient)

be continued to be admitted to an approved establishment for treatment in accordance with Part V of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I last examined this patient on date (dd/mm/yyyy)

I had previous knowledge with the patient before I conducted that examination.

(Tick if applicable)

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 in an approved establishment,

AND

- (b) it is necessary
- (i) for the patient's own health,
 - (ii) for the patient's own safety,
 - (iii) for the protection of other persons from harm,
(tick those that are applicable)

that this patient should receive treatment in an approved establishment,

AND

(c) such treatment cannot be provided unless the patient is detained under section 24 of the Law,

because – *(Your reasons should cover (a), (b) and (c) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; say whether other methods of treatment or care (eg out-patient treatment or social services) are available and, if so, why they are not appropriate; indicate why informal admission is not appropriate.)*

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient at the following approved establishment (or one of the following approved establishments):-

(Enter name of approved establishment(s). If appropriate treatment is available only in a particular part of the approved establishment, say which part.)

Signed

date

(dd/mm/yyyy)

Form A9 *Reg 7*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 82 – application for overseas transfer order

To *(name & title of the Law Officer)*

do The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I *(your full name and address)*

Apply for the transfer of *(full name and address of patient)*

Who is currently subject to –

- a treatment order under section 24,
- a community treatment order under section 26,
- a hospital treatment order under section 66, or
- a remand order under section 63, 64 or 65

From *(name and address of approved establishment)*

To *(name and address of hospital, and country or territory in which the hospital is located)*

In accordance with section 82 of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I certify that it is in the interests of the patient to remove him to the hospital specified above for the following reasons:

(Your reasons should explain why it is in the interests of the patient to be transferred, having regard to the patient's symptoms and behaviour, the facilities and services available in any approved establishment in the Bailiwick of Guernsey, and the facilities and services available in the hospital specified in the application.)

I certify that arrangements have been made for the admission of the patient at the hospital specified above.

Signed

Date

(dd/mm/yyyy)

Form A10 *Reg 6*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 33 – application by an approved social worker for variation of an assessment or treatment order

To *(name & title of the Law Officer)*

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

I *(your full name and address)*

apply to vary the name or address of *(full name and address of patient)*

in accordance with section 33 of the Mental Health (Bailiwick of Guernsey) Law, 2010

as follows *(insert the new name or address of patient)*

I am approved to act as an approved social worker for the purposes of the Law by

the Health and Social Services Department

Sark Medical Committee

Signed

date

(dd/mm/yyyy)

Form CTO1 *Reg 10* **Mental Health (Bailiwick of Guernsey) Law 2010**
Section 26 – community treatment order

(Parts 1 and 2 of this form are to be completed by the responsible medical officer)

PART 1

I (full name and address of the responsible medical officer)

am the responsible medical officer for

(full name and address of patient).

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*

*(*tick any phrase which is applicable)*

that the patient should receive such treatment,
- (c) such treatment can be provided without the patient continuing to be detained in an approved establishment provided the patient is liable to being recalled to an approved establishment for medical treatment,
- (d) it is necessary that the responsible clinician should be able to exercise the power under section 30 to recall the patient to an approved establishment,
- (e) appropriate medical treatment is available to the patient.

My opinion is founded on the following grounds –

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 not detained in an approved establishment, with regard to the patient's history of mental disorder and any other relevant factors.

Conditions to which the patient is to be subject by virtue of this community treatment order

The patient is to make himself or herself available for examination under section 28, as requested.

If it is proposed to give a certificate under Part VIII of the Law in the patient's case, the patient is to make himself or herself available for examination to enable the certificate to be given, as requested.

The patient is also to be subject to the following conditions (if any) under section 27 of the Law:

I confirm that I consider the above conditions to be made under section 27 of the Law are necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment

- to prevent risk of harm to the patient's health or safety

- to protect other persons.

Signed date (dd/mm/yyyy)

PART 2

I exercise my power under section 26 of the Mental Health (Bailiwick of Guernsey) Law, 2010 to make a community treatment order in respect of the patient named in Part 1 of this Form.

This community treatment order is to be effective

from time (hh:mm) date (dd/mm/yyyy)

signed date (dd/mm/yyyy)

responsible medical officer

**THIS COMMUNITY TREATMENT ORDER IS NOT VALID UNLESS BOTH PARTS
ARE COMPLETED AND SIGNED. IT MUST BE FURNISHED AS SOON AS
PRACTICABLE TO THE MANAGERS OF THE APPROVED ESTABLISHMENT IN WHICH THE
PATIENT WAS LIABLE TO BE DETAINED BEFORE THE ORDER WAS MADE**

Form CTO2 *Reg 10*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 27 – variation of conditions of a community treatment order

I, *(full name and address of the responsible medical officer)*

am the responsible medical officer for

(full name and address of the community patient).

I am varying the conditions attaching to the community treatment order for the above named patient.

The conditions made under section 27, as varied, are: *(List the conditions as varied in full (including any which are not being varied) or state that there are no longer to be any such conditions.)*

continued

The variation is to take effect

from date (dd/mm/yyyy)

I confirm that I consider the above conditions to be necessary or appropriate for one or more of the following purposes:

- to ensure that the patient receives medical treatment
- to prevent risk of harm to the patient's health or safety
- to protect other persons.

Signed date (dd/mm/yyyy)

responsible medical officer

THIS FORM MUST BE FURNISHED AS SOON AS PRACTICABLE TO THE MANAGERS OF THE RESPONSIBLE APPROVED ESTABLISHMENT

Section 30 – community treatment order: notice of recall to approved establishment

(To be completed by the responsible medical officer)

I notify you

(name of community patient).

that you are recalled to

(full name and address of the approved establishment)

under section 30 of the Mental Health (Bailiwick of Guernsey) Law, 2010.

Complete either (a) or (b) below.

(a) In my opinion,

(i) you require treatment in an approved establishment for mental disorder,

AND

(ii) there would be a risk of harm to your health or safety or to other persons if you were not recalled to an approved establishment for that purpose.

This opinion is founded on the following grounds –

continued

(b) You have failed to comply with the following condition(s) imposed under section 27 of the Mental Health (Bailiwick of Guernsey) Law, 2010:

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

Signed time (hh:mm)

responsible medical officer

date (dd/mm/yyyy)

A COPY OF THIS NOTICE IS TO BE FORWARDED TO THE MANAGERS OF THE APPROVED ESTABLISHMENT TO WHICH THE PATIENT IS RECALLED AS SOON AS POSSIBLE AFTER IT IS SERVED ON THE PATIENT. IF THAT APPROVED ESTABLISHMENT IS NOT THE RESPONSIBLE APPROVED ESTABLISHMENT, YOU SHOULD INFORM THE APPROVED ESTABLISHMENT MANAGERS OF THE NAME AND ADDRESS OF THE RESPONSIBLE APPROVED ESTABLISHMENT.

This notice is sufficient authority for the managers of the named approved establishment to detain the patient there in accordance with the provisions of sections 30 & 31 of the Mental Health (Bailiwick of Guernsey) Law, 2010.

Form CTO4 *Reg 10*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 31 – community treatment order: record of patient’s detention in approved establishment after recall

The patient (full name and address of patient)

is currently a community patient.

In pursuance of a notice recalling the patient to an approved establishment under section 30 of the Law, the patient was detained in *(full name and address of approved establishment)*

(enter date and time at which the patient's detention in the approved establishment as a result of the recall notice began)

at time *(hh:mm)*

on *(dd/mm/yyyy)*

signed

date *(dd/mm/yyyy)*

on behalf of the approved establishment managers.

Form CTO5 *Reg 10* **Mental Health (Bailiwick of Guernsey) Law 2010**
Section 28 – community treatment order: report extending the community treatment period

Parts 1 and 2 of this form are to be completed by the responsible medical officer. Part 3 is to be completed by or on behalf of the managers of the responsible approved establishment.

PART 1

To the managers of
(name and address of the responsible approved establishment)

I am *(full name and address of the responsible medical officer)*

the responsible medical officer for

(full name and address of patient)

The patient is currently subject to a community treatment order made on date *(dd/mm/yyyy)*

I examined the patient on date *(dd/mm/yyyy)*

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 from harm*

*(*tick any indent which is applicable)*

that the patient should receive such treatment.

- (c) such treatment can be provided without the patient continuing to be detained in an approved establishment provided the patient is liable to being recalled to an approved establishment for medical treatment.
- (d) it is necessary that the responsible medical officer should continue to be able to exercise the power under section 30 to recall the patient to an approved establishment and
- (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.

My opinion is founded on the following grounds –

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 an approved establishment, with regard to the patient's history of mental disorder and any other relevant factors.

Signed date (dd/mm/yyyy)
responsible medical officer

PART 2

I am furnishing this report by: *(Tick the phrase which applies)*

today consigning it to the approved establishment managers' internal mail system.

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

Signed

date

(dd/mm/yyyy)

responsible medical officer

THIS REPORT IS NOT VALID UNLESS PARTS 1 & 2 ARE COMPLETED AND SIGNED

PART 3

This report was *(Tick the phrase which applies)*

furnished to the approved establishment managers through their internal mail system.

received by me on behalf of the approved establishment managers

on

date *(dd/mm/yyyy)*

signed

date

(dd/mm/yyyy)

on behalf of the managers of the responsible approved establishment

Form CTO6 Reg 15 Mental Health (Miscellaneous Provisions) (Guernsey & Alderney) Ordinance 2013

Section 5 – certificate of appropriateness of treatment to be given to adult community patient lacking capacity

I (full name and address)

- the responsible medical officer

- a person under the direction of the responsible medical officer

of (full name and address of the patient)

who has attained the age of 18

certify that -

- before giving the treatment specified below, I took reasonable steps to establish whether the patient lacked capacity to consent to the treatment

- when giving that treatment, I reasonably believed that the patient lacked capacity to consent to it

- I had no reason to believe that the patient objected to being given that treatment

- giving that treatment did not conflict with a valid and applicable advance decision or a decision made by the Royal Court

The treatment given to the patient was: (Give description of treatment)

Signed

Date

(dd/mm/yyyy)

Form CTO7 Reg 15 Mental Health (Miscellaneous Provisions) (Guernsey & Alderney) Ordinance 2013

Section 7 – certificate of appropriateness of treatment to be given to child community patient lacking capacity

I (full name and address)

- the responsible medical officer

- a person under the direction of the responsible medical officer

of (full name and address of the patient)

who has not attained the age of 18

certify that -

- before giving the treatment specified below, I took reasonable steps to establish whether the patient lacked capacity to consent to the treatment

- when giving that treatment, I reasonably believed that the patient lacked capacity to consent to it

- I had no reason to believe that the patient objected to being given that treatment

The treatment given to the patient was: (Give description of treatment)

Signed

Date

(dd/mm/yyyy)

PART 1

(To be completed by a medical practitioner)

To the managers of *(name and address of approved establishment)*

I am *(full name)*

and I am *(Tick (a) or (b) as appropriate)*

(a) the medical practitioner

(b) a medical practitioner who is the nominee of the medical practitioner

in charge of the treatment of *(full name of patient)*

who is a relevant patient in this approved establishment and not at present liable to be detained under the Mental Health (Bailiwick of Guernsey) Law, 2010.

It appears to me that an application ought to be made under Part V of the Law for this patient's admission to an approved establishment for the following reasons–

(The full reasons why informal treatment is no longer appropriate must be given.)

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

continued

I am furnishing this report by: *(Tick the phrase which applies)*

consigning it to the hospital managers' internal mail system today

at time *(hh:mm)*

delivering it (or having it delivered) by hand to a person authorised by the approved establishment managers to receive it.

Signed date *(dd/mm/yyyy)*

PART 2

(To be completed on behalf of the approved establishment managers)

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

furnished to the approved establishment managers through their internal mail system

delivered to me in person as someone authorised by the approved establishment managers to receive this report

at time *(hh:mm)* on date *(dd/mm/yyyy)*

Signed date *(dd/mm/yyyy)*

on behalf of the approved establishment managers

Form H2 *Reg 12*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 52 – report on approved establishment in-patient (Authorised Nurse's holding certificate)

To the managers of *(name and address of approved establishment)*

(full name of the patient)

It appears to me that –

- (a) this patient, who is receiving treatment for mental disorder as a relevant patient of this approved establishment, is suffering from mental disorder to such a degree that it is necessary for the patient's health or safety or for the protection of others from harm for this patient to be detained in the approved establishment;

AND

- (b) it is not practicable to secure the immediate attendance of a responsible medical practitioner for the purpose of issuing a certificate under section 51 of the Mental Health (Bailiwick of Guernsey) Law, 2010.

I am *(full name)*

a nurse authorised by the HSSD to issue certificates under s.52.

Signed

time

(hh/mm)

date

(dd/mm/yyyy)

Form H3 *Reg 11*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 38 – authority for transfer between approved establishments

PART 1

(To be completed on behalf of the managers of the approved establishment where the patient is detained)

Authority is given for the transfer of *(full name of patient)*

from *(name and address of approved establishment in which the patient is liable to be detained)*

to *(name and address of approved establishment to which patient is to be transferred)*

signed date *(dd/mm/yyyy)*

on behalf of the managers of the first named approved establishment.

PART 2

(To be completed by a Law Officer)

I consent to the transfer of *(full name of patient)*

from *(name and address of approved establishment in which the patient is liable to be detained)*

to *(name and address of approved establishment to which patient is to be transferred)*

Signed date *(dd/mm/yyyy)*

PART 3

(To be completed by the patient's responsible medical officer)

I consent to the transfer of *(full name of patient)*

from *(name and address of approved establishment in which the patient is liable to be detained)*

to *(name and address of approved establishment to which patient is to be transferred)*

Signed

date

(dd/mm/yyyy)

PART 4 – RECORD OF ADMISSION

(This is not part of the authority for transfer but is to be completed at the approved establishment to which the patient is transferred)

This patient was transferred to *(name of approved establishment)*

in pursuance of this authority for transfer and admitted to that approved establishment

at

time *(hh:mm)*

on

date of admission to receiving approved establishment *(dd/mm/yyyy)*

Signed

date

(dd/mm/yyyy)

on behalf of the managers of the receiving approved establishment.

Form H4 Reg 7

Mental Health (Bailiwick of Guernsey) Law 2010

Section 83 – Patients transferred from another country or territory

(Name and address of approved establishment)

(Full name and address of the patient)

(Country or territory from which the patient was transferred, and provision of the law of that country or territory under which the patient was liable to be detained)

The above named patient was admitted to this approved establishment

on

date of admission to approved establishment *(dd/mm/yyyy)*.

and from that date the patient was accordingly treated as admitted for the purposes of the Mental Health (Bailiwick of Guernsey) Law, 2010 under section *(state section)*

of the Law (which is the equivalent of the provision of the law of the country or territory stated above).

Signed

Date

(dd/mm/yyyy)

on behalf of the approved establishment managers.

Section 21 – Grant of an assessment order

I (*name & title of the Law Officer*)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

Having taken into account the medical evidence and opinion accompanying the application, I am satisfied on the balance of probabilities that the grounds specified in section 20(1) of the Mental Health (Bailiwick of Guernsey) Law, 2010 are made out and

Grant an order for the admission and detention of (*full name and address of patient*)

In the following approved establishment (*name and address of approved establishment*)

For assessment and, if appropriate, treatment in accordance with section 21 of the Law.

This order shall remain in force for a period of 28 days.

Signed

date

(*dd/mm/yyyy*)

Form LO2 *Reg 8*
Section 24 – Grant of a treatment order

Mental Health (Bailiwick of Guernsey) Law 2010

I (*name & title of the Law Officer*)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

Having taken into account the medical evidence and opinion accompanying the application, I am satisfied on the balance of probabilities that the grounds specified in section 24(1) of the Mental Health (Bailiwick of Guernsey) Law, 2010 are made out and

Grant an order for the admission and detention of (*full name and address of patient*)

In the following approved establishment (*name and address of approved establishment*)

For treatment in accordance with section 24 of the Law.

This order shall remain in force for a period of 6 months.

Signed

date

(*dd/mm/yyyy*)

Form LO3 *Reg 8*

Mental Health (Bailiwick of Guernsey) Law 2010

Section 24 – Renewal of a treatment order

I (*name & title of the Law Officer*)

c/o The Law Officers' Chambers, St. James Chambers, St. James St, St. Peter Port, Guernsey, GY1 2PA.

Having taken into account the medical evidence and opinion accompanying the application, I am satisfied on the balance of probabilities that the grounds specified in section 24(1) of the Mental Health (Bailiwick of Guernsey) Law, 2010 are made out and

Grant an order for the continued admission and detention of (*full name and address of patient*)

In the following approved establishment (*name and address of approved establishment*)

For treatment in accordance with section 24 of the Law.

This order shall remain in force for a period of –

6 months*

12 months*

(*delete as appropriate)

And shall take effect from (*date*)

Signed

Date

(*dd/mm/yyyy*)

Section 9 – Appointment by an individual of a nominated representative

(To be completed by the person appointing the nominated representative)

I *(full name & address of the person)*

Having attained the age of 18 years and having the capacity to do so

Appoint *(full name & address of person)*

As my nominated representative in accordance with section 9(1) of the Mental Health (Bailiwick of Guernsey) Law, 2010.

The appointment is to be subject to the following terms and conditions (if any)

Signed

Date

(dd/mm/yyyy)

(To be completed by the person who will be the nominated representative)

I *(full name & address of person)*

Consent to being appointed the nominated representative for *(full name & address of person)*

for the purposes of section 9(4) of the Mental Health (Bailiwick of Guernsey) Law, 2010.

Signed

Date

(dd/mm/yyyy)

(To be completed by the Department)

I *(full name & address of the person)*

Acting on behalf of the Health and Social Services Department

Appoint *(full name & address of person)*

As the nominated representative of *(full name and address of individual)*

- who has not attained the age of 18 years, or
- who does not have capacity to appoint a nominated representative

in accordance with section 9(2) of the Mental Health (Bailiwick of Guernsey) Law, 2010.

Signed Date *(dd/mm/yyyy)*

(To be completed by the person who will be the nominated representative)

I *(full name & address of person)*

Consent to being appointed the nominated representative for *(full name & address of person)*

for the purposes of section 9(4) of the Mental Health (Bailiwick of Guernsey) Law, 2010.

Signed

Date

(dd/mm/yyyy)

Section 9(5) – Priority of nominated representatives

I (*full name & address of the person*)

Having attained the age of 18 years and having capacity to do so

Indicate the priority of the nominated representatives that I have appointed as follows (*full names & addresses of nominated representatives*)

1.

2.

3.

in accordance with section 9(5) of the Mental Health (Bailiwick of Guernsey) Law, 2010.

Signed

Date

(*dd/mm/yyyy*)

Form NR4 Reg 2

Mental Health (Bailiwick of Guernsey) Law 2010

Section 11 – Variation or revocation of terms or conditions of an appointment of a nominated representative

I (full name & address of the person)

an individual who has appointed

(full name & address of person)

as my nominated representative under section 9(1) of the Mental Health (Bailiwick of Guernsey) Law, 2010

vary or revoke the terms or conditions of appointment as follows:

in accordance with section 11(1) of the Law.

Signed

Date

(dd/mm/yyyy)

Form NR4a Reg 2

Mental Health (Bailiwick of Guernsey) Law 2010

Section 11 – Variation or revocation of terms or conditions of an appointment of a nominated representative

I *(full name & address of the person)*

acting on behalf of the Health and Social Services Department

which has appointed *(full name & address of person)*

as the nominated representative of *(full name & address of person)*

under section 9(2) of the Mental Health (Bailiwick of Guernsey) Law, 2010

vary or revoke the terms or conditions of appointment as follows:

in accordance with section 11(1) of the Law.

Signed

Date

(dd/mm/yyyy)

Form NR5 Reg 2

Mental Health (Bailiwick of Guernsey) Law 2010

Section 11 – Withdrawal of consent to act as a nominated representative

I (full name & address of the person)

a person appointed to be the nominated representative of

(full name & address of person)

under section 9 of the Mental Health (Bailiwick of Guernsey) Law, 2010

withdraw my consent to act as the nominated representative of that person in accordance with section 11(2)(d) of that Law.

Signed

Date

(dd/mm/yyyy)

Form NR6 Reg 3 Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance 2013
Section 11 – Delegation of rights and functions of nearest relative

(To be completed by the individual exercising rights and performing functions of the nearest relative)

I *(full name & address of the person)*

Delegate the exercise of the rights and performance of the functions of the nearest relative of *(full name & address of patient)*

to *(full name & address of person)*

(who is not a person specified in section 11(1) of the Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2013).

Signed Date *(dd/mm/yyyy)*

(To be completed by the person who will exercise the rights and perform the functions of the nearest relative)

I *(full name & address of person)*

Accept the authorisation to exercise the rights and perform the functions of the nearest relative in relation to *(full name & address of patient)*

for the purposes of section 11(1) of the Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2013).

Signed Date *(dd/mm/yyyy)*

This authorisation will only take effect when this notice is delivered to the Health and Social Services Department.

Form NR7 Reg 3 Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance 2013
Section 11 – Revocation of delegation of rights and functions of nearest relative

I *(full name & address of the person)*

having authorised *(full name & address of person)*

to exercise the rights and perform the functions of the nearest relative of *(full name & address of patient)*

revoke that authorisation in accordance with section 11(3) of the Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2013.

Signed

Date

(dd/mm/yyyy)

This revocation will only take effect when this notice is delivered to the Health and Social Services Department.

Form T1 Reg 13

Mental Health (Bailiwick of Guernsey) Law 2010

Section 55 – certificate of consent to treatment and second opinion

(Both parts of this certificate must be completed)

PART 1

I (full name and address)

a medical practitioner approved as a second opinion approved doctor under s.5 of the Mental Health (Bailiwick of Guernsey) Law, 2010 certify that,

(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

(dd/mm/yyyy)

continued

PART 2

(To be completed by SOAD only)

I, the above named medical practitioner approved under s.5 of the Law have consulted

(full name of responsible medical officer)

the responsible medical officer of the patient and

(full name)

*an authorised nurse *an approved social worker or *an authorised occupational therapist

*(*Tick as appropriate)*

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. *(*Tick 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

(dd/mm/yyyy)

Form T2 Reg 13

Mental Health (Bailiwick of Guernsey) Law 2010

Section 56(3)(a) – certificate of consent to treatment

I (full name and address)

*the responsible medical officer of the patient *an approved medical practitioner (**tick the phrase which applies*) certify that

(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

(dd/mm/yyyy)

Form T3 Reg 13

Mental Health (Bailiwick of Guernsey) Law 2010

Section 56(3)(b) – certificate of second opinion

I (full name and address)

a medical practitioner approved as a second opinion approved doctor under s.5 of the Mental Health (Bailiwick of Guernsey) Law, 2010 have consulted

(full name of the responsible medical officer of the patient)

the responsible medical officer of the patient and
(full name)

*an authorised nurse *an approved social worker or *an authorised occupational therapist
(*Tick as appropriate)

I certify that (full name and address of patient).

(Tick the phrase which applies)

- (a) is not capable of understanding the nature, purpose and likely effects of, or
- (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.)

continued

but that the treatment should be given, having regard to the likelihood of its alleviating or preventing a deterioration of the patient's condition.

*My reasons are as below *I will provide a statement of my reasons separately. (*Tick 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.)

Signed

date

(dd/mm/yyyy)

Form T4 *Reg 14 Mental Health (Miscellaneous Provisions) (Guernsey & Alderney) Ordinance 2013*
Section 1 – certificate of consent to electro-convulsive therapy (patients at least 18 years old)

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

I (full name and address)

*the responsible medical officer in charge of the treatment described below *an approved medical practitioner
(*Tick as appropriate) certify that

(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.)*

AND

(b) has consented to that treatment.

Signed

Date

(dd/mm/yyyy)

Form T5 Reg 13 Mental Health (Miscellaneous Provisions) (Guernsey & Alderney) Ordinance 2013
Section 55 – certificate of consent to electro-convulsive therapy and second opinion (patients under 18)

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

I (full name and address)

a medical practitioner approved as a second opinion approved doctor under s.5 of the Mental Health (Bailiwick of Guernsey) Law, 2010 certify that

(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.

signed

date

(dd/mm/yyyy)

continued

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. (*Tick 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

(dd/mm/yyyy)

Form T6 Reg 14 Mental Health (Miscellaneous Provisions) (Guernsey & Alderney) Ordinance 2013
Section 1(4) – certificate of second opinion for electro-convulsive therapy (patients at least 18 years old who are not capable of understanding the nature, purpose and likely effects of the treatment)

I (full name and address)

a medical practitioner approved under s.5 of the Mental Health (Bailiwick of Guernsey) Law, 2010 (a SOAD) have consulted

(full name of the responsible medical officer of the patient)

the responsible medical officer of the patient and

(full name and profession)

*an authorised nurse, *an approved social worker or *an authorised occupational therapist
(*Tick as appropriate)

who have been professionally concerned with the medical treatment of

(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.)

but that the treatment should be given.

continued

*My reasons are as below *I will provide a statement of my reasons separately. (*Tick 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.)

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

- (i) any decision of the Royal Court, or
- (ii) any advance decision to refuse treatment that is valid and applicable

Signed date (dd/mm/yyyy)

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Mental Health (Bailiwick of Guernsey) Law, 2010 and the Mental Health (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2013. They principally prescribe the forms to be used under the Law and the Ordinance but also prescribe a specified type of treatment for the purposes of the Law.

Regulation 1 prescribes electro-convulsive therapy for patients who have not attained 18 years of age as a treatment prescribed for the purposes of section 55(1)(c) of the Law. Before such treatment can be given to a person aged under 18, that person must consent and a second opinion approved doctor must certify that (a) the person in question has the capacity to and did consent to the treatment, and (b) the treatment is appropriate.

Regulations 2 and 3 prescribe the forms which must be used in relation to the appointment of a nominated representative and the delegation of the rights and functions of the nearest relative.

Regulations 4 and 5 prescribe the forms to be completed when applying for an assessment order or a treatment order, and regulation 6 prescribes the forms for use when applying to renew a treatment order, or to vary the particulars of an assessment or a treatment order.

Regulation 7 prescribes the forms which must be used in relation to an application for an overseas transfer order and to the receipt of a patient from overseas.

Regulation 8 prescribes the forms that must be used by a Law Officer when making an assessment order, a treatment order, an order renewing a treatment order or an overseas transfer order.

Regulation 9 prescribes the forms to be completed in relation to community treatment orders.

Regulation 10 prescribes the particulars of an assessment order or a treatment order which may be varied under section 34 of the Law.

Regulation 11 prescribes the relevant form when transferring a patient between approved establishments.

Regulations 12, 13, 14 and 15 prescribe forms to be used certificates are issued by medical practitioners or authorised nurses (regulation 12), second opinion approved doctors, responsible medical officers and approved medical practitioners (regulations 13 and 14), and persons authorised to give treatment under Part II of the Ordinance (regulation 15).

