Wellington House
133-155 Waterloo Road
London SE1 8UG

12 July 2001

Dear Colleagues

THE MENTAL HEALTH ACT 1983

GUIDANCE FOR GENERAL PRACTITIONERS : MEDICAL EXAMINATIONS AND MEDICAL RECOMMENDATIONS UNDER THE ACT

We wish to draw your attention to the attached guidance which is primarily for use by general practitioners (GPs). You may be aware that the Cabinet Office recently published a report: *Making a Difference - Reducing GP Paperwork* (available from Leslie Mayne, Cabinet Office, Tel: 020 7276 2170 or e-mail psinfo@cabinet-office.x.gsi.gov.uk). One of the recommendations of the GP Advisory Group informing the report was that greater clarity was needed in respect of GPs' roles in providing medical recommendations under the Mental Health Act 1983. The Department of Health and Cabinet Office agreed that guidance was necessary and that a saving of 30,000 GP hours could be made by providing clarity in terms of procedure and role.

This guidance aims to provide advice to GPs about the importance of their role, drawing on material in the Mental Health Act 1983 and its Code of Practice and practice notes by the Mental Health Act Commission. Key stakeholders have provided input to the document which aims also to provide some practical advice on day to day issues as well as the legislative framework. This includes correct completion of the statutory forms and payment.

You will find attached to this letter:

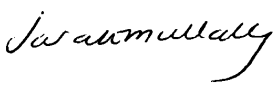
- Guidance for GPs on medical examinations and recommendations under the Mental Health Act 1983. This includes detail on good practice and the medical examination. It includes contact points at the Department of Health for further information. This guidance can be accessed on www.doh.gov.uk/mhact1983.htm and www.doh.gov.uk/publications/pointh.html

- Appendix 1 – forms to be used making medical recommendations for admission to hospital under the Mental Health Act 1983. Clean copies of the forms for the most common sections of the Act are attached which can be printed and photocopied. Examples of completed forms are also included in this Appendix for your information.

- Appendix 2 – key action points for GPs making assessments and recommendations. This provides a summary of key points that can be used as an aide memoire.

We hope this will be a useful source document for GPs and others working with mentally disordered people.

Yours truly,



SARAH MULLALLY
Chief Nursing Officer

DENISE PLATT
Chief Inspector (Social Services Inspectorate)

For information to:
Health Authorities (England) – Chief Executive
NHS Trusts – Chief Executive
Social Services Directors – England
Primary Care Groups – Chief Executive
Primary Care Trusts – Chief Executive
Independent Healthcare Association
Regional Offices NHS Executive
Regional SSI Offices
British Medical Association
Royal College of General Practitioners
Mental Health Act Commission
Institute of Mental Health Act Practitioners
Approved Social Workers Interest Group
British Association of Social Workers
Association of Directors of Social Services
Small Practices Association
NHS Alliance

309 Wellington House
133-155 Waterloo Road
London SE1 8UG

THE MENTAL HEALTH ACT 1983

GUIDANCE FOR GENERAL PRACTITIONERS : MEDICAL EXAMINATIONS AND MEDICAL RECOMMENDATIONS UNDER THE ACT

Introduction

1. The purpose of this guidance is to assist GPs in understanding the processes involved in undertaking mental health assessments under the Mental Health Act 1983 and to clarify their role in those processes.

The role of the GP

2. GPs play a vital role in caring for the mental health needs of their patients. Arranging or undertaking assessments of their patients for possible compulsory admission to hospital for assessment and/or treatment is an important part of that task. GPs can bring detailed knowledge of the patient, including relevant information about their medical history, and sometimes about their personal situation, that may be important for a proper understanding of the person's circumstances and assessing whether compulsory powers should be used.

The role of the "applicant" for admission to hospital under the Act

3. In addition to the medical recommendations which doctors make there must also be an application for the admission of a person to hospital under the Act. The applicant may be an "approved social worker"(ASW) or the "nearest relative". However the Code of Practice states that it is usually preferable for the ASW to do this and doctors should advise nearest relatives of this. The applicant cannot make an application unless or before the requisite medical recommendations have been received.

Initiating an assessment under the Act

4. GPs are frequently approached in the first instance by a relative or other carer of a patient, worried about the mental health of a patient. Following his/her own assessment it is normal practice for the GP to request a domiciliary visit by a consultant psychiatrist where this is warranted. If following an examination by the consultant psychiatrist a patient needs admission to hospital and it appears that informal admission is not appropriate an ASW should be contacted to make arrangements for the patient to be formally assessed for admission to hospital

under the Act. There will be situations, however, for example where an emergency admission is required, where it is not possible or practicable for a consultant psychiatrist to examine a patient before a request for a compulsory admission to hospital is made. In these situations the GP should approach the ASW directly.

5. Where a GP does not have a telephone number for the ASW Service it should be possible to contact the duty ASW both during and out of normal office hours by ringing the general telephone number for the SSD or local council.

6. Where the patient is thought to need hospital admission but is unwilling to be admitted to hospital as a informal patient the ASW will make the arrangements for the patient to be formally assessed for admission under the Act. The ASW will usually ask the GP to carry out a medical examination and, if appropriate, provide a written medical recommendation for detention of the patient under the Act.

The Mental Health Act 1983

7. The Act makes statutory provision for the compulsory assessment, care and treatment in hospital of patients with a mental disorder as defined in section 1 of the Act [1]. The patient may be in the community or in hospital at the time of assessment. The most common civil sections of the Act under which patients are compulsorily admitted to a hospital are:

- section 2 : admission to hospital for up to 28 days for assessment,
- section 3 : admission to hospital for up to 6 months for treatment and
- section 4 : admission on an emergency basis for up to 72 hours.

8. A patient may also in some circumstances be detained by the police under section 136 to enable him to be examined by a registered medical practitioner and interviewed by an approved social worker. Where this happens the patient's GP, where known, will usually be contacted.

9. Except in the case of emergencies, applications for compulsory admission to hospital require two written medical recommendations based on current medical examinations of the patient. An ASW[2] co-ordinates the mental health assessment procedure. He/she has a duty to interview the patient, consult the nearest relative, where practicable, and to arrive at an independent decision as to whether or not a patient should be admitted to hospital for assessment and/or treatment.

10. The ASW's application for the compulsory admission to hospital of a patient must be founded on the medical recommendations and it cannot therefore be made until the medical examinations have taken place and the medical recommendations have been completed and received by the ASW.

[1] In the Act, mental disorder means "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind."

[2] The ASW will also be able to explain what is required under the other provisions of the Act (guardianship, supervised discharge, aftercare) should a GP be asked to provide input under these provisions.

The Medical Recommendations

11. The recommendations required for the purposes of an application for admission to hospital under the Act have to be provided by two doctors ("registered medical practitioners") who have personally examined the patient either jointly or separately. In the case of an application for an "emergency admission" under section 4 however only one medical recommendation is required. This recommendation may also be provided by a GP.

12. *First medical recommendation:* Every application must be supported by a recommendation from a practitioner approved under section 12(2) of the Act "as having special experience in the diagnosis or treatment of mental disorder". Health Service Guidelines HSG (96)3, available from the Department of Health (see details below), sets out criteria for approval under section 12(2) of the Act. GPs may also apply to become "section 12 approved". The local HA should be able to provide further information about what is required.

13. *Second medical recommendation:* In accordance with section 12(2) of the Act the second recommendation shall, if practicable, be provided by a doctor with "previous acquaintance" with the patient unless the doctor making the first medical recommendation has previous acquaintance with the patient. GPs are often best placed to undertake this role, and do not need to be specially approved under the Act to do so. Where there is no obvious person to provide the second medical recommendation, for example, because the patient is not registered with a GP or is not known to local mental health services, another section 12 approved doctor is usually asked to assess the patient. In cases where this is not practicable any registered medical practitioner may provide the second recommendation as long as they do not work in the same hospital as the doctor providing the first recommendation.

Notes:

- First and second medical recommendations must be made on the relevant statutory forms. (See Appendix 1 for copies of the forms to be used)
- There are different forms for separate and joint medical recommendations and care should be taken that the correct form is completed in each case. An incorrectly completed form may make an application for detention invalid. Examples of correctly completed forms are attached in Appendix 1.
- The second medical recommendation may be completed before the first but the medical examinations must be completed within 5 clear days of each other.
- The Code of Practice states that "unless there are good reasons for undertaking separate assessments, assessments should be carried out jointly by the ASW and doctor(s)". When this is not possible a doctor may undertake the examination, make the recommendation and, where clinically appropriate, leave the scene. However, he/she must make arrangements for the form to be given to the ASW or to the admitting hospital in those instances where the patient is already an in-patient. But "it is essential that at least one of the doctors undertaking the medical assessment discusses the patient with the applicant (ASW or nearest relative) and desirable for both of them to do this". (Code of Practice, para 2.3)
- Health Authorities are required to maintain and provide lists of section 12 approved doctors.

Good Practice

14. It will generally be in the interests of good patient care for a GP to undertake the second medical examination when a patient on their list is being considered for compulsory admission to hospital because of the knowledge of the patient's circumstances and medical history they may have. But GPs are not obliged to undertake such assessments and the NHS (General Medical Services) 1992 Regulations specify that a GP is not required to visit a patient at a place outside the practice area.

Conflict of interest

15. Section 12(5) prohibits certain people from making medical recommendations in support of an application for a patient's compulsory admission to hospital under this Act. This includes, for example, circumstances where the person making the recommendation "receives or has an interest in the receipt of any payments" made for that patient's care. However, a general practitioner who is employed part-time in a hospital is allowed to make medical recommendations in respect of patients who may be admitted to that hospital.

The medical examination and recommendation

16. The Code of Practice provides guidance to doctors, managers and staff of hospitals and registered mental nursing homes, and ASWs on how they should proceed when undertaking duties under the Act. Chapter 2 sets out what factors should be considered during formal assessments under the Act. The assessment should include consideration of:

a. whether the patient is suffering from mental disorder within the meaning of section 1 of the Act; and if so,
b. whether the mental disorder is sufficiently serious to need further assessment and/or medical treatment in hospital; and
c. whether the patient needs to be compulsorily admitted under the Act in the interests of his or her own health or safety, and/or for the protection of other people.

17. The informal admission of a patient should always be considered as the first option. The Code of Practice indicates that this "is usually appropriate when a mentally capable patient consents to admission". If informal admission is found not to be appropriate, the full reasons for this should be stated at (c) on Forms 3 and 4 (see Appendix 1). The doctor will also be required to set out on the form those aspects of the patient's symptoms and behaviour that lead him/her to conclude that the legal criteria for admission under the Act are met.

"Previous Acquaintance with the Patient":

18. According to the Code of Practice a doctor with "previous acquaintance" of a patient is "one who knows the patient personally in his or her professional capacity". However, patients registered with one GP in a practice are sometimes known to and seen by other GPs within the practice. When a request for a medical examination under the Act is made GPs will need to consider on a case-

by-case basis what knowledge they have of the patient, and how useful that knowledge is to the decision-making process

Payment and claiming fees

19. A fee can be claimed each time a formal medical examination under the Act is carried out, whether or not this results in a medical recommendation for admission being made. The entitlement arises only where the examination was requested by an ASW, the consultant psychiatrist or the hospital, in the context of a possible use of the Act. It is the responsibility of the HA to pay such fees. The current fees are set out in section A, paragraph 3 of the BMA's Fees Guidance Schedule 2, 'Work for Local Authorities'. Doctors should clarify arrangements within their own area for claiming fees. The HA or ASW should be able to provide further details. Currently the fees payable are £59.70 for section 12 approved doctors, and £49.00 for other registered medical practitioners excluding travel expenses.

"Out-of-hours" assessments under the Mental Health Act

20. Every effort should be made by all concerned to complete assessments for possible compulsory admission under the Act during normal working hours to ensure that all available information is taken into account before an application is made. Where a medical recommendation is required out of hours, provision differs across the country. Planning for providing an out of hours service needs to take proper account of the individual health economy in which the service is delivered and the recent Review of GP Out-of-Hours Services recommends that PCTs (or PCGs and Health Authorities) are given responsibility for planning an integrated GP out-of-hours service in their local area. This should include links to the mental health out-of-hours service and ensure provision for making medical recommendations (s12 approved doctors' medical recommendations and second medical recommendations) under the Mental Health Act 1983 is in place in a mutually supportive way.

21. The provision of information about patients will ultimately be met by the introduction of the single Electronic Health Record which will assist ASWs in determining whether an application under the Act is appropriate. In the meantime, out-of-hours providers including NHS Direct, GP co-ops and others will need to develop systems for the sharing of clinical data for patients with special needs.

22. NHS Direct is developing a specific programme to address the mental health needs of callers. The service is increasingly becoming one of the major gateways to services out of hours and consideration is being given to how best to support and facilitate faster access to local services linking with out of hours provision. Two mental health pilots in Walk-in Centres linked to primary care are being established. Guidance has been issued with regard to the confidentiality needs of its callers, professionals and patients.

23. The Independent Review of GP Out-of-Hours Services (*Raising Standards for Patients, New Partnerships in Out-of-Hours Care*) was published at the end of October 2000 and the Out-of-Hours National Advisory Group is considering a

range of options to address the recommendations. Further information is available at www.doh.gov.uk/pricare/oohreport.htm.

Patients who are in hospital

24. Patients admitted to hospital, either as informal patients or under an emergency section of the Act will sometimes need to be detained under another section of the Act. In these situations GPs may be asked to undertake an examination and, if appropriate, provide a second medical recommendation. Where it is appropriate for them to do so, they should respond to such requests as quickly as possible because further care and treatment cannot be provided under compulsory powers until the medical recommendations have been made and an application has been submitted to the hospital.

25. When it is necessary to make corrections to a form after a patient has been admitted to hospital under the Act, the corrected form has to be received by the managers of the hospital within 14 days of the date of the original application by the ASW.

12 July 2001
Department of Health

This guidance can be accessed on http://www.doh.gov.uk/mhact1983.htm and http://www.doh.gov.uk/publications/pointh.html

Further details from:

Michael Dewane or Melissa Merritt
Mental Health Legislation Branch
309 Wellington House
133-155 Waterloo Road
London SE1 8UG
Email: michael.dewane@doh.gsi.gov.uk, or mmerritu@doh.gsi.gov.uk
Tel: 020 7972 4266 or 020 7972 4693
Fax: 020 7972 4451

Further Information

Mental Health Act 1983: Code of Practice
Published in March 1999 by The Stationery Office: ISBN 0-11-322111-8:
Tel: 020 7873 9090. Fax: 020 7873 8200. Available on Department of Health website: http://www.doh.gov.uk/mhact1983.htm

Mental Health Act 1983: Memorandum on Parts I to VI, VIII and X
Published in March 1998 by The Stationery Office: ISBN 0-11-322112-6:
Tel: 020 7873 9090. Fax: 020 7873 8200. Available on Department of Health website: http://www.doh.gov.uk/mhact1983.htm

Mental Health Act Manual by Richard Jones MA, Solicitor - 6th edition
Published in 1999 (reprinted 2000) by Sweet and Maxwell Ltd, 100 Avenue Road, Swiss Cottage, London NW3 3PF (ISBN 0-421-67480-6): website: http://www.smlawpub.co.uk

The Mental Health Act 1983: GPs' responsibilities - Guidance for GPs in England and Wales, November 1999
British Medical Association, BMA House, Tavistock Square, London WC1H 9JP

Mental Health Act Commission: Guidance Note – GN 1/2000 - (Reissued May 2000) – **General Practitioners and the Mental Health Act**.
Maid Marian House 56 Hounds Gate, Nottingham NG1 6BG
Tel: 0115 943 7100. Fax No: 0115 943 7101. website http://www.mhac.trent.nhs.uk

Mental Health Act Statutory Forms Manual - Institute of Mental Health Act Practitioners and Trecare NHS Trust (IMHAP), 4 Redan Street, Ipswich IP1 3PQ.
Phone/Fax 01473 218630: E-mail - marsenluther@flexnet.co.uk

Health Service Guidelines - HSG (96)3 - Approval of Doctors under section 12 of the Mental Health Act 1983 - Issued February 1996
Available from Department of Health, Room 308, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Independent Review of GP Out-of-Hours Services (Raising Standards for Patients, New Partnerships in Out-of-Hours Care), October 2000
Further information is available at http://www.doh.gov.uk/pricare/oohreport.htm

Making a Difference - Reducing GP Paperwork - available from Leslie Mayne at the Cabinet Office
Tel: 020 7276 2170 or e-mail psinfo@cabinet-office.x.gsi.gov.uk)

APPENDIX 1

FORMS TO BE USED IN MAKING MEDICAL RECOMMENDATIONS FOR ADMISSION TO HOSPITAL UNDER THE MENTAL HEALTH ACT 1983

section 2 : Form 3 (Joint Medical Recommendation for Admission for Assessment) or
Form 4 (Medical Recommendation for Admission for Assessment)

section 3 : Form 10 (Joint Medical Recommendation for Admission for Treatment) or
Form 11 (Medical Recommendation for Admission for Treatment)

section 4 : Form 7 (Medical Recommendation for Emergency Admission for Assessment)

- The "joint medical recommendations" forms should only be used when the two doctors have examined the patient together.

- Annotated forms (examples of how the forms could be completed) and clean forms (provided by IMHAP) are attached. These forms may be photocopied but they should preferably be photocopied on pink paper so that they can be easily identified.

- ASWs also often provide the forms. Faxed forms may be used in emergencies provided an original form follows.

- It is important that the forms are completed correctly. An incorrectly completed form may make an application for detention invalid.

Form 3

Joint medical recommendation for admission for assessment

Mental Health Act 1983
Section 2

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and addresses of both medical practitioners)

We

registered medical practitioners, recommend that

(name and address of patient)

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

(name of first practitioner)

I

(date)

last examined this patient on

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(name of second practitioner)

I

(date)

last examined this patient on

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

We are of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment

AND

Delete the indents not applicable

(b) that this patient 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

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reasons why informal admission is not appropriate must be given)

Signed _____ Date _____

Signed _____ Date _____

Form 4

Medical recommendation for admission for assessment

Mental Health Act 1983
Section 2

(full name and address of medical practitioner)

I

a registered medical practitioner, recommend that

(full name and address of patient)

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

I last examined this patient on

(date)

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment

AND

Delete the indents not applicable

(b) that this patient 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

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reasons why informal admission is not appropriate must be given)

Signed _____ Date _____

Form 7

Medical recommendation for emergency admission for assessment

Mental Health Act 1983
Section 4

THIS FORM IS ONLY TO BE USED FOR AN EMERGENCY APPLICATION

(full name and address of medical practitioner)

I

a registered medical practitioner, recommend that

(full name and address of patient)

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

(date) I last examined this patient on

(time) at

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period

AND

Delete the indents not applicable

(b) that this patient 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

AND

(c) that informal admission is not appropriate in the circumstances of this case.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

In my opinion an emergency exists, because I estimate that compliance with those provisions would cause about [ ] hours' delay, and I consider such a delay might result in harm as follows

(state reasons) _____

_____

_____

_____

_____

_____

to

*(a) the patient
*(b) those now caring for him
*(c) other persons.

I understand that the managers of the hospital to which the patient is admitted may ask me for further information relevant to this recommendation.

I was first made aware that his condition was causing anxiety, such that it might warrant immediate admission to hospital -

†Delete whichever do not apply

†(a) Today at (time) [ ]
†(b) Yesterday
†(c) On (date if within one week) [ ]
†(d) more than a week ago

Signed _____ Date _____

Time _____

Form 10

Joint medical recommendation for admission for treatment

Mental Health Act 1983
Section 3

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and addresses of both practitioners)

We

registered medical practitioners, recommend that

(full name and address of patient)

be admitted to hospital for treatment in accordance with Part II of the Mental Health Act 1983

(name of first practitioner)

I

(date)

last examined this patient on

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(name of second practitioner)

I

(date)

last examined this patient on

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In our opinion this patient is suffering from -

(complete (a) or (b))

**Delete the phrase which does not apply

(a) mental illness / severe mental impairment ** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder / mental impairment ** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

(Give clinical description of the patient's mental condition)

We are of the opinion that it is necessary

Delete the indents not applicable

(i) in the interest 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

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

(Reasons should indicate whether other methods of care or treatment (eg out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate.)

Signed _____ Date _____

Signed _____ Date _____

Form 11

Medical recommendation for admission for treatment

Mental Health Act 1983
Section 3

(full name and address of practitioner)

I _____

_____

_____

a registered medical practitioner, recommend that

(full name and address of patient)

_____

_____

_____

be admitted to hospital for treatment in accordance with Part II of the Mental Health Act 1983

(date)

I last examined this patient on _____

*Delete if not applicable

*(a) I had previous acquaintance with the patient before I conducted that examination.

*(b) I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from -

(complete (a) or (b))

**The phrase which does not apply must be deleted

(a) mental illness / severe mental impairment ** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) psychopathic disorder / mental impairment ** and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-

(Give clinical description of the patient's mental condition)

_____

_____

_____

_____

_____

_____

I am of the opinion that it is necessary

Delete the indents not applicable

(i) in the interest 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

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate whether other methods of care or treatment (eg out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate.]

Signed _____ Date _____

FORM 3

Joint medical recommendation for admission for assessment (s.2)

When deciding whether to detain under s.2 or s.3, use chapter 5 of the Code and the list of 'pointers'. **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

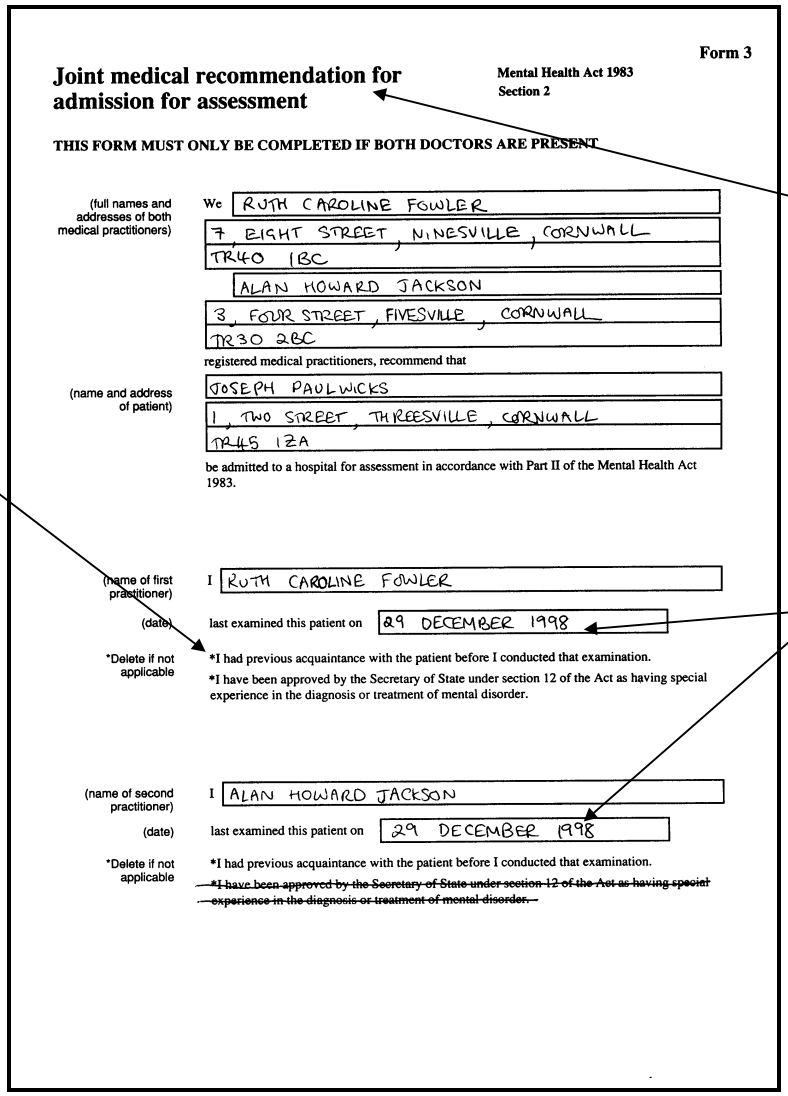
Makes sure that all names and addresses are correct and are correctly spelt. **This is very important**.

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under **s.12**;
AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application form **must** be completed to explain why

Remember that a s.2 admission should not follow closely a Section 2 detention.

CHECK THAT YOU HAVE THE RIGHT FORM
This form is for **joint medical recommendations** for admission for assessment (**s.2**) only. Use it if you and the other medical practitioner have **examined the patient together**. Use FORM 4 if you examine the patient independently.

Enter here the dates on which you each last examined the patient. As this is a **joint** medical recommendation the dates should be the same. Also note that the patient must be admitted within **14 days** of this date.



Form 3

Joint medical recommendation for admission for assessment

Mental Health Act 1983
Section 2

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and addresses of both medical practitioners)

We RUTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC
ALAN HOWARD JACKSON
3, FOUR STREET, FIVESVILLE, CORNWALL
TR30 2BC

registered medical practitioners, recommend that

(name and address of patient)

JOSEPH PAULWICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

(name of first practitioner)

I RUTH CAROLINE FOWLER

(date)

last examined this patient on 29 DECEMBER 1998

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(name of second practitioner)

I ALAN HOWARD JACKSON

(date)

last examined this patient on 29 DECEMBER 1998

*Delete if not applicable

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

~~*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.~~

Advice about doctors who work in private practice completing medical recommendations can be found in chapter 4 of the Code.

NOTE
Medical Practitioners should complete their name in full. i.e. **Do not use initials.**

Joint© Trecare NHS Trust and IMHAP

FORM 3

Joint medical recommendation for admission for assessment (s.2)

Cont. . .

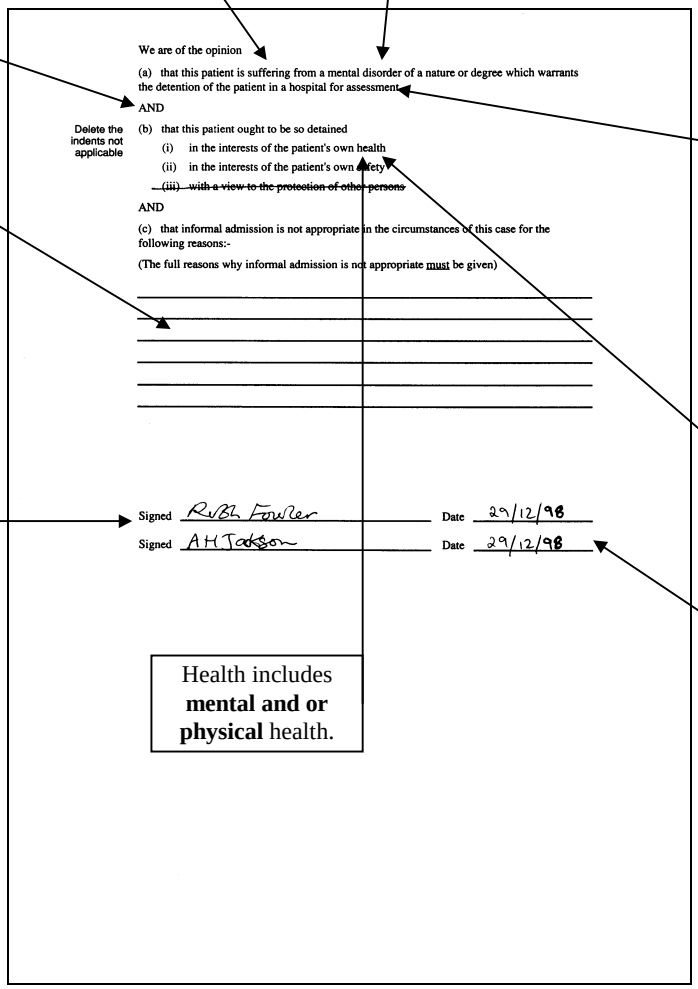
The patient must, in your opinion, meet the relevant criteria **at the time of making the recommendation**. An anticipated relapse is not enough.

Note that for a s.2 detention the patient **need not** be diagnosed as suffering from one of the four specific categories of mental disorder set out in s.3(2)(a).. **Mental disorder is defined in s.1.**

Note that (a), (b) and (c) **are not options** and must all be considered.

State clearly here why informal admission is not appropriate.

You must both sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.



We are of the opinion

(a) that this patient is suffering from a mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment

AND

Delete the indents not applicable

(b) that this patient 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~~

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reasons why informal admission is not appropriate must be given)

Signed R V B Fowler Date 29/12/98

Signed A H Jackson Date 29/12/98

... or for assessment followed by treatment (which is not necessarily directly connected to the assessment). Assessment is fairly broadly defined - see chapter 5 of the Code.

Note that you do not necessarily have to delete one/any of these.

Note that you must both complete this recommendation **on or before** the date of the application.

Health includes **mental and or physical** health.

OTHER FORMS TO COMPLETE SECTION

For a **s.2** application there will also need to be:

- an application for admission (FORM 1 if nearest relative is applicant, FORM 2 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

FORM 4

Medical recommendation for admission for assessment (s.2)

When deciding whether to detain under s.2 or s.3, use chapter 5 of the Code and the list of 'pointers'. **Remember** that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

CHECK YOU HAVE THE RIGHT FORM
This form is for **single medical recommendations** for admission for assessment (**s.2**). Use it if you and the other medical practitioner examined the patient independently. Use FORM 3 if you examined the patient together.

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under **s.12**
AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application **must** be completed to explain why.

State clearly here why informal admission is not appropriate.

You must sign and date this form . If it is not signed it will be of no effect and cannot authorise detention.

Make sure that all names and addresses are correct and are correctly spelt. **This is very important**. Medical Practitioners must give full name i.e. **Do not use initials.**

Note that (a), (b) and (c) **are not options** and must all be considered

Note that you do not necessarily have to delete one/any of these.

This refers to both physical and or psychological harm

Enter here the date on which you last examined the patient. Ensure that there are no more than **5 clear** days between both medical examinations.

The patient must, in your opinion, meet the relevant criteria **at the time of making the recommendation.** An anticipated relapse is not enough.

Note that for a s.2 detention the patient **need not** be diagnosed as suffering from one of the four specific categories of mental disorder set out in s.3(2)(a). **Mental disorder is defined in s.1.**

... or for assessment followed by treatment (which is not necessarily directly connected to the assessment). Assessment is fairly broadly defined - see chapter 5 of the Code.

Health includes **mental and or physical** health.

Note that you must complete this recommendation **on or before** the date of the application.

Remember that a s.2 detention cannot follow immediately, and should not follow closely, after a previous s.2 detention.

Advice about doctors working in private practice completing medical recommendations can be found in chapter 4 of the Code.

Form 4

Medical recommendation for admission for assessment

Mental Health Act 1983
Section 2

(full name and address of medical practitioner) I RUTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC
a registered medical practitioner, recommend that

(full name and address of patient) JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA
be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983.

I last examined this patient on

(date) 30TH DECEMBER 1998

*Delete if not applicable
*I had previous acquaintance with the patient before I conducted that examination.
*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion

(a) that this patient is suffering from mental disorder of a nature or degree which warrants detention of the patient in a hospital for assessment

AND

Delete the indents not applicable
(b) that this patient ought to be so detained
(i) in the interests of the patient's own health
(ii) in the interests of patient's own safety
~~(iii) with a view to the protection of other persons~~

AND

(c) that informal admission is not appropriate in the circumstances of this case for the following reasons:-

(The full reasons why informal admission is not appropriate must be given)

Signed Ruth Fowler Date 30/12/98

OTHER FORMS TO COMPLETE SECTION

For a .**s.2** application there will also need to be:
- an application for admission (FORM 1 if nearest relative is applicant, FORM 2 if ASW is applicant)
- another single medical recommendation (FORM 4)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

For a **s.4 to s.2** conversion there will also need to be:
- completed s.4 forms
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

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FORM 7

Medical recommendation for emergency admission for assessment (s.4)

REMEMBER THAT

s.4 should only be used where the need for the patient's admission is so urgent that it is not possible to obtain a second medical recommendation. See Code of Practice Chapter 6. That it is **impractical** or **inconvenient** for a second doctor to attend is not sufficient justification for its use.

Medical practitioners must give full name i.e.
Do not use initials

NOTE THAT
(i) If you have not had previous acquaintance with the patient, you must ensure the appropriate section on the application form has been completed to explain why:
AND
(ii) If the detention is later converted to a S2 detention at least one of the two medical practitioners should have been approved under **s.12**.

Note that (a), (b) and (c) **are not options** and must all be considered

Delete whichever do not apply

Form 7

Medical recommendation for emergency admission for assessment

Mental Health Act 1983
Section 4

THIS FORM IS TO BE USED ONLY FOR AN EMERGENCY APPLICATION

I RUTH CAROLINE FOWLER

(name and address of medical practitioner) 7, EIGHT STREET, NINESVILLE, CORNWALL TR40 1BC

a registered medical practitioner, recommend that

(full name and address of patient) JOSEPH PAUL WICKS 1, TWO STREET, THREESVILLE, CORNWALL TR45 1ZA

be admitted to a hospital for assessment in accordance with Part II of the Mental Health Act 1983

(date) I last examined this patient on 1st JANUARY 1999

(time) at 5.00 a.m.

*Delete if not applicable

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

*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

I am of the opinion —

(a) that this patient is suffering from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment for at least a limited period

AND

(b) that this patient ought to be so detained

Delete the indents not applicable

(i) in the interests of the patient's own health
(ii) in the interests of the patients own safety
~~(iii) with a view to the protection of other persons~~

AND

(c) that informal admission is not appropriate in the circumstances of this case.

In my opinion it is of urgent necessity for the patient to be admitted and detained under section 2 of the Act. Compliance with the provisions of Part II of the Act relating to applications under that section would involve undesirable delay.

Please turn over

Enter here the time and date of your medical examination of the patient. Note that the patient must be admitted to hospital within **24 hours** of this time **or** of the time of the application, **whichever is the earlier.**

The patient must, in your opinion, meet the relevant criteria **at the time of making the recommendation.** An anticipated relapse is not enough.

Note that for a s.4 detention the patient **need not** be diagnosed as suffering from one of the four specific categories of mental disorder set out in s.3(2)(a). **Mental disorder is defined in s.1**.

Health includes **mental or physical** health.

This refers to both physical and or psychological harm

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FORM 7

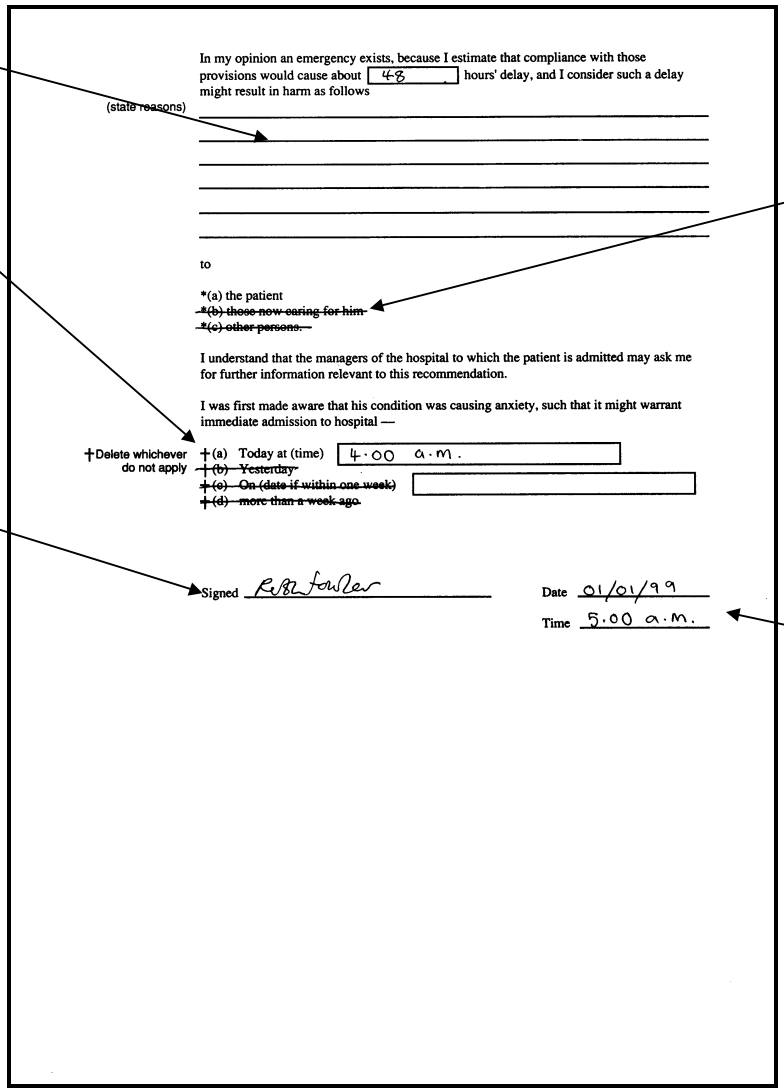
Medical recommendation for emergency admission for assessment (s.4)

Cont. . .

Clearly state your reasons here.

You should delete all but one of these, and complete only one box.

You must sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.



In my opinion an emergency exists, because I estimate that compliance with those provisions would cause about 48 hours' delay, and I consider such a delay might result in harm as follows

(state reasons)

to

*(a) the patient
~~*(b) those now caring for him~~
~~*(c) other persons.~~

I understand that the managers of the hospital to which the patient is admitted may ask me for further information relevant to this recommendation.

I was first made aware that his condition was causing anxiety, such that it might warrant immediate admission to hospital —

†Delete whichever do not apply

†(a) Today at (time) 4.00 a.m.
~~†(b) Yesterday~~
~~†(c) On (date if within one week)~~
~~†(d) more than a week ago~~

Signed R.B. Fowler

Date 01/01/99
Time 5.00 a.m.

Delete whichever do not apply.

TIME OF APPLICATION
Note that you must not make the application more than **24 hours** after you last saw the patient.
Also make certain that the patient is admitted within **24 hours** of the time of the application **OR** of the time of the medical recommendation, **whichever is the earlier.**

Advice about doctors working in private practice completing medical recommendations can be found in chapter 4 of the Code.

OTHER FORMS TO COMPLETE SECTION

For a **s.4** admission there will also need to be:
- an application for admission (FORM 5 if nearest relative is applicant, FORM 6 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

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FORM 10

Joint medical recommendation for admission for treatment (s.3)

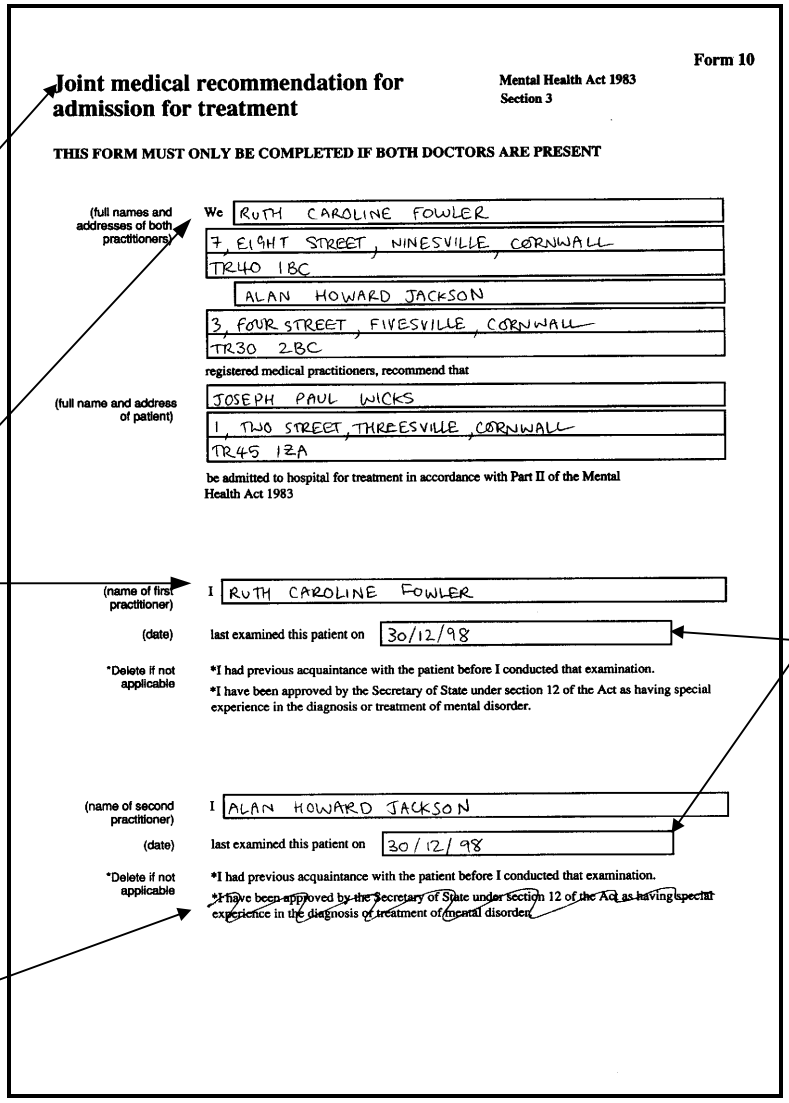
When deciding whether to detain under s.2 or s.3, use **chapter 5** of the Code and the list of "pointers".
Remember that a s.3 detention need not last any longer than a s.2 detention. Do not be influenced by a desire to avoid consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

CHECK THAT YOU HAVE THE RIGHT FORM.
This form is for **joint medical recommendations** for admission for treatment (**s.3**). Use it if you and the other medical practitioner have examined the patient together. Use FORM 11 if you examine the patient independently.

NOTE

Medical practitioners should complete their name in full. i.e.
Do not use initials

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under **s.12**;
AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application form **must** be completed to explain why.



Form 10

Joint medical recommendation for admission for treatment

Mental Health Act 1983
Section 3

THIS FORM MUST ONLY BE COMPLETED IF BOTH DOCTORS ARE PRESENT

(full names and addresses of both practitioners)

We RUTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC
ALAN HOWARD JACKSON
3, FOUR STREET, FIVESVILLE, CORNWALL
TR30 2BC

registered medical practitioners, recommend that

(full name and address of patient)

JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1ZA

be admitted to hospital for treatment in accordance with Part II of the Mental Health Act 1983

(name of first practitioner) I RUTH CAROLINE FOWLER

(date) last examined this patient on 30/12/98

*Delete if not applicable

*I had previous acquaintance with the patient before I conducted that examination.
*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

(name of second practitioner) I ALAN HOWARD JACKSON

(date) last examined this patient on 30/12/98

*Delete if not applicable

*I had previous acquaintance with the patient before I conducted that examination.
*I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

Make sure that all names and addresses are correct and are correctly spelt

Enter here the dates on which you each last examined the patient. As this is a **joint** medical recommendation the dates should be the same. Also note that the patient must be admitted within **14 days** of this date.

Advice about doctors who work in private practice completing medical recommendations can be found in chapter 4 of the Code.

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FORM 10

Joint medical recommendation for admission for treatment (s.3)

Cont. . .

The patient must, in your opinion, meet the criteria for detention **at the time of making the recommendation**. An anticipated relapse is not enough.

Enter a clear clinical description here.

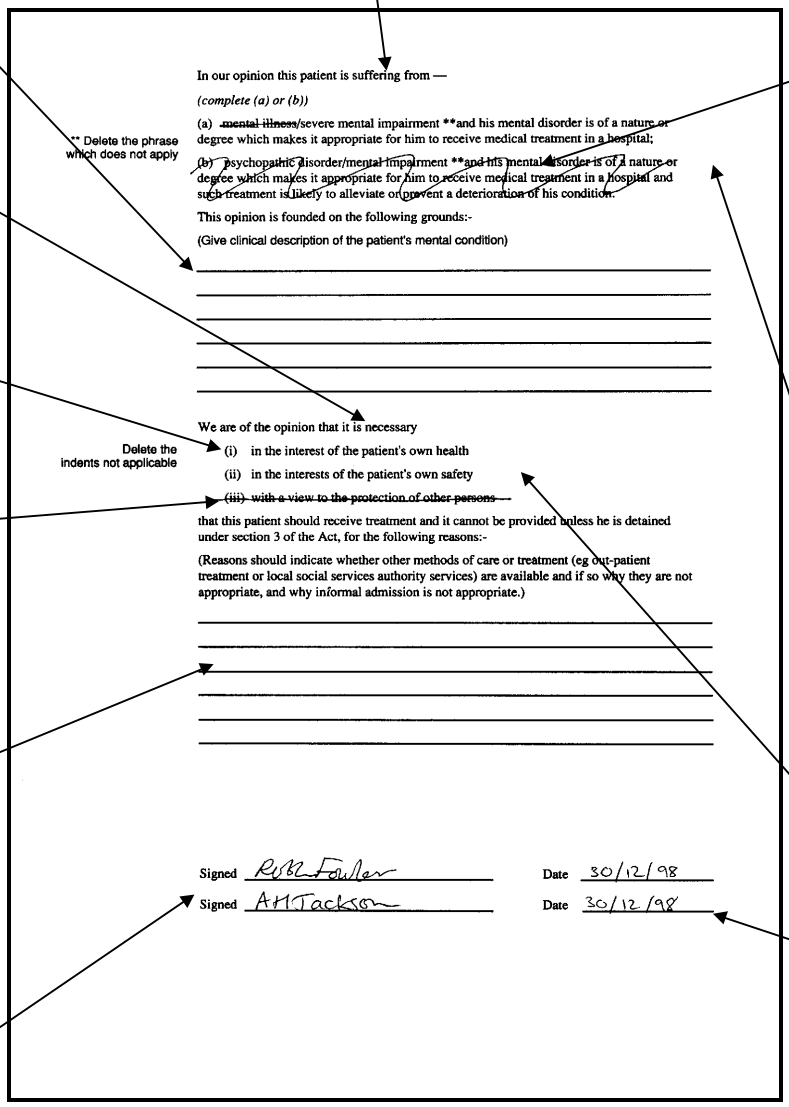
Note that for a **s.3** detention you must be of the opinion that *it is necessary...* that the patient should receive treatment... etc.

Health includes **mental and or physical** health

This refers to both physical and or psychological harm.

You must enter here **clear and specific reasons.** Address all the indicated issues. **Do not** simply repeat what you entered in the clinical description section above.

You must sign and date this form. If it is not signed it is of no effect and cannot authorise detention.



In our opinion this patient is suffering from —

(complete (a) or (b))

(a) ~~mental illness~~/severe mental impairment **and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;

(b) ~~psychopathic disorder/mental impairment~~ **and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

** Delete the phrase which does not apply

This opinion is founded on the following grounds:-

(Give clinical description of the patient's mental condition)

We are of the opinion that it is necessary

Delete the indents not applicable

(i) in the interest 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~~

that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

(Reasons should indicate whether other methods of care or treatment (eg out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate.)

Signed R B Fowler Date 30/12/98

Signed A M Jackson Date 30/12/98

Where the patient is suffering from psychopathic disorder or mental impairment (and **not** mental illness or severe mental impairment), the treatment must be **likely** to alleviate the disorder.

Note that for a **section 3** detention, the patient must be diagnosed as suffering from one or more of the four specific categories of mental disorder set out in s.3(2)(a).
You may specify more than one category but, as this is a **joint medical recommendation**, you must agree on which categories of disorder the patient is suffering from.

Delete whichever do not apply.

You must complete the recommendation on or before the date of the application.

OTHER FORMS TO COMPLETE SECTION

For a **s.3** application there will also need to be:
- an application for admission (FORM 8 if nearest relative is applicant, FORM 9 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

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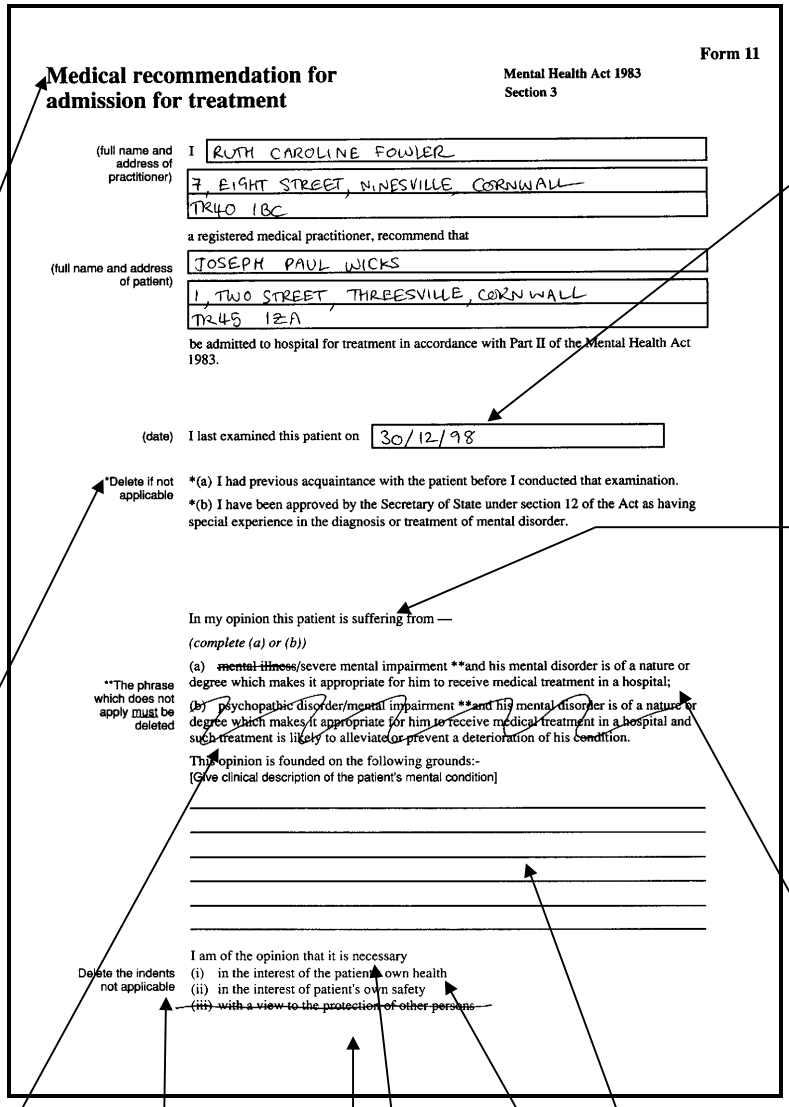
FORM 11

Single medical recommendation for admission for treatment (s.3)

CHECK THAT YOU HAVE THE RIGHT FORM.
This form is for **single medical recommendations** for admission for treatment (**s.3**).
Use it if you and the other medical practitioner examine the patient independently.

NOTE THAT
(i) At least one of the recommending practitioners should have been approved under s.12;
AND
(ii) If neither of you has had previous acquaintance with the patient, the appropriate section on the application must be completed to explain why.

Where the patient is suffering from psychopathic disorder or mental impairment (and not mental illness or severe mental impairment), the treatment must be **likely** to alleviate the disorder.



Form 11

Medical recommendation for admission for treatment

Mental Health Act 1983
Section 3

(full name and address of practitioner) I RUTH CAROLINE FOWLER
7, EIGHT STREET, NINESVILLE, CORNWALL
TR40 1BC

a registered medical practitioner, recommend that

(full name and address of patient) JOSEPH PAUL WICKS
1, TWO STREET, THREESVILLE, CORNWALL
TR45 1EA

be admitted to hospital for treatment in accordance with Part II of the Mental Health Act 1983.

(date) I last examined this patient on 30/12/98

*Delete if not applicable
*(a) I had previous acquaintance with the patient before I conducted that examination.
*(b) I have been approved by the Secretary of State under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion this patient is suffering from —
(complete (a) or (b))

**The phrase which does not apply must be deleted
(a) ~~mental illness~~/severe mental impairment **and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital;
(b) ~~psychopathic disorder/mental impairment~~ **and his mental disorder is of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital and such treatment is likely to alleviate or prevent a deterioration of his condition.

This opinion is founded on the following grounds:-
[Give clinical description of the patient's mental condition]

Delete the indents not applicable
I am of the opinion that it is necessary
(i) in the interest of the patient's own health
(ii) in the interest of patient's own safety
~~(iii) with a view to the protection of other persons~~

Enter here the date on which you last examined the patient. Ensure that there are no more than 5 clear days between both medical examinations. Also note that the patient must be admitted within **14 days** of the date of the latest medical examination.

The patient must, in your opinion, meet the criteria for detention **at the time of making the recommendation**. An anticipated relapse is not enough.

Note that for a **s.3** detention the patient must be diagnosed as suffering form one or more of the four specific categories of mental disorder set out in s.3(2)(a).
You may specify more than one category and you may specify some categories that the other practitioner does not.
You must, however, agree with the other practitioner on **at least one** category.

Enter a **clear** clinical description here.

Delete whichever do not apply.

This refers to both physical and or psychological harm**.**

Note that for a s.3 detention you must be of the opinion that **it is necessary...** that the patient should receive treatment...

Health includes **mental** and or physical health.

When deciding whether to detain under s.2 or s.3, use **chapter 5** of the Code and the list of "pointers". **Remember** that a s.3 detention need not last any longer than a s.2 detention. **Do not** be influenced by a desire to void consulting the nearest relative or by the fact that a person detained under s.2 will get quicker access to a MHRT.

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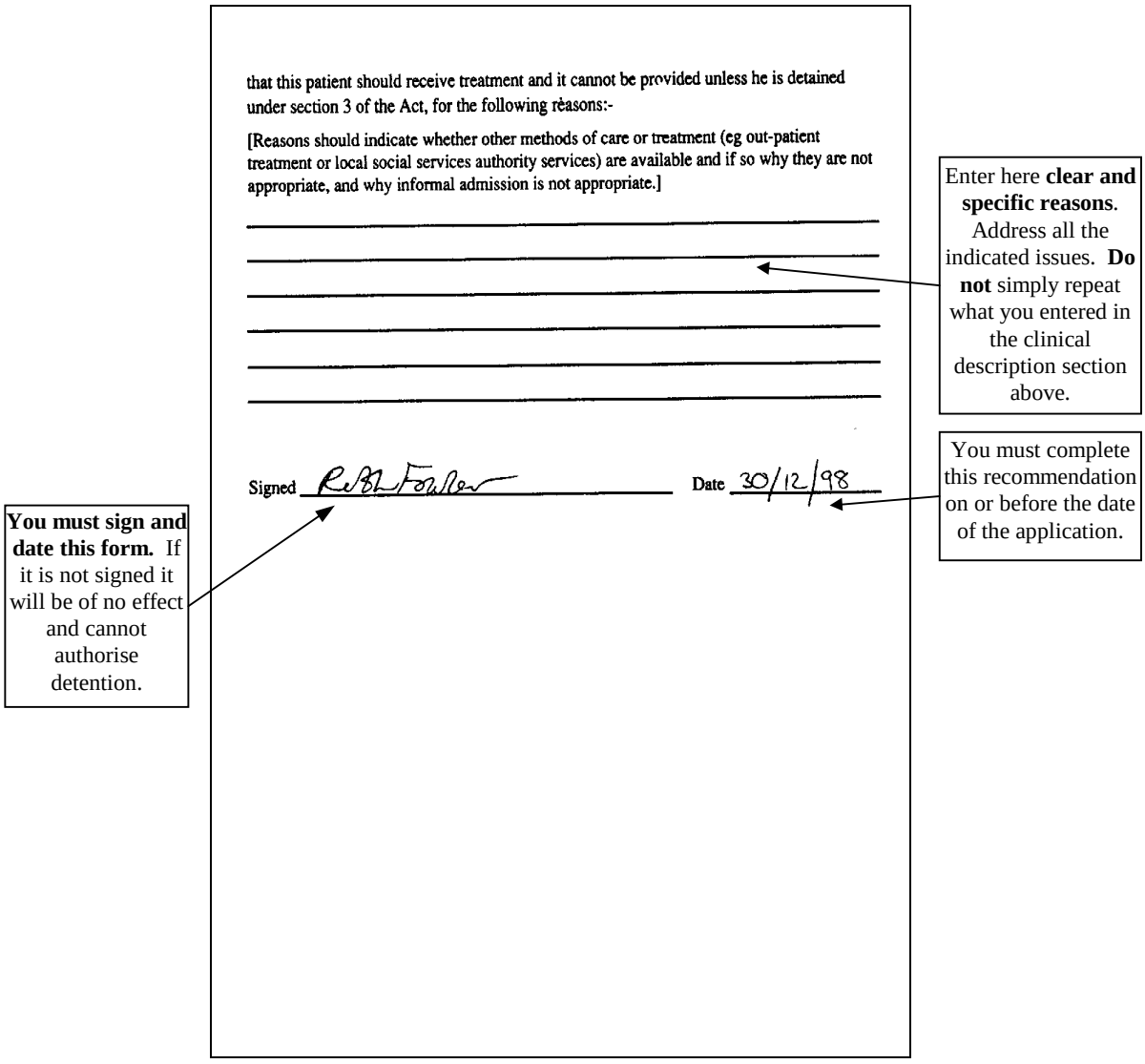
FORM 11

Single medical recommendation for admission for treatment (s.3)



that this patient should receive treatment and it cannot be provided unless he is detained under section 3 of the Act, for the following reasons:-

[Reasons should indicate whether other methods of care or treatment (eg out-patient treatment or local social services authority services) are available and if so why they are not appropriate, and why informal admission is not appropriate.]

Signed R B Fowler Date 30/12/98

Enter here **clear and specific reasons**. Address all the indicated issues. **Do not** simply repeat what you entered in the clinical description section above.

You must complete this recommendation on or before the date of the application.

You must sign and date this form. If it is not signed it will be of no effect and cannot authorise detention.

OTHER FORMS TO COMPLETE SECTION

The second medical recommendation. For a **s.3** application there will also need to be:
- an application for admission (FORM 8 if nearest relative is applicant, FORM 9 if ASW is applicant)
- a record of receipt of medical recommendation(s) and formal admission to hospital (FORM 14)

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APPENDIX 2

MENTAL HEALTH ACT 1983

KEY ACTION POINTS FOR GPS IN MAKING ASSESSMENTS AND RECOMMENDATIONS FOR ADMISSION

1. When a patient with mental health problems is referred to a GP he/she will need to decide

a. whether the person can be cared for and treated in the community without the involvement of specialist psychiatric services, or

b. whether the person needs to be seen by a psychiatrist or other mental health worker.

2. If the person needs to be seen by a specialist and the case is not urgent the GP should arrange for the person to be seen by a psychiatrist or other specialist mental health worker, e.g. CPN.

3. If the patient needs to be admitted to hospital every attempt should be made to persuade him to go in as an "informal" patient.

4. Where a patient needs to go into hospital but is unwilling to go, an Approved Social Worker (ASW) should be contacted by the GP or the local psychiatric services. The ASW will arrange for the medical examination(s) of the patient and, if appropriate, make an application for the patient to be admitted compulsorily under the Act.

5. When the situation is not urgent the ASW will require two medical recommendations, at least one of which shall be provided by a doctor specially approved under section 12 of the Act. The other recommendation may be provided by the GP or any other doctor. The ASW will usually ask the patient's GP to provide a recommendation because of the background knowledge of the patient and of his medical history.

6. Ideally the patient should be examined jointly by the two doctors with the ASW also being present. Where this is not possible each doctor may carry out a separate examination. If the ASW is not present it is essential that at least one of the doctors discusses the patient with the ASW.

7. Before making a medical recommendation each doctor needs to examine the patient and be satisfied that the patient

a. is suffering from a mental disorder;

b. requires assessment and/or treatment in a hospital; and,

c. needs to be admitted compulsorily to hospital in the interests of his or her health or safety, and/or for the protection of other people.

8. Following the examination the GP needs to make sure that the correct medical recommendation form is completed: Form 3 or 4 for a section 2 (Admission for Assessment), Form 10 or 11 for a section 3 (Admission for Treatment), or Form 7 for a section 4 (Emergency Admission).

9. When an *emergency admission* is required only one medical recommendation is needed and this can be provided by any doctor. The patient's GP will frequently be asked to provide this by the ASW.

10. GPs need to take particular care to complete the forms correctly as mistakes will have to rectified later.

11. When the ASW is not present at the medical examinations the GP will need to arrange with the ASW for the medical recommendation form to be collected.

12. GPs are entitled to claim a fee and travel expenses when they carry out a medical examination under the Act, whether or not a medical recommendation is made.