1986 No. 174

MENTAL HEALTH

The Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) Regulations (Northern Ireland) 1986

Made	*10th June 1986*
Coming into operation . . .	*31st July 1986*

The Department of Health and Social Services, in exercise of the powers conferred by Articles 7(3), 26, 63(1)(*b*), 64(1)(*a*) and 135(1) of the Mental Health (Northern Ireland) Order 1986(**a**), and of all other powers enabling it in that behalf, after consultation with such bodies as appear to it to be concerned(**b**), hereby makes the following regulations:

Citation and commencement

1. These regulations may be cited as the Mental Health (Nurses, Guardianship, Consent to Treatment and Prescribed Forms) Regulations (Northern Ireland) 1986, and shall come into operation on 31st July 1986.

Interpretation

2. In these regulations—

"the Order" means the Mental Health (Northern Ireland) Order 1986;

"private guardian", in relation to a patient, means a person, other than a Health and Social Services Board, who acts as guardian under the Order;

any reference to a numbered Article is to the Article of the Order bearing that number.

Prescribed class of nurse

3. For the purposes of Article 7(3) (power to detain patient in hospital for maximum of 6 hours), a nurse of the prescribed class shall be a nurse registered in Part 3 (first level nurses trained in the nursing of persons suffering from mental illness) or Part 5 (first level nurses trained in the nursing of persons suffering from mental handicap) of the register prepared and maintained under section 10 of the Nurses, Midwives and Health Visitors Act 1979(**c**) (the professional register).

Duties of private guardians

4. It shall be the duty of a private guardian—

(*a*) in exercising the powers and duties conferred or imposed upon him by the Order and these regulations, to comply with such directions as the responsible Board may give;

(*b*) to furnish the responsible Board with all such reports or other information with regard to the patient as that Board may from time to time require;

(*c*) to notify the responsible Board in writing—

(**a**) S.I. 1986/595 (N.I. 4)
(**b**) *See* the Mental Health (Northern Ireland) Order 1986, Articles 63(6) and 64(7)
(**c**) 1979 c. 36; for the parts of the register *see* S.I. 1983/667

(i) of the name and address of the medical practitioner for the time being acting as the general medical practitioner of the patient;

(ii) of any permanent change in his address or the address of the patient, before or not later than 7 days after the change takes place;

(*d*) in the event of the death of the patient, to inform the responsible Board as soon as practicable;

(*e*) if the patient is absent without leave or if he returns or is returned following such absence, to inform the responsible Board as soon as practicable.

Duties of responsible Board in guardianship cases

5. The responsible Board shall—

(*a*) exercise general supervision over every patient subject to guardianship under the Order;

(*b*) arrange for every patient subject to guardianship under the Order to be visited at such intervals as that Board may decide, but in any case, at intervals of not more than 3 months, and at least one such visit in any year shall be made by a medical practitioner appointed for the purposes of Part II of the Order by the Commission;

(*c*) as soon as practicable notify the Commission in writing—

(i) of any permanent change in the address of a guardian or of a patient subject to guardianship under the Order;

(ii) if a patient subject to guardianship under the Order dies or otherwise ceases to be subject to guardianship, or if such a patient is absent without leave or returns or is returned following such an absence.

Consent to treatment

6.—(1) For the purposes of Article 63 (treatment requiring consent and a second opinion), the form of treatment to which that Article shall apply, in addition to the treatment mentioned in paragraph (1)(*a*) of that Article (any surgical operation for destroying brain tissue or for destroying the functioning of brain tissue), shall be the surgical implantation of hormones for the purpose of reducing male sexual drive.

(2) For the purposes of Article 64 (treatment requiring consent or a second opinion), the form of treatment to which that Article shall apply, in addition to the administration of medicine mentioned in paragraph (1)(*b*) of that Article, shall be electro-convulsive therapy.

Prescribed forms

7. Any application, recommendation, report or certificate, the form of which is required to be prescribed under the Order, shall be in accordance with whichever one of the forms in the Schedule is appropriate or in a form to the like effect.

Sealed with the Official Seal of the Department of Health and Social Services on 10th June 1986.

(L.S.) *Zelma I. Davies*
Under Secretary

SCHEDULE Regulation 7

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FORM 1

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986

Article 4

APPLICATION BY NEAREST RELATIVE FOR ADMISSION FOR ASSESSMENT

To [name and address of responsible Board].

I [full name and address of applicant] hereby apply for the admission of [full name and address of patient] to [name of hospital] for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

Delete (a) or (b)

(*a*) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Order.

I am the patient's [state relationship].

(*b*) I have been authorised by a county court to exercise the functions under the Order of the patient's nearest relative.

A copy of the court order is attached to this application.

I last saw the patient on [date].

This application is founded on and accompanied by a medical recommendation in the prescribed form.

If the medical practitioner did not know the patient before making his/her recommendation, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

FORM 2

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986

Article 4

APPLICATION BY AN APPROVED SOCIAL WORKER FOR ADMISSION FOR ASSESSMENT

To [name and address of responsible Board].

I [full name and office address of applicant] hereby apply for the admission of [full name and address of patient] to [name of hospital] for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I am an officer of [name of Board] appointed to act as an approved social worker for the purposes of the Order.

The following section should be completed if nearest relative consulted

Delete either (a) or (b) AND either (c) or (d) as appropriate

(*a*) I have consulted [name and address] who, to the best of my knowledge and belief, is the patient's nearest relative within the meaning of the Order.

OR

(*b*) I have consulted [name and address] who I understand has been authorised by a county court to exercise the functions under the Order of the patient's nearest relative.

AND

(*c*) That person has not notified me or the responsible Board that he/she objects to this application being made.

OR

(*d*) That person has notified
*me
_____
the responsible Board
that he/she objects to this application being made and I have consulted [name and office address of approved social worker] an officer of [name of Board] appointed to act as an approved social worker for the purposes of the Order.

*(Delete whichever does not apply)

The following section should be completed if nearest relative not consulted

Delete (i), (ii) or (iii) as appropriate

(i) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Order.

OR

(ii) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Order.

OR

(iii) In my opinion it
*is not reasonably practicable
_____
would involve unreasonable delay
to consult [name and address] who is
*the patient's nearest relative
_____
authorised to exercise the functions of the patient's nearest relative before making this application.

*(Delete the phrase which does not apply)

The following section must be completed in all cases

I last saw the patient on [date].

I have interviewed the patient and I am satisfied that detention in a hospital 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 and accompanied by a medical recommendation in the prescribed form.

If the medical practitioner did not know the patient before making his/her recommendation, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

FORM 3

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986

Articles 4 and 6

MEDICAL RECOMMENDATION FOR ADMISSION FOR ASSESSMENT

To [name and address of responsible Board].

I [full name and professional address of medical practitioner], a medical practitioner, recommend that [full name and address of patient] be admitted to hospital for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I last examined this patient on [date].

*I am the patient's medical practitioner.

OR

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

*(Delete if not applicable)

I am of the opinion—

(*a*) that the patient is suffering from mental disorder of a nature or degree which warrants his/her detention in a hospital for assessment (or for assessment followed by medical treatment);

AND

(*b*) that failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

My opinion at (*a*) above is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

My opinion at (*b*) above is based on the following evidence:—

[Have regard only to evidence—

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves.]

Signed .....

Date .....

FORM 4

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 8(1)

MEDICAL CERTIFICATE TO EXTEND TIME LIMIT FOR CONVEYING PATIENT TO HOSPITAL

An application for assessment in respect of [full name and address of patient] has been duly completed in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I [full name and professional address of medical practitioner] am a medical practitioner appointed for the purposes of Part II of the Order by the Mental Health Commission.

I certify that it is necessary to extend to [state the number of days] the time limit for conveying the patient to [name of hospital].

This extension is necessary due to the following exceptional circumstances:—

[State the exceptional circumstances which make the extension necessary.]

Signed .....

Date .....

FORM 5

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 7(2)

MEDICAL PRACTITIONER'S REPORT ON HOSPITAL IN-PATIENT NOT LIABLE TO BE DETAINED

To [name and address of responsible Board].

I [full name] am a medical practitioner on the staff of [name of hospital].

[Full name of patient] is an in-patient in this hospital but is not liable to be detained there under the Mental Health (Northern Ireland) Order 1986.

I hereby report for the purposes of Article 7(2) of the Order that it appears to me that an application for assessment ought to be made in respect of this patient for the following reasons:—

[Reasons should indicate why voluntary treatment is not or is no longer appropriate.]

Signed .....

Date .....

Time .....

FORM 6

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 7(3)

NURSE'S RECORD IN RESPECT OF HOSPITAL IN-PATIENT NOT LIABLE TO BE DETAINED

To [name and address of responsible Board].

[Full name of patient] is receiving treatment for mental disorder as an in-patient in [name of hospital], but is not liable to be detained there under the Mental Health (Northern Ireland) Order 1986.

It appears to me—

(*a*) that an application for assessment ought to be made in respect of this patient;
AND

(*b*) that it is not practicable to secure the immediate attendance of a medical practitioner for the purpose of furnishing a report under Article 7(2) of the Order.

I am [full name of nurse], a nurse registered—

*(*a*) in Part 3 (first level nurse trained in the nursing of persons suffering from mental illness)

*(*b*) in Part 5 (first level nurse trained in the nursing of persons suffering from mental handicap)

of the professional register.

*(Delete if not applicable)

Signed .....

Date .....

Time .....

FORM 7

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 9(3)

REPORT OF MEDICAL EXAMINATION IMMEDIATELY AFTER ADMISSION FOR ASSESSMENT

To [name and address of responsible Board].

I [full name and professional address of medical practitioner] examined [full name and address of patient] immediately after he/she was admitted to [name of hospital] for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986 on [date].

In my opinion this patient should be detained in hospital for assessment in accordance with Part II of the Order.

My opinion is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

I did not give the medical recommendation on which the application for assessment in respect of the patient is founded.

*I am the patient's responsible medical officer.

OR

*I am a medical practitioner appointed for the purposes of Part II of the Order by the Mental Health Commission.

OR

*I am a medical practitioner on the staff of [name of hospital].

*(Delete if not applicable)

Signed .....

Date .....

Time .....

FORM 8

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 9(6)

MEDICAL REPORT TO EXTEND ASSESSMENT PERIOD FROM 48 HOURS TO 7 DAYS

To [name and address of responsible Board].

[Full name of patient] was admitted to [name of hospital] for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986 on [date].

The medical practitioner who examined this patient immediately after he/she was so admitted to hospital was not the responsible medical officer or a medical practitioner appointed for the purposes of Part II of the Order by the Mental Health Commission.

I [full name and professional address of medical practitioner] examined this patient on [date] at [time].

*I am the patient's responsible medical officer.

OR

*It is not practicable for this examination to be carried out by the responsible medical officer. I am a medical practitioner appointed for the purposes of Part II of the Order by the Commission.

*(Delete if not applicable)

In my opinion this patient should be detained in hospital for assessment for a further period.

This opinion is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

Signed .....

Date .....

FORM 9

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 9(8)

MEDICAL REPORT TO EXTEND ASSESSMENT PERIOD FOR A FURTHER 7 DAYS

To [name and address of responsible Board].

[Full name of patient] was admitted to [name of hospital] for assessment in accordance with Part II of the Mental Health (Northern Ireland) Order 1986 on [date].

I [full name and professional address of medical practitioner] examined this patient on [date].

*I am this patient's responsible medical officer.

OR

*It is not practicable for this examination to be carried out by the responsible medical officer. I am a medical practitioner appointed for the purposes of Part II of the Order by the Mental Health Commission.

*(Delete if not applicable)

In my opinion this patient should be detained in hospital for assessment for a further period.

This opinion is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

Signed .....

Date .....

FORM 10

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 12

MEDICAL REPORT FOR DETENTION FOR TREATMENT

To [name and address of responsible Board].

[Full name of patient] was compulsorily admitted to [name of hospital] on [date].

I [full name and professional address of medical practitioner], a medical practitioner appointed for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986 by the Mental Health Commission, examined this patient on [date].

In my opinion—

(*a*) this patient is suffering from

*mental illness

*severe mental impairment

of a nature or degree which warrants his/her detention in hospital for medical treatment;

*(Delete if not applicable)

AND

(*b*) failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

My opinion at (*a*) above is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

My opinion at (*b*) above is based on the following evidence:—

[Have regard only to evidence—

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves;

AND specify whether other methods of dealing with the patient are available and, if so, why they are not appropriate.]

Signed .....

Date .....

FORM 11

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 13(2) and (5)

REPORT BY RESPONSIBLE MEDICAL OFFICER FOR RENEWAL OF AUTHORITY FOR DETENTION FOR 6 MONTHS OR ONE YEAR

To [name and address of responsible Board].

[Full name of patient] was compulsorily admitted to [name of hospital] on [date].

I [full name and professional address of responsible medical officer] examined this patient on [date].

I am this patient's responsible medical officer.

In my opinion—

(*a*) this patient is suffering from
*mental illness
*severe mental impairment
of a nature or degree which warrants his/her detention in hospital for medical treatment;
*(Delete if not applicable)

AND

(*b*) failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

My opinion at (*a*) above is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

My opinion at (*b*) above is based on the following evidence:—

[Have regard only to evidence—

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves;

AND specify whether other methods of dealing with the patient are available and, if so, why they are not appropriate.]

Signed .....

Date .....

FORM 12

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 13(3)

JOINT MEDICAL REPORT FOR FIRST RENEWAL OF AUTHORITY FOR DETENTION FOR ONE YEAR

To [name and address of responsible Board].

[Full name of patient] was compulsorily admitted to [name of hospital] on [date].

I [full name and professional address of first medical practitioner] examined this patient on [date].

I am a medical practitioner appointed for the purposes of Part II of the Mental Health (Northern Ireland) Order 1986 by the Mental Health Commission. I am not on the staff of the hospital in which the above named patient is detained and I have not given either the medical recommendation on which the application for assessment in relation to this patient was founded or any medical report in relation to this patient under Article 9 or 12(1) of the Order.

I [full name and professional address of second medical practitioner] examined this patient on [date].

I am a medical practitioner appointed for the purposes of Part II of the Order by the Commission.

In our opinion—

(*a*) this patient is suffering from
*mental illness
*severe mental impairment
of a nature or degree which warrants his/her detention in hospital for medical treatment;
*(Delete if not applicable)

AND

(*b*) failure to so detain him/her would create a substantial likelihood of serious physical harm to himself/herself or to other persons.

Our opinion at (*a*) above is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

Our opinion at (*b*) above is based on the following evidence:—

[Have regard only to evidence—

(i) that the patient has inflicted, or threatened or attempted to inflict, serious physical harm on himself/herself;

OR

(ii) that the patient's judgement is so affected that he/she is, or would soon be, unable to protect himself/herself against serious physical harm and that reasonable provision for his/her protection is not available in the community;

OR

(iii) that the patient has behaved violently towards other persons;

OR

(iv) that the patient has so behaved himself/herself that other persons were placed in reasonable fear of serious physical harm to themselves;

AND specify whether other methods of dealing with the patient are available and, if so, why they are not appropriate.]

Signed .....

Date .....

Signed .....

Date .....

FORM 13

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 18

GUARDIANSHIP APPLICATION BY NEAREST RELATIVE

PART I

(To be completed by the nearest relative)

To [name and address of responsible Board].

I [full name and address of applicant] hereby apply for the reception of [full name and address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

Delete (a) or (b)

(*a*) To the best of my knowledge and belief I am the patient's nearest relative within the meaning of the Order.

I am the patient's [state relationship].

OR

(*b*) I have been authorised by a county court to exercise the functions under the Order of the patient's nearest relative.

A copy of the court order is attached to this application.

Delete (i) or (ii)

(i) The patient's date of birth is [date].

OR

(ii) I believe the patient is aged 16 years or over.

I last saw the patient on [date].

This application is founded on and accompanied by two medical recommendations and a recommendation by an approved social worker in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

PART II

(To be completed by the *proposed guardian)

I [full name and address of proposed guardian] am willing to act as the guardian of [name of patient] in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

Signed .....

Date .....

*(Complete only if proposed guardian is not the responsible Board)

FORM 14

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 18

GUARDIANSHIP APPLICATION BY APPROVED SOCIAL WORKER

PART I

To [name and address of responsible Board].

I [full name and office address of applicant] hereby apply for the reception of [full name and address of patient] into the guardianship of [full name and address of proposed guardian] in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I am an officer of [name of Board] appointed to act as an approved social worker for the purposes of the Order. I did not give the recommendation under Article 18(3)(*b*) of the Order on which this application is founded.

The following section should be completed if nearest relative consulted

Delete either (a) or (b) AND either (c) or (d) as appropriate

(*a*) I have consulted [name and address] who, to the best of my knowledge and belief, is the patient's nearest relative within the meaning of the Order.

OR

(*b*) I have consulted [name and address] who I understand has been authorised by a county court to exercise the functions under the Order of the patient's nearest relative.

AND

(*c*) That person has not notified me or the responsible Board that he/she objects to this application being made.

OR

(*d*) That person has notified
*me

the responsible Board
that he/she objects to this application being made and I have consulted [name and office address of approved social worker] an officer of [name of Board] appointed to act as an approved social worker for the purposes of the Order.

*(Delete whichever does not apply)

The following section should be completed if nearest relative not consulted

Delete (i), (ii) or (iii) as appropriate

(i) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Order.

OR

(ii) To the best of my knowledge and belief the patient has no nearest relative within the meaning of the Order.

OR

(iii) In my opinion it
*is not reasonably practicable

would involve unreasonable delay
to consult [name and address] who is
*the patient's nearest relative

authorised to exercise the functions of the patient's nearest relative before making this application.

*(Delete the phrase which does not apply)

The following section must be completed in all cases

I last saw the patient on [date].

I have interviewed the patient and I am satisfied that guardianship 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.

Delete (i) or (ii)

(i) The patient's date of birth is [date].

(ii) I believe the patient is aged 16 years or over.

This application is founded on and accompanied by two medical recommendations and a recommendation by an approved social worker in the prescribed form.

If neither of the medical practitioners knew the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did know the patient:—

Signed .....

Date .....

PART II

(To be completed by the *proposed guardian)

I [full name and address of proposed guardian] am willing to act as the guardian of [name of patient] in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

Signed .....

Date .....

*(Complete only if proposed guardian is not the responsible Board)

FORM 15

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986

Articles 18 and 20

JOINT MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

We [full names and professional addresses of both medical practitioners], medical practitioners, recommend that [full name and address of patient] be received into guardianship in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I [name of first medical practitioner] last examined this patient on [date].

I am a medical practitioner appointed by the Mental Health Commission for the purposes of Part II of the Order.

I [name of second medical practitioner] last examined this patient on [date].

*I am this patient's medical practitioner.

OR

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

*(Delete if not applicable)

In our opinion this patient is suffering from

**mental illness

**severe mental handicap

of a nature or degree which warrants his/her reception into guardianship under Article 18 of the Mental Health (Northern Ireland) Order 1986.

**(Delete if not applicable)

This opinion is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

Signed .....

Date .....

Signed .....

Date .....

FORM 16

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986

Articles 18 and 20

MEDICAL RECOMMENDATION FOR RECEPTION INTO GUARDIANSHIP

I [full name and professional address of medical practitioner], a medical practitioner, recommend that [full name and address of patient] be received into guardianship in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I last examined this patient on [date].

Delete either (a) or (b)

(*a*) I am a medical practitioner appointed by the Mental Health Commission for the purposes of Part II of the Order.

(*b*) *I am this patient's medical practitioner.

OR

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

*(Delete if not applicable)

In my opinion this patient is suffering from
**mental illness

**severe mental handicap

of a nature or degree which warrants his/her reception into guardianship under Article 18 of the Mental Health (Northern Ireland) Order 1986.

**(Delete if not applicable)

This opinion is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

Signed .....

Date .....

FORM 17

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 18

RECOMMENDATION BY AN APPROVED SOCIAL WORKER FOR RECEPTION INTO GUARDIANSHIP

I [full name and office address of approved social worker] recommend that [full name and address of patient] be received into guardianship in accordance with Part II of the Mental Health (Northern Ireland) Order 1986.

I am an officer of [name of Board] appointed to act as an approved social worker for the purposes of the Order.

In my opinion it is necessary in the interests of the welfare of the patient that he/she should be received into guardianship. My reasons for this opinion are as follows:—
[Give reasons for opinion.]

Delete either (a) or (b) AND either (c) or (d) as appropriate

(*a*) I am not related to the patient.
OR

(*b*) I am related to the patient, being his/her [state relationship].
AND

(*c*) I have no pecuniary interest in the reception of the patient into guardianship.
OR

(*d*) I have a pecuniary interest in the reception of the patient into guardianship. The nature and extent of that interest is [state nature and extent of interest].

Signed .....

Date .....

FORM 18

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 23(2)(*a*)

REPORT BY RESPONSIBLE MEDICAL OFFICER FOR RENEWAL OF AUTHORITY FOR GUARDIANSHIP

To [full name and office address of approved social worker].

I [full name and professional address of responsible medical officer] am the responsible medical officer for [full name and address of patient].

Delete (a) or (b)

(*a*) I examined this patient on [date].

OR

(*b*) I have obtained the attached report from another medical practitioner [name and professional address of medical practitioner] on the condition of this patient.

I am of the opinion that he/she is suffering from

*mental illness

*severe mental handicap

of a nature or degree which warrants his/her continuing to be subject to guardianship.

*(Delete if not applicable)

This opinion is based on the following grounds:—

[Give a clinical description of the patient's mental condition.]

Signed .....

Date .....

FORM 19

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 23(2)(*b*)

REPORT BY APPROVED SOCIAL WORKER FOR RENEWAL OF AUTHORITY FOR GUARDIANSHIP

To [name and address of responsible Board].

I [full name and office address of approved social worker] am an officer of [name of Board] appointed to act as an approved social worker for the purposes of the Mental Health (Northern Ireland) Order 1986. I have received from [name of responsible medical officer] the attached *report/reports on [full name and address of patient]. I have considered *that report/those reports and I am of the opinion that it is necessary in the interests of the welfare of the patient that he/she should continue to be subject to guardianship.

*(Delete whichever does not apply)

My reasons for this opinion are as follows:—

[Give reasons for opinion.]

Signed .....

Date .....

FORM 20

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 35

ASSIGNMENT OF FUNCTIONS BY NEAREST RELATIVE

To [name and address of responsible Board]. .

I [full name and address of nearest relative] am the nearest relative of [full name of patient] who is

*detained in [name and address of hospital].

under the guardianship of [full name and address of guardian].

*(Delete the phrase which does not apply)

I hereby give notice that I have assigned my functions as nearest relative to [full name and address of assignee] who hereby indicates his/her willingness to exercise those functions.

Signed .....
(Nearest relative)

Date .....

Signed .....
(Person to whom functions are assigned)

Date .....

FORM 21

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 63

CERTIFICATE OF CONSENT TO TREATMENT AND SECOND OPINION

(TREATMENT REQUIRING CONSENT AND A SECOND OPINION)

(Both parts of this certificate must be completed)

PART I

I [full name and professional address], a medical practitioner appointed for the purposes of Part IV of the Mental Health (Northern Ireland) Order 1986 by the Mental Health Commission, and we [full name, address and status], being two persons appointed for the purposes of Article 63(2)(*a*) of the Order by the Commission, 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];

AND

(*b*) has consented to that treatment.

Signed .....

Date .....

Signed .....

Date .....

Signed .....

Date .....

PART II

I [full name], a medical practitioner appointed for the purposes of Part IV of the Order by the Commission, have consulted [full name, address and status of person or persons consulted] who appear(s) to me to be principally concerned with the medical treatment of the patient named above and certify that, having regard to the likelihood of the treatment specified above alleviating or preventing a deterioration of the patient's condition, that treatment should be given.

Signed .....

Date .....

FORM 22

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 64(3)(*a*)

CERTIFICATE OF CONSENT TO TREATMENT

(TREATMENT REQUIRING CONSENT OR A SECOND OPINION)

I [full name and professional address]

*the responsible medical officer

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a medical practitioner appointed for the purposes of Part IV of the Mental Health (Northern Ireland) Order 1986 by the Mental Health Commission

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];

AND

(*b*) has consented to that treatment.

*(Delete the phrase which does not apply)

Signed .....

Date .....

FORM 23

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 64(3)(*b*)

CERTIFICATE OF SECOND OPINION

(TREATMENT REQUIRING CONSENT OR A SECOND OPINION)

I [full name and professional address] am a medical practitioner appointed for the purposes of
*Part II
Part IV
of the Mental Health (Northern Ireland) Order 1986 by the Mental Health Commission.

*(Delete whichever does not apply)

I have consulted [full name, address and status of person or persons consulted] who appear(s) to me to be principally concerned with the medical treatment of [full name and address of patient].

I certify that this patient—

**(*a*) is not capable of understanding the nature, purpose and likely effects of

OR

**(*b*) has not consented to

[give description of treatment or plan of treatment] but that, having regard to the likelihood of that treatment alleviating or preventing a deterioration of the patient's condition, it should be given.

**(Delete if not applicable)

I am not the responsible medical officer for this patient.

Signed .....

Date .....

FORM 24

MENTAL HEALTH (NORTHERN IRELAND) ORDER 1986
Article 134(1)

MEDICAL REPORT ON PATIENT REMOVED TO NORTHERN IRELAND

To [name and address of responsible Board].

[Full name of patient] was—

*admitted to [name of hospital]

received into the guardianship of [full name and address of guardian]

on [date] in pursuance of arrangements under—

*Part VI of the Mental Health Act 1983.

Part VII of the Mental Health (Scotland) Act 1984.
*(Delete the phrase which does not apply)

I [full name and professional address of responsible medical officer] am this patient's responsible medical officer.

I last examined this patient on [date].

In my opinion this patient is suffering from [**mental illness/severe mental handicap/severe mental impairment] within the meaning of the Mental Health (Northern Ireland) Order 1986 of a nature or degree which warrants—

**his/her continuing detention in hospital for medical treatment

**his/her continuing to be subject to guardianship

**(Delete if not applicable)

Signed .....

Date .....

EXPLANATORY NOTE

(This note is not part of the Regulations.)

These Regulations deal with the exercise of compulsory powers in respect of persons liable to be detained in hospital or subject to guardianship under the Mental Health (Northern Ireland) Order 1986 ("the Order").

The main provisions of the Order come into operation on 31st July 1986 by virtue of the Mental Health (1986 Order) (Commencement No. 1) Order (Northern Ireland) 1986 (S.R. 1986 No. 107 (C. 1)).

Regulation 3 prescribes the class of nurse who is empowered to detain, for up to 6 hours, a patient who is already in hospital receiving treatment for mental disorder but who is not liable to be detained there under Part II of the Order. The relevant nurse is to be a first level nurse trained either in the nursing of persons suffering from mental illness or in the nursing of persons suffering from mental handicap.

The duties of guardians who are not Health and Social Services Boards, additional to those imposed by the Order, are prescribed in Regulation 4 while Regulation 5 imposes on the responsible Board certain duties in relation to all patients subject to guardianship. These duties include arrangements for the supervision and visiting of such patients and notification of the Mental Health Commission of certain matters including changes of address or the termination of guardianship.

Regulation 6 prescribes treatments (other than those specified in the Order) which are to require either consent and a second opinion or consent or a second opinion.

Regulation 7 prescribes the forms (which are laid out in the Schedule) to be used in connection with procedures for the compulsory admission to and the detention in hospital of patients, or their reception into guardianship under the Order, and in connection with the administering of the forms of treatment prescribed in Regulation 6 or specified in the Order. Each form in the Schedule contains a reference to the provision of the Order which requires that form to be prescribed.