

# Form HO 16

## Regulation 6

### Mental Health Act 1983 section 21B - authority for detention after absence without leave for more than 28 days

#### PART I

*(To be completed by the responsible clinician)*

To the managers of

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

  
  

I examined

*(full name of patient)*

*(date of examination)*

on  who

*(date absence without leave began)*

(a) was absent without leave from hospital or the place where the patient ought to have been beginning on

*(\*delete the phrase which does not apply)*

*(date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire)*

*(date)*

(b) was/is\* liable to be detained for a period ending on

and

(c) returned to the hospital or place on

**Form HO 16 (Cont'd)**

I have consulted

(full name)

who is an approved mental health professional.

I have also consulted

(full name)

(profession)

a

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

In my opinion

- (a) this patient is suffering from mental disorder of a nature or degree which makes it appropriate for the patient to receive medical treatment in a hospital

AND

- (b) it is necessary
  - (i) for the patient's own health
  - (ii) for the patient's own safety
  - (iii) for the protection of other persons

*(delete the indents  
not applicable)*

that this patient should receive treatment in hospital, because

*(your reasons  
should cover  
both (a) and (b)  
above. As part of  
them describe the  
patient's symptoms  
and behaviour and  
explain how those  
symptoms and  
behaviour lead you  
to your opinion;  
say whether  
other methods of  
treatment or care  
(e.g. out-patient  
treatment or  
social services) are  
available and, if so,  
why they are not  
appropriate.)*

**Form HO 16 (Cont'd)**

Such treatment cannot be provided unless the patient continues to be detained under the Act, for the following reasons

*(reasons should indicate why informal admission is not appropriate)*

I am also of the opinion that, taking into account the nature and degree of the mental disorder from which the patient is suffering and all the other circumstances of the case, appropriate medical treatment is available to the patient.

*(\* delete the phrase which does not apply)*

The authority for the detention of the patient is/is not\* due to expire within a period of two months beginning with the date on which this report is to be furnished to the hospital managers.

*Complete the following only if the authority for detention is due to expire within that period of two months.*

*(\* delete the phrase which does not apply)*

This report shall/shall not\* have effect as a report duly furnished under section 20(3) for the renewal of the authority for the detention of the patient.

*Complete the following in all cases*

I am furnishing this report by:

*(\* delete the phrase which does not apply)*

today consigning it to the hospital managers' internal mail system

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

**Signed:** .....

**Name:** .....

**Date:** .....

**PART 2**

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

*(delete the phrase  
which does not  
apply)  
(date)*

**This report was:**

furnished to the hospital managers through their internal mail system

received by me on behalf of the hospital managers on

**Signed:** ..... on behalf of the hospital managers

**Name:** .....

**Date:** .....