

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

Please turn over

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.)

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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: