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

INDEX OF PRESCRIBED FORMS

Form	*Title*
1.	Application by nearest relative for admission for assessment.
2.	Application by an approved social worker for admission for assessment.
3.	Medical recommendation for admission for assessment.
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5.	Medical practitioner's report on hospital in-patient not liable to be detained.
6.	Nurse's record in respect of hospital in-patient not liable to be detained.
7.	Report of medical examination immediately after admission for assessment.
8.	Medical report to extend assessment period from 48 hours to 7 days.
9.	Medical report to extend assessment period for a further 7 days.
10.	Medical report for detention for treatment.
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12.	Joint medical report for first renewal of authority for detention for one year.
13.	Guardianship application by nearest relative.
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21.	Certificate of consent to treatment and second opinion.
22.	Certificate of consent to treatment.
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24.	Medical report on patient removed to Northern Ireland.

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)