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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 4**  **MENTAL HEALTH and ELIGIBILITY ASSESSMENTS** | | | | |
| This combined form contains 2 separate assessments. Should the requirements of any assessment not be met, the remaining assessments need not be completed unless they have been specifically commissioned by the Supervisory Body. | | | | |
| **Please indicate which assessments have been completed** | | | | |
| Mental Health |  | Eligibility | |  |
| This form is being completed in relation to a request for a standard authorisation. | | | |  |
| This form is being completed in relation to a review of an existing Standard Authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005. | | | |  |
| Full name of the person being deprived of their liberty | | |  | |
| Date of birth  *(or estimated age if unknown)* | | |  | |
| **Person to contact and details of the Managing Authority** | | | | |
| Name | | |  | |
| Address (including ward if appropriate) | | |  | |
| Telephone | | |  | |
| Email | | |  | |
| Usual address of the person liable to be deprived of liberty (if different to above) | | |  | |
| Telephone number | | |  | |
| Name and address of the Supervisory Bosy where this form is being sent | | |  | |

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| **MENTAL HEALTH ASSESSMENT** | | |
| In carrying out this assessment, I have taken into account any information given to me, and any submissions made by any of the following:   1. The relevant person’s representative 2. Any IMCA instructed for the person in relation to their deprivation of liberty 3. I have consulted the Best Interests Assessor for any relevant information about possible objections to treatment, including whether any donee or Deputy has made a valid decision to consent to any mental health treatment. | | |
| **Place a cross in EITHER box below (to be completed by a S.12 doctor under the Mental Health Act 1983, or a doctor who the Supervisory Body consider to have relevant experience in the diagnosis or treatment of a medical disorder)** | | |
| In my opinion the person **IS NOT** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability).  Provide a rationale for your opinion, including details of their symptoms, diagnosis and behaviour | |  |
|  | | |
| In my opinion the person **IS** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability).  Provide a rationale for your opinion, including details of their symptoms, diagnosis and behaviour |  | |
|  | | |
| In my opinion, the person’s mental health and wellbeing is likely to be affected by being deprived of liberty in the following ways: | | |

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| **ELIGIBILITY ASSESSMENT** | | | | | | |
| **Answer ALL of the following questions Yes or No, by placing a cross in the relevant box.** | | | | | | |
| The person is detained under section 2, 3, 4, 35-38, 44, 45A, 47, 48 or 51 of the Mental Health Act 1983). | | | | | Yes |  |
| No |  |
| The person is subject to s17 leave or conditional discharge, or Community Treatment Order, or Guardianship, and a Standard Authorisation would be incompatible with a Mental Health Act requirement (i.e. as to residence) | | | | | Yes |  |
| No |  |
| If you have answered “Yes” to either of the above, the person is ineligible for DoLS.  Please give reasons/explanation for your answer: | | | | | | |
| **Hospital Cases Only** | | | | | | |
| The purpose of detention is to receive medical treatment for mental disorder | | | | | Yes |  |
| No |  |
| In my opinion this person could be detained under the Mental Health Act (on the assumption that the person cannot be assessed and treated under the Mental Capacity Act 2005)  Please explain further: | | | | | Yes |  |
| No |  |
| **If the answer to both of the above statements is YES please consider the next two statements**  **If either of the below are ticked the person is ineligible for DoLS** | | | | | | |
| The person objects, or would object if able to do so, to some or all of the medical treatment for a mental disorder  Please explain further**:** | | | | | Yes |  |
| Is the deprivation of liberty safeguards the least restrictive way of best achieving the proposed care and treatment?  Describe the least restrictive way of best achieving the proposed care and treatment: | | | | | No |  |
| **CONFIRMATION OF REQUEST FOR MENTAL HEALTH ACT ASSESSMENT** | | | | | | |
| Date and Time of request for Mental Health Act Assessment | | |  | | | |
| Name of Person to which the request was made | | |  | | | |
| **PLEASE NOW SIGN AND DATE THIS FORM (*signed on behalf of the Supervisory Body)*** | | | | | | |
| Signed |  | Date | |  | | |
| Print Name |  | Time | |  | | |
| ***In order to safeguard their rights please request that the person is assessed under the Mental Health Act and confirm this below:*** | | | | | | |