Guidance on ‘Consent to Treatment’ Documentation for Medication
Patient’s Detained under the Mental Health Act

This guidance is intended for Coventry and Warwickshire Partnership Trust staff to use when prescribing or administering medication to patients detained under the Mental Health Act. This guidance should be read in conjunction with;

- Chapters 24 and 25 of the Code of Practice
- Sections 56-64 of the Mental Health Act
- The British National Formulary

Introduction

Part 4 of the Mental Health Act 1983 (sections 56-64) sets out the powers and duties provided by the Act in relation to the administration of medical treatment for mental disorder to certain detained patients. With respect to Supervised Community Treatment patients, consent to treatment falls under part 4A of the Mental Health Act.

Section 58 applies to the administration of medication for mental disorder. It directs that, except in an emergency and after the initial three months from its first administration (the 3 month rule), medicines for mental disorder cannot be given without either capable consent of the patient, or in the absence of such consent, the authorisation of a Second Opinion Appointed Doctor (SOAD). To certify the former, the patients Approved Clinician (or in rare circumstances, a SOAD) must state on Form T2 (section 58–certificate of consent to treatment) that the patient has the capacity to consent and does so. SOADs authorise treatment on Form T3 (Section 58 – certificate of second opinion) when the patient refuses to give consent or is not capable of giving consent.

If a patients community treatment order status is revoked they return to detained status but there is no new ‘3 month rule’.

Medication for Mental Disorder

Medication for Mental Disorder should include;

- medication used to alleviate the symptoms of mental disorder e.g. hypnotics and anxiolytics, antidepressants, antipsychotics, drugs used for mania/hypomania, drugs used for dementia
- medication not licensed for such use but is used to alleviate symptoms of mental disorder e.g. antiepileptic drugs used as ‘antimanic drugs’
- adjunctive medication without which the therapeutic objectives of alleviation of the symptoms of mental disorder could not be achieved e.g.
  - Drugs used to alleviate the parkinsonism and other motor side effects of antipsychotic agents e.g. procyclidine
  - Inhibitors of salivation e.g. hyoscine
  - Antiepileptic drugs used to ameliorate or prevent seizure induction by atypical antipsychotic drugs (clozapine)
  - Beta blockers for clozapine induced tachycardia
  - Omega 3 fish oils for augmentation in schizophrenia
Medication for mental disorder should not include

- medication used to treat epilepsy
- medication to treat general side effects of medication for mental disorder - this should not be authorised under s58 unless it can be shown that not giving treatment would seriously compromise attaining the therapeutic objective of ameliorating the symptoms of mental disorder.

From 8th February 2016 antipsychotic drugs do not need to have the “including/excluding clozapine” rider, unless in the opinion of the clinician it should be deliberately excluded, perhaps due to a previous adverse reaction or interaction, or in circumstances relating to patient choice.

From September 2015 edition of the BNF, numeric categories are no longer used in the paper edition. These have been replaced by broader textual descriptions therefore the Form T2 and T3 should describe the medication by its class or as a specific medication.

If medication is specified by class, the Form T2/T3 should state clearly the number of drugs authorised in each class and whether any drug in the class is excluded.

The maximum dosage and route of administration should be clearly indicated for each drug or class of drug.

**Form T2 (Section 58 – certificate of consent to treatment)**

A Form T2 is used to certify that the patient is capable of understanding the nature, purpose and likely effects of a specific treatment described on the form and has consented to it.

It will usually be the approved clinican in charge of the patient’s treatment who completes the form, although SOADs may do so on occasion. Where the approved clinican completes a Form T2, that form is only valid whilst that clinican retains responsibility for the treatment. If responsibility is passed to another clinician (e.g. permanent change in consultant, change in ward), that clinician should issue a further form. Contact the Mental Health Act office for specific advice regarding annual leave, sickness and locum cover.

It is good practice for the clinician in charge of treatment to review Form T2s at regular intervals. Also Form T2 must be reviewed;

- Following a change in treatment plan from that recorded
- Following the reestablishment of consent after this has been withdrawn
- When detention is renewed (or annually, whichever is earlier)

Where a patient is capable of giving consent and does so then it is likely that the consent discussion should and will have included reference to a specific drug which it was intended to prescribe, rather than to broad classes. Therefore it is good practice but not a requirement to specify the actual medications and their purpose on a Form T2 rather than a broad class.
e.g. fluoxetine, antidepressant orally max 20mg per day

If a patient does consent to a broad class then it should make reference to the route of administration and max daily dose consented to

e.g. one oral antidepressant within BNF max limits

It is good practice, but not a requirement to separately note medications which are regular and those which are ‘as required’ (PRN).

**T3 Form (section 58 – certificate of second opinion)**

Where a patient either refuses or is incapable of giving consent to treatment falling with section 58, the approved clinician must contact the Care Quality Commission to request a second opinion.

The Care Quality Commission administers the ‘Second Opinion Appointed Doctor (SOAD)’ service. The SOAD will talk to the patient, the approved clinician, the two statutory consultees (a nurse and another person who is neither a nurse nor a doctor but who has been professionally concerned with the patient’s treatment).

The approved clinician should ensure a clear treatment plan is available to the SOAD; it should include:

- all medication under section 58 – regular, as required (prn) and rapid tranquillisation
- the route of administration (e.g. oral, long acting depot injections, short acting intramuscular medication)
- consider the maximum dose of individual medications or as a class (taking in to account the need for regular, when required and rapid tranquillisation medication),
- the possible need to cross taper from one medication to another (e.g. up to two in a category will allow for titrated changeovers from one drug to another)
- unlicensed use (e.g. clonazepam for agitation)

The treatment plan should be flexible where possible as if individual drugs/doses are specified, a further SOAD visit will be required if the specific medication is changed.

**EXAMPLE TREATMENT PLAN for SOAD to authorise**

One antipsychotic PO for regular use up to BNF maximum dose
One antipsychotic PO and IM for PRN use up to BNF maximum for each route
One antimuscarinic PO and IM for regular or PRN use
One mood stabiliser PO for regular use
One anxiolytic PO and IM for regular or PRN use up to BNF max for each route

A Form T3 is used by SOADs to certify either that a patient is incapable of giving consent or has refused to give consent to a plan of treatment. On the Form T3 form authorised by a SOAD it will record;

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the class of the drug and route of administration and state that the dose (when calculated together with frequency) is within BNF dose limits for that route, or state the maximum dose limit referenced to BNF guidelines for example 50% or 120% of BNF maximum

e.g. one oral antidepressant drug up to BNF maximum dose limits

e.g. two oral antipsychotics, one for regular use and one for PRN/Rapid Tranquillisation use, up to 200% of BNF maximum dose limits in total

OR

• state a named drug and its route and maximum dose.
  
  e.g. olanzapine oral max 20mg daily

The validity of a Form T3 is unaffected by changes in approved clinician or detaining hospital

T3 are not time limited but Form T3 should not normally be extant for more than 2 years

If a patient gives genuine and consistent consent to the treatment authorised on a T3, the approved clinician should complete a Form T2 to replace that authority.

If the approved clinician wishes to change the medication given to the patient and the new medication is not authorised by the Form T3 a further second opinion should be sought.

**Check of the T2/T3 Form when prescribing and administering medication for mental disorder**

The Form T2 or T3 MUST be attached to the prescription administration record.

When prescribing ANY medication for a mental disorder as defined above the Form T2/T3 MUST be checked to see if the proposed medication is authorised before prescribing. See below for emergency treatment.

When administering ANY medication for a mental disorder as defined above the Form T2/T3 MUST be checked to see if the medication due to be administered is authorised. If the medication is not authorised a prescriber should be contacted prior to administration.

Within CWPT, the Inpatient Prescription chart has separate sections for PRN and RT (see RT Policy for rationale). Special consideration is required with PRN and RT prescriptions to avoid inadvertently prescribing or administering outside of the authority on the Form T2/T3. When prescribing cross reference each prescription if necessary to ensure that the dose prescribed/administered is in line with the Form T2/T3. For example;

*The Form T3 states 'one oral antipsychotic PRN up to BNF limits'. If haloperidol was to be prescribed orally on both the PRN and RT sections of the prescription administration sheet at the maximum dose of 20mg, on the PRN prescription it MUST state 'Max dose to include RT' and on the RT Prescription it MUST state 'Max dose to include PRN'*

**Concurrent Form T2 and T3**

Treatment plans for medication for mental disorder must be considered as a whole, covering all the medication which is relevant to section 58.

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Where a patient genuinely consents to a part of a treatment plan but refuses to consent to the remainder, if it is considered appropriate to enforce the remainder the SOAD should complete Form T2 (certifying the part the patient consents) and Form T3 (certifying that part to which the patient refuses consent). Each form should clearly state its interdependence with the other.

**Urgent Treatment under section 62**

Treatments falling within section 58 may be given in emergency situations without having been authorised on either a Form T2 or T3. This must be documented in the patient’s clinical record. CWPT has a local form for completion when section 62 is required.

There are no statutory limitations to the number of treatments that can be given under section 62. Each treatment must be justified against the criteria set for emergency treatment. Wherever it is necessary to administer emergency treatment consideration should be given to requesting a Second Opinion for any future treatment that may be needed.

The criteria for emergency treatment listed in section 62 are that the medication is immediately necessary either:
- to save a patient’s life, or
- to prevent a serious deterioration in the patient’s condition, where treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail a significant physical hazard, or
- to alleviate serious suffering by the patient, where treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail a significant physical hazard, or
- to prevent patients behaving violently or being a danger to themselves or others, where treatment is the minimum interference necessary for that purpose, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail a significant physical hazard.

Section 62 of the act allows for the continuation of any treatment or of treatment under any plan pending compliance with section 58 if discontinuation would cause serious suffering to the patient. This power might be used for example to provide authority for a plan of treatment to be continued whilst a Second Opinion visit is pending, following the patients withdrawal of consent or loss of capacity.

**References**


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