

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 6

MENTAL HEALTH ASSESSMENT

PART A — WHY THIS FORM IS BEING COMPLETED

Place a cross in **ONE** of the boxes below ↓

A1	This form is being completed in relation to a request for a standard authorisation.	<input type="checkbox"/>
A2	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.	<input type="checkbox"/>

PART B — BASIC INFORMATION

Name and address of the assessor	Name	
	Address	
Full name of the person being assessed	Name	
Name of the hospital or care home in which the person is, or may become, deprived of their liberty	Name	
Name of the PCT or local authority that is the supervisory body	Name	
The present address of the person being assessed (Place a cross in the relevant box and, where applicable, state the address)	As stated on the request for standard authorisation	<input type="checkbox"/>
	As stated immediately below	<input type="checkbox"/>
	Address	
Address of the hospital or care home in which the person is, or may become, deprived of their liberty (Place a cross in the relevant box and, where applicable, state the address)	As stated on the request for standard authorisation	<input type="checkbox"/>
	As stated immediately below	<input type="checkbox"/>
	Address	

PART C — RECORD OF THE ASSESSMENT

I have assessed whether the person meets the mental health requirement.

In carrying out this assessment, I have taken into account any information given to me, and any submissions made, by any of the following:

- (a) any relevant person’s representative appointed for the person
- (b) any IMCA instructed for the person in relation to their deprivation of liberty.

Place a cross in EITHER box C1 OR box C2 below ↓

C1	In my opinion, the person IS suffering from mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability). <input type="checkbox"/>
C2	In my opinion, the person IS NOT suffering from mental disorder within the meaning of the Mental Health Act 1983 ¹ (disregarding any exclusion for persons with learning disability). <input type="checkbox"/>
If you completed box C1, also complete box C3	
C3	<p>In my opinion, the mental disorder from which the person is suffering is (enter diagnosis or, if this is not established, describe the nature of the person’s disorder, e.g. dementia, depression).</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Give here a brief clinical description of the main symptoms and signs.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

¹ References in this form to provisions of the Mental Health Act 1983 include provisions of other enactments that have the same effect

I have considered how the person's mental health is likely to be affected by being deprived of their liberty in this hospital or care home. In my opinion, their mental health is likely to be affected in the following ways:

Briefly state here how their mental health is likely to be affected.

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Signed	
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Dated	
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WHAT TO DO NOW

It is essential that you give a copy of this assessment to the supervisory body as soon as you have completed it. This is because the supervisory body may not give a standard authorisation unless and until it has written copies of all the assessments.

If you have placed a cross in box **C2**, to indicate that the person is not suffering from mental disorder, then the person does not meet the mental health qualifying requirement. As a result, a standard authorisation may not be given and all other on-going assessments should stop. You should immediately notify the supervisory body, and then provide them with a copy of this assessment as soon as practicable. You must keep a written record of the assessment.

If the person is suffering from mental disorder, you must notify the best interests assessor of your conclusions as to how the person's mental health is likely to be affected by their being deprived of their liberty. You can do that by giving them a copy of this form.