



Greater Glasgow and Clyde NHS

Specified Persons Policy and Procedure

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments

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1 Introduction

Sections 281 to 286 of the Mental Health Act, and associated regulations, provide the framework in which restrictions can be placed on **individuals** detained in **hospital**.

	Mental Health (Care and Treatment) (Scotland) Act 2003	Scottish Statutory Instrument (SSI) / The Mental Health (Safety and Security)(Scotland) Regulations 2005
Correspondence (postal packets, not email)	Sections 281 - 283	SSI 466 SSI 408
Use of Telephones	Section 284	SSI 468
Safety and Security in Hospitals	Section 286	SSI 464

These procedures are only applicable to patients who are detained in hospital under the **Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act)** or the **Criminal Procedures (Scotland) Act 1995 (the 1995 Act)**.

Restrictions relating to Specified Persons can only be used in a **hospital** setting. They are not used for detained patients in the community or voluntary patients.

Hospital should have, as standard, their own policies to ensure the health, safety and welfare of patients, staff and visitors. These policies would apply to all patients, not just those who are specified, and premised on a general Duty of Care to provide appropriate care and treatment, as well as a Duty of Care to intervene to protect individuals' rights and prevent a risk of harm. e.g. policies in relation to the management of alcohol and substance misuse; policy to create an inventory of patient's possessions on admission; to guide use of social media; policies to ensure issues of confidentiality and privacy are protected (including use of photography or videos). Information about general hospital policies should be readily available to all patients and their carers.

DESIGNATION AS SPECIFIED PERSON

The regulations state that, where the RMO considers that it is necessary to put restrictions in place, they must first designate the patient as a 'specified person'.

Any person seeking to apply these measures must ensure that the principles detailed in section 1 of the 2003 Act (Millan Principles)¹ are applied. The application of the measures must respect the patient's rights and dignity, and be proportionate to any perceived risk to

health, safety or welfare of the patient or any other person and, where applicable, to the safety and security and good order of the hospital.

The use of specified measures refers to specific risks in relation to an **individual** patient and do not need to be applied to matters of general policy on a ward. For example where a ward has a phone in a locked room, this does not require specification, but if a member of staff stays with the patient while the call is made this will.

The procedures must be followed when considering restrictions on, or withholding of patients' correspondence, and restricting or preventing use of telephones by patients, and implementing any such restrictions or prohibitions. They also set out the measures which may be taken to ensure the safety and security of hospitals and staff, patients and visitors within them, and how those may be imposed.

The law recognises that in hospitals, procedures may have to be considered which restrict the liberties of an individual in their own interests or in the interests of others. These procedures are:

- *Searching patients, taking samples and restricting items from patients, searching visitors and carrying out surveillance on patients and or visitors on the grounds of safety and security.*
- *Restrictions on patients' correspondence*
- *Restricting or preventing the use of telephones.*

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¹ While discharging a function of the Act, the Health Board, or its representative, must so far as relevant: have regard to the past feelings and wishes of the patient as well as the views of specified others, must promote the participation of the patient, must provide the maximum benefit to the patient, should not treat the patient less favourably than others, and should have regard to the patient's abilities, background and other specified characteristics. Where applicable the Health Board should provide information and support to any carer, and should provide the appropriate services to any patient whether or not they are subject to an order. Any of the said functions should be discharged in a manner which involves the minimum restriction.

2 Specifying a Patient

The patient's **Responsible Medical Officer (RMO)**² will undertake a review of the patient and form a reasoned opinion on whether the patient should be a specified person (RES1).

Steps to designate a patient as a specified person:

- RMO consults with other members of the MDT
- A reasoned opinion must be recorded in WRITING setting out the need for measures to be in place – the Mental Welfare Commission has updated Form RES1 to include space for the reasoned opinion to be documented; additionally the reasoned opinion should be entered into the clinical record on EMIS
- The principles of 'least restriction' must be considered when coming to a decision on the implementation of the regulations.
- Regulations should not be applied in a blanket manner (with exception of Rowanbank Clinic medium secure unit, where all patients are automatically specified for 'safety and security').

Reasoned Opinion

The MWC advice on making a reasoned opinion is that the RMO should have:

- Interviewed the patient at least once
- Have considered various sources of information
 - Nursing notes
 - Incident reports
 - Social circumstances reports
 - Previous information of direct relevance to the proposed restrictions
- Discussed with the MDT
- Come to a decision based on the grounds to use specified legislation

Grounds for a reasoned opinion are:

Safety and security: that the person has sought to acquire or is likely to seek to acquire, any item which is likely to be prejudicial to the health or safety of any person or to the security or good order of the hospital.

Examples of measures taken when someone is designated as a specified person for **Safety and Security:**

- Subject to random or other rubdown searches (airport style) e.g. to monitor illicit drug use
- Subject to blood tests or breathalyser monitoring e.g. to monitor substance misuse.
- Subject to random urinalysis e.g. to monitor illicit drug use.
- Subject to conditions for articles to be restricted, for example lighters, mobile phones, knives, aerosol sprays etc.
- Subject to restrictions on the entry and conduct of visitors and on the kind of items visitors may bring into the hospital.
- Subject to conditions for visitors to be searched.
- Subject to conditions for surveillance of specified person and their visitors.
- Restricted access to specific persons via telephone and mail.

Telephone calls: That a telephone call made to or by the person detained may cause distress to the person detained or any other person who is not on the staff of the hospital, or a significant risk to the health, safety or welfare of the person detained or the safety of others

Correspondence: That there is likelihood that:

- i) Postal packets sent by the patient may cause distress to the addressee or any other person who is not on the staff of the hospital, or danger to any person; or
- (ii) Receipt of postal packets addressed to the patient may not be in the interests of the health or safety of the patient or may cause danger to any other person.

This reasoned opinion may last for a period of up to **6 months**.

Patients in **Rowanbank Clinic**³ (medium secure) are automatically designated specified persons in relation to safety and security. All patients in any other hospital / unit within **NHS Greater Glasgow and Clyde** must be assessed on an individual basis and cannot automatically be considered as being subject to these restrictions. Patients must not be specified simply because they are in a particular ward; each application of the measures must be made based on the specific risks relating to that patient.

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² [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), s230

³ [The Mental Health \(Safety and Security\)\(Scotland\) Amendment Regulations 2012](#) make patients detained in Rowanbank Clinic Rohallion Clinic Perth and Orchard Clinic in Edinburgh automatically specified persons in terms of safety and security measures. All patients within the State Hospital are specified persons for safety and security, telephone calls and postal packets

Documentation and Notification

The reasoned opinion must be clearly documented in the case record and be clear about which measures are authorised by the RMO; there is now a section for this on the RES1 Form, but an additional note can also be entered into the clinical record (EMIS). The decision must be readily accessible to ward staff.

The RMO should inform the patient of the decision to make them a specified person and document this. Formal notification of the patient's status as a specified person is made by Hospital Managers (delegated to Health Records) who will notify relevant parties including the Mental Welfare Commission using a **RES 1** form. The RES1 would not be required to specify a patient at Rowanbank in relation to Safety and Security measures as patients at Rowanbank are automatically specified for these measures. This form should be forwarded to Health Records as soon as is practicable but no later than **7 days** from the specification of a patient. Health Records will then send the form to the Mental Welfare Commission within **7 days**.

The patient (specified person) and named person must be informed in writing by **Hospital Managers**⁴ of the specification and of their right to request a review by the **RMO** of their status once within the six month period (Letter 5.04). If the patient or the named person ask for a review, the outcome decision will be notified to the patient, named person (letter 5.06) and the Mental Welfare Commission (Res 2).⁵

Review of a patient's specified status at the end of the 6 month period will require the **RMO**, to decide either there is no longer a requirement for the specified measures, or to extend specified measures by updating the reasoned opinion (which must be documented in writing) and submission of a new **RES 1** form.

The **RMO** must notify Health Records who will inform the patient and named person of the review decision. (Letter 5.05)

If the RMO considers that notifying a patient that they are specified would be prejudicial to their mental health or treatment, then there is an exemption to the notification process. However, the rationale should be clearly documented.

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⁴ This will usually be health records. See chapter 5 "[Administrative Procedures](#)".

⁵ The Mental Welfare Commission does not have the power to revoke a specified status but can prevent the use of the specific measures. [The Mental Health \(Safety and Security\) \(Scotland\) Regulations 2005](#), regulation 13, [The Mental Health \(Use of Telephones\) \(Scotland\) Regulations 2005](#), regulation 10

3 Application of Measures

3.1 General Rules

Before any application of measures, the patient must be a “Specified Person” by having a written reasoned opinion documented in relation to the measure in question as outlined above.

The application of the powers must be necessary in the circumstances and proportionate to the perceived risk.

3.2 Safety and Security

3.2:1 Searching

- RMO has provided a reasoned opinion the patient is specified for ‘safety and security’
- The patient has consented to the search
- If the patient does not consent, a search can only proceed if the RMO reassess and considers it is necessary. That decision must be clearly documented. If it is anticipated that a patient will consistently refuse searches, then a care plan can be used to document the criteria for a search to proceed and how this should be done.

An “airport style” search only should be conducted; it is only permissible to request removal of the patient’s jacket, coat and shoes. The person conducting the search must be of the same sex as the patient, and the second person witnessing the search must also be of the same sex, unless it is impractical to do so.

Only under very serious circumstances, would a “removal of clothing” search may be implemented. This comprises of a visual search of the external parts of the patient’s body after clothes have been removed, and a visual examination of the patient’s open mouth. This would need permission from the RMO following careful deliberation and the rationale clearly documented. Force and the use of implements to assist in the search are not permitted. The practice of examination of other intimate bodily orifices is forbidden.

Where the patient is incapable of consenting the patient’s views and compliance should be recorded.

3.2:2 Samples

Consent for the taking of samples must be sought from the patient. If the patient does not consent physical force shall not be used. However, the implications for the patient of non-compliance with a monitoring regime should be discussed with the patient. Samples which

might be part of a monitoring regime and would require application of the powers include:

- Blood Samples
- Urine Samples
- Swabs
- Breathalyser samples

Samples as part of the patients treatment e.g. Clozapine bloods, routine admission samples are excluded from these provisions.

3.2:3 Restrictions on Patients' Belongings

Certain items are commonly prohibited and do not require to be made restricted items nor do patients require to be specified unless searching is required in relation to these items.

Each ward or unit may have other items on a prohibited list which in other settings may be restricted or not. It is acceptable for lists of restricted items to differ providing the list is proportionate (not unnecessarily extensive) for the safety, security and therapeutic environment of the ward / unit. Common items that would be prohibited in a ward environment without specific restriction on each patient would include.

- Knives, swords, other weapons including replicas
- Drugs – illegal /legal prescription and non-prescription over-the-counter preparations
- Explosives
- Firearms including replicas
- Flammable liquids and gels

Each ward / unit may have a list of restricted items which can vary depending on the setting or level of security. Again these should not require specific measures to be in place unless searching of the patient is required. Below are examples of restricted items.

- Lighters and matches
- Wi-Fi enabled equipment
- Glass bottles
- Pornography
- Age restricted items such as films and computer games

A list of all prohibited and restricted items must be made available to patient and their named person / nearest relative as soon as practicable after admission.

For specified persons, the restriction of specific items for a patient is based upon a reasoned opinion that the possession of this item poses a risk to the patient's health or

safety, or the good order of the hospital.

3.2:4 Restrictions on Visitors

Visitors of specified persons can be searched and/or have items restricted. Again, this would be of an airport style, and the same rules regarding the sex of the person conducting the search would apply. Failure to comply with these restrictions can lead to restriction or prohibition on visits.

3.2:5 Surveillance

Surveillance is close observation of a person or group, especially one under suspicion. Surveillance may be used where there are specific risks in relation to safety and security, for example visits to patients from children where there are identified risk factors, or visits where there are concerns about the passing over of restricted items or drugs. Clinical observation and routine patient surveillance are excluded from these provisions.

Consent for surveillance must be sought from the patient; covert surveillance⁶ is not authorised. Where the patient does not consent the **RMO** must be consulted for an opinion on whether it is necessary to proceed with surveillance or whether other actions such as terminating a visit are required.

It would be reasonable to anticipate times or circumstances when surveillance would be required. This should be part of a written plan and where possible agreement sought from the patient. This would not exclude the requirement to seek consent for each intervention.

If the patient is incapable of consenting, the patient's views and compliance should be recorded. The **RMO** and ward staff should anticipate circumstances where the patient does not comply and have a specific course of action for each patient.

The use of CCTV for general safety within hospital settings does not require use of specified persons but appropriate notification / signage to be put in place.

⁶ "Surveillance is covert if, and only if, it is carried out in a manner that is calculated to ensure that persons who are subject to the surveillance are unaware that it is or may be taking place" s1(8)(a) [Regulation of Investigatory Powers \(Scotland\) Act 2000](#)

3.3 Correspondence

These provisions relate to the withholding of postal packets⁷ sent by, or received by, patients. Where a patient consents to open a postal packet in the presence of staff as part of an inclusive ward policy, this is excluded from these provisions.

These provisions are not to be used unless required, and only for items the **RMO** reasonably considers should be withheld.

Where mail is withheld hospital managers must inform:

- Patient when these powers are applied
- Patient of right of appeal to the **MWC**
- **MWC** within 7 days
- The sender that the package has been withheld and of their right of appeal to the **MWC**

Items must be held for 9 months to allow for review by **MWC** if requested. If requested, these items must be made available for inspection within 14 days.

Internal mail does not fall in scope of specified person measures as it is not a postal packet; local unit policies should be used to regulate use of internal mail.

Likewise, electronic means of communication are also not covered under this section.

3.4 Telephone

General restrictions on the use of telephones, such as limiting access to a phone, or to the number of calls may be applied for up to **3 months** at a time. The patient has the right to request a review of this measure. A specific call to or from the patient can be restricted; the patient can request a review once in every **7 day** period.

To enforce the general restrictions staff may be required to intercept a call. This includes listening to, recording or otherwise monitoring; interrupting, cutting short, diverting or preventing any call from being connected.

These provisions are applicable to mobile phone calls, although mobile phones may have to be considered as a restricted item in terms of its other functions e.g. camera, computing under 'safety and security'. These provisions only apply within the ward and do not cover the use of public telephone networks.

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⁷ [Postal Services Act 2000](#) Section 125; **Postal packet** means a letter, parcel, packet or other article transmissible by post. **Postal operator** means a person who provides the service of conveying postal packets from one place to another by post or any of the incidental services of receiving, collecting, sorting and delivering such packets

3.5 Exemptions to Telephone and Correspondence Restrictions

The following people may be contacted by telephone or post by a Specified Person without restriction, unless that individual has specifically requested they not be contacted or if the call would be unlawful under other circumstances.

- any Minister of the Crown or the Scottish Ministers
- any member of either House of Parliament or member of the Scottish Parliament, National Assembly for Wales or Northern Ireland Assembly
- any member of the European Parliament elected for the UK
- the MWC or any of its members
- the Parliamentary Commissioner for Administration
- the Scottish Public Services Ombudsman
- a local authority
- any judge or clerk of court
- the Mental Health Tribunal Service
- the managers of the hospital in which the specified person is detained
- a Health Board
- a Special Health Board
- a National Health Service trust
- any person providing independent advocacy services to the patient
- the patients legal adviser;
- the European Court of Human Rights

3.6 Use of Social Media

Social media is not covered directly by SP legislation but use of mobile phones or other electronic devices may fall under the remit of RES1 (safety and security) or RES3 (making phone calls). Social media posts may compromise the privacy, safety and dignity of the patient or others and will need to be carefully considered and discussed with the patient. When the person does not have capacity to make decisions about this, consideration should be given to making an application for a guardianship or an intervention order under the AWI Act.

Overuse of social media and internet may also be felt to be detrimental to treatment in some cases for example, eating disorders. This should be managed on an individual basis and should be incorporated in a ward policy regarding specific treatment programmes rather than use of legislation, as it will also apply to patients not subject to the Mental Health Act.

If patients are detained in hospital and restrictions are imposed on their use of a mobile (or any) phone, this should be carried out under the authority of s284 (use of telephones) and/or s286 (safety and security) of the Mental Health Act making them specified persons.

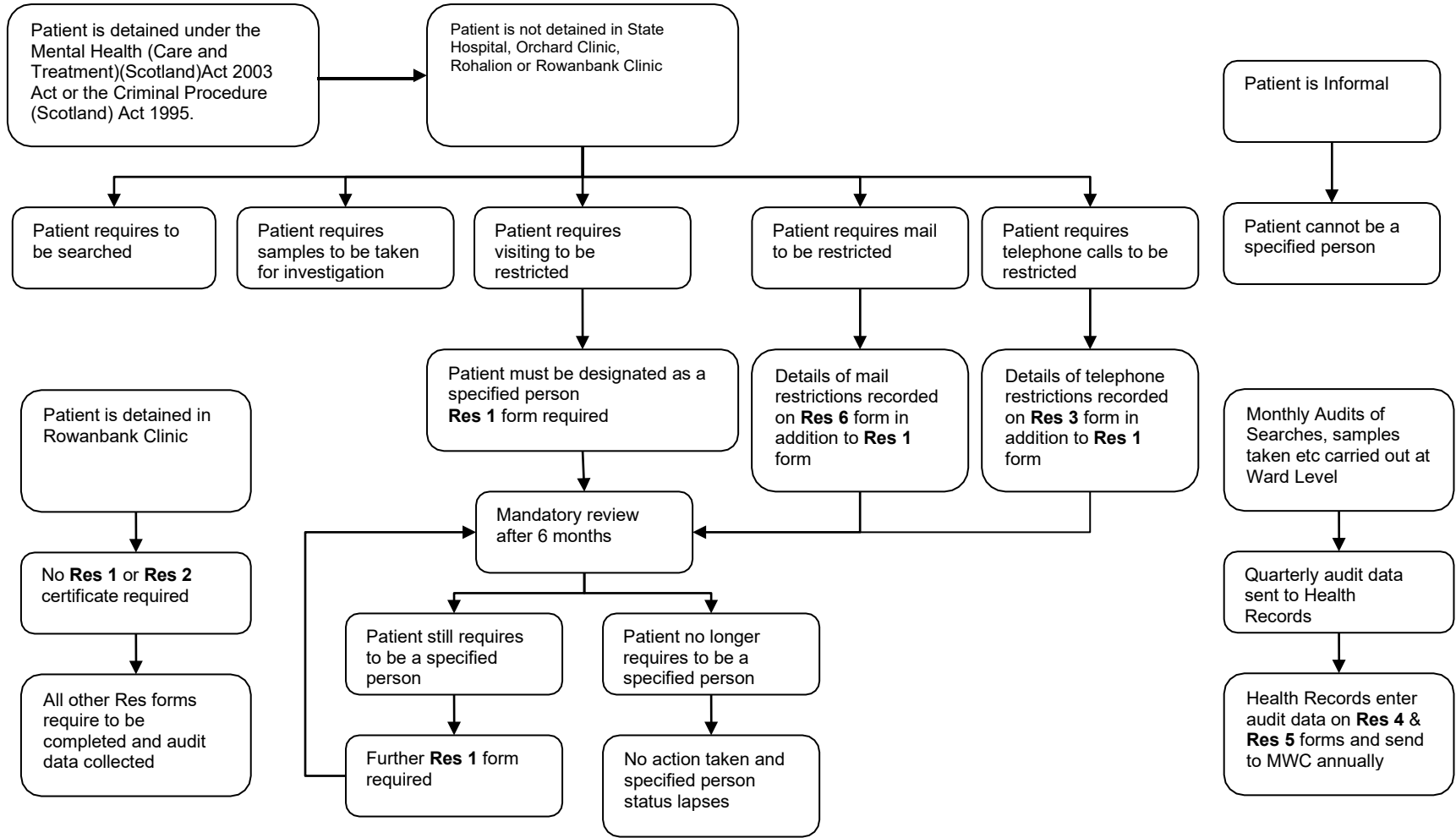
This would not apply to voluntary patients and clarification should be given of the authority that a hospital places on imposing such restrictions for those individuals not subject to the Mental Health Act.

Each individual's circumstances should be assessed for the risk that is posed by having a phone and only then the decision taken (with agreement for voluntary patients) to remove them or prevent their use. This decision should also be regularly reviewed, with evidence of all reviews recorded on EMIS.

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3.7

Specified Persons



4 Audit

Health records will provide a form recording the application of specified powers which must be completed and forwarded to Health Records by the **Senior Charge Nurse / Nurse in Charge**. This record will provide information towards the annual report to Scottish ministers on the application of these powers⁸ and provide the **RMO** with evidence to support the reapplication or change to any specified measures.

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⁸ [The Mental Health \(Safety and Security\) \(Scotland\) Regulations 2005](#), regulation 12

5 Administrative Procedures

The following administrative procedures lay out the reporting mechanisms required to comply with the regulations.

- 5.01 Administrative Procedures RES 1 and RES 2 Certificates
- 5.02 Administrative Procedures RES 3 and RES 3A Certificates
- 5.03 Administrative Procedures RES 4/5 and RES 6 Certificates
- 5.04 Notification letter - designation of a specified person
- 5.05 Notification letter - renewal of designation of a specified person
- 5.06 Notification letter - reasoned opinion review of a specified person
- 5.07 Notification letter prohibiting/restricting the use of telephones
- 5.08 Notification letter following review of prohibiting/restricting the use of telephones
- 5.09 Notification letter implementing measures to withhold correspondence
- 5.10 Reminder Notice – 6 monthly mandatory review of a person designated a specified person
- 5.11 Reminder Notice – review of prohibitions and restrictions on the use of telephones

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5.01 RES 1 Certificate

The purpose of the RES 1 certificate is to notify the Mental Welfare Commission of the designation of a specified person. If there is a restriction on the use of telephones or there is a requirement to withhold mail a RES 3 or RES 6 certificate must also be completed. A RES 1 certificate is not required for patients in Rowanbank Clinic in respect of safety & security measures.

1. The **RMO** will ensure that a RES 1 Certificate is completed, including the section documenting the reasoned opinion on current RES 1 Forms.
2. The **RMO** will forward RES 1 Certificate to the local Health Records Department.
3. The Health Records Department will validate the form has been completed correctly.
4. A copy of the Certificate will be sent to the Mental Welfare Commission and the patient's MHO, a copy will be filed in the health record and the original certificate will be filed in the patient's legal file which is stored in the Health Records Department.
5. A letter of notification will be sent to the specified person and their named person unless the RMO is of the opinion that it would be prejudicial to the patient's health or treatment to notify the patient.
6. The start date and expiry date of the RES 1 certificate will be recorded at the Health Records Department.
7. A reminder will be sent to the RMO one month before the expiry date of the certificate.
8. The **RMO** must complete a new RES 1 Certificate if the patient continues to be defined as a specified person following review.
9. When a patient transfers to another ward, the **RMO** must review the need for the patient still to be defined as a 'specified person' and if so complete a new RES 1 Certificate.

RES 2 Certificate

The purpose of the RES 2 Certificate is to notify the Mental Welfare Commission where there has been a review of a reasoned opinion leading to the designation of a 'specified person'. RES 2 is used when the review has been requested by the patient or named person.

1. The RMO will ensure that a review takes place and a RES 2 Certificate is completed.
2. The RES 2 Certificate will be forwarded to the local Health Records Department.
3. The Health Records Department will validate the form has been completed correctly and there is a valid RES 1 Certificate in file.
4. A copy of the Certificate will be sent to the Mental Welfare Commission and the patient's MHO, a copy will be filed in the health record and the original certificate will be filed in the patient's legal file which is stored in the Health Records Department.
5. The relevant letter of notification will be sent to the specified person and their named person.
6. The date of the review or termination will be recorded at the Health Records Department.
7. If as a result of the review the patient is still defined as a 'specified person', the original expiry date will still stand.

5.02 RES 3 Certificate

The purpose of the RES 3 Certificate is to notify the Mental Welfare Commission when an RMO prohibits a patient's use of telephones excluding mobile phones. This certificate is required for all patients, including those in the State Hospital, the Orchard Clinic or Rowanbank Clinic. A current RES 1 certificate must also be in place for patients in all other facilities.

1. The RMO will ensure that a RES 3 Certificate is completed.
2. The RMO will forward the RES 3 Certificate to the local Health Records Department.
3. The Health Records Department will validate the form has been completed correctly and that there is a current RES 1 certificate for all patients who are not placed in Rowanbank Clinic.
4. A copy of the Certificate will be sent to the Mental Welfare Commission and the patient's MHO, a copy will be filed in the health record and the original certificate filed in the patient's legal file which is stored in the Health Records Department.
5. A letter of notification will be sent to the specified person and their named person unless it was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient.
6. The start date and expiry date of the RES 3 Certificate will be recorded at the Health Records Department.
7. A reminder will be sent to the RMO one month before the expiry date of the certificate.
8. The RMO must complete a new RES 3 Certificate if the patient's use of telephones continues to be prohibited following the expiry date.

RES 3A Certificate

The purpose of the RES 3A Certificate is to notify the Mental Welfare Commission where there has been a review of the restriction/prohibition of the use of telephones or the withholding of correspondence. The RMO will have undertaken this review at the request of the patient.

1. The RMO will ensure that a review takes place and a RES 3A Certificate is completed.
2. The RMO will forward the RES 3A Certificate will be forwarded to the local Health Records Department
3. The Health Records Department will validate the form has been completed correctly and a current RES 3 Certificate is in file.
4. A copy of the Certificate will be sent to the Mental Welfare Commission and the patient's MHO, a copy will be filed in the health record and the original certificate will be filed in the patient's legal file which is stored in the Health Records Department.
5. The relevant letter of notification will be sent to the specified person and their named person.
6. The date of review and outcome will be recorded at the Health Records Department.
7. The review dates will remain the same.

5.03 RES 4/5 Certificate

The purpose of this certificate is to report to the Mental Welfare Commission, the safety and security incidences and circumstances in each hospital ward.

1. The Health Records Manager will collate information held at the Health Records department for each ward at the end of the financial year.
2. A RES 4/5 certificate will be completed by the Health Records Manager for each ward where specified persons have been identified.
3. The **Senior Charge Nurse** will verify the information recorded is accurate.
4. The Health Records Manager will forward the RES 4 and 5 Certificates to the Mental Welfare Commission by 30 April each year.
5. The Health Record Manager will retain copies of the certificates

RES 6 Certificate

The purpose of the RES 6 certificate is to notify the Mental Welfare Commission when an RMO has withheld a patient's correspondence. This does not include emails. This certificate is required for all patients including those in Rowanbank Clinic. A current RES 1 certificate must also be in place for patients in all other facilities.

1. The RMO will ensure that a RES 6 Certificate is completed.
2. The **RMO** will forward RES 6 Certificate to the local Health Records Department.
3. The Health Records Department will validate the form has been completed correctly and that there is a current RES 1 certificate for all patients not placed in Rowanbank Clinic.
4. A copy of the Certificate will be sent to the Mental Welfare Commission and the patient's MHO, a copy will be filed in the health record and the original certificate filed in the patient's legal file which is stored in the Health Records Department.
5. A letter of notification will be sent to the specified person and their named person unless it was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient.

Where appropriate, a letter of notification should be sent to the sender.

6. The RMO, must complete a new RES 6 Certificate each time correspondence is withheld.



5.04
(CHI)

**Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995**

(Date)

CONFIDENTIAL

(Patient's Name)
(Address)

Dear

**Re: Mental Health (Safety and Security)(Scotland) Regulations 2005
Specified Persons in Hospital**

You are currently an inpatient in (**enter name of ward**) at (**enter name of hospital**) for assessment and treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003/Criminal Procedures Act 1995.

With regard to issues around safety and security, your consultant, Dr (**enter name of consultant**) has considered it necessary to designate you as a 'specified person'. This means that you will be more closely supervised and may have restrictions on telephone calls, mail and access to some items. Visiting may also be restricted.

Your consultant and/or named nurse will discuss details of these restrictions with you and they will be recorded in your care plan. The restrictions will be reviewed after six months or if you are transferred to another ward. If your detention is revoked, the restrictions will be lifted and you will no longer be designated a specified person.

You have the right to have this decision reassessed by your consultant. You may also request that the Mental Welfare Commission review the decision. If you need assistance with this, an independent advocate is available to help you.

A copy of this letter will be sent to your Named Person/Welfare Guardian. (*delete as appropriate*)

Yours sincerely

Health Records Manager,
Mental Health Services, NHS GGC

cc Named Person
cc MHO



5.05
(CHI)

**Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995**

(Date)

CONFIDENTIAL

(Patient's Name)
(Address)

Dear

**Re: Mental Health (Safety and Security)(Scotland) Regulations 2005
Specified Persons in Hospital**

A mandatory review of your designation as a specified person was recently undertaken by **(enter consultant's name)**.

The outcome of the review was that you will continue to be designated as a specified person/you are no longer designated as a specified person **(delete as appropriate)**.

If you continue to be a specified person, the restrictions will be reviewed again within the next six months or if you move to another ward. If your detention is revoked, the restrictions will be lifted and you will no longer be designated a specified person.

A copy of this letter will be sent to your Named Person/Welfare Guardian. **(delete as appropriate)**

Yours sincerely

Health Records Manager,
Mental Health Services, NHS GGC

cc Named Person
cc MHO



5.06
(CHI)

**Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995**

(Date)

CONFIDENTIAL

(Patient's Name)
(Address)

Dear

**Re: Mental Health (Safety and Security)(Scotland) Regulations 2005
Specified Persons in Hospital**

A review of your designation as a specified person was undertaken on **(enter date)** by **(enter consultant's name)**.

The outcome of the review was that you should continue to be/are no longer**(delete as appropriate)** defined as a specified person.

If you continue to be a specified person, the restrictions will be reviewed again within the next six months or if you move to another ward. If your detention is revoked, the restrictions will be lifted and you will no longer be designated a specified person.

A copy of this letter will be sent to your Named Person/Welfare Guardian. **(delete as appropriate)**

Yours sincerely

Health Records Manager
Mental Health Services, NHS GGC

cc Named Person
cc MHO



5.07
(CHI)

**Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995**

(Date)

CONFIDENTIAL

(Patient's Name)
(Address)

Dear

**Re: Mental Health (Safety and Security)(Scotland) Regulations 2005
Implementation of Measures to Restrict the Use of Telephones**

You are currently an inpatient in **(enter name of ward)** at **(enter name of hospital)** for assessment and treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003/Criminal Procedures Act 1995 and are designated a specified person.

A decision was made by your Consultant **(enter name of Consultant)** to implement measures to prohibit or restrict your use of telephones. **(enter name of Consultant)** and/or named nurse will discuss details of these restrictions with you and they will be recorded in your care plan. The decision was made on **(enter start date)** and will cease on **(enter end date)**.

Despite the above restrictions, you have the legal right to telephone certain persons identified under section 281(5) of the Act which include your Solicitor or Advocate and the Mental Welfare Commission. You would only be restricted from doing so if the person specifically requests it.

You have the right to request that this decision is reviewed by your consultant. If you need assistance with this, an independent advocate is available to help you.

A copy of this letter will be sent to your Named Person.

Yours sincerely

Health Records Manager,
Mental Health Services, NHS GGC

cc Named Person
cc MHO



5.08
(CHI)

Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995

(Date)

CONFIDENTIAL

(Patient's Name)
(Address)

Dear

Re: Mental Health (Safety and Security)(Scotland) Regulations 2005
Review of Prohibitions and Restrictions on the Use of Telephones

A review of the prohibitions and restrictions placed on you with regard to the use of telephones was undertaken by **(enter consultant's name)** on **(enter date)**

The outcome of the review was that the prohibition or restriction should remain in place/the prohibition or restriction should be discontinued. **(delete as appropriate)**.

A copy of this letter will be sent to your Named Person.

Yours sincerely

Health Records Manager,
Mental Health Services, NHS GGC

cc Named Person

Cc MHO



5.09
(CHI)

Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995

(Date)

CONFIDENTIAL

(Patient's Name)
(Address)

Dear

Re: Mental Health (Safety and Security)(Scotland) Regulations 2005
Implementation of Measures to Withhold Correspondence

You are currently an inpatient in **(enter name of ward)** at **(enter name of hospital)** for assessment and treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003/Criminal Procedures Act 1995 and are designated a specified person.

A decision was made by the Hospital Managers to implement measures to withhold correspondence sent to/from you **(enter name of Consultant)** and/or named nurse will discuss details of these measures with you and they will be recorded in your care plan. This decision was made on **(enter date)**.

A copy of this letter will be sent to your Named Person.

Yours sincerely

Health Records Manager,
Mental Health Services, NHS GGC

cc Named Person
cc MHO



5.10

**Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995**

REVIEW OF A PERSON DESIGNATED A SPECIFIED PERSON

The six month mandatory review of a person designated a specified person is due for the following patient:-

NAME:

DOB:

CHI:

WARD:

RMO:

EXPIRY/END DATE:

If the patient is to remain as a specified person, a new RES 1 certificate must be completed, along with reasoned opinion.

This certificate may be downloaded from the Scottish Executive website or is available from your local Health Records Department.

The RES 1 certificate should be forwarded to your local Health Records Department once completed.

Please notify your local Health Records Department if the patient is no longer designated a specified person.

cc Ward Manager
Cc MHO



5.11

**Mental Health (Care and Treatment) (Scotland) Act 2003
Criminal Procedures Act 1995**

**REVIEW OF PROHIBITIONS AND RESTRICTIONS ON THE USE OF
TELEPHONES**

The implementation of measures to restrict the use of telephones is shortly due to cease for the following patient:-

NAME:

DOB:

CHI:

WARD:

RMO:

DATE MEASURES WILL CEASE:

If the measures should continue, a new RES 3 certificate must be completed.

This certificate may be downloaded from the Scottish Executive website or is available from your local Health Records Department.

The RES 3 certificate should be forwarded to your local Health Records Department once completed.

Please notify your local Health Records Department if the prohibition or restriction is not being renewed.

cc Ward Manager
cc MHO

6 References

1. [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), Part 18, sections 281-286
2. [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003 Code of Practice Volume 1 Chapter 12](#)
3. [The Mental Health \(Definition of Specified person: Correspondence\) \(Scotland\) Regulations 2005](#)
4. [The Mental Health \(Use of Telephones\) \(Scotland\) Regulations 2005](#)
5. [The Mental Health \(Safety and Security\) \(Scotland\) Regulations 2005](#)
6. [The Mental Health \(Safety and Security\)\(Scotland\) Amendment Regulations 2012](#)
7. [Specified persons guidance Principles and best practice in implementing specified persons regulations under the Mental Health \(Care & Treatment\) \(Scotland\) Act 2003 \(Mental Welfare Commission 2015\)](#)

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