

Write clearly within the boxes in BLOCK CAPITALS

and in BLACK or BLUE ink

## Social Circumstances Report

SCR<sub>1</sub>

Shade circles like this ->

Not like this ->

Instructions v7.1

## The following form is to be used:

where a social circumstances report is required under section 231 of the Act. Do not use for any other purpose (eg renewals of CTOs, AWI Guardianships, etc)

For example

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the report.

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Patient Details  CHI Number  Surname  First Name (s)  Other / Known As  Other / Know	say O Not listed
Surname  First Name (s)  Other / Known As  Other / Known As  Other / Known As' could include any name / alias that the patient would prefer to be known as.  Title  DoB  dd / mm / yyyy  Patient's home address  Postcode  Social Work Reference Number (if applicable)	say O Not listed
First Name (s)  Other / Known As  Other / Known As' could include any name / alias that the patient would prefer to be known as.  Title  DoB  dd / mm / yyyy  Patient's home address  Postcode  Postcode  Social Work Reference Number (if applicable)	say O Not listed
Other / Known As  Other / Known As' could include any name / alias that the patient would prefer to be known as.  Title  DoB  dd / mm / yyyyy  Patient's home address  Postcode  Postcode  Social Work Reference Number (if applicable)	say O Not listed
Title  DoB dd / mm / yyyy  Patient's home address  Postcode  Social Work Reference Number (if applicable)  Other / Known As' could include any name / alias that the patient would prefer to be known as.  Gender  Male Female Prefers not to s  If not listed, please specify  A reference Number (if applicable)	say O Not listed
Title  DoB  dd / mm / yyyy  Patient's home address  Postcode  Social Work Reference Number (if applicable)  Postcode  Gender  Male   Female   Prefers not to s  If not listed, please specify  If not listed, please specify  A please enter NF1 1AB if no fixed abode	say O Not listed
DoB dd / mm / yyyyy  Patient's home address  Postcode  Social Work Reference Number (if applicable)  Nale	Say O Not listed
Patient's home address  Postcode  Social Work Reference Number (if applicable)    If not listed, please specify   If not liste	
Postcode	
Social Work Reference Number (if applicable)	
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Social Work Reference Number (if applicable)	
Social Work Reference Number (if applicable)	
Number (if applicable)	
Number (if applicable)	
MHO Details	
Surname	
First Name	
Title	
Address	
Postcode	
Local Authority	



SCR 1 v7.1 Page 1 of 3

To be completed by MHO
Requirement for SCR
Which "relevant event" has triggered the need to consider completing an SCR?
○ the granting of a short-term detention certificate
O the making of an interim compulsory treatment order
○ the making of a compulsory treatment order
○ the making of an assessment order
O the making of a treatment order
O the making of an interim compulsion order
○ the making of a compulsion order
○ the making of a hospital direction
O the making of a transfer for treatment direction
This event occurred on: Date / / /
Note: if you are preparing an SCR for an event that is not listed above, then you should not use this form
A social circumstances report must be prepared within 21 days of any of the above relevant events occurring, unless it would serve little or no practical purpose. Have you concluded that a social circumstances report should be prepared?
○ Yes - an SCR following guidelines set out on page 3 is attached
○ No - for the reasons stated below, preparing an SCR would serve little or no purpose:
Signature / Date
Signed by the MHO
Date / / / / / / / / / / / / / / / / / / /
A copy of this form should be sent to the national's RMO and the Montal Wolfgre Commission

A copy of this form should be sent to the patient's RMO and the Mental Welfare Commission



SCR 1 v7.1 Page 2 of 3

## **Guidance on content of SCR**

The SCR should be attached to this form. Please comment on the following factors where they are relevant and appropriate to the personal circumstances of the patient:

the reasons behind the use of the compulsory powers;

the views of patient with respect to the use of compulsory powers;

if the patient is unable to give a view, and only if available to the MHO, the views of the patient's named person, carer, guardian, and welfare attorney with respect to the use of compulsory powers;

the patient's current state of mental health;

the patient's current state of physical health;

the patient's mental health history;

an assessment of risk of harm to patient and to others;

the patient's personal history including details of employment, finances and accommodation prior to the use of compulsory powers;

details of the family situation, including whether the patient has children, dependents and caring responsibilities;

details of the patient's regular social contacts: e.g. supportive friends, involvement with voluntary organisations, church attendance etc:

the patient's ability to care for him/herself;

the care being provided to the patient prior to the use of compulsory powers taking place;

any matters which could require the local authority to inquire under section 33 of the Act;

any alternatives to the use of compulsory powers which were considered and ruled out;

the patient's history of offending, including any consideration of victims and/or those affected;

the patient's history of substance misuse, if any;

any relevant ethnic, cultural and religious factors;

whether the patient has difficulty in communicating; and.

the care planning which has been put in place to deal with any of the above issues.



SCR 1 v7.1 Page 3 of 3