MHA132A

Mental Health Act 2014
Sections 94A

MHA 132A
Application for ECT- voluntary adult without capacity to consent

Mental Health Statewide UR Number

Local Patient Identifier	
FAMILY NAME	
GIVEN NAMES	
DATE OF BIRTH	SEX

Place patient identification label above

Instructions to complete this form

- This form must be completed by:
  - an authorised psychiatrist or delegate in relation to a person receiving treatment on a voluntary basis in a designated mental health service, or
  - a psychiatrist if a person is receiving treatment on a voluntary basis in a private mental health service.
- Please cross ☐ all relevant check boxes in each part.

GIVEN NAMES FAMILY NAME (BLOCK LETTERS) of person

treated at:

name of designated mental health service or private mental health service

postal address: postcode:

Diagnosis: ICD-10 code:

Specify person's diagnosis for which electroconvulsive treatment is being proposed.

To the Mental Health Tribunal

Part A: Details of person

1. The abovenamed person is aged 18 years or over and is receiving treatment on a voluntary basis at:
   - ☐ a designated mental health service; or
   - ☐ a private mental health service.
2. I am satisfied that the above named person does not have capacity to give informed consent to electroconvulsive treatment (ECT) and there is no less restrictive way for the person to be treated, and:
   - ☐ the person has an instructional directive giving informed consent to ECT (see notes over page); or
   - ☐ the person does not have a relevant instructional directive and the person's medical treatment decision maker has given informed consent in writing to the ECT, using form 131A.

Part B: Details of proposed ECT

1. I apply to the Mental Health Tribunal to perform a course of ECT on the person.
2. The proposed number of treatments in the course of ECT is: ☐ treatments. (maximum number is 12 treatments)
3. The proposed duration of the course of ECT is: ☐ weeks. (maximum duration is 26 weeks)
4. The proposed course of ECT is:
   - ☐ not urgent
   - ☐ urgent. You may only request an urgent hearing if the course of ECT is necessary as a matter of urgency to:
     - ☐ save the life of the person; or
     - ☐ prevent serious damage to the health of the person; or
     - ☐ prevent the person from suffering or continuing to suffer significant pain or distress.
5. I request the application be heard within: ☐ days. (Select between 1-5 business days. The number selected must reflect the urgency of the application.)

Signature: Date: ☐☐/☐☐/☐☐☐☐

signature of authorised psychiatrist or delegate / psychiatrist

Given Names: Family Name:

Business Address: Telephone:

Notes

1. An instructional directive is a formal document made in accordance with the requirements of the Medical Treatment Planning and Decisions Act 2016 that expressly consents to or refuses specific medical treatment. An advance statement is not an instructional directive.
2. If the person has an instructional directive to ECT, ensure a copy of the instructional directive is in the person's clinical record and is available to the Mental Health Tribunal at the hearing.
3. The duration of the course of ECT commences on the date the Mental Health Tribunal makes an order approving the proposed course of ECT, not the date the first treatment is given.

ROLLS AUSTRALIA 1300 600 192

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To the Mental Health Tribunal

Part C: Details of medical treatment decision maker under MTPD Act (if applicable)

Given names:	Family name:	
Postal Address:		
Suburb:	State:	Postcode:
Email:	Telephone: ( )	
Preferred language:	☐ interpreter required	

Part D: Details of support person appointed under MTPD Act (if applicable)

Given names:	Family name:	
Postal Address:		
Suburb:	State:	Postcode:
Email:	Telephone: ( )	
Preferred language:	☐ interpreter required	

Part E(1): Details of other person (if applicable)

Given names:	Family name:	
Postal Address:		
Suburb:	State:	Postcode:
Email:	Telephone: ( )	
Preferred language:	☐ interpreter required	

The abovenamed person is:

- ☐ the nominated person pursuant to section 24 of the *Mental Health Act 2014.*
- ☐ a guardian of the person as defined in section 3(1) of the *Guardianship and Administration Act 1986*.
- ☐ a carer of the person

Part E(2): Details of other person (if applicable)

Given names:	Family name:	
Postal Address:		
Suburb:	State:	Postcode:
Email:	Telephone: ( )	
Preferred language:	☐ interpreter required	

The abovenamed person is:

- ☐ the nominated person pursuant to section 24 of the *Mental Health Act 2014.*
- ☐ a guardian of the person as defined in section 3(1) of the *Guardianship and Administration Act 1986*.
- ☐ a carer of the person