



MHA17A

# Mental Health Act 1986

Sections 37A, 37B & 15

Local Hospital Patient Number: 

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Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Alias: \_\_\_\_\_

Mental Health Statewide Patient Number 

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## DISCHARGE FROM RESTRICTED INVOLUNTARY TREATMENT ORDER/ ASSESSMENT ORDER/DIAGNOSIS, ASSESSMENT & TREATMENT ORDER

### Notes to completing this form

The patient must be given a copy of this *Discharge from restricted involuntary treatment order/assessment order/diagnosis, assessment and treatment order.*

The criteria in sections 90(1)(b), 91(1)(b) and 93(1)(a) of the **Sentencing Act 1991** are summarised over page.

\_\_\_\_\_ GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient  
a patient of: \_\_\_\_\_ approved mental health service

### TO THE CHIEF PSYCHIATRIST

- (1) The abovenamed patient is:
- an involuntary patient subject to a **restricted involuntary treatment order** under section 93 Sentencing Act 1991. I consider that the criteria in section 93(1)(a) of the Sentencing Act 1991 no longer apply to the patient.
  - an involuntary patient subject to a **restricted community treatment order** under section 15A. I consider that the criteria in section 93(1)(a) of the Sentencing Act 1991 no longer apply to the patient.
  - an involuntary patient subject to a **diagnosis, assessment and treatment order** under section 91 Sentencing Act 1991. Having regard to the criteria in section 91(1)(b) of the Sentencing Act 1991, I consider that the continued detention of the patient is no longer necessary.
  - an involuntary patient subject to an **assessment order** under section 90 Sentencing Act 1991. Having regard to the criteria in section 90(1)(b) of the Sentencing Act 1991, I consider that the continued detention of the patient is no longer necessary.

(please cross  one option only)

(2) The reasons for my opinion are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Further details may be attached.)

(3) I recommend that you discharge the patient from the Order.

I am the \* delegated / authorised psychiatrist of the approved mental health service.

I have discussed ongoing care / discharge planning with the patient.

(please cross )

\_\_\_\_\_ GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of \* delegated/ authorised psychiatrist

Signed: \_\_\_\_\_ Date: 

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### TO THE PATIENT

- (1) I am satisfied that all the relevant criteria for your Order no longer apply to you.
- (2) The reasons for my opinion are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) I **discharge** you from your Order and from being an involuntary patient.

I am the \* delegated / Chief Psychiatrist.

\_\_\_\_\_ GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of \* delegated/ Chief Psychiatrist

Signed: \_\_\_\_\_ Date: 

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\* delete as necessary

If a patient is discharged from an **assessment order** or a **diagnosis, assessment and treatment order**, the chief psychiatrist must immediately notify the court. The person is discharged on being returned to the court.

MHA 17A DISCHARGE FROM RESTRICTED INVOLUNTARY TREATMENT ORDER/  
ASSESSMENT ORDER/DIAGNOSIS, ASSESSMENT & TREATMENT ORDER

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OCT 2006

**Sentencing Act 1991 : Summary of Criteria**

Order	Section	Criteria
Restricted involuntary treatment order  Restricted community treatment order	s.93(1)(a)	(a) the person appears to be mentally ill; and (b) the person's mental illness requires treatment and that treatment can be obtained by the person being subject to a restricted involuntary treatment order; and (c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public.
Diagnosis, assessment and treatment order	s.91(1)(b)	(a) the person appears to be mentally ill; and (b) the person's mental illness requires treatment and that treatment can be obtained by the person being subject to a diagnosis, assessment and treatment order; and (c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public.
Assessment order	s.90(1)(b)	(a) the person appears to be mentally ill; and (b) the person's mental illness may require treatment and that treatment may be obtained by the person being detained in an approved mental health service; and (c) because of the person's mental illness, involuntary treatment of the person is necessary for his or her health or safety (whether to prevent a deterioration in the person's physical or mental condition or otherwise) or for the protection of members of the public.