



Mental Health Act 1986

Section 9B
Mental Health Regulations 2008
Regulation 6(4)

Local Hospital Patient Number: [grid]

Family Name: _____

Given Names: _____

Date of Birth: _____ Sex: _____

Alias: _____

Mental Health Statewide Patient Number [grid]

RESTRAINT
FOR THE PURPOSES OF SAFELY TRANSPORTING A PERSON
TO AN APPROVED MENTAL HEALTH SERVICE

Notes to completing this form

Restraint is the application of devices (including belts, harnesses, manacles, hand-cuffs, and straps) on a person's body to restrict movement.

The documents that permit the use of restraint are listed in point 2 opposite. You should observe the relevant documents, or have reasonable grounds for believing they exist, before applying restraint.

In the case of a patient absent without leave, there may not be any documents. You only need to be satisfied that the person is a patient absent without leave.

Legislation Notes

Sections 12(6) and 12AA(7) of the Mental Health Act 1986 provide that at any time after an Involuntary Treatment Order is made for a person who is not detained in an approved mental health service, but before the authorised psychiatrist examines the person to decide whether or not to confirm the Order, a registered medical practitioner employed by an approved mental health service or a mental health practitioner may take the person, or arrange for the person to be taken, to an approved mental health service if the practitioner considers it necessary to do so.

Section 12AC(4)(b) of the Mental Health Act 1986 provides that when an authorised psychiatrist confirms an Involuntary Treatment Order, if the person is not currently in the approved mental health service the authorised psychiatrist may take the person, or arrange for the person to be taken, to the approved mental health service.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of person restrained for the purposes of safe transport
of: _____
address of person restrained for the purposes of safe transport

- (1) I am a prescribed person within the meaning of section 7 of the Mental Health Act 1986 - a prescribed person is a member of the police force, an ambulance officer or a:
- registered medical practitioner; or
- registered nurse; or
- registered psychologist; or
- social worker; or
- occupational therapist - employed, appointed or engaged to provide care and treatment to persons with a mental disorder in -
- an approved mental health service; or
- a child and adolescent psychiatry service; or
- a premises licensed under section 75 of the Act; or
- a hospital admitting or caring for persons with a mental disorder; or
- a mental health service of a community health centre; or
- a psychiatric outpatient clinic; or
- a community mental health service

(2) The abovenamed person is:
[] subject to a request (Schedule 1) and recommendation (Schedule 2). OR
[] subject to a request (Schedule 1) and authority to transport (Schedule 3). OR
[] subject to an involuntary treatment order (Schedule 6) and is to be taken to an approved mental health service under section 12(6), section 12AA(7) or section 12AC(4)(b) of the Mental Health Act 1986. OR
[] a patient absent without leave from an approved mental health service.

(3) I applied the following restraint/s to the abovenamed person to enable her/him to be taken safely to an approved mental health service:
(Specify the type of restraint applied and the reason, each time restraint is used.)

(a) Restraint: _____ Reason applied: _____
Date: [grid] Time applied: [grid] 24 Hour Time removed: [grid] 24 Hour

(b) Restraint: _____ Reason applied: _____
Date: [grid] Time applied: [grid] 24 Hour Time removed: [grid] 24 Hour

(c) Restraint: _____ Reason applied: _____
Date: [grid] Time applied: [grid] 24 Hour Time removed: [grid] 24 Hour

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of prescribed person
employed by: _____ * Victoria Police / Ambulance Service / mental health service / other (please specify)
of: _____
business address of prescribed person

Signed: _____ Designation: _____ Date: [grid]

* delete as necessary

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SCHEDULE 4/FORM 1 RESTRAINT