



Mental Health Act 1986

Sections 12 & 12AA
Mental Health Regulations 2008
Regulation 8

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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INVOLUNTARY TREATMENT ORDER

Notes to completing this form

Involuntary treatment orders – persons in approved mental health services

If a Request and Recommendation are completed and the person has been taken to, or is in, an approved mental health service (including gazetted Emergency Departments), a registered medical practitioner employed by the approved mental health service or a mental health practitioner must make an Involuntary Treatment Order for the person.

Involuntary treatment orders – persons in the community

If a Request and Recommendation are completed and you have been requested to assess the person, you must either:
• Take, or arrange for the person to be taken, to an appropriate approved mental health service. (Do not complete this Involuntary Treatment Order. An Involuntary Treatment Order will be made at the approved mental health service).

OR
• Make an Involuntary Treatment Order if the person is not to be taken to the approved mental health service, for example if a community treatment order is to be made in the community.

You **must** have regard to the criteria in section 8(1) of the **Mental Health Act 1986** in deciding whether to take the person to an approved mental health service or make an Involuntary Treatment Order.

Note
A registered medical practitioner employed by an approved mental health service is permitted to complete both the Recommendation (Schedule 2) and this Involuntary Treatment Order.

_____ GIVEN NAME/S _____ FAMILY NAME (BLOCK LETTERS) of person subject to involuntary treatment order
of: _____
address of person subject to an involuntary treatment order

To be completed by the registered medical practitioner employed by an approved mental health service / mental health practitioner

- (1) I am a registered medical practitioner employed by the approved mental health service.
OR
 I am a mental health practitioner within the meaning of section 7 of the **Mental Health Act 1986**.

(please cross one option only)

(2) I have sighted a completed request and recommendation relating to the person.

(3) I hereby make an involuntary treatment order for the person on:

the _____ day of _____ 20____ at:

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24 Hour

(4) The approved mental health service is: _____
name of approved mental health service

_____ GIVEN NAME/S _____ FAMILY NAME (BLOCK LETTERS) of *registered medical practitioner employed by an approved mental health service/mental health practitioner

Signed: _____ Designation: _____

Address: _____ Telephone: _____

NEXT STEPS

- The authorised psychiatrist of the approved mental health service must examine the person within 24 hours of the Involuntary Treatment Order being made to either confirm the Order or to discharge the person from the Order.
- If the Involuntary Treatment Order has been made:
 - at an approved mental health service** - the Involuntary Treatment Order is sufficient authority to detain the person at the service. However, a registered medical practitioner employed by the approved mental health service or a mental health practitioner may release the person from detention to await the examination by the authorised psychiatrist if the practitioner has consulted with the authorised psychiatrist and has had regard to the criteria in section 8(1) of the **Mental Health Act 1986**.

OR

- in the community** - the person may be allowed to remain in the community to await the examination by the authorised psychiatrist. The person must be given 24-hour contact details of the approved mental health service in case they have any questions or concerns.

Interim Treatment

3. If the person requires any treatment immediately and is unable to consent to that treatment and it would not be in the person's best interests to delay the treatment until the examination by the authorised psychiatrist, a registered medical practitioner employed by the approved mental health service may consent to the treatment on behalf of the person.

Apprehension of person who has not been detained

4. 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, a registered medical practitioner employed by an approved mental health service or a mental health practitioner may take, or arrange for the person to be taken, to the approved mental health service, if the practitioner thinks it is necessary. (Complete a *Transport of Person (MHA 2)*, see over page.)

* delete as necessary

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OCT 2008

SCHEDULE 6 INVOLUNTARY TREATMENT ORDER

Mental Health Act 1986

Sections 12(6), 12AA(7) & 12AC(4)(b)

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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TRANSPORT OF PERSON

SUBJECT TO INVOLUNTARY TREATMENT ORDER TO AN APPROVED MENTAL HEALTH SERVICE

Notes to completing this form

- This form must be completed by:
- a registered medical practitioner employed by an approved mental health service; or
 - a mental health practitioner; or
 - a delegated / authorised psychiatrist.

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 if the authorised psychiatrist does not propose to make a community treatment order for the person.

Definitions
See the Mental Health Regulations 2008 or the back of the Request (Schedule 1) for definitions of:

- prescribed person
- prescribed registered medical practitioner
- authorised person
- mental health practitioner

_____ GIVEN NAME/S _____ FAMILY NAME (BLOCK LETTERS) of person subject to an Involuntary Treatment Order
a patient of: _____ name of approved mental health service on Involuntary Treatment Order

To be completed by registered medical practitioner employed by an approved mental health service / mental health practitioner as necessary

- (1) I am a registered medical practitioner employed by the approved mental health service.
OR
 I am a mental health practitioner within the meaning of section 7 of the **Mental Health Act 1986**.

(please cross one option only)

- (2) The abovenamed person is subject to an **Involuntary Treatment Order (Schedule 6)** but has not yet been examined by the authorised psychiatrist under section 12AC of the **Mental Health Act 1986** (see *Legislation Notes opposite*).
- (3) I consider that it is necessary that the person be taken to and detained in the approved mental health service to await the examination by the authorised psychiatrist under section 12AC of the **Mental Health Act 1986**. The reasons for my decision are:
- _____
- _____
- _____

_____ GIVEN NAME/S _____ FAMILY NAME (BLOCK LETTERS) of *registered medical practitioner / mental health practitioner

Signed: _____ Designation: _____ Date:

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Address: _____ Telephone: _____

To be completed by delegated / authorised psychiatrist as necessary

- (1) I am the *delegated / authorised psychiatrist of the approved mental health service.
(2) I have examined the person and confirmed their **Involuntary Treatment Order (Schedule 6)** (see *Legislation Notes opposite*).
- (3) I am satisfied that the treatment required for the person cannot be obtained through making a community treatment order. I do not propose to make a community treatment order. The person must be taken to and detained in the approved mental health service.

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

Signed: _____ Date:

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NEXT STEPS

1. The registered medical practitioner, mental health practitioner or delegated/authorised psychiatrist (as the case may be) or a 'prescribed person' may take the person to an approved mental health service.
2. For the purpose of taking the person to an approved mental health service, a 'prescribed person' may with such assistance as is required and such force as may be reasonably necessary, enter any premises in which the 'prescribed person' has reasonable grounds for believing that the person may be found and if necessary to enable the person to be taken safely, use such restraint as may be reasonably necessary. A 'prescribed person' who uses restraint must complete the form **Restraint** attached to the **Recommendation (Schedule 2)**.
3. If a 'prescribed registered medical practitioner' considers that it is necessary to sedate the person so that the person can be taken safely to the approved mental health service, the 'prescribed registered medical practitioner' may administer or direct an 'authorised person' to administer sedation to the person.
A person who prescribes or administers sedation must complete the form **Sedation** attached to the **Recommendation (Schedule 2)**.
4. The person is to be detained at the approved mental health service.

* delete as necessary

MHA 2 TRANSPORT ON ITO

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