

**Mental Health and Wellbeing Act 2022
Sections 155 – 158 and 223 – 225**

**MHWA 123
Variation of order to transfer a
compulsory patient**

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Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH					SEX		GENDER		

Place patient identification label above

Instructions to complete this form

- This form must be completed to vary an order to transfer responsibility for a patient's assessment or treatment to another Designated Mental Health Service.
- **An Authorised Mental Health Practitioner or Registered Medical Practitioner** may authorise the transfer of a patient on an Assessment Order to another Designated Mental Health Service at any time before the patient is examined. **(Complete Part A)**
- **An Authorised Psychiatrist or Delegate** may authorise the transfer of a patient on a Temporary Treatment Order, Treatment Order or Court Assessment Order to another Designated Mental Health Service if satisfied the variation is necessary (Complete Part B).

a patient of: GIVEN NAMES FAMILY NAME (BLOCK LETTERS)

at: Designated Mental Health Service currently responsible for the patient's assessment or treatment

who is subject to: Designated Mental Health Service

a Temporary Treatment Order an Assessment Order
 a Treatment Order a Court Assessment Order.
(please cross one option only)

PART A: Variation of an Assessment Order

1. I vary the abovenamed person's order to transfer responsibility for providing assessment to:

name of receiving Designated Mental Health Service

2. I have given proper consideration to the decision-making principles for treatment and interventions.

PART B: Variation of a Temporary Treatment Order, Treatment Order or Court Assessment Order

1. I vary the abovenamed person's order to transfer responsibility for providing assessment or treatment to:

name of receiving Designated Mental Health Service

2. I have given proper consideration to the decision-making principles for treatment and interventions.

3. I vary the order because:

I am satisfied that the variation is necessary for the person's assessment or treatment.
 I have discussed the variation with the following Authorised Psychiatrist or Delegate at the receiving Designated Mental Health Service and they approve of the variation:

Date:

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date consulted

OR name of Authorised Psychiatrist or Delegate consulted

the Chief Psychiatrist has directed me to vary the order because the Chief Psychiatrist is satisfied that the variation is necessary for the person's assessment or treatment
(please cross one option only)

4. The reasons for the decision are:



MHWA123

ROLLS AUSTRALIA 1300 600 192

**JULY
2023**

Mental Health and Wellbeing Act 2022
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Mental Health Statewide UR Number

Local Patient Identifier

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FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

5. I have had regard to:

- | | |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> the views and preferences of the person and their reasons | <input type="checkbox"/> the views of a carer, if the variation will directly affect the care relationship between the carer and the person |
| <input type="checkbox"/> the person's advance statement of preferences | <input type="checkbox"/> the views of the Secretary, Department of Families, Fairness and Housing if that Secretary has parental responsibility for the person under a Relevant Child Protection Order. |
| <input type="checkbox"/> the views and preferences expressed by a nominated support person | |
| <input type="checkbox"/> the views of a parent, if the person is under the age of 16 years | |
| <input type="checkbox"/> the views of a guardian of the person | (please indicate <input checked="" type="checkbox"/> all persons consulted) |

Date and time order is varied:

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date

at:

--	--	--	--	--	--

time 24 hour

Signature: _____

Given Names: _____ Family Name: _____

Designation: _____



MHWA123

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JULY
2023

Original – medical record

Variation of order to transfer a compulsory patient

MHWA 123

Next steps

If the person is subject to an Assessment Order (Part A):

As soon as practicable after completing this form:

1. **tell** the person that the order has been varied;
2. **give** the person a copy of this form and a statement of rights;
3. **explain** the purpose and effect of the variation;
4. **ensure** appropriate supports are provided to assist the person to understand this information;
5. **notify** the Authorised Psychiatrist at both the old and receiving Designated Mental Health Service
6. **attach** this form to the MHW 101 – Assessment Order and give it to the Authorised Psychiatrist at the receiving Designated Mental Health Service.
7. **if the person is on an Inpatient Assessment Order - arrange** for the person to be transported to the receiving Designated Mental Health Service as soon as practicable, but not more than 24 hours after the variation of the order.

If the person is subject to a Temporary Treatment Order, Treatment Order or Court Assessment Order (Part B)

As soon as practicable after completing this form:

1. **tell** the person that the order has been varied;
2. **explain** the purpose and effect of the variation;
3. **notify** the following persons (as applicable) that the order has been varied:
 - any nominated support person
 - a parent if the person is under the age of 16 years
 - a carer, if the transfer will directly affect the care relationship between the carer and the person
 - a guardian of the person
 - the Secretary, Department of Families, Fairness and Housing if that Secretary has parental responsibility for the person under a Relevant Child Protection Order.
4. **ensure** appropriate supports are provided to assist the person to understand this information;
5. **forward** any documents relevant to the assessment or treatment of the person to the receiving Designated Mental Health Service
6. **if the person is on an Inpatient Order - arrange** for the person subject to the varied order to be transported to the receiving Designated Mental Health Service as soon as practicable after the variation of the order.

Decision-making principles in The Act for treatment and interventions

You **must give proper consideration to the decision-making principles** for treatment and interventions when making this decision.

Title	Principle
Care and transition to less restrictive support	Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services.
Consequences of compulsory assessment and treatment and restrictive interventions principle	The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person.
No therapeutic benefit to restrictive interventions principle	The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person.
Balancing of harm principle	Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use.
Autonomy principle	The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment.