MHWA158

Mental Health and Wellbeing Act 2022
(Sections 535 & 540)

MHWA 158
Report of psychiatrist

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

Mental Health Statewide UR Number

Place patient identification label above

Instructions to complete this form

- This form is to be used when a person detained in a prison or other place of confinement is proposed to be transferred to a Designated Mental Health Service to receive treatment for mental illness.
- This form must be completed by a psychiatrist.

GIVEN NAMES — FAMILY NAME (BLOCK LETTERS) of person detained in custody

of:

place of custody

To the Secretary to the Department of Justice

1. I am a psychiatrist registered under the Health Practitioner Regulation National Law as a medical practitioner in the specialty of psychiatry (other than as a student).
2. I examined the person on: ______ (date) at: ______ (time 24 hour)
3. The person is :
   - ☐ detained in a prison or other place of confinement.
     I am satisfied that all the criteria in section 535(1)(b) of the ***Mental Health and Wellbeing Act 2022*** for making a Secure Treatment Order apply to the person (see notes 1 and 2 over page).
   - ☐ detained in a prison or other place of confinement subject to a Court Secure Treatment Order.
     I am satisfied that all the criteria in section 94B(1)(c) of the Sentencing Act 1991 apply to the person (see note 3 over page).

   (please cross ☒ one option only)
4. I base my opinion on the following:

Signature: ______ (signature of psychiatrist) Date:

Given Names: Family Name:

Business Address: Telephone:

ROLLS AUSTRALIA 1300 600 192

JULY 2023

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