



## INPATIENT TREATMENT ORDER

### Checklist of *Mental Health Act 2014* Requirements

This document sets out the requirements which are additional to those listed on the back of the *Mental Health Act 2014* Forms. Therefore please read in conjunction with the Forms, in particular:

- 4A Transport order
- 4B Extension of transport order
- 4C Transfer order
- 4D Interstate transfer order
- 4E Interstate transfer approval order
  
- 5A Community treatment order
  
- 6A Inpatient treatment order in authorised hospital
- 6B Inpatient treatment order in general hospital
- 6C Continuation of inpatient treatment order
- 6D Confirmation of inpatient treatment order
  
- 7A Grant of leave to involuntary inpatient
- 7B Extension and/or variation of grant of leave
- 7C Cancellation of grant of leave
- 7D Apprehension and return order
  
- 8A Record of search and seizure
- 8B Record of dealing with seized article
  
- 9A Record of emergency psychiatric treatment
- 9B Report to Chief Psychiatrist about provision of urgent non-psychiatric treatment
  
- 12A Nomination of nominated person
- 12B Record of refusal of patient's request to access document
- 12C Restriction on freedom of communication
  
- 10A-10i Bodily restraint
- 11A-11G Seclusion

#### Key



Document on the patient's medical record



Provide a copy of a document/record to a person/body




File a document on the patient's medical record














## Physical examination

- Ensure a medical practitioner attends to the patient within 12 hours of being admitted, to conduct a physical examination. If it is not appropriate to conduct the physical examination within this time, the medical practitioner must continue to attend to the person at regular intervals until the physical examination can occur.
  -  Medical practitioner must document his/her name, qualifications, the date and time the examination occurred and the results of the examination.

## Admission of child to adult service (if applicable)




- Make a report about the reasons why it is appropriate to admit the child to the adult service and the measures that will be taken to protect the child's individual needs.
  -  Give the report to the child's parent or guardian.
  -  Give a copy of the report to the Chief Psychiatrist.
  -  File a copy of the report.

## Treatment decision making

- Identify whether the patient has an Advance Health Directive (AHD) or an Enduring Power of Guardianship (EPG).
- Ascertain the patient's wishes (to the extent that this is possible) regarding treatment.
-  Document the patient's wishes and the things that were taken into account in ascertaining the patient's wishes.
- If the patient is of Aboriginal or Torres Strait Islander descent – as far as possible/appropriate – provide treatment in collaboration with ATSI mental health workers and/or significant members of the patient's community, including elders or traditional healers.
-  Document the treatment provided to the patient.
-  If a decision is made that is inconsistent with a treatment decision in an AHD or EPG, document the reasons.
  -  Give a copy of the reasons to the patient, any guardian, close family member\*, carer\* and nominated person\*, the Chief Psychiatrist and the Chief Mental Health Advocate.
-  If a decision is made to provide off-label treatment to a child, document the decision, the description of the treatment and the reasons for the decision.
  -  Give a copy of the record to the Chief Psychiatrist.



## Treatment, support and discharge planning








- Prepare a treatment support and discharge plan as soon as practicable after the patient is admitted.
  -  File the plan on the patient's medical record.
- Ensure that the plan is reviewed regularly and revised as necessary.
- Involve each of the following persons in making the plan:
  - the patient
  - if the patient is a child, the child's parent or guardian
  - if the patient does not have capacity to consent to the plan being implemented, the person who is authorised to consent on the patient's behalf
  - any carer\*
  - any close family member\*
  - the nominated person\* (if patient has one)
  - any other person or body that the psychiatrist considers appropriate.
-  Document who was involved in the preparation of the plan, or if one of the above persons were not able to be involved, a record of the efforts to involve them.
-  Give a copy of the plan to:
  - the patient
  - if the patient is a child, the child's parent or guardian
  - if the patient does not have capacity to consent to the plan being implemented, the person who is authorised to consent on the patient's behalf
  - any carer\*
  - any close family member\*
  - the nominated person\* (if patient has one)
  - any other person or body that the psychiatrist considers appropriate (e.g. a community mental health service).






*\* Exceptions to requirement to inform/involve a personal support person:*

1. If, despite making reasonable efforts, the person could not be contacted
2. If the patient does not consent and has the capacity to make this decision and a psychiatrist believes this decision is reasonable
3. If it is not in the patient's best interests and the patient does **not** have capacity to make a decision about this



## Personal Support Persons

- Identify whether the patient has a personal support person (in particular a carer, close family member and/or nominated person) and whether the patient consents to informing and involving these persons in their treatment and care.
  -  Document the patient's response.
  - If the patient has refused or withdrawn consent, ask periodically as to whether the patient now consents.
    -  Document the patient's response.
  
- Give information to at least one carer **and** at least one close family member **and** the nominated person (if the patient has any carer(s), close family member(s) and/or a nominated person) about the following\*:
  - the mental illness for which the patient is being provided treatment or care
  - the grounds on which the inpatient treatment order was made
  - the treatment and care proposed to be provided to the patient and any other options reasonably available
  - the treatment provided to the patient and the patient's response to the treatment,
  - the seclusion of, or use of bodily restraint on, the patient
  - the services available to meet the patient's needs.
  
- Involve at least one carer **and** at least one close family member **and** the nominated person (if the patient has any carer(s), close family member(s) and/or a nominated person) in matters relating to the patient's treatment and care including\*:
  - the consideration of options that are reasonably available for the patient's treatment and care
  - the provision of support to the patient
  - the preparation and review of any treatment, support and discharge plan.
  
-  Document how the personal support person was informed/involved (or if the person could not be contacted, the efforts made to do so).
  
-  If a personal support person was **not** informed/involved in a matter because it was not in the patient's best interests to do so, document the reasons for this decision.
  - Give a copy of these reasons to the patient and the Chief Mental Health Advocate.
  - If the personal support person requests to be informed/involved in the matter, advise the person of the decision to not inform/involve them and the reasons.
    -  File a record of the advice.
    - Give a copy of the advice to the patient.
  -  If the decision to not inform/involve the personal support person is revoked, document this.
    - Give a copy of the decision to the patient.
    - If a personal support person had previously requested to be informed/involved in the matter, inform/involve them in it now.
      -  Document how they were informed/involved.
      - Give a copy of the record to the patient.




- Notify at least one personal support person if one of the following events (notifiable event) occurs (unless it is not in the patient's best interests to do so, or despite reasonable efforts being made, the person could not be reached):
  - Releasing the involuntary inpatient from detention in a hospital because the inpatient treatment order needed to be confirmed and was not confirmed
  - Releasing an involuntary inpatient from detention in a hospital because the inpatient treatment order expires, is revoked or a community treatment order was made
  - Transferring the involuntary inpatient from one hospital to another
  - If the involuntary inpatient is absent without leave from the hospital
  - Granting the involuntary inpatient leave of absence from the hospital
  - Extending or varying the involuntary inpatient's leave
  - Cancelling an involuntary inpatient's leave
  - Urgent non-psychiatric treatment is given to the involuntary inpatient
  - The involuntary inpatient is transferred to an interstate mental health service.
  
-  Document when and how the personal support person was notified of the event (or if no one was notified, document the efforts made to do so).
  
-  If a personal support person is not notified because it was not in the patient's best interests to do so, document this decision and the reasons for it.
  - Give a copy to the Chief Mental Health Advocate.
  - If the personal support person requests to be notified of the event, advise the person of the decision and the reasons for it.
    -  File a record of the advice.
    - Give a copy of the advice to the patient.
  -  If the decision not to notify the personal support person is revoked, document this.
    - Give a copy of the decision to the patient.
    - If a personal support person had previously requested to be notified, notify them of the event now.
      -  Document that they were notified.
      - Give a copy to the patient.

*\* Exceptions to informing/involving a personal support person:*







1. If despite making reasonable efforts, the person could not be contacted
2. If the patient does not consent and has the capacity to make this decision and a psychiatrist believes this decision is reasonable
3. If it is not in the patient's best interests and the patient does not have capacity to make a decision about this







## Interview with psychiatrist (if applicable)

- If the patient requests an interview with a psychiatrist, ensure the request is complied with within a reasonable time.
-  Document the request (or if it is refused, document the reason for the refusal)
  -  Give a copy of the reasons for refusal to the patient.
-  Document the date and time that the interview occurs and the matters discussed.

## Further opinion (if applicable)

- If the patient requests a further opinion, obtain the further opinion as soon as practicable.
-  Document the request.
-  File the further opinion once it is received from the independent psychiatrist
  -  Give a copy of the further opinion to the patient (and if the further opinion was requested on behalf of the patient, to the person who requested it).
- In providing treatment to the patient have regard to the further opinion.
-  If the patient requests another further opinion (additional opinion), and the psychiatrist decides not to comply with the request, document the decision and the reasons for it.
  -  Give a copy of the reasons to the patient, the Chief Psychiatrist (and if the opinion was requested on behalf of the person, to the person who requested it).
  -  File a copy of the Chief Psychiatrist's decision to confirm or refuse the decision to not give the additional opinion.

## Ending inpatient treatment order

- Once an inpatient treatment order ends (expired/revoked/community treatment order made), the patient must be advised in writing by a medical practitioner or mental health practitioner that the person cannot continue to be detained.
  -  File a copy of the advice.
  -  If the person leaves the hospital before the advice can be given to the person, document the time when the person left the hospital.
- If the inpatient treatment order *expires* the treating psychiatrist must advise the involuntary inpatient in writing about the expiry and its consequences.
  -  File a copy of the advice.
  - Notify at least one personal support person of the expiry of the inpatient treatment order (notifiable event).
  - Advise the Mental Health Tribunal, the Chief Mental Health Advocate (and if applicable, the Mentally Impaired Accused Review Board) of the expiry.
    -  Document the date on which this occurred.



## Reporting/notification requirements to other bodies

Section	Requirement to notify other body	Body to be notified
s142	Decision that notification of a 'notifiable event' not in the patient's best interests	Chief Mental Health Advocate
s145	The making, revoking or expiry of inpatient treatment order	Chief Mental Health Advocate Mental Health Tribunal MIARB (if applicable)
s179	Reasons for making a decision that is inconsistent with an AHD or EPG	Chief Psychiatrist Chief Mental Health Advocate
s183	Decision to refuse request for an additional opinion	Chief Psychiatrist
s184	Written report about the outcome of the reconsideration of a treatment decision (on request of Chief Psychiatrist)	Chief Psychiatrist
s200	Report to MIARB about performance of ECT on a mentally impaired accused person	MIARB
s204	Record of emergency psychiatric treatment (Form 9A)	Chief Psychiatrist MIARB (if applicable)
s224	Copies of all seclusion forms	Chief Psychiatrist MIARB (if applicable)
s240	Copies of all bodily restraint forms	Chief Psychiatrist MIARB (if applicable)
s242	Report about provision of urgent non-psychiatric treatment (Form 9B)	Chief Psychiatrist MIARB (if applicable)
s255	Reportable incidents	Chief Psychiatrist
s262	Restriction on Freedom of Communication (Form 12C)	Chief Mental Health Advocate
s269 & s292	Decision that providing information to, or involving a personal support person is not in the patient's best interests	Chief Mental Health Advocate
s303	Report about segregation of children from adult inpatients	Chief Psychiatrist
s304	Decision to provide off-label medication to a child	Chief Psychiatrist
s526	Notifiable incidents	Chief Psychiatrist



## Approval requirements

<b>Section</b>	<b>Approval for</b>	<b>Approval from</b>
s61 & 131	Making an inpatient treatment order in a general hospital	Chief Psychiatrist
s195	Provision of ECT on a child (14 years-17 years)	Mental Health Tribunal
s198	Provision of ECT on an adult involuntary patient	Mental Health Tribunal
s199	Provision of emergency ECT to an adult involuntary patient	Chief Psychiatrist
s555	Transfer of WA patient to an interstate mental health service	Chief Psychiatrist
s557	Transfer of interstate mental health patient to a WA hospital	Chief Psychiatrist