

CHIEF PSYCHIATRIST APPROVED FORM FORENSIC 20

FORENSIC PATIENT RETURN TO PRISON / YOUTH DETENTION

Mental Health Act 2013

Section 70

TCHI (Patient ID): _____

Family Name: _____

Given Names: _____

Date of Birth: ___ / ___ / _____ Gender: M F TG / IT

Address: _____

Telephone: _____ Mobile: _____

AFFIX STICKER HERE

(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

PART A: REQUEST TO RETURN TO PRISON / YOUTH DETENTION

PATIENT TO COMPLETE

Patient (full name in BLOCK letters):

I **hereby ask** to be returned to the custody of (tick option which applies):

The Director of Corrective Services **OR** The Secretary (DECYP)

Date and time of request: **Date:** DD / MM / YYYY **Time:** 00 : 00

Patient signature:

PART B: REQUEST AGREED TO / REFUSED REQUEST TO DIRECTOR OF CORRECTIVE SERVICES or SECRETARY (DECYP)

CHIEF PSYCHIATRIST OR DELEGATE TO COMPLETE

Patient (full name in BLOCK letters):

Chief Psychiatrist/delegate (full name in BLOCK letters):

I **confirm** that I am in receipt of a request from the patient named above dated: DD / MM / YYYY to be returned to the custody of: **The Director of Corrective Services** **OR** **The Secretary (DECYP)**

I **also confirm** that I have had the patient examined by an approved medical practitioner, as follows:

Date and time of examination: **Date:** DD / MM / YYYY **Time:** 00 : 00

Approved medical practitioner (full name in BLOCK letters):

In considering the request I have had regard to the results of the examination, whether or not the reasons for the patient's admission to the secure mental health unit are still valid and the following relevant matters:

I **hereby:** **AGREE** to the request and request removal of the patient from the secure mental health unit, **OR** **REFUSE** the request for the following reasons:

Date and time request acknowledged: **Date:** DD / MM / YYYY **Time:** 00 : 00

Signature of CP/Delegate:

DIRECTOR OF CORRECTIVE SERVICES / SECRETARY (DECYP) OR DELEGATE TO COMPLETE

I (full name Director of Corrective Services/Secretary DECYP or delegate):

acknowledge the CP's request to remove the patient named above from the secure mental health unit (SMHU) and return them to prison within 48 hours of the CP's decision to agree to the patient's request.

Date and time request acknowledged: **Date:** DD / MM / YYYY **Time:** 00 : 00

Signature:

Date and time patient removed from the SMHU: **Date:** DD / MM / YYYY **Time:** 00 : 00

COPY TO: Patient Chief Psychiatrist TASCAT Legal Orders Coordinator

AMP who is likely to do the assessment

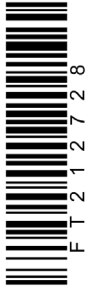
If there is consent - copy to patient support person/representative

If patient is a child - copy to parent/support person/representative

OTHER:

Statement of Rights provided to patient

Explanation to patient in language and form that patient can understand



CHIEF PSYCHIATRIST APPROVED FORM FORENSIC 20

FORENSIC PATIENT RETURN TO PRISON / YOUTH DETENTION

Mental Health Act 2013

Section 70

TCHI (Patient ID): _____

Family Name: _____

Given Names: _____

Date of Birth: ___ / ___ / _____ Gender: M F TG / IT

Address: _____

Telephone: _____ Mobile: _____

AFFIX STICKER HERE

REQUEST TO RETURN TO PRISON

A forensic patient who is a prisoner, who is in a secure mental health unit and whose removal to the secure mental unit (SMHU) was directed at the patient's own request may request to be returned to the custody of the Director of Corrective Services at any time.

The Director of Corrective Service means the Director of Corrective Services appointed under the Corrections Act 1997.

The request is to be made to the Chief Psychiatrist (CP) (or a delegate) in writing.

The CP (or a delegate) is to have the patient examined by an approved medical practitioner as soon as practicable after receiving the request.

After the examination, the CP may agree to the request, or refuse the request.

In considering the request, the CP is to have regard to the results of the examination, and whether or not the reasons for the patient's admission are still valid, and such other matters as the CP considers relevant.

If the CP agrees to the request:

- The CP, without undue delay, is to request the Director of Corrective Services to remove the patient from the SMHU, and
- The patient is to be removed from the SMHU and transferred to the custody of the Director of Corrective Services within 48 hours after the request is agreed to, and
- The patient ceases to be taken to be a forensic patient from the time he or she is so removed from the SMHU.

If the CP refuses the request CP is to give notice of the refusal, with reasons, to the patient and the Tribunal.

REQUEST TO RETURN TO YOUTH DETENTION

A forensic patient who is a prisoner under the Corrections Act 1997 or a youth detainee under the Youth Justice Act 1997, who is in a secure mental health unit and whose removal to the secure mental unit was directed at the patient's own request may request to be returned to the custody of The Director of Corrective Services or the Secretary (DECYP) at any time.

The Director of Corrective Service means the Director of Corrective Services appointed under the Corrections Act 1997.

The Secretary (DECYP) means the Secretary of the responsible Department in relation to the Youth Justice Act 1997. The request is to be made to the Chief Psychiatrist (or a delegate) in writing.

The forensic patient may ask any secure mental health unit staff member for help in making the request and the secure mental health unit staff member is to render that help to the best of their ability, or arrange for another secure mental health unit staff member to render that help.

PART B: REQUEST AGREED TO / REFUSED

REQUEST TO SECRETARY (DECYP) / NOTICE OF REFUSAL

A forensic patient who is a youth detainee under the Youth Justice Act 1997, who is in a secure mental health unit (SMHU) and whose removal to the SMHU was directed at the patient's own request may request to be returned to the custody of the Secretary (DECYP) at any time.

The Secretary (DECYP) means the Secretary of the responsible Department in relation to the Youth Justice Act 1997.

The request is to be made to the Chief Psychiatrist (CP) (or a delegate) in writing.

The CP (or a delegate) is to have the patient examined by an approved medical practitioner as soon as practicable after receiving the request.

After the examination, the CP may agree to the request, or refuse the request.

In considering the request, the CP is to have regard to the results of the examination, and whether or not the reasons for the patient's admission are still valid, and such other matters as the CP considers relevant.

If the CP agrees to the request:

- The CP, without undue delay, is to request the Secretary (DECYP) to remove the patient from the SMHU, and
- The patient is to be removed from the SMHU and transferred to the custody of the Secretary (DECYP) within 48 hours after the request is agreed to, and
- The patient ceases to be taken to be a forensic patient from the time they are so removed from the SMHU.

If the CP refuses the request, the CP is to give notice of the refusal, with reasons, to the patient and the Tribunal.

CONTACT DETAILS:

Chief Psychiatrist: Phone: (03) 6166 0778

Email: chief.psychiatrist@health.tas.gov.au

TASCAT: Phone: (03) 6165 7491

Email: applications.mentalhealth@tascat.tas.gov.au