

CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 19

INVOLUNTARY PATIENT TRANSFER TO SECURE MENTAL HEALTH UNIT (SMHU)

Mental Health Act 2013

Sections 63-65

THCI (Patient ID): _____
 Family Name: _____
 Given Names: _____
 Date of Birth: __ / __ / _____ Gender: M F TG / IT
 Address: _____
 Telephone: _____ Mobile: _____

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

PART A: REQUEST FOR ADMISSION

CHIEF PSYCHIATRIST OR CIVIL DELEGATE TO COMPLETE

Note: Part A is to be initiated by the hospital where the patient is located

Patient (full name in BLOCK letters):

Name of the approved facility where the patient is located: Millbrook Rise (South) Roy Fagan (South)
 Royal Hobart Hospital (South) Launceston General Hospital (North) North West Regional Hospital (Burnie)

Secure mental health unit where the patient's admission is sought:

Copy of Treatment Order/Assessment Order attached.

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

Reasons for the transfer request:

I confirm that I have made inquiries with the secure mental health unit named above about the patient's admission and am satisfied based on those inquiries of the unit's ability to provide the person with appropriate treatment and care. I request the admission of the patient named above to the secure mental health unit named above.

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

Signature (Chief Psychiatrist or Civil Delegate):

- COPY TO:** Patient Chief Psychiatrist TASCAT Legal Orders Coordinator
- Controlling Authority of SMHU
 - Controlling Authority of Approved Hospital the patient is being transferred from
 - If patient has given 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 the patient in a language and form that the patient can understand



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PART B: AUTHORISATION OF ADMISSION

CHIEF PSYCHIATRIST OR FORENSIC DELEGATE TO COMPLETE

Note: Part B (Authorisation of admission) is to be completed by the receiving Secure Mental Health Unit

Patient (full name in BLOCK letters):

Name of the approved facility where the patient is located: Millbrook Rise (South) Roy Fagan (South)
 Royal Hobart Hospital (South) Launceston General Hospital (North) North West Regional Hospital (Burnie)

Secure mental health unit where the patient's admission is sought:

Copy of Treatment Order/Assessment Order attached.

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

I confirm that I have received a formal request from the Chief Psychiatrist (or Civil delegate) to authorise the admission of the patient named above to the secure mental health unit named above. I am satisfied based on the information provided that:

- The patient named above is, by reason of mental illness, a danger to themselves or to others, **AND**
- That danger has become so serious that continued detaining of the patient at an approved facility or hospital other than a Secure Mental Health Unit is untenable; **AND**
- In the circumstances, a secure mental health unit is the only appropriate place where the patient can be safely detained, **AND**
- The secure mental health unit has the resources to give the patient named above appropriate treatment and care. If the patient named above is a child, I am further satisfied that the patient can be detained separately from adults, and that the probable benefits of accommodating the patient in a secure mental health unit outweigh the probable risks.

I authorise the admission of the patient named above to the secure mental health unit named above for the following reasons:

For the period: From Date: DD / MM / YYYY To Date: DD / MM / YYYY

I confirm that I have consulted with the Chief Psychiatrist or Civil delegate in determining this period of admission

Date and time of authorisation: Date: DD / MM / YYYY Time: 00 : 00

Signature (Chief Psychiatrist or Forensic Delegate):

- COPY TO:** Patient Chief Psychiatrist TASCAT Legal Orders Coordinator
 Controlling Authority of SMHU
 Controlling Authority of Approved Hospital the patient is being transferred from
 If patient has given consent - copy to patient support person/representative
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PART C: EXTENSION OF PERIOD OF DETENTION

CHIEF PSYCHIATRIST OR FORENSIC DELEGATE TO COMPLETE EACH TIME THE PERIOD OF DETENTION IS EXTENDED

Patient (full name in BLOCK letters):

Secure mental health unit where the patient is currently located:

Date and time that the decision to admit the patient to the secure mental health unit was made:

Date: DD / MM / YYYY **Time:** 00 : 00

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

I hereby extend the period for which the involuntary patient named above may be detained in the secure mental health unit named above for an additional period of: **Hours:** **Minutes:**

Unless subsequently extended or the patient is transferred to an approved hospital, the period of detention is to cease on:

Date: DD / MM / YYYY **Time:** 00 : 00

Reason(s) for the extension:

I confirm that I have consulted with the Chief Psychiatrist or Civil delegate in extending this period of detention.

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

Signature (Chief Psychiatrist/Forensic Delegate):

COPY TO: Patient Chief Psychiatrist TASCAT Legal Orders Coordinator

Controlling Authority of both hospitals

If patient has given consent - copy to patient support person/representative

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

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

PART D: REQUEST FOR TRANSFER TO APPROVED HOSPITAL

CHIEF PSYCHIATRIST OR FORENSIC DELEGATE TO COMPLETE

Patient (full name in BLOCK letters):

Secure mental health unit where the patient is currently located:

Approved hospital where patient is to be transferred: Millbrook Rise (South) Roy Fagan (South)

Royal Hobart Hospital (South) Launceston General Hospital (North) North West Regional Hospital (Burnie)

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

I am satisfied that the patient named above no longer meets the requirements of admission to the secure mental health unit named above and request that arrangements be made for the patient named above to be transferred to the approved hospital named above.

Transfer request made on: Date: DD / MM / YYYY Time: 00 : 00

Signature (Chief Psychiatrist or Forensic Delegate):

REQUEST ACCEPTED

CHIEF PSYCHIATRIST OR CIVIL DELEGATE TO COMPLETE

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

I acknowledge the Chief Psychiatrist/Forensic delegate's request to remove the patient named above from the secure mental health unit and return them to the approved hospital referred to above and request that the patient be taken under escort, removed from the secure mental health unit and taken to the approved hospital named above.

Transfer request acknowledged and Escort requested: Date: DD / MM / YYYY Time: 00 : 00

Signature (Chief Psychiatrist or Forensic Delegate):

COPY TO: Patient Chief Psychiatrist TASCAT Legal Orders Coordinator

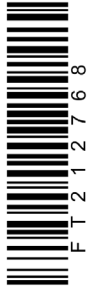
Controlling Authority of both hospitals

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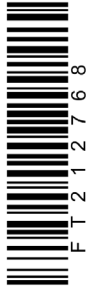
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PART E: RECORD OF ESCORT

ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

Patient (full name in BLOCK letters):

Date and time of request to take patient under escort: Date: DD / MM / YYYY Time: 00 : 00

START OF THE ESCORT

Custodian escorting the patient (full name in BLOCK letters):

Status of escort Mental Health Officer OR Police Officer ID Card/Payroll/Badge Number:

Details of any medication, physical aid, prescription, or other items taken into possession or/and safeguarded:

Date and time person taken under escort: Date: DD / MM / YYYY Time: 00 : 00

Signature of escort:

HANDOVER (complete only if custody has been handed over)

Custodian ACCEPTING handover (full name in BLOCK letters):

Details of any medication, physical aid, prescription or other items handed over OR reasons for such items not being handed over/alternative action taken:

Date and time custody handed over: Date: DD / MM / YYYY Time: 00 : 00

Signature of custodian accepting handover:

ADMISSION TO APPROVED HOSPITAL

Date and time of patient's admission: Date: DD / MM / YYYY Time: 00 : 00

- COPY TO:** Patient Chief Psychiatrist TASCAT Legal Orders Coordinator
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(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

PART A: REQUEST FOR ADMISSION

An involuntary patient who is not a prisoner or youth detainee may be admitted to a secure mental health unit if the admission is authorised by the Chief Psychiatrist (CP) (or forensic delegate). Authorisation may only be given if the patient is being detained in an approved hospital, and the Chief Psychiatrist (CP) (or civil delegate) has formally requested the CP (or forensic delegate) to give the authorisation.

PART B: AUTHORISATION OF ADMISSION

An involuntary patient who is not a prisoner or youth detainee may be admitted to a secure mental health unit if the admission is authorised by the Chief Psychiatrist (CP) (or forensic delegate). Authorisation may only be given if the CP (or forensic delegate) is satisfied that:

- The patient is being detained in an approved hospital, and
- The CP (or delegate) is satisfied that:
 - The patient is, by reason of mental illness, a danger to themselves or to others, and
 - The danger is or has become so serious as to make the patient's continued detention in the approved facility or approved hospital untenable, and
- In the circumstances, a secure mental health unit is the only appropriate place where the patient can be safely detained, and
- The secure mental health unit has the resources to give the person appropriate treatment and care. If the patient is a child, the CP (or delegate) must further be satisfied that the patient can be detained separately to adults, and the probable benefits of accommodating the patient in a secure mental health unit outweigh the probable risks.

On authorising the admission of an involuntary patient to a secure mental health unit the Chief Psychiatrist (or forensic delegate) is to:

- Give notice of the admission, reasons for admission and period of detention (together with a statement of rights in an approved form) to the patient.
- Give notice of the admission to the controlling authority of the secure mental health unit, the controlling authority of the approved hospital from which the patient is being transferred, the Chief Psychiatrist and the Tribunal (TASCAT).

PART C: EXTENSION OF PERIOD OF DETENTION

The Chief Psychiatrist (CP) (or delegate) may extend the period for which the patient may be detained in a secure mental health unit and, to avoid doubt, may do so more than once.

On extending the period of detention the Chief Psychiatrist (or forensic delegate) is to:

- Give notice of the extension to the patient (together with a statement of rights in an approved form)
- Give notice to the controlling authority of the secure mental health unit, the controlling authority of the approved hospital from which the patient was transferred, the Chief Psychiatrist and TASCAT.

PART D: REQUEST/ACCEPTANCE FOR TRANSFER TO APPROVED HOSPITAL

If at any time, the Chief Psychiatrist (CP) or forensic delegate is satisfied that the patient no longer meets the requirements of admission, the CP or forensic delegate may arrange for the patient to be transferred to an approved hospital.

The transfer request is to be in a CP approved form. To effect the patient's transfer, an authorised person may take the patient under escort, remove the patient from the secure mental health unit and take the patient to an approved hospital.

PART E: RECORD OF ESCORT

The custody and escort provisions apply to the patient's escort pursuant to a Form 19 request.

In taking a person under escort, an authorised person may take possession of and safeguard any medication, physical aid or other thing that the escort reasonably believes is or may be necessary to the patient's health, safety or welfare, or which may be relevant to the patient's examination, assessment, treatment or care.

An escort may, as circumstances require, transfer physical control of a person under escort to another authorised person. Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one authorised person to another authorised person.

CONTACT DETAILS:

Chief Psychiatrist: Phone: (03) 6166 0778

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

TASCAT – Protective Stream: Phone: (03) 6165 7491

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

