

# CHIEF PSYCHIATRIST APPROVED FORM – CIVIL 06

## ASSESSMENT ORDER, AFFIRMATION OR DISCHARGE

*Mental Health Act 2013*  
Section 7, Section 24 –35

THCI (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: MAKING OF ASSESSMENT ORDER

#### MEDICAL PRACTITIONER TO COMPLETE

**Patient** (full name in BLOCK letters):

**The assessment setting for the patient is:**  Royal Hobart Hospital (South)  Launceston General Hospital(North)  
 North West Regional Hospital (Burnie)  Millbrook Rise (South)  Roy Fagan (South)

OTHER (please specify):

**Medical Practitioner** (full name in BLOCK letters):

**I assessed the person named on this form and as a result of that assessment, I have determined that the person DOES need to be independently assessed against the assessment criteria.**

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

- I am satisfied from the examination that the person needs to be assessed against the assessment criteria, **AND**  
 A reasonable attempt to have the person assessed with informed consent has failed or it would be futile or inappropriate to make such an attempt.

**I reasonably believe that the person on this form:**

- Appears to have a mental illness that requires or is likely to require treatment for the person's health and safety or the safety of other persons **AND**  
 The person cannot be properly assessed with regard to the mental illness or the making of a treatment order except under the authority of the assessment order **AND**  
 The person named on this form does not appear to have decision making capacity.

**Additional details, if relevant:**

- Information from carers, family and/or friends of the person named on this form was collected verbally or otherwise in making the above determination.

**Notes** (if needed):

**I authorise the patient's admission to and detention in an approved facility (Strike out if not authorising admission)**

**Made and signed on:**

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

**Medical practitioner to sign here:**

- 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

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### INSTRUMENT OF AFFIRMATION

**APPROVED MEDICAL PRACTITIONER TO COMPLETE** – Must be different to the Medical Practitioner who originally completed the assessment of the patient (Part A). The independent assessment must be done within 24 hours of the Order taking effect unless the Order is discharged sooner.

**Patient** (full name in BLOCK letters):

**Tick one of the following:**  Affirm the Assessment Order – **complete Part B**  
 Discharge the Assessment Order – **complete Part C**

### PART B - AFFIRMATION OF ASSESSMENT ORDER

**Approved Medical Practitioner** (print name in BLOCK letters):

**As an Approved Medical Practitioner, I certify that:**

- I am a different approved medical practitioner to the medical practitioner who applied for, or made, the Assessment Order for the patient named on this form, **AND**
- The Assessment Order for the person named on this form has not already been discharged, **AND**

**The patient meets the assessment criteria, as follows:**

- The patient has, or appears to have, a mental illness that requires or is likely to require treatment for the person's health or safety or the safety of other persons,

**Reasons:**

- The patient cannot be properly assessed about the mental illness or the making of a treatment order except under the authority of the assessment order.

**Reasons:**

### CAPACITY ASSESSMENT

**I confirm that the patient named above** (tick any/all that apply):

- Is unable to make the decision because of an impairment, or disturbance in, the functioning of the mind or brain **AND**
- Is unable to understand information relevant to the decision **OR**
- Is unable to retain information relevant to the decision **OR**
- Is unable to use or weigh information relevant to the decision **OR**
- Is unable to communicate the decision (whether by gesture, speech or other means).

**Also complete the following if assessing a CHILD:**

- I am **NOT** satisfied that the patient named above is sufficiently mature to make the decision.

**I affirm the Assessment Order and** (tick only one);

Extend the Order's operation by a period not exceeding: 00 hours (up to 72 hours)  
 with effect from: **Date:** DD / MM / YYYY **Time:** 00 : 00

**OR**  Do not extend the Assessment Order

Unless the Assessment Order is discharged sooner or a Treatment Order is made, the Order will cease to have effect.

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

**AMP Signature:**

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

- COPY TO:**  Patient  Chief Psychiatrist  TASCAT  Legal Orders Coordinator  
 AMP who has assessed the patient  
 If there is consent – copy to patient support person/representative  
 If patient is a child copy to parent/support person/representative
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### PART C: DISCHARGE FROM ASSESSMENT ORDER

**To be completed by any Approved Medical Practitioner or the Medical Practitioner who completed part A - making of assessment order.**

**Patient** (full name in BLOCK letters):

**AMP/MP approving the discharge** (full name in BLOCK letters):

**I am satisfied that the Assessment Order may be discharged due to the following** (tick one only):

After assessing the patient named on this form, I have determined that the Assessment Order may be discharged.

**Reasons:**

**OR**

The patient named on this form does not meet the assessment criteria

**Reasons:**

**AMP/MP Signature:**

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

**COPY TO:**  Patient  Chief Psychiatrist  TASCAT  Legal Orders Coordinator

- AMP/MP who discharged the assessment order
- 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

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### PART A – MAKING OF ASSESSMENT ORDER

A medical practitioner may make an Assessment Order (AO) in respect of a person in, and only in, the following circumstances:

- The medical practitioner must have assessed the person
- The assessment must have been done in the 24 hour period immediately before the assessment order is made
- The medical practitioner must be satisfied from the assessment that the person needs to be assessed against the assessment criteria
- The medical practitioner must be satisfied that a reasonable attempt to have the person assessed, with informed consent, has failed or that it would be futile or inappropriate to make such an attempt.

A medical practitioner may make an AO authorising a patient's admission to and, if necessary, detention in an approved hospital. However, a medical practitioner may not make an AO authorising a patient who is a child to be admitted to and, if necessary, detained in an approved hospital unless the practitioner is satisfied that the hospital has facilities and staff for the patient's assessment and that the hospital is, in the circumstances, the most appropriate place to accommodate the patient.

Assessment at the Roy Fagan Centre or Millbrook Rise centre should be recommended only if there is a prior arrangement to this effect.

A person who has been temporarily detained and escorted to an approved assessment centre under Detaining for the purposes of assessment must be assessed by a medical practitioner, within four (4) hours of the person's arrival at the approved assessment centre, to see if the person needs to be assessed against the assessment criteria or the treatment criteria.

The Medical Practitioner must authorise admission or detention in an approved hospital unless they believe that community involuntary treatment is possible. In which case, the authorisation for admission must be struck out on the form.

**An AO takes effect as soon as it is signed by the medical practitioner who makes it and ceases to have effect 24 hours after it is made if, by then, it has not been discharged AND has either not been affirmed or has been affirmed but not extended in operation.**

### PART B: INSTRUMENT OF AFFIRMATION

Once an Assessment Order (AO) has taken effect, the patient subject to the Order must be independently assessed by an Approved Medical Practitioner within 24 hours unless the Order is sooner discharged. The assessment will be independent if it is done by an Approved Medical Practitioner (AMP) other than the Medical Practitioner who applied for or made the Order.

On assessing the patient, the AMP must immediately affirm or discharge the Assessment Order.

To affirm the AO, the AMP must be satisfied that:

- The patient meets the assessment criteria, and (assessment criteria detailed below)
- The order has not already been discharged.

If the AMP affirms the AO, they may simultaneously extend its operation, once, by a period not exceeding 72 hours commencing from the time of affirmation.

### PART C: DISCHARGE

An Assessment Order may be discharged at any time for sufficient cause by; the medical practitioner who made the Order, any Approved Medical Practitioner, or the Tribunal.

A medical practitioner has sufficient cause to discharge an Assessment Order if they are satisfied, after assessing the patient or on other reasonable grounds, that the patient does not meet the assessment criteria.

The assessment criteria are set out in section 25 of the Act.

### ASSESSMENT CRITERIA

- The person has, or appears to have, a mental illness that requires or is likely to require treatment for the person's health or safety or the safety of other persons, and
- The person cannot be properly assessed with regard to the mental illness or the making of a treatment order except under the authority of the assessment order, and
- The person does not have decision making capacity.

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### TREATMENT CRITERIA

- The person has a mental illness, and
- Without treatment, the mental illness will, or is likely to, seriously harm the person's health or safety or the safety of other persons, and
- The treatment will be appropriate and effective in terms of the outcomes referred to in section 6(1) of the Act, and
- The treatment cannot be adequately given except under a treatment order, and
- The person does not have decision making capacity.

### LACK OF DECISION MAKING CAPACITY - ADULTS

For the purposes of the Mental Health Act 2013, an adult is taken to have the capacity to make a decision about his or her own assessment or treatment unless a person or body considering that capacity under the Act is satisfied that the person:

- Is unable to make the decision because of an impairment of, or disturbance in, the functioning of the mind or brain, and
- Is unable to understand information relevant to the decision, or retain information relevant to the decision, or use or weigh information relevant to the decision, or communicate the decision (whether by speech, gesture or other means).

An adult may be taken to understand information relevant to a decision if it reasonably appears that they are able to understand an explanation of the nature and consequences of the decision given in a way that is appropriate to his or her circumstances (whether by words, signs or other means).

An adult may be taken to be able to retain information relevant to a decision even if they may only be able to retain the information briefly.

Information relevant to a decision includes information on the consequences of making the decision one way or the other, deferring the making of the decision, and failing to make the decision.

### LACK OF DECISION MAKING CAPACITY - CHILDREN

For the purposes of the Mental Health Act 2013, a child is taken to have the capacity to make a decision about his or her own assessment or treatment ONLY IF a person or body considering that capacity under the Act is satisfied that:

- (a) The child is sufficiently mature to make the decision, and
- (b) Notwithstanding any impairment of, or disturbance in, the functioning of the child's mind or brain, the child is able to understand information relevant to the decision, and retain information relevant to the decision, and use or weigh information relevant to the decision, and communicate the decision (whether by speech, gesture or other means).

A child may be taken to understand information relevant to a decision if it reasonably appears that they are able to understand an explanation of the nature and consequences of the decision given in a way that is appropriate to his or her circumstances (whether by words, signs or other means).

A child may be taken to be able to retain information relevant to a decision even if they may only be able to retain the information briefly.

Information relevant to a decision includes information on the consequences of making the decision one way or the other, deferring the making of the decision, and failing to make the decision.

### QUESTIONS TO BE ASKED WHEN ASSESSING A PERSON'S DECISION MAKING CAPACITY

- Is the person's decision at odds with the person's usual preferences, with the person's best interests or with what most people would ordinarily do?
- Why does the person think that they are in hospital?
- Why does the person think that assessment and/or treatment is being recommended?
- What is the person's understanding of the assessment and / or treatment that is proposed?
- Are the person's responses to information that has been given consistent?
- Can the person repeat back the information that they have been given?
- How has the person reached the decision and does the way that they have reached the decision make sense?
- What does the person's understanding of the assessment and/or treatment that is proposed?
- What does the person think will happen if they are assessed and / or treated?
- What does the person think will happen if they are not assessed and / or treated?
- Would the patient stay in hospital or agree to be assessed and / or treated if they had the choice?

### CONTACT DETAILS:

**Chief Psychiatrist:** Phone: (03) 6166 0778

Email: [chief.psychiatrist@health.tas.gov.au](mailto:chief.psychiatrist@health.tas.gov.au)

**TASCAT:** Phone: (03) 6165 7491

Email: [applications.mentalhealth@tascat.tas.gov.au](mailto:applications.mentalhealth@tascat.tas.gov.au)