

Urgent Circumstances Treatment

TASMANIA'S
MENTAL
HEALTH
ACT

Rights, Respect, Recovery

Chief Civil Psychiatrist Standing Order 8

Provisions to Which the Order Relates

Mental Health Act 2013 – sections 6, 15, 16, 55 and Schedule 1.

Preamble

An involuntary patient may be given urgent circumstances treatment without informed consent or Tribunal authorisation if an approved medical practitioner authorises the treatment as being urgently needed in the patient's best interests.

The approved medical practitioner may authorise treatment as being urgently needed in the patient's best interests only if the approved medical practitioner is of the opinion that achieving the necessary treatment outcome would be compromised by waiting for the urgent circumstances treatment to be authorised by the Tribunal (or by a member thereof on an interim basis).

An approved medical practitioner may give the authorisation if, and only if, he or she has concluded from an examination that-

- a. The patient has a mental illness that is generally in need of treatment, and
- b. The urgent circumstances treatment is necessary for the patient's health or safety or the safety of other persons, and
- c. The urgent circumstances treatment is likely to be effective and appropriate to:
 - i. Prevent or remedy the patient's mental illness, or
 - ii. Manage and alleviate, where possible, the ill effects of the mental illness, or
 - iii. Reduce the risks that the patient may pose to themselves or others because of the mental illness, or
 - iv. Monitor or evaluate the patient's mental state, and
- d. Achieving the necessary treatment outcome would be compromised by waiting for the urgent circumstances treatment to be authorised by the Tribunal, or by a member of the Tribunal on an interim basis.

Once the treatment has been authorised, the approved medical practitioner has an obligation to ensure that the patient is advised of the authorisation as soon as possible after it is given.

The approved medical practitioner is also obliged to give a copy of the authorisation to the patient, together with a Statement of Rights in a CCP approved form. A copy of the authorisation should also be given to the Chief Civil Psychiatrist and the Mental Health Tribunal and placed on the patient's clinical record.

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Purpose

This Standing Order directs controlling authorities, people in charge of community mental health premises, medical practitioners, nurses and other staff members of approved hospitals, approved assessment centres and community mental health teams in the authorisation of urgent circumstances treatment of involuntary patients under the *Mental Health Act 2013*, and related matters.

The Order is designed to ensure that urgent circumstances treatment is authorised and given appropriately, safely and in a way that respects the dignity and rights of patients.

Failure by an individual to comply with this Order is not an offence but does constitute proper grounds for instituting professional, or as the case may be, occupational disciplinary action against that individual.

Direction

I, Professor Kenneth Clifford Kirkby, being and as the Chief Forensic Psychiatrist, pursuant to sections 152 and 153 of the *Mental Health Act 2013* and section 22 of the *Acts Interpretation Act 1931* hereby:

1. Revoke all previous directions (standing orders) issued under section 152 of the *Mental Health Act 2013* with respect to the exercise of responsibilities in relation to authorising urgent circumstances treatment with effect from 11.59 pm on 30 June 2017; and
2. Issue the following direction (standing order) to controlling authorities (and delegates) and authorised persons exercising responsibilities in relation to authorising urgent circumstances treatment under the *Mental Health Act 2013*, and related matters, with effect from 12.00 am on 1 July 2017.
 1. Urgent circumstances treatment may be given to an involuntary patient in an approved hospital, approved assessment centre or in a community setting; however urgent circumstances treatment which requires or is likely to require the use of force or restraint is only to be given in an approved hospital or approved assessment centre.
 2. The decision to authorise urgent circumstances treatment is only to be made by an approved medical practitioner, if he or she has concluded from an examination that -
 - (a) the patient has a mental illness that is generally in need of treatment; and
 - (b) the urgent circumstances treatment is necessary for –
 - (i) the patient's health or safety; or
 - (ii) the safety of other persons; and
 - (c) the urgent circumstances treatment is likely to be effective and appropriate in terms of the outcomes referred to in section 6(1) of the Act; and
 - (d) achieving the necessary treatment outcome would be compromised by waiting for the urgent circumstances treatment to be authorised by the Tribunal (or by a member thereof on an interim basis).

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3. Involuntary patients who are given urgent circumstances treatment must be regularly observed by a registered nurse or medical practitioner. The focus of the observation must be on the person's safety and dignity and on any change in the person's physical or mental health status. Observation must be direct and in person and must not involve observation via video monitoring systems or similar technologies.
4. Any use of urgent circumstances treatment must be in accordance with Chief Civil Psychiatrist Clinical Guidelines and with the policies and procedures of the relevant approved hospital.
5. Matters relevant to the use of urgent circumstances treatment must be documented using Chief Civil Psychiatrist Approved Form 8: Urgent Circumstances Treatment. Following authorisation the approved medical practitioner must;
 - a. Ensure the patient is advised of the authorisation as soon as possible after it is given;
 - b. Give a copy of the authorisation to the patient with a statement of rights;
 - c. Give a copy of the authorisation to the Chief Civil Psychiatrist and the Tribunal;
 - d. Place a copy of the authorisation on the patient's clinical record.
6. Authorised urgent circumstances treatment may be given until whichever of the following occurs first;
 - a. The treatment is completed
 - b. An approved medical practitioner, for any reason he or she considers sufficient, stops the treatment,
 - c. The 96 hour period immediately following the giving of the authorisation expires,
 - d. The assessment order, treatment order or interim treatment order ceases or is discharged,
 - e. The authorisation is set aside by the Tribunal.
7. A monthly report on the use of urgent circumstances is to be provided to the Chief Civil Psychiatrist by no later than the 20th day of the month after the month in which the treatment was used.

A handwritten signature in black ink, appearing to read 'Ken Kirkby', is positioned above the typed name.

Professor Kenneth Clifford Kirkby

Chief Civil Psychiatrist

Date: 1 July 2017