

# CHIEF FORENSIC PSYCHIATRIST APPROVED FORM 20B



Rights, Respect, Recovery

## FORENSIC PATIENT RETURN TO YOUTH DETENTION

*Mental Health Act 2013*  
Section 70

THCI: (Patient Id): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AFFIX STICKER HERE**

### PART A: REQUEST TO RETURN TO YOUTH DETENTION

#### PATIENT TO COMPLETE

*A forensic patient who is 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 Secretary (Youth Justice) at any time.*

*The Secretary (Youth Justice) means the Secretary of the responsible Department in relation to the Youth Justice Act 1997. The request is to be made to the Chief Forensic 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 his or her ability, or arrange for another secure mental health unit staff member to render that help.***

**Patient's name:** \_\_\_\_\_

**I hereby ask** to be returned to the custody of the Secretary (Youth Justice).

**Date and time of request:** Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ (24 hr)

**Signature:** \_\_\_\_\_

**Other:**  If the patient has sought help in making the request – the patient has been given the help sought



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Mental Health Act 2013  
Section 70

THCI: (Patient Id): \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F  TG/IT

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AFFIX STICKER HERE**

### PART B: REQUEST AGREED TO / REFUSED

#### REQUEST TO SECRETARY (YOUTH JUSTICE) / NOTICE OF REFUSAL

#### CHIEF FORENSIC PSYCHIATRIST or DELEGATE / SECRETARY (YOUTH JUSTICE) or DELEGATE TO COMPLETE

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 (Youth Justice) at any time.

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

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

The CFP (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 CFP may agree to the request, or refuse the request.

In considering the request, the CFP 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 CFP considers relevant.

If the CFP agrees to the request:

The CFP, without undue delay, is to request the Secretary (Youth Justice) 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 (Youth Justice) 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 CFP refuses the request, the CFP is to give notice of the refusal, with reasons, to the patient and the Tribunal.

Patient's name: \_\_\_\_\_

CFP/ delegate's name: \_\_\_\_\_

I confirm that I am in receipt of a request from the patient named above dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to be returned to the custody of the Secretary (Youth Justice).

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

Date and time of examination: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

Name of approved medical practitioner: \_\_\_\_\_

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 the Secretary (Youth Justice) to remove the patient from the secure mental health unit **OR**  **REFUSE** the request for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

#### Date and time request agreed to/refused:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

Signature: \_\_\_\_\_

I, \_\_\_\_\_ name of the Secretary (Youth Justice) (or delegate) acknowledge the request to remove the patient named above from the secure mental health unit and return him/her to youth detention within 48 hours of the CFP's decision to agree to the patient's request.

Date and time request acknowledged: Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

Signature: \_\_\_\_\_

#### Date and time patient actually removed from the secure mental health unit:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ (24 hr)

**COPY TO:**  Patient  CFP (if request agreed to/refused by a delegate)  Tribunal  LOC  If patient is a child or if there is consent - patient's parent/support person/representative  Secretary (Youth Justice) **OTHER:**  If the request is refused - a Statement of Rights  Explanation to patient in language and form that patient can understand

**CONTACT DETAILS: MHT:** Phone: (03) 6165 7491 Email: [mht.applications@justice.tas.gov.au](mailto:mht.applications@justice.tas.gov.au)

**CFP:** Phone: (03) 6166 0781 Email: [chief.psychiatrist@dhhs.tas.gov.au](mailto:chief.psychiatrist@dhhs.tas.gov.au)

**Secretary (Youth Justice):** Phone: (03) 6362 2311 Fax: (03) 6362 2217 Email: [ginna.webster@dhhs.tas.gov.au](mailto:ginna.webster@dhhs.tas.gov.au)