

CHIEF CIVIL PSYCHIATRIST APPROVED FORM 22



FAILURE TO COMPLY WITH TREATMENT ORDER

Mental Health Act 2013
Sections 42 and 47

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

AFFIX STICKER HERE

PART A: FAILURE TO COMPLY WITH TREATMENT ORDER

TREATING MEDICAL PRACTITIONER TO COMPLETE



A patient's treating medical practitioner may seek to have a patient who the practitioner is satisfied has failed to comply with a Treatment Order admitted to, and if necessary, detained in an approved hospital under and in accordance with section 42 of the Act.

Alternatively, the treating medical practitioner may:

- Apply to the Tribunal to vary the Order, or
- Authorise urgent circumstances treatment or seek authorisation to give urgent circumstances treatment if the treating medical practitioner is not an approved medical practitioner.

A Treatment Order is authority, if a determination of failure to comply is made for the patient to be admitted to and, if necessary, detained in an approved hospital until the Order is varied so as to provide for a different treatment setting, or, if the detention is authorised under the Order until the Order ceases to have effect under the Act.

Patient's name: _____

Treating medical practitioner's name: _____

I am satisfied that :

- The patient named above is subject to a Treatment Order, and
- Treatment Order attached
- Reasonable steps have been taken to obtain the above named patient's compliance with the Treatment Order to which he or she is subject, as follows (*give details*):

- Despite those reasonable steps, the patient has failed to comply with the Treatment Order as follows (*give details*):

- The failure in compliance has seriously harmed, or is likely to seriously harm the patient's health or safety or the safety of other persons, as follows (*give details*):

- The harm or likely harm cannot be adequately addressed except by way of a treatment setting that is inconsistent with the Treatment Order.

I hereby determine that section 47 of the Act applies to the patient named above.

I hereby request that the patient named above be taken under escort and involuntarily admitted to the following approved facility:

- NWRH (Burnie) LGH RHH Roy Fagan Centre Millbrook Rise Centre

Details/conditions of escort (time and date of escort, whether restraints recommended):

Date and time of request: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

Treating medical practitioner's signature:

COPY TO: CCP LOC MHT

CONTACT DETAILS: CCP: Phone: (03) 6166 0781 Fax: (03) 6230 7739 Email: chief.psychiatrist@dhhs.tas.gov.au

Police: Phone: (03) 6230 2434 Fax: (03) 6230 2414 Email: rds@police.tas.gov.au

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PART B: PATIENT DESCRIPTION

MEMBER OF TREATING TEAM TO COMPLETE

Patient's name: _____

Patient's description (gender, hair and eye colour, approximate height, attire when last seen):

Last known whereabouts:

Any other relevant information:

COPY TO: Police MHO MHT Other escort

CONTACT: Police: Phone: (03) 6230 2424 rds@police.tas.gov.au **CCP:** Phone: (03) 6166 0781 chief.psychiatrist@dhhs.tas.gov.au

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PART C: RECORD OF ESCORT

CUSTODIAN/ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

In taking a person into custody, an MHO or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the custodian or 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.

A custodian may, as circumstances require, transfer physical control of a person in custody to another MHO or Police Officer.

Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one MHO or Police Officer to another such officer.

Patient's name: _____

Date and time of request to take patient under escort:

Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

ENTRY TO CUSTODY / COMMENCEMENT OF ESCORT

Status and identity of MHO/Police Officer taking patient into custody (tick the appropriate box):

- MHO. Name/ID Card/Payroll Number: _____
 Police Officer. Name and Badge Number: _____

Details of any medication, physical aid, prescription or other things taken possession of and safeguarded in taking the patient into custody:

Date and time person taken into custody: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

Custodian's signature: _____

HANDOVER OF CUSTODY (COMPLETE ONLY IF CUSTODY HAS BEEN HANDED OVER)

Status and identity of MHO/Police Officer accepting handover of custody (tick the appropriate box):

- MHO. Name/ID Card/Payroll Number: _____
 Police Officer. Name and Badge Number: _____

Details of medication, physical aids, prescriptions or other things handed over OR reasons for such items not being handed over/alternative action taken:

Date and time custody handed over: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

Signature of custodian accepting custody: _____

ADMISSION TO APPROVED FACILITY

Name of approved facility to which patient is admitted:

- NWRH (Burnie) LGH RHH Roy Fagan Centre Millbrook Rise Centre

Date and time of patient's admission: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

COPY TO: CCP MHT LOC

CONTACT DETAILS: **MHT:** Phone: (03) 6165 7491 Email: mht.applications@justice.tas.gov.au
CCP: Phone: (03) 6166 0781 Email: chief.psychiatrist@dhhs.tas.gov.au

