

# CHIEF FORENSIC PSYCHIATRIST APPROVED FORM 8



## URGENT CIRCUMSTANCES TREATMENT (FORENSIC)

Mental Health Act 2013  
Section 87

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

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

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

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

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

**AFFIX STICKER HERE**

### AUTHORISATION OF URGENT CIRCUMSTANCES TREATMENT

#### APPROVED MEDICAL PRACTITIONER TO COMPLETE

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

An AMP may authorise treatment as being urgently needed in the patient's best interests only if the AMP 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 of the Tribunal on an interim basis).

The AMP 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 both 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 of the Tribunal on an interim basis).

Treatment is defined in section 6(1) of the Act to mean the professional intervention necessary to prevent or remedy mental illness; or manage and alleviate, where possible, the ill effects of mental illness; or reduce the risk that persons with mental illness may, on that account, pose to themselves or others; or monitor or evaluate a person's mental state.

**The authorisation may be given by any means of communication the AMP considers appropriate in the circumstances but, if it is given orally, the AMP is to confirm it in writing using this form.**

If the authorisation is given, the AMP has the following obligations:

To ensure that the patient is advised of the authorisation as soon as possible after it is given

To give a copy of the authorisation to the Chief Forensic Psychiatrist and the Tribunal

To give a copy of the authorisation to the patient (together with a statement of rights)

To place a copy of the authorisation on the patient's clinical record.

If the authorisation is given, the patient may be given the urgent circumstances treatment until whichever of the following first occurs:

The treatment is completed

The AMP, for any reason he or she thinks sufficient, stops the treatment

The 96 hour period immediately following the giving of the authorisation expires

The patient is discharged from the secure mental health unit,

The authorisation is set aside by the Tribunal.

I, \_\_\_\_\_ (Approved Medical Practitioner)  
(name in full – use block letters)

examined \_\_\_\_\_ (Patient)  
(name in full – use block letters)

on the \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_ at \_\_\_\_:  
(day) (month) (year) (time – 24 hr)

and have concluded from the examination that:

1. The patient has a mental illness that is generally in need of treatment, and
2. The urgent circumstances treatment is necessary for:
  - (a) the patient's health or safety, or
  - (b) the safety of other persons, and
3. The urgent circumstances treatment is likely to be both effective and appropriate in terms of the outcomes referred to in section 6(1) of the Act, and
4. 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).

I hereby authorise the following treatment as being urgently needed in the patient's best interests:

Authorised this \_\_\_\_ day of \_\_\_\_ 20 \_\_\_\_ at \_\_\_\_:  
(day) (month) (year) (time – 24 hr)

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

VERBAL ADVICE TO THE FOLLOWING:  Patient

COPY TO:  Patient  CFP  Tribunal  LOC  If patient is a child or if there is consent - patient's parent/support person/representative

OTHER:  Statement of rights to patient  Explanation to the patient in a language and form that the 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)