

# CHIEF PSYCHIATRIST APPROVED FORM - CIVIL 08

## URGENT CIRCUMSTANCES TREATMENT

*Mental Health Act 2013*

Sections 7, 23 – 35 and Section 55

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)

## AUTHORISATION OF URGENT CIRCUMSTANCES TREATMENT

### APPROVED MEDICAL PRACTITIONER TO COMPLETE

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

**Tick one:**  The patient is on an Assessment Order  The patient is on a Treatment Order

**Approved Medical Practitioner approving the Urgent Circumstances Treatment** (full name in BLOCK letters):

I confirm that the patient named above has been assessed on: **Date:** DD / MM / YYYY **Time:** 00 : 00

I have concluded from the assessment that urgent circumstances treatment is necessary for:

The patient's health or safety, **OR**

The safety of other persons, **AND**

Waiting for the treatment to be authorised by the Tribunal (or by a member thereof on an interim basis) would compromise-

The outcomes of the treatment, as specified in section 6 (1), for this patient.; **OR**

The effectiveness of the treatment for this patient, in meeting the outcomes of treatment as specified in section 6 (1)

## AUTHORISATION

I authorise the following treatment as being urgently needed in respect of the patient:

Benzodiazepines

Antidepressants

Antipsychotics

Anticholinergics

Mood stabilisers

Electroconvulsive therapy (ECT)

Other (specify):

**Date/time treatment authorised:** **Date:** DD / MM / YYYY **Time:** 00 : 00

**Signature:**

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

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 a language and form that the patient can understand

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### URGENT CIRCUMSTANCES TREATMENT – INSTRUCTIONAL INFORMATION

An involuntary patient may only be given treatment ("urgent circumstances treatment") without informed consent or Tribunal authorisation if an approved medical practitioner authorises the treatment as being urgently needed in respect of the patient.

An approved medical practitioner (AMP) may only authorise urgent circumstances treatment in respect of a patient if the approved medical practitioner is satisfied, as a result of an assessment of the patient, that the treatment is necessary for –

- The patient's health or safety; or
- The safety of other persons; and
- Waiting for the treatment to be authorised by the Tribunal or by a member thereof on an interim basis would compromise –
  - The outcomes of the treatment, as specified in section 6(1), for this patient; or
  - The effectiveness of the treatment, for this patient, in meeting the outcomes of treatment as specified in section 6(1).

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 Psychiatrist and the Tribunal
- To give a copy of the authorisation to the patient (together with a statement of rights)
- If there is consent from the patient, a copy is to be given to the persons support person/representative
- If the patient is a child, a copy is to be given to their parent(s), carer or support person
- 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 they think sufficient, stops the treatment
- The 96 hour period immediately following the giving of the authorisation expires
- The assessment order, treatment order or interim treatment order ceases or is discharged
- The authorisation is set aside by the Tribunal.

Note 1: The authorisation of urgent circumstances treatment is reviewable by TASCAT

### CONTACT DETAILS:

**Chief Psychiatrist:**

Phone: (03) 6166 0778

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

**TASCAT – Protective Stream:**

Phone: (03) 6165 7491

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