



**CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA**
**WA MENTAL HEALTH
ACT 2014**

SECTIONS: 55, 56, 72, 89, 90, 120, 123, 131

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 6A – INPATIENT TREATMENT ORDER IN AUTHORISED HOSPITAL

Authorised hospital where the person is to be an involuntary inpatient: _____

Reasons for making the inpatient treatment order: NE

All requirements must be met. (Tick the boxes to confirm.)

- ☐ the person has a mental illness requiring treatment;
- ☐ because of the mental illness there is a significant risk to the health or safety of the person or to the safety of another person, or a significant risk of serious harm to the person or to another person;
- ☐ the person does not demonstrate the capacity to make a decision about provision of treatment to himself or herself;
- ☐ treatment in the community cannot reasonably be provided to the person; and
- ☐ there is no alternative that would be less restrictive to the person's freedom of choice and movement.

Any additional evidencing comments (optional):

Name of the psychiatrist making the order: _____

Qualifications of the psychiatrist making the order: _____

Signature of the psychiatrist making the order: _____

Date and time order made:

Date: DD/MM/YY Time: HH:MM

Date and time inpatient treatment order will expire:

Date: DD/MM/YY Time: HH:MM

(Up to 21 days for adults, and 14 days for children, from the day on which the order is made)

REVOCATION OF INPATIENT TREATMENT ORDER (If required) NE

Reasons for revoking order:

- ☐ I am satisfied that the involuntary inpatient is no longer in need of the inpatient treatment order.

Any comments (optional):

Name of the revoking psychiatrist: _____

Qualifications: _____ **Signature:** _____

Date and time revocation order made:

Date: DD/MM/YY Time: HH:MM

FORM 6A – INPATIENT TREATMENT ORDER IN AUTHORISED HOSPITAL

When to use this form:

A psychiatrist can make an inpatient treatment order following:

- an examination by a psychiatrist of a person on a referral at an authorised hospital (Form 1A) (s55); **NE**
- a further examination by a psychiatrist of a person following an order continuing detention at an authorised hospital (Form 3C) (s56);
- a further examination by a psychiatrist of a person following an order authorising reception and detention of person at authorised hospital (Form 3D) (s72);
- a monthly examination by the supervising psychiatrist of a patient on a community treatment order (s120); **NE**
- an examination by a supervising psychiatrist of a patient on a community treatment order, at any time while the community treatment order is in force (s123); **NE**
- an examination by the supervising psychiatrist following a patient's breach of a community treatment order that continues after a notice of the breach has been given (s131); **NE**

if satisfied, having regard to criteria in section 25 of the *Mental Health Act 2014*, that the person is in need of an inpatient treatment order.

NE The making of the inpatient treatment order in these circumstances is a **Notifiable Event** which means, where possible, at least one personal support person must be notified of the making of this order.

Criteria for inpatient treatment order:

Section 25(1) criteria for an inpatient treatment order (all of the requirements must be met):

- a) the person has a mental illness requiring treatment;
- b) because of the mental illness there is a significant risk to the health or safety of the person or to the safety of another person, or a significant risk of serious harm to the person or to another person;
- c) the person does not demonstrate the capacity to make a decision about provision of treatment to himself or herself (see Part 5 of Act for consideration of capacity matters);
- d) treatment in the community cannot reasonably be provided to the person; and
- e) there is no alternative that would be less restrictive to the person's freedom of choice and movement.

Duration of order:

This order is in force until:

- the order expires on the date specified on the order, which cannot exceed:
 - 21 days, if the person is an adult on the day that the order is made (s87(a))
 - 14 days, if the person is a child on the day that the order is made (s87(b))
- unless, one of the following orders is made before the inpatient treatment order expires:
 - The order is extended (Form 6C) (s89(2))
 - The order is revoked (revocation section of this form) (s89(2), s90(1))
 - A *Form 5A – Community treatment order* is made in respect of the person (s89(2), s90(1)).

Revocation of order:

1. On or within 7 days before the *Form 6A - Inpatient treatment order* expires, a psychiatrist must examine the involuntary patient. On completing the examination, if satisfied having regard to section 25 criteria that the involuntary inpatient is no longer in need of an inpatient treatment order the psychiatrist can make an order revoking the inpatient treatment order, using this form (s89).

OR

2. At any time while an involuntary inpatient is under the inpatient treatment order a psychiatrist can make an order revoking the inpatient treatment order. The psychiatrist can make this order without examining the involuntary inpatient (s90).

NE The revocation of the inpatient treatment order is a **Notifiable Event** which means, where possible, at least one personal support person must be notified of the making of this order.

Checklist of *Mental Health Act 2014* requirements related to this form:

Notes

- ☐ **NE** If the making of the order is a notifiable event, notify at least one personal support person of the making of this order.
- ☐ Give the involuntary inpatient a copy of this form as soon as practicable.
- ☐ File this form on the involuntary inpatient's medical record.
- ☐ ☒ Give a copy of this form to the Mental Health Tribunal, Mental Health Advocacy Service and (if patient is a mentally impaired accused), email it to the Mentally Impaired Accused Review Board (MIARB) at prisonersreviewboard@justice.wa.gov.au as soon as practicable.
- ☐ Give the Mental Health Tribunal, Mental Health Advocacy Service (and if applicable) MIARB, the name and contact details of any personal support person notified of the making of this order (or if no one notified, the reasons for this).
- ☐ Provide the involuntary inpatient and at least one personal support person with an explanation of the involuntary patient's rights as soon as practicable.

If inpatient treatment order is revoked:

- ☐ **NE** If the making of this order is a Notifiable Event, notify at least one of the involuntary inpatient's personal support persons of the making of the order.
- ☐ ☒ File this form with revocation section completed and give a copy to the patient, the Mental Health Tribunal, Mental Health Advocacy Service and (if applicable) MIARB.