



CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA

WA MENTAL HEALTH
ACT 2014

SECTIONS: 61, 89, 90, 131

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 6B – INPATIENT TREATMENT ORDER IN GENERAL HOSPITAL

Has the Chief Psychiatrist provided consent for this order to be made?

☐ Yes ☐ No (this order cannot be made).

General hospital where the person

is to be an involuntary inpatient: _____

Reasons for making the inpatient treatment order in the general hospital: **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.
- ☐ attempting to take the person to, or to detain the person at an authorised hospital poses a significant risk to the person's physical health.

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 6B – INPATIENT TREATMENT ORDER IN GENERAL HOSPITAL

Notes: Form 6B – Inpatient treatment order in general hospital

When to use this form:

1. A psychiatrist who examines a person at a place that is not an authorised hospital, can, using this form, make an order authorising the person's detention at the general hospital specified in the order, if:
 - satisfied that attempting to take the person to, or to detain the person at an authorised hospital poses a significant risk to the person's physical health; and
 - the Chief Psychiatrist consents to the order being made (s61).

OR

2. A supervising psychiatrist who examines an involuntary community patient at a place following a breach of a community treatment order, can, using this form, make an order authorising the person's detention at the general hospital specified in the order, if:
 - satisfied that attempting to take the person to, or to detain the person at an authorised hospital poses a significant risk to the person's physical health; and
 - the Chief Psychiatrist consents to the order being made (s131).

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

Where transferring the patient to an authorised hospital no longer poses a significant risk to the patient's physical health, a *Form 4C – Transfer order* should be made. This form (Form 6B) will be valid following the transfer to the authorised hospital and will operate as an inpatient treatment order in an authorised hospital.

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 6B - 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. 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** 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.
- ☐ Before the end of 7 days, report to the Chief Psychiatrist using the *Attachment to Form 6B – Inpatient treatment order in a general hospital: Report to Chief Psychiatrist*.

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.