



**CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA**

**WA MENTAL HEALTH
ACT 2014**

SECTIONS: 105

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 7A – GRANT OF LEAVE TO INVOLUNTARY INPATIENT **NE**

Hospital where person is an involuntary inpatient: _____

Date and time leave commences: Date: DD/MM/YY Time: HH:MM

Period of leave: _____

Date and time leave ends and person must return to hospital: Date: DD/MM/YY Time: HH:MM

Conditions of leave (see overleaf):

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Reasons for granting leave:

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Details of persons consulted before order was made (or efforts to consult) (see overleaf):

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Name of the psychiatrist granting leave: _____

Qualifications of the psychiatrist granting leave: _____

Signature of the psychiatrist granting leave: _____

Date and time order made: Date: DD/MM/YY Time: HH:MM

FORM 7A – GRANT OF LEAVE TO INVOLUNTARY INPATIENT

Notes: Form 7A – Grant of leave to involuntary inpatient

When to use this form:

A psychiatrist may make an order under this form, granting an involuntary inpatient leave of absence from a hospital if satisfied that granting the leave of absence:

- will —
 - be likely to benefit the involuntary inpatient's recovery from mental illness or to benefit the inpatient's mental health in some other way; or
 - enable the involuntary inpatient to obtain medical or surgical treatment or be likely to benefit the inpatient's physical health in some other way;
- and
- is not inconsistent with the involuntary inpatient being provided with the treatment which the patient needs because of the:
 - significant risk to the health or safety of the person or the safety of another person; or
 - significant risk of serious harm to the person or to another person, resulting from the patient's mental illness (s105).

The psychiatrist cannot make an order granting leave without considering whether it would be more appropriate to make a community treatment order or revoke the inpatient treatment order (s105(8)).

There is no maximum period for which leave can be granted specified in the *Mental Health Act 2014*. However if an involuntary inpatient is away from a hospital on leave of absence for more than 21 consecutive days, the treating psychiatrist must consider whether it would be appropriate to revoke the inpatient treatment order or make a community treatment order (s108).

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

Conditions of leave:

The conditions of the leave may include conditions about the involuntary inpatient doing any of these things:

- residing at a specified place;
- receiving specified treatment;
- attending at a specified place, and remaining there as specified in the order, to enable the involuntary inpatient to be provided with specified treatment (s105(10)).

Consultation which must occur before leave is granted:

The psychiatrist cannot make the order granting leave unless the psychiatrist has consulted with the following people about whether or not to make the order, and about what period and conditions would be appropriate to specify in the order:

- the involuntary inpatient's enduring guardian or guardian (if the patient has one);
- the involuntary inpatient's parent or guardian (if the patient is a child) (s105(2)).

The psychiatrist cannot make the order granting leave unless the psychiatrist has consulted, *or made reasonable efforts to consult* with the following people about whether or not to make the order, and about what period and conditions would be appropriate to specify in the order:

- the involuntary inpatient's nominated person (if the patient has one)
(*unless the psychiatrist reasonably believes that this consultation is not in the patient's best interests*).
- the involuntary inpatient's carer (if the patient has one)
(*unless the patient has capacity to consent and has refused consent for this consultation to occur and the psychiatrist believes this refusal is reasonable, or the psychiatrist reasonably believes that this consultation is not in the patient's best interests*).
- the involuntary inpatient's close family member (if the patient has one)
(*unless the patient has capacity to consent and has refused consent for this consultation to occur and the psychiatrist believes this refusal is reasonable, or the psychiatrist reasonably believes that this consultation is not in the patient's best interests*)
(s105(2) & s105(4))

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

Notes

- ☐ **NE** Notify at least one of the involuntary inpatient's personal support persons 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.