



CHIEF PSYCHIATRIST  
OF  
WESTERN AUSTRALIA

WA MENTAL HEALTH  
ACT 2014

SECTION: 242

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

**FORM 9B – REPORT TO CHIEF PSYCHIATRIST ABOUT PROVISION OF URGENT  
NON-PSYCHIATRIC TREATMENT <sup>NE</sup>**

This form only needs to be completed if urgent non-psychiatric treatment was provided to an involuntary inpatient, or a mentally impaired accused detained in an authorised hospital.

**Only send a copy of this form to the Mentally Impaired Accused Review Board  
if this person is a mentally impaired accused.**

**Does the person have an Advance Health Directive?**

☐ Yes ☐ No ☐ Unknown

**Date and time that the urgent non-psychiatric treatment  
was provided to the person:**

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

**Health service where the urgent non-psychiatric  
treatment was provided to the person:** \_\_\_\_\_

**Particulars of the circumstances in which the treatment was provided:**

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**Particulars of the treatment provided:**

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**Name of the practitioner who provided the treatment:** \_\_\_\_\_

**Qualifications of practitioner:** \_\_\_\_\_

**Names of any other people involved in providing the treatment:**

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**Name of the person making this report:** \_\_\_\_\_

**Qualifications of the person making this report:** \_\_\_\_\_

**Signature of the person making this report:** \_\_\_\_\_

FORM 9B – REPORT TO CHIEF PSYCHIATRIST ABOUT PROVISION OF  
URGENT NON-PSYCHIATRIC TREATMENT

**Notes: Form 9B – Report to Chief Psychiatrist about provision of urgent non-psychiatric treatment**

**When to use this form:**

The person in charge of an authorised hospital must report to the Chief Psychiatrist using this form if urgent non-psychiatric treatment is provided to a patient who is:

- An involuntary patient who is under an inpatient treatment order authorising the patient's detention at an authorised hospital; or
- A mentally impaired accused required under the *Criminal Law (Mentally Impaired Accused) Act* to be detained at an authorised hospital (s242).

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

**Definition of urgent non-psychiatric treatment:**

Urgent treatment means treatment urgently needed by a patient —

- to save the patient's life; or
- to prevent serious damage to the patient's health; or
- to prevent the patient from suffering or continuing to suffer significant pain or distress,

but does **not include** psychiatric treatment or the sterilisation of the patient (s110ZH of *Guardianship and Administration Act 1990*).

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

**Notes**

- ☐ **NE** Notify at least one personal support person that the involuntary patient received urgent non-psychiatric treatment.
- ☐ ☒ Email a copy of this form to the Chief Psychiatrist at [monitoring@ocp.wa.gov.au](mailto:monitoring@ocp.wa.gov.au).
- ☐ ☒ If the person is a mentally impaired accused, email a copy of this form to the Mentally Impaired Accused Review Board at [prisonersreviewboard@justice.wa.gov.au](mailto:prisonersreviewboard@justice.wa.gov.au).