



**CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA**

GOVERNMENT OF
WESTERN AUSTRALIA

FAMILY NAME	UMRN
GIVEN NAMES	CMHI
BIRTHDATE DD-MM-YY	GENDER
ADDRESS	

SECTIONS: 303

MHA2014 s.303 - Segregation of children from adult inpatients- Notification Form

What strategies will be undertaken to ensure that appropriate treatment and care is provided to the child by the mental health service that takes into account the child's age, maturity, gender, culture and spiritual beliefs?

Will the child be segregated from adult inpatients within the mental health service?

Yes No Explantation:

What level of observation and/or companion will be used whilst the child is on the ward?

Describe any other measures that will be taken to ensure that the child is protected and their individual needs in relation to treatment and care are being met.

Details of the person in charge of the mental health service

Name: _____ **Position Title:** _____

Name of Service: _____ **Date:** DD-MM-YYYY **Time:** HH:MM

Has a copy of this report been provided to the child's parent or guardian?

Electronic signature: _____ **Yes No**



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MHA2014 s.303 - Segregation of children from adult inpatients- Notification Form

When to use this form:

This section applies in relation to a mental health service that does not ordinarily provide treatment or care to children who have a mental illness.

A child cannot be admitted by a mental health service as an inpatient unless the person in charge of the mental health service is satisfied that —

- (a) the mental health service can provide the child with treatment, care and support that is appropriate having regard to the child's age, maturity, gender, culture and spiritual beliefs; and
- (b) the treatment, care and support can be provided to the child in a part of the mental health service that is separate from any part of the mental health service in which adults are provided with treatment and care if, having regard to the child's age and maturity, it would be appropriate to do so.

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

- File a copy of this in the patients record
- Give a copy of this report to the child's parent or guardian
- Give the Chief Psychiatrist a copy of this form as soon as practicable

Notes