



Mental Health Act 2014

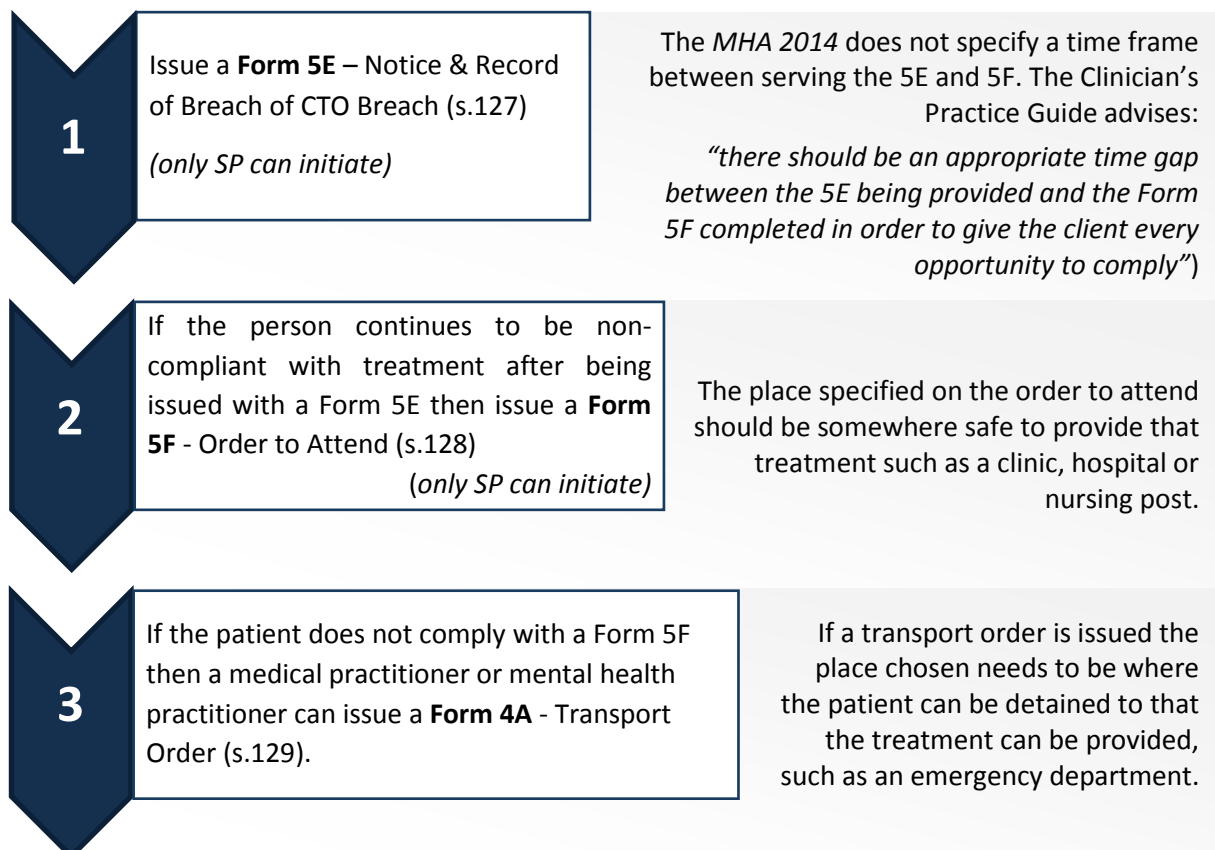
Options for people on Community Treatment Orders (CTOs) who are in breach and/or need inpatient treatment

If a person is on a CTO there are a number of options open to the community treating team when a person is in breach of their CTO or it is considered that the person is in need of inpatient admission (voluntary or involuntary).

The *MHA 2014* does not prescribe a hierarchy to these options and there are many factors that could influence the decision clinicians make

Breach process

The Supervising Psychiatrist (SP) can initiate the breach process and this **must** occur in the following order:



If it becomes clear that just providing the treatment (eg depot) will not be enough and the person is in need of inpatient treatment, there are three options...





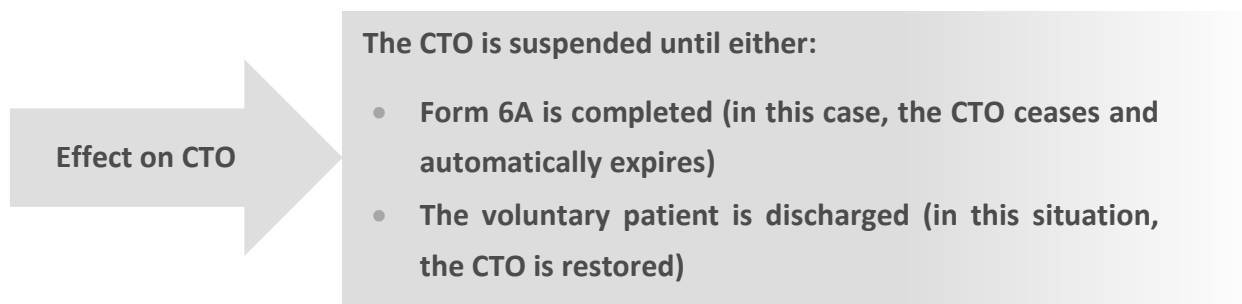
Routes to Inpatient Care for People on CTOs

There are three options for organising an inpatient admission for a person on a CTO:

- ◆ Voluntary Admission
- ◆ 6A Inpatient Treatment Order (s.123) made by supervising psychiatrist
- ◆ 1A Referral for examination by a psychiatrist


Voluntary Admission to Authorised Hospital (s.33)

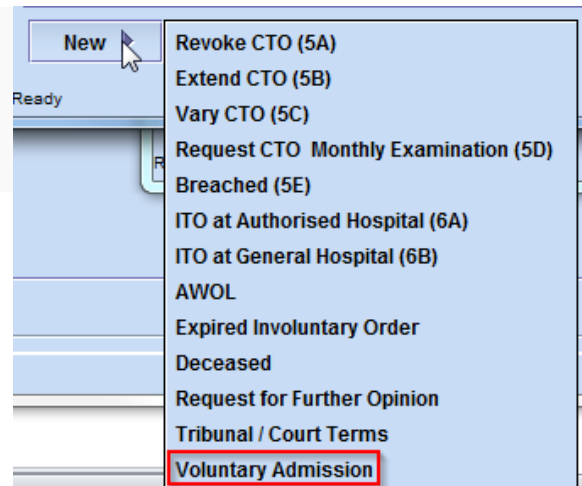
A patient on a CTO can be admitted as a voluntary patient to an authorised hospital.



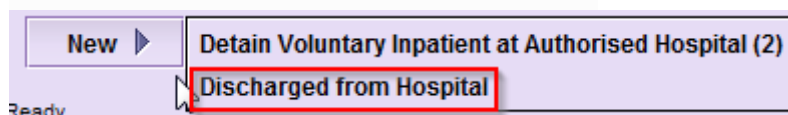
In PSOLIS this is managed by completing the following actions:

1. Select Form 5A/5B
2. Click on “new” button
3. Select “Voluntary Admission” from the drop down menu

→ The CTO will display as 



If the voluntary patient is discharged from hospital (i.e. no 6a was completed) then the open the Voluntary Admission “form” and select the “Discharged from Hospital” option in order for the CTO to display as restored.





6A Inpatient Treatment Order (s.123) made by supervising psychiatrist

The Supervising Psychiatrist (SP) can, at any time while a CTO is in force, after examination of the client, complete a **Form 6A** – Inpatient Treatment Order.



This automatically revokes the CTO.

When the Form 6A is entered into PSOLIS from the Form 5A, the CTO automatically becomes historical

Other Considerations	
Only the SP has the authority to make an inpatient treatment order (6A/B) directly from a 5A after examining a patient on a CTO.	The SP cannot make an inpatient treatment order without examining the patient on a CTO
If the examination by the supervising psychiatrist is carried out via videoconference whilst the patient is in a regional area then, within 24 hours of the person being admitted to the Authorised Hospital, they must be examined by a psychiatrist at that authorised hospital and confirm the inpatient treatment order, otherwise the inpatient treatment order ceases to be in force (s.124).	If the supervising psychiatrist has made an inpatient treatment order (6A) and there is no safe way to get the patient to the authorised hospital then the psychiatrist, a medical practitioner or mental health practitioner can complete a transport order (4A) authorising police or a transport officer to apprehend the patient and transport them to the authorised hospital.

1A Referral for Examination by a Psychiatrist

If an Authorised Mental Health Practitioner (AMHP) or a medical practitioner conducts a face to face assessment of the person (or assessment by videoconference in regional areas) and reasonably suspects that they are in need of an inpatient treatment order then they can complete a **Form 1A** – Referral for examination by a psychiatrist. A Form 4A - Transport Order can also be completed if necessary.

The psychiatrist who examines the patient can then make an inpatient treatment order (Form 6A or Form 6B) if the person fulfils the criteria.

NB: A referred person can refuse treatment

NB: It should be noted that when a patient is on a CTO and a Form 1A is completed it must be entered into PSOLIS via the **Form 5A** (not the 5B) as per screen shot below, in order for the continued *MHA 2014* journey to be accurately displayed in PSOLIS. If this is not done correctly a new (second) legal journey is incorrectly commenced in PSOLIS.



Effect on CTO

The CTO is suspended until either:

- 6A/6B is completed (see above - NB there is no need to complete a 5A revocation form when completing a 6A from a 5A).
- 1A expires (in this case, the CTO is restored)
- 1A is revoked (in this case, CTO is restored)
- 3C or 3D are completed (CTO remains suspended)

How to Access Form 1A from 5A in PSOLIS:

1. Select Form 5A
2. Click on “new” button
3. Select Referral 1A Form

Further information and considerations regarding the effect of a Form 1A – Referral for examination by a psychiatrist – are outlined in the table on page 5.

When a MHA form is entered correctly into PSOLIS these actions automatically occur in the application



Effect of Form 1A referral and examination by a psychiatrist of a person on CTO

MHA s.30 - Effect of 1A Referral on CTO	Relates to MHA	Effect on existing suspended CTO	Other notes	
The Examining Psychiatrist in an Authorised Hospital can make one of the following decisions...				
1.	6A/6B - Inpatient Treatment Order	s.55(1)(a)	automatically ends the CTO	6B requires Chief Psychiatrist (or Delegate) approval
2.	3C - Continuation of Detention to Enable Further Examination by a Psychiatrist	s.55(1) & s.56(1)(a)(i)	CTO remains suspended until a further examination results in either: <ul style="list-style-type: none"> • 6A/6B (s.56(1)(a)(i) & s.72(1)(a)) → automatically ceases CTO • 3E (s.56(1)(a)(iii)) & s.72(1)(c) → CTO is restored 	Patient can continue to refuse treatment as a referred person
3.	3E - Order that the person can no longer be detained	s.55(1)(d))	CTO is restored	Supervising psychiatrist remains clinically responsible for the client & must meet MHA obligations
Other applicable s.30 effects on CTO...				
1.	Medical practitioner or AMHP revokes the 1A Referral	s.31(1)	CTO is restored	Supervising psychiatrist remains clinically responsible for the client & must meet MHA obligations
2.	If the 1A referral expires prior to receipt & detention at the AH	s.28(11)	CTO is restored	Supervising psychiatrist remains clinically responsible for the client & must meet MHA obligations
3.	Not examined within 24 hours of receipt & detention at AH	s. 52(4)(a)	CTO is restored	Supervising psychiatrist remains clinically responsible for the client & must meet MHA obligations
4.	Examination completed within 24 hours of receipt at AH but a 6A/6B, 3C or 3E has not been completed	s. 52(4)(b) & s.70(4)	CTO is restored	Supervising psychiatrist remains clinically responsible for the client & must meet MHA obligations