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).

Breach process

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

1. Issue a Form 5E – Notice & Record of Breach of CTO Breach (s.127) (only SP can initiate)

   The MHA 2014 does not specify a time frame between serving the 5E and 5F. The Clinician’s Practice Guide advises: “there should be an appropriate time gap between the 5E being provided and the Form 5F completed in order to give the client every opportunity to comply”

2. If the person continues to be non-compliant with treatment after being issued with a Form 5E then issue a Form 5F - Order to Attend (s.128) (only SP can initiate)

   The place specified on the order to attend should be somewhere safe to provide that treatment such as a clinic, hospital or nursing post.

3. If the patient does not comply with a Form 5F then a medical practitioner or mental health practitioner can issue a Form 4A - Transport Order (s.129).

   If a transport order is issued the place chosen needs to be where the patient can be detained to that the treatment can be provided, such as an emergency department.

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.

The CTO is suspended until either:

- Form 6A is completed (in this case, the CTO ceases and automatically expires)
- The voluntary patient is discharged (in this situation, the CTO is restored)

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

ORDER SUSPENDED

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

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<th>Other Considerations</th>
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<td><strong>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.</strong></td>
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<tr>
<td><strong>The SP cannot make inpatient treatment order without examining the patient on a CTO.</strong></td>
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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.
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

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<th>MHA s.30 - Effect of 1A Referral on CTO</th>
<th>Relates to MHA</th>
<th>Effect on existing suspended CTO</th>
<th>Other notes</th>
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<td>The Examining Psychiatrist in an Authorised Hospital can make one of the following decisions...</td>
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<tr>
<td>1. 6A/6B - Inpatient Treatment Order</td>
<td>s.55(1)(a)</td>
<td>automatically ends the CTO</td>
<td>6B requires Chief Psychiatrist (or Delegate) approval</td>
</tr>
<tr>
<td>2. 3C - Continuation of Detention to Enable Further Examination by a Psychiatrist</td>
<td>s.55(1) &amp; s.56(1)(a)(i)</td>
<td>CTO remains suspended until a further examination results in either:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• 6A/6B (s.56(1)(a)(i) &amp; s.72(1)(a)) → automatically ceases CTO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 3E (s.56(1)(a)(iii)) &amp; s.72(1)(c) → CTO is restored</td>
<td>Patient can continue to refuse treatment as a referred person</td>
</tr>
<tr>
<td>3. 3E - Order that the person can no longer be detained</td>
<td>s.55(1)(d))</td>
<td>CTO is restored</td>
<td>Supervising psychiatrist remains clinically responsible for the client &amp; must meet MHA obligations</td>
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</table>

| 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 receival & 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 receival & 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 receival 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 |