OPERATIONAL DIRECTIVE

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OD number: OD: 0493/14
Date: 2 February 2014
Supersedes: File No: F-AA-25734

Subject: Allocating and reporting mental health legal status in specialised mental health services

Background

Mental health legal status is reported locally in Western Australia (WA) to monitor trends in the use of compulsory treatment provisions under the mental health legislation in WA hospitals and community health care facilities. It is also reported to the Australian Government in the Mental Health Care and Admitted Patient Care National Minimum Datasets and affects allocation of Australian Refined-Diagnosis Related Groups which are used in Activity Based Funding/Management.

This Operational Directive is to provide direction on accurate allocation of mental health legal status based on the Mental Health Act 1996 (the Act) Orders/Forms.

Allocating Mental Health Legal Status Based on Orders/Forms

A person’s mental health legal status can either be involuntary, voluntary or no legal status (detained for the purposes of psychiatric examination).

Under the Act a person should be detained as an involuntary patient if all of the following four conditions are met:

- the person has a mental illness, requiring treatment;
- the treatment can be provided through detention in an authorised hospital and is necessary in order to –
  - protect the health or safety of that person or any other person;
  - protect the person from self-inflicted harm; or
  - prevent that person doing serious damage to property;
- the person has refused, or due to the nature of their mental illness, is unable to give consent to treatment; and
- the treatment cannot be adequately provided in a way that would involve less restriction to the freedom of choice and movement of the person.

A person suspected, on reasonable grounds, of suffering from a mental illness requiring treatment in a hospital, may be referred by a medical practitioner or authorised mental health practitioner, for examination by a psychiatrist.

Orders / referrals for psychiatric examination are done using the accepted Mental Health Act 1996 Forms¹. A Form 1 (Referral for examination by a psychiatrist) can be completed by any registered medical practitioner or authorised mental health practitioner, for examination by a psychiatrist.

¹ Refer to http://www.chiefpsychiatrist.health.wa.gov.au/act/forms.cfm
and detention in, authorised hospital for further assessment) can only be completed by a psychiatrist. Form 4 (Order to continue detention for further assessment) is used in an authorised unit when a person has been referred for examination, and the examining psychiatrist cannot make a clear judgment at that time as to whether a patient should be admitted and requests that another psychiatric examination takes place within 72 hours.

When a person is referred for examination by a psychiatrist under section 29 of the Act (Form 1) and the psychiatrist is only available in a non-authorised setting, the psychiatrist may on examination order that the person is to be received into an authorised mental health inpatient facility for further assessment using a Form 5 (Order for receipt into, and detention in, authorised hospital for further assessment).

A person detained in a hospital under a Form 1, 4 or 5 may receive care, are not an admitted patient and cannot be allocated a mental health legal status.

A voluntary patient detained on a Form 2 (Order for detention when voluntary patient referred) remains as a voluntary patient until an order is made in writing by the examining psychiatrist to admit as involuntary patient.

Reporting requirement of Mental Health Legal Status for specialised mental health services

All specialised mental health services must enter details of received and completed patient Orders/Forms in PSOLIS or TOPAS Mental Health Module. Reporting of a patient’s mental health legal status by all Western Australian hospitals is mandatory and must be entered in the hospital’s Patient Administration System.

Involuntary mental health legal status should be recorded and reported if a person has had an episode of admitted care or treatment by community mental health on an involuntary basis under the Act.

For a person to be made an involuntary patient under the Act, the appropriate Order/Form must be completed, see table below.

A person on an involuntary patient order (Forms 6 or 9) during the episode of admitted care or on a CTO to receive treatment in specialised ambulatory/community services, is classified as an involuntary patient and should be reported as such.

The following is a guide to recording and reporting mental health legal status for each of the approved Forms.

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2 Mental Health Act 1996, section 36 (3) and section 42 (3)
3 Hospital Morbidity Data System Reference Manual 2012
4 Mental Health Act 1996, section 70
<table>
<thead>
<tr>
<th>Order / Form</th>
<th>Involuntary</th>
<th>Voluntary</th>
<th>Detained / No legal status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 1 Referral for examination by a psychiatrist</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Form 2 Order for detention when voluntary patient referred</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Form 3 Transport Order</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Form 4 Order to continue detention for further assessment</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Form 5 Order for receive into, and detention in, hospital for further assessment</td>
<td>-</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Form 6 Involuntary patient order</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Form 7 Transfer of patient between hospitals</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Form 8 Patient no longer an involuntary patient</td>
<td>-</td>
<td>X</td>
<td>-</td>
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<tr>
<td>Form 9 Continuation of involuntary patient order</td>
<td>X</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Form 10 Community Treatment Order</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Form 11 Revocation of community Treatment Order (see note below)</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Form 12 Variation or extension of community treatment order</td>
<td>X</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Form 13 Notice of breach of community treatment order</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Form 14 Order to attend for treatment</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

X – Mental Health Legal Status to be entered in the Patient Administration System

Professor Bryant Stokes
A/DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

THIS INFORMATION IS AVAILABLE IN ALTERNATIVE FORMATS ON REQUEST FOR A PERSON WITH A DISABILITY.

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5 Voluntary mental health status of ‘Detained’ is only recordable for TOPAS Graylands.
6 Persons under the Mental Health Act 1996 detained for purposes of psychiatric examination, but are not considered admitted patients and therefore cannot be allocated a voluntary or involuntary mental health legal status.
7 Unless the patient is under a CTO or is under an involuntary patient order (Forms 6 and 9) the person cannot be allocated a mental health legal status.
8 For Form 11, if the purpose is to make the patient no longer an involuntary patient the Supervising Psychiatrist should complete a Form 8 (Voluntary). If the purpose is to return the person to an authorised hospital, the supervising psychiatrist should complete a Form 11 which revokes the CTO and orders the patient’s return to the authorised hospital. In this circumstance, the Form 11 acts like a Form 6 when the person is admitted involuntarily, and a new Form 6 is not required.