

AUTHORISED MENTAL HEALTH PRACTITIONER GUIDELINES

Introduction

Guidelines for the appointment of authorised mental health practitioners (AMHP's) have been prepared with the intention of encouraging consistent practice around the state. The *Mental Health Act 1996*, (the 'Act'), while shaping the decisions clinicians make does not dictate what decision to make. This also applies to the role of AMHPs, who are required to make judgements as to whether to refer a person for examination by a psychiatrist and whether to use the police in the process. Consequently there is an expectation that AMHP's work to an acceptable standard and make responsible, informed decisions. The Act stipulates that the Chief Psychiatrist will designate as AMHP's only those mental health practitioners who in the opinion of the Chief Psychiatrist have the qualifications, training and experience appropriate for the performance of the functions as detailed in sections 29 and 63. Furthermore there is an expectation that records be kept when the functions are exercised and a report prepared for the Chief Psychiatrist twice a year.

It is important that AMHP's have -

- Knowledge of the Act and associated legislation;
- Knowledge of the role and functions of the AMHP;
- Knowledge of assessment procedures;
- Sufficient information and training to ensure that the AMHP adopts practices which are clinically and legally safe in carrying out his or her functions.

Intent of the Act

The objects of the Act are (s.5)–

- To ensure that persons having a mental illness receive the best care and treatment with the least restriction of their freedom and the least interference with their rights and dignity;
- To ensure the proper protection of patients as well as the community;
- To minimise the adverse effects of mental illness on family life.

Chief Psychiatrist

The Chief Psychiatrist has the responsibility for the medical care and welfare of all involuntary patients, and the monitoring of standards of psychiatric care throughout the state (s.9). Other duties include assisting the Director General of Health in strategic planning, keeping a register of authorised hospitals, authorised medical practitioners and authorised mental health practitioners; provision of information to medical practitioners and reporting to the Mental Health Review Board.

The Chief Psychiatrist has the power to review any decision of a psychiatrist in relation to treatment of a involuntary patient, and maintain, vary or rescind a decision or substitute another decision. The Chief Psychiatrist has the power to inspect any relevant premises, if there are reasonable grounds to suspect that proper standards of care or treatment are not being maintained. (s 8 to 13, and s 38 of Mental Health {Consequential Provisions} Act 1996). The

Manager, Office of the Chief Psychiatrist is the contact person within the Department of Health.

AMHP's

Medical practitioners or AMHPs may refer people who they suspect on reasonable grounds should be made an involuntary patient for an examination by a psychiatrist. The Act does not give any hierarchy as to whether a medical or AMHP is preferred to complete a referral. The Chief Psychiatrist is of the view that either a medical or AMHP can complete a referral and in many cases an AMHP may have greater knowledge of mental health issues and be the more appropriate referrer. AMHP's are gazetted to perform the role in any health region throughout the state, but need to be nominated by the manager of a particular service.

Criteria for the appointment of AMHP's

- AMHP's are mental health practitioners who agree to act in the role in a voluntary capacity(s19);
- Mental health practitioners are nominated by their service manager in line with requirements for that service;
- Managers only nominate mental health practitioners they believe have the necessary experience and capability to act in the role of an AMHP. The Chief Psychiatrist will accept the decision that managers make regarding their nominated staff's abilities to carry out the functions;
- Mental health practitioners so nominated will be asked to note in writing their willingness to accept the nomination and to undergo a Review of Skills Training Program;
- Mental health practitioners who have accepted nomination attend a Review of Skills Training program, subsequent to which they are offered the opportunity to become an AMHP. Those who accept will be gazetted as an AMHP;
- In line with current practice all AMHPs will arrange for themselves supervision within their mental health service in order to maintain competent practice;
- AMHP's will be issued with an identification card;
- Twice a year AMHPs will report to the Chief Psychiatrist with regard to their activities in the role. At those times the Clinical Consultant at the Office of the Chief Psychiatrist will review the activities. Discussion will ensue with those AMHPs inactive in the role as to whether there is a need for them to remain on the register.
- Following the review and after discussion with the health service manager an AMHP may be removed from the Register on the basis that the role is no longer required by the service.

Mental health practitioners who are working in the private sector or for non-government organisations may apply to be AMHP's. In their application they need to-

- demonstrate a need for the role in their particular service

- have the support of their service manager
- submit a curriculum vitae
- submit the names and addresses of two referees
- be willing to undergo a Review of Skills training program

The final decision with regard to the appointment of mental health practitioners who are working in the private sector or for non-government organisations as AMHP's lies with the Chief Psychiatrist.

Role of an AMHP

The purpose of the role is to facilitate the referral process when a person is suspected of having a mental illness and needs to be examined by a psychiatrist. A psychiatrist will only detain a person on an involuntary basis if the person meets the requirements under section 26 of the Act so the AMHP must also bear in mind that having a mental illness in itself is not grounds for involuntary status, they must also suspect on reasonable grounds that the person should be made an involuntary patient. Requests for an assessment may come from a relative, community member, other health professional, the police or the judicatory. The police under section 195 have the power to apprehend or arrest a person they suspect has a mental illness and request an assessment from a medical practitioner or an AMHP. A judicial officer may also under the *Bail Act 1982* refer a person for assessment by a medical or AMHP.

The AMHP must personally examine the person and make a judgement as to whether the person requires referral for examination by a psychiatrist and, bearing in mind the principle of the least restrictive alternative, whether that should be done on a voluntary or compulsory basis. If an AMHP is not satisfied that a person has a mental illness or even if they do but believe that involuntary status is unnecessary then the AMHP must not refer the person. Clearly such a decision must be informed by good practice and the AMHP may be asked to justify his/her decision. If a referral is required the AMHP must further decide as to where the person is to be examined by the psychiatrist, either in an authorised hospital or 'other place', and this depends on a number of factors related to the issue of assessment.

How the person is transported to the examination is also in the ambit of the AMHP, bearing in mind the welfare, safety and dignity of the person and the safety of those accompanying the person. AMHP's may also be involved when Community Treatment Orders (CTO's) are revoked by a psychiatrist other than the supervising psychiatrist (Patient no longer an involuntary patient-Form 8) and a referral is required from either a medical practitioner or AMHP.

AMHP's also have the responsibility to offer official advice on patients who are on leave as to whether detention should continue and the treating psychiatrist may, but is not required to, either discharge the patient or place the patient on a CTO.

Although the role of the AMHP is prescribed by the Act, it is essential to emphasise that the AMHP does not work in isolation from a multi-disciplinary team and as part of the assessment people other than the patient such as carers and other mental health professionals should contribute to the decision the AMHP finally makes.

Relevant sections in the Acts and Regulations to do with AMHP's

Mental Health Act 1996

Section 3- Definitions

'authorised mental health practitioner' means a person designated under section 20 as an authorised mental health practitioner.

Section 10- Other functions of the Chief Psychiatrist

(b) to keep a register of authorised mental health practitioners

Section 20- Authorised Mental Health Practitioners

(1) The Chief Psychiatrist may, by order published in the Gazette-

(a) designate as an authorised mental health practitioner any mental health practitioner who in the opinion of the Chief Psychiatrist has qualifications, training and experience appropriate for the performance of the functions vested in an authorised mental health practitioner by sections 29 and 63;

(b) revoke any such designation.

(2) An order under subsection (1) may specify limits within which the person may perform the functions vested in a mental health practitioner by sections 29 and 63.

(3) The Chief Psychiatrist may, by order published in the Gazette, vary any limits specified under subsection (2).

(4) The regulations may make provision as to –

(a) qualifications, training and experience that the Chief Psychiatrist is to regard as appropriate for the purposes of subsection (1) (a);

(b) the performance by authorised mental health practitioners of their functions;

(c) any notifications required to be given by authorised mental health practitioners to the Chief Psychiatrist; and

(d) grounds on which a person's designation as an authorised mental health practitioner may be revoked.

Section 28- Definition

In this subdivision-

"referrer" means a medical practitioner or an AMHP who refers a person under section 29.

Section 29- Referral for Examination by a Psychiatrist

(1) Subject to section 194, a medical practitioner or an AMHP who suspects on reasonable grounds that a person should be made an involuntary patient may refer the person for examination by a psychiatrist.

(2) The referral is to be for examination either –

- (a) in an authorised hospital: or
- (b) at some other place where to the knowledge of the referrer the examination can be carried out, as determined by the referrer.

Section 31- No referral without personal examination

- (1) A referrer is not to refer a person under section 29 without having first personally examined the person for the purpose of forming an opinion as to whether it is suspected that the person should be made an involuntary patient.
- (2) However, facts communicated to the referrer, although not of themselves sufficient grounds for suspecting that a person should be made an involuntary patient, may be considered in forming the opinion.

Section 32- Time limit

A referrer is not to refer a person under section 29 if a period of more than 48 hours has elapsed since the referrer personally examined the person.

Section 33- Form of referral (Form 1)

A referral is to be made in writing (form 1) and is to –

- (a) specify the day and time when the referral was made;
- (b) specify the day and time when the person referred was personally examined as required by section 31;
- (c) certify that, having regard to section 26, the referrer suspects that the person should be made an involuntary patient;
- (d) specify-
 - (i) the authorised hospital; or
 - (ii) the other place, at which the person referred is to be examined by a psychiatrist;
- (e) specify the facts on the basis of which it is suspected that the person should be made an involuntary patient; and
- (f) distinguish from the facts known because of personal observation by the referrer, any of the facts which have been communicated to the referrer.

Section 33-(d) Place of Referral

A referring practitioner may refer the person to an authorised hospital or some other place where, to the knowledge of the referring practitioner, the examination can be carried out. If the person is a voluntary patient in an authorised hospital, the practitioner must refer the person for examination in that hospital. If a referral is to another place it is not possible to detain the referred person unless the person is willing to remain. If the person wishes to leave and in the opinion of the staff it is unsafe to do so then the person may be detained and referred to an authorised hospital by the completion of another form 1.

Section 34- Police assistance

- (1) If the person is not in police custody the referrer may make a written order (transport order, Form 3) authorising a police officer to –
- (a) apprehend the person; and
 - (b) take him or her to the examination.
- (2) A transport order is not to be made unless-

- (a) the condition of the person is such that assistance is required to take the person to the examination and no suitable alternative is available; and
 - (b) not more than 7 days have elapsed since the referral was made.
- (3) A transport order is to specify the day and time when it was made.

Section 38- Time limit (Examination otherwise than in an Authorised Hospital)

An examination is not to be made by a psychiatrist for the purposes of a referral under section 29(2)(b) if more than 7 days have elapsed since the referral was made.

Section 40- Reception into hospital

(2) A person is not to be so received if more than 7 days have elapsed since the referral was made under section 29(2)(b).

Responsibility of authorised hospital

If a person is referred to an authorised hospital, it is the responsibility of the authorised hospital to receive the person. If the authorised hospital is unable to accommodate the person due to a shortage of beds it is the responsibility of the authorised hospital to arrange transfer to another authorised facility. In the above circumstances it is recommended that a person referred into an authorised hospital is examined by a psychiatrist and a decision made regarding legal status before the person is transferred.

Section 63- Release on advice of practitioner while patient on leave

- (1) Subsection (2) applies where-
- (a) an involuntary patient is away from an authorised hospital on leave of absence; and
 - (b) the treating psychiatrist is given a written opinion from another medical practitioner or an authorised mental health practitioner to the effect that the patient should not continue to be detained as an involuntary patient.
- (2) The treating psychiatrist may, on the basis of the opinion-
- (a) order that the person is no longer an involuntary patient; or
 - (b) make a community treatment order in respect of the patient.

Part 4, Interstate Movements, Section 90- Referral for examination

A practitioner referred to in section 29 may, under that section, refer for examination by a psychiatrist a person who has, in accordance with an agreement, been released or discharged from any custody or status under the laws of another State or a Territory of the Commonwealth relating to mental disorder.

Section 194- When practitioner not to act

A psychiatrist, any other medical practitioner, or an authorised mental health practitioner is not to exercise a power to which this Division applies in respect of a person if-

- (a) the practitioner is a relative, guardian, partner, principal or assistant of the person;
- (b) it would involve an examination, detention, or treatment at, or release, or leave from-
 - (i) a private hospital the license for which is held by the practitioner or a related person; or
 - (ii) a public hospital of whose Board the practitioner is a member.

Section 195- Taking mentally ill person into protective custody

- (1) A police officer may apprehend a person if the officer suspects on reasonable grounds that the person –
 - (a) has a mental illness; and
 - (b) needs to be apprehended to-
 - (i) protect the health and safety of the person or any other person; or
 - (ii) prevent serious damage to property.
- (2) If a police officer apprehends a person under subsection (1), the officer, as soon as is practicable, is to arrange for the person to be examined by a medical practitioner or authorised mental health practitioner for the purposes of section 29.
- (3) After the examination the person is to be released unless he or she is referred under section 29 for examination by a psychiatrist.

Section 196- Police officer may have arrested person examined

- (1) Where a police officer-
 - (a) has arrested a person for an offence; and
 - (b) suspects on reasonable grounds that the person has a mental illness that needs immediate treatment, the officer, as soon as is practicable, is to arrange for the person to be examined by a medical practitioner or authorised mental health practitioner for the purposes of section 29.
- (2) If the person is ordered to be detained in an authorised hospital as an involuntary patient, section 55 applies when that detention ceases.
- (3) This section does not prevent a police officer from charging a person with an offence.

Section 211- Offence of obstructing the performance of functions

A person must not obstruct another in the performance by that other person of a function under this Act. Penalty: \$2 000.

Section 212- Amendment of certain documents

- (1) A referral or order suffers from a formal defect for the purposes of this section if it contains –
 - (a) a clerical error or an error arising from any accidental omission; or
 - (b) an evident material error in the description of any person.
- (2) Where a referral or order under the Act suffers from any formal defect, the performance of any function under this Act on the basis of the referral or order is not affected but the person performing the function may require the person who made the referral or order to rectify it.
- (3) If the referral or order is not rectified as required, nothing that has been done in reliance on it is affected.

Section 213- Protection from liability

(1) An action in tort does not lie against a person for an act done in good faith and without negligence in the performance or purported performance of a function under this Act.

Mental Health (Consequential Provisions) Act 1996

Part 2- Bail Act 1982

Schedule amended

3 (1) The *Bail Act 1982* is amended

(3a) Where a judicial officer who grants bail to a defendant is of the opinion that the defendant's mental condition ought to be examined the officer may, under subclause (1), impose any condition which the officer considers desirable for the purpose of ensuring that the defendant's mental condition is examined including a condition-

(a) that the defendant be examined by a medical practitioner or an authorised mental health practitioner for the purposes of deciding whether to make a referral under section 29 of that Act.

Part 4, The Criminal Code-

Section 12- Section 336 repealed and the following substituted

'Any person who, by the production of a false certificate or other document, knowingly and willfully, procures any person, not suffering from mental illness (as defined in the *Mental Health Act 1996*) or mental impairment, to be apprehended or detained, pursuant to that Act or any law relating to mental impairment, upon insufficient or unreasonable grounds, is guilty of a misdemeanor and is liable to imprisonment for 3 years'.

Mental Health Regulations 1997

Section 4- Authorised mental health practitioners- s.20(4)(a)

(1) The successful completion by a mental health practitioner, other than a nurse, of a course of training approved by the Chief Psychiatrist is to be regarded by the Chief Psychiatrist as appropriate training for the purposes of section 20(1) (a).

(3) The Chief Psychiatrist is to regard the qualifications, training, and experience of a mental health practitioner who is a nurse as appropriate for the purposes of section 20 (1) (a) if the nurse-

(a) is registered in division 1 of the register kept under the *Nurses Act 1992*; and

(b) has successfully completed a course of training approved by the Chief Psychiatrist.

(3) In this regulation-

"nurse" means a person registered as a nurse under the *Nurses Act 1992*.

Section 5- Notifications to be given by authorised mental health practitioners- section 20(4) (c)

(1) For the purposes of section 20 (4) (c), an AMHP is to give notice to the Chief Psychiatrist as to the matters referred to in subregulation (2) which have

occurred within the 6 months preceding each 30 June and 31 December, within 14 days after those dates.

(2) The matters as to which notice is to be given under subsection (1) are-

(a) the number of people that the AMHP has personally examined, as required under section 31, for the purposes of forming an opinion as to whether it is suspected that the person should be made an involuntary patient, and the number of such people referred for examination by a psychiatrist under section 29 as a result of such an examination.

(b) the number of people that the AMHP has examined for the purpose of determining whether to give a written opinion under section 63 to the effect that the person should not continue to be detained as an involuntary patient, and the number of such opinions given

(c) the number of transport orders, made under section 34 by the AMHP; and

(d) unusual events experienced by the authorised mental health practitioner and a brief case history of each event.

Section 6 - Grounds on which a person's authorisation as a mental health practitioner may be revoked-s.20 (4) (d)

For the purposes of section 20(4)(d), the grounds on which a person's designation as an AMHP may be revoked are-

(a) that the person no longer meets the criteria to be a mental health practitioner set out in section 19(1);

(b) that the person has requested in writing that the person's designation be revoked; or

(c) that the Chief Psychiatrist, after due investigation, is of the opinion that the person is no longer able or fit to perform the functions vested in an AMHP by sections 29 and 63.

Competencies for an AMHP

To act in the role of an AMHP, a mental health practitioner must be a competent health professional. This competency is obtained through experience, supervision, education and training and is demonstrated in the knowledge, skills and attitude of the authorised mental health practitioner.

Knowledge

The authorised mental health practitioner must have clinical experience and sufficient training to demonstrate competence in dealing with-

- the assessment of people who may have a mental illness;
- the treatment and management of people with a mental illness;
- issues to do with medication, particularly those used in a mental health crisis;
- the management of aggression particularly in a community setting;
- particular population groups vulnerable to self endangering behaviours;
- issues of cultural difference and ways to access assistance when dealing with people from a cultural or linguistically diverse background;
- referrals to and from other agencies which require a comprehensive knowledge of community resources.

AMHP's must have a comprehensive knowledge of the Act and the Mental Health Regulations 1997. Specifically they should have an understanding of

- the intent and meaning of particular sections;
- the use of the Forms;
- the referral process;
- the use of the police in apprehending and transporting a person who is referred to a psychiatrist;
- community treatment orders and the ability to give advice under section 63;

Skills

AMHP's require a mix of skills, which they can demonstrate as they carry out the functions of the role. These skills include

- Mental health assessment/triage skills;
- Risk assessment skills;
- Investigative and history taking skills;
- Analysis of information;
- Decision making;
- Determining priorities;
- Written and verbal communication skills;
- Conflict resolution skills;
- Debriefing skills;
- Ability to self-monitor.

Attitude

AMHPs must show a commitment to natural justice and the rights of the individual. He or she will be expected to show respect and empathy and demonstrate discretion bearing in mind a duty to uphold confidentiality.

AMHPs while balancing the rights of the individual with the rights and needs of the community need to demonstrate a high degree of tolerance and the ability to request assistance when required.

AMHPs will be expected to demonstrate good practitioner standards by adherence to ethical codes and the policies of the Department of Health. AMHPs must remember they are part of a larger mental health team and will be expected to bear in mind professional responsibilities and good transfer of information.

Use of interpreters

AMHP's are expected to comply with the language services policy of the Department of Health.

It is the obligation of AMHPs to-

- determine the need for an interpreter;
- provide an interpreter in cases where such a need is determined;

- establish that the interpreter utilised is appropriately qualified.

When conducting a mental health assessment the AMHPs must use professional interpreter services for people from culturally and linguistically diverse backgrounds. Family members or unqualified personnel should not be used as interpreters. Interpreters may be used by phone or may attend on site. The services of professional interpreters may be obtained from the Translating and Interpreting Service (TIS) (tel- 131 450). This is a 24-hour service. TIS prefer advance booking of their service if possible to avoid delay in locating interpreters. When booking it is necessary to state your name, service, language required, gender of client and exact location where an interpreter is to attend. Your respective health service unit will meet costs incurred in using TIS. Advise them to send an invoice to your coordinator.

AMHPs must be mindful of the following points when using an interpreter –

- Observe the client for non-verbal cues. Avoid looking at the interpreter/telephone unless necessary;
- Expect the interpreter to translate everything which is being said by both you and the client;
- Keep the amount to be interpreted short. Compact sentences with one idea/ one stage command per sentence are ideal;
- Use first person speech so that you are talking to the client not about them;
- For on-site interpreting sit facing the client with the interpreter positioned halfway in between and to the side (the interpreting triangle);
- For telephone interpreting use a dual hand set (extra phone and adaptor plug) or hands free telephone where possible.

The name of the interpreter should be documented in the clinical notes. In the event that the client or family declines the use of a professional interpreter or no professional interpreter is available, this must be documented in the clinical notes.

Mental Health Assessments

- Presenting problems/symptoms
- History of presenting problems- onset/ duration/ severity
- Other symptoms- eg sleep pattern/ appetite/ level of functioning
- Current situation/ stressors/ level of support
- Past psychiatric and medical history
- Previous risk behaviours
- Previous aggressive behaviours
- Forensic history
- Current medication/ treatment/ treating agency
- Drug alert/ sensitivities
- Cultural considerations- eg language/ customs/ religion
- Family history of mental illness
- Relevant biological information- AIDS/ HIV/ Hep B, C

Collateral history should be sought where possible from other treating agencies/ family/ friends/ employers/ Mental Health Registry/ Community Treatment Order data base/ police check where appropriate.

Issues to be considered

- Management plan;
- Degree of supervision and containment;
- Use of the police;
- Client's motivation/ compliance/ insight/ impulse control;
- Availability of resources- clinics/ private hospitals/ accident and emergency centres/ psychiatrist;
- Impact on others- dependent children/ relatives.

Conflict areas

There are a number of potential conflict areas for AMHP's when exercising their duties under the Act. These conflicts may be with the person being assessed, relatives, carers, other health professionals, representatives of other agencies, the police and hospital authorities. AMHP's should have a good understanding of the principles and practice of conflict management. To enable AMHP's to manage conflicts they must have-

- Knowledge of their responsibilities as AMHPs;
- Experience in crisis intervention;
- Ability to coordinate on-site management;
- Ability to educate, communicate and inform others;
- Ability to liaise with relevant parties;
- Knowledge of Protocol between the Western Australian Police Service and the Mental Health Division;
- Knowledge of Police Standing Orders;
- Knowledge of hospital referral and admission processes;

Record keeping

AMHP's are expected to keep records of

- The number of people personally examined as required under section 31;
- The number of people referred for examination by a psychiatrist under section 29 or 30;
- Number of transport orders made under section 34;
- Number of examinations for the purpose of determining whether to give a written opinion under section 63;
- Any unusual events experienced and a brief history of each event.

The above information for the previous 6 months must be submitted to the Chief Psychiatrist within 14 days of 30 June and 31 December of each year. A reminder will be forwarded to all AMHPs with a report form. The report form and copies of all Forms 1 and 3 used must be sent to the Clinical Consultant. AMHP's will also be expected to complete the usual documentation for medical records and transfer of information to other mental health professionals or mental health teams.

Supervision

Supervision of practice should be undertaken by all clinicians as part of professional development and good practice. AMHP's also require regular, on-going supervision which may include, review of the issues that arise when making decisions in crisis situations and dealing with conflict. Each mental health region is expected to arrange supervision of practice for all AMHP's operating within the region. The Clinical Consultant may also be contacted for advice at any time on (08) 9222 4217 or mobile 0419 921 909.

Training & Education

As all AMHP's will be experienced mental health practitioners it is expected that they will have already a good understanding of mental health issues, the Act, resources within their mental health service and policies and procedures. Training and education will therefore only centre on their responsibilities under the Act and a review of the issues involved in crisis intervention.

Aims of Review of Skills Training Program

- to enable AMHP's to fully understand their role and responsibilities under the Act
- to enable AMHP's to review the clinical responsibilities of assessment, decision making and management of people with a mental illness in crisis situations
- to enable AMHP's to understand the issues in working with professionals from other disciplines such as the police, medical services, non-government organisations and emergency personnel
- to enable AMHP's to understand the issues in dealing with relatives, carers and other interested parties
- to enable AMHP's to review issues such as dealing with aggression.

Content of Training and Education sessions:

- Role and responsibilities of the AMHP under the Act and Mental Health Regulations 1997;
- Overview of the Act in relation to the United Nation Principles;
- Mental State Examination;
- Crisis intervention and issues of psychosis and suicide risk
- Crisis intervention and dealing with aggression

Process:

A pre-course Practice Issue Worksheet will be sent to all participants.

The training sessions will include-

- Information and discussion
- Role plays
- Case-studies
- Group work

Length of course-

The training course will last 3 consecutive days from 09.00 hours to 16.30 hours.

OCP Webpage- <http://intranet.health.wa.gov.au/mhd/> and follow the prompts
Further information on mental health issues which effect AMHPs may be found on the OCP webpage. This information includes-

- Clinicians Guide
- Forms under the Act
- Pamphlets on the Act
- CTO Review
- CTO Guidelines
- Jigsaw Newsletter

If you have any queries about the legislation or the role of an AMHP please contact the Clinical Consultant on 9222 4217 or mobile 1419 921 909

Contact directory

Mental Health Review Board-	Tel no.(08) 9226 3255, Fax (08) 9226 3277
Council of Official Visitors-	Tel no (08) 9226 3266, Fax (08) 9226 3277
Office of the Chief Psychiatrist-	Tel no (08) 92224079, Fax (08) 9222 3251
Mental Health Law Centre (WA) inc-	Tel no (08) 9328 8266, Country Freecall- 1800 620 285
Legal Aid, Western Australia-	Tel no 1300 650 579
ARAFMI (Association of the Relatives & Friends of the Mentally Ill)	Tel no (08) 9228 0577, Country Freecall- 1800 811 747
WA Association for Mental Health-	Tel no (08) 9420 7277
Schizophrenia Fellowship of WA-	Tel no (08) 9380 6688
Translating & Interpreting Service-	Tel no 131450
Office of Health Review-	Tel no (08) 9426 0100
Aboriginal Psychiatric Services-	Tel no (08) 9347 6868
Psychiatric Emergency Team-	Tel no (08) 9224 8888 (24 hours) Rural Freecall- 1800 676 822 (24 hours)