



OPERATIONAL CIRCULAR

Enquiries to: Janet Peacock
9222 4079

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Subject: **NOT ACTING ON A FORM 1 ('Referral For Examination By A Psychiatrist') AND FORM 3 ('Transport Order') MENTAL HEALTH ACT 1996**

Authority

The *Mental Health Act 1996* states that:

The Chief Psychiatrist has responsibility for the medical care and welfare of all involuntary patients (section 9 (1))

In respect of other patients, the Chief Psychiatrist is required to monitor the standards of psychiatric care provided throughout the State (section 9 (2))

Referral for examination by a psychiatrist (s.29)

A medical practitioner or an authorized mental health practitioner (AMHP) who suspects on reasonable grounds that a person should be made an involuntary patient may refer the person for examination by a psychiatrist, either in an authorized hospital, or at some other place where to the knowledge of the referrer the examination can be carried out. The Form 1 is valid for up to seven (7) days.

During the time between the referral form being completed and the referred person being either received into an authorized hospital or examined by a psychiatrist in a non-authorized setting there may be a change in the mental state of the referred person.

This change in mental state may be noted during an assessment by a medical or mental health practitioner and the conclusion reached that, under the principle of least restrictive option, a referral for a psychiatric examination is no longer required.

The MHA is silent on the issue of not acting on a Form 1. The Chief Psychiatrist in upholding the objectives of the MHA (s. 5(a)) provides the following operational advice.

Not acting on a Form 1 ('Referral for Examination by a Psychiatrist')

Any decision not to progress the referral process should only be made after consultation with the referrer, unless that is not possible. The referrer having been informed of the change in mental state may agree that the referral process should not continue. If the referrer believes that the process should continue, the reasons for that belief should be further discussed and a decision made as to whether to progress the referral or not.

If agreement cannot be reached and the medical or mental health clinician progressing the referral believes it is not ethical or within the spirit of the MHA to continue with the referral then he or she may choose to withdraw from the process. It is then a task for the referrer to progress the referral if he or she believes the referral should continue.

Every effort should be made to contact the referrer, however, if the referrer cannot be contacted then the medical or mental health practitioner may make a decision not to continue with the referral and make a note of that in the patient's medical file. The referral form, which is not progressed, should remain on the patient's file.

In reaching this decision the medical or mental health practitioner should be aware of why the referral was made in the first place and the risks and clinical issues which the referrer thought were important and why they no longer apply.

Not acting on a Form 3 ('Transport Order')

At the time of completing a Form 1 the referrer may deem that the condition of the person is such that police assistance is required to transport the person and there is no suitable alternative available (s.34).

However while awaiting the attendance of the police the mental state of the person may change so that the condition of the person is such that police are no longer required and another form of transport is appropriate. This may be due to the person receiving medication or due to an improvement in the person's mental state.

The MHA is silent on the issue of not acting on a Form 3. The Chief Psychiatrist in upholding the objectives of the MHA (s. 5(a)) provides the following operational advice.

Where police assistance is no longer required, the referrer, or if the referrer is not available, a medical practitioner or mental health practitioner may decide, in line with the objects of the MHA for the least restrictive option and good practice, to request police not to act on the Form 3, in effect withdrawing the Form 3. The Form 3 should not be destroyed, but placed in the person's medical record with a note as to why the decision was made to withdraw police assistance.

The police should be informed of the decision and requested not to attend or if having attended advised that their services are no longer required.

In making this decision the referrer or other practitioner must be aware of the potential risk issues and only withdraw the Form 3 if it is clear that police assistance is no longer required.

Further Details

More detailed information about not acting on a Form 1 and 3 can be found in the *Supplement to the Clinicians Guide, Mental Health Act 1996*. The Supplement is available on the Chief Psychiatrist's website: www.chiefpsychiatrist.health.wa.gov.au or a copy may be obtained by contacting the office on 9222 4462.

Dr Neale Fong
DIRECTOR GENERAL
DEPARTMENT OF HEALTH