

## **ACKNOWLEDGMENTS**

The first edition of this guide was researched and written by Robyn Ayres, Amanda Blackburn, Kim Bunt, Edward Cade, Nathan Collins, Rebecca Eldred, James Fletcher, Sarah Ford, Ante Golen, Desiree Pavey and Suzie Ward. Suzie Ward and Sarah Ford coordinated the project.

The Mental Health Law Centre (WA) would like to thank the Mental Health Legal Centre Inc (Victoria) for allowing the use of their booklet *Patients Rights* in the preparation of this one. We would like to thank the Law Students Community Support of the University of Western Australia. Thanks must also go to those who provided comments and editorial assistance, including Anna Richards.

Image on the front cover is *Untitled Panel 1998* by artist Carey Merten.

The Lotteries Commission provided financial assistance.

Printed and designed by Quik Impressions  
Text © Mental Health Law Centre  
Current as at May 2001

### **This edition**

Published by the Mental Health Law Centre  
217 Beaufort Street, Perth, Western Australia, 6000.  
P.O. Box 8466, Western Australia, 6849.

ISBN: 0-646-40953-0

### **Disclaimer of Liability**

Legal issues around mental health can be complex and will vary from person to person. While care has been taken in the preparation of this material, the writer and publisher disclaim any liability for action taken or not taken as a result of the contents of this booklet or for any errors or omissions in the information. This guide is written for people affected by the laws of Western Australia.

## CONTENTS

ABOUT THIS BOOKLET	4
MENTAL ILLNESS	5
VOLUNTARY PATIENTS	6
Who is a voluntary patient?	6
Can I be made involuntary?	6
Your rights as a voluntary patient	7
INVOLUNTARY PATIENTS	8
Who is an involuntary patient?	8
Criteria for an involuntary patient	9
What happens when I arrive at the hospital?	9
24 hour review	10
Continued detention	10
Your rights as an involuntary patient	11
What if I am not given my rights?	15
Leave arrangements and ground access	15
Transfer	16
Being discharged from the hospital/clinic	16
COMMUNITY TREATMENT ORDERS (CTO)	17
What is a Community Treatment Order?	17
When is a CTO made?	17
How long do I have to be on a CTO?	18
Expiry of a CTO	20
What happens if I don't comply with my order?	20
Change of supervising psychiatrist/ variation of order	22

TREATMENT	23
Informed consent	23
Psychiatric treatment	24
Emergency psychiatric treatment	24
Electroconvulsive therapy	24
Medical treatment	26
Other things that can happen to you	26
Disagreeing with treatment	28
MENTAL HEALTH REVIEW BOARD	30
How to make an application for a review	30
Representation before the Board	31
Access to your records	31
What happens on the day of the review?	32
After the review	34
POLICE POWERS	35
FORENSIC PATIENTS	36
GUARDIANSHIP AND ADMINISTRATION	38
MAKING A COMPLAINT	41
MENTAL HEALTH LAW CENTRE	43
COUNCIL OF OFFICIAL VISITORS	44
ORGANISING YOUR LIFE FROM HOSPITAL	46
SAMPLE LETTERS	47
USEFUL SERVICES	52

## **ABOUT THIS BOOKLET**

In 1996 the Western Australian mental health laws changed significantly. This booklet is to help you understand what these changes mean and how your legal rights have been altered.

This booklet is designed to help anyone involved in the mental health system to understand what happens and why, but most importantly who has the power to do what and when. This information is important for involuntary patients – knowing your rights and responsibilities can help you protect yourself and help you gain greater control over your own life.

*The Mental Health Act 1996* deals with the care and treatment of people receiving mental health services. A current copy of this Act should be available for you to read at your hospital or clinic.

The information in this booklet is intended as a general guide only – it is in no way a substitute for legal advice. It is very important to know how the law applies to your particular situation before you take any action. If you have questions you want answered that are not discussed in this booklet there is a list of other organizations at the end of this booklet which may be able to help you. Solicitors at the Mental Health Law Centre can give you specific legal advice.

The Mental Health Law Centre has produced this booklet because there is no independent information package available in Western Australia about patient's rights for consumers of mental health services. Comments are invited about the information in this booklet – if you have any suggestion or changes you think should be made in the next edition please contact the Mental Health Law Centre.

## **MENTAL ILLNESS**

### **What is mental illness?**

A mental illness is defined in the *Mental Health Act 1996* (WA) as:  
“a disturbance of thought, mood, volition, perception, orientation or memory that impairs judgement or behaviour to a significant extent”.

According to this definition, most people encounter some form of mental illness over the course of their lives.

There are many different forms of illness and the extent to which they affect people also varies. The above definition is very broad and general and mental health professionals must provide specific information as to how a person satisfies the definition of mental illness.

Definitions of mental illness differ for other legal purposes – guardianship and administration, discrimination, and criminal law matters are examples. Your legal rights and responsibilities are different under these definitions of mental illness. If these definitions are relevant to you as well and you want to know more, contact the Mental Health Law Centre, Legal Aid Western Australia or your own lawyer.

### **What mental illness is not**

A person does not have a mental illness because of one or more of the following:

- holds or refuses to hold, a particular religious, philosophical or political belief or opinion;
- is sexually promiscuous or has a particular sexual preference;
- engages in immoral or indecent conduct;
- has an intellectual disability;
- takes drugs or alcohol;
- demonstrates anti-social behaviour.

## **VOLUNTARY PATIENTS**

### **Who is a voluntary patient?**

You are a voluntary patient when you agree to accept treatment offered by a psychiatrist.

You will have access to various helpers (your 'treating team') to assist in your treatment including psychiatrists, psychologists, social workers, occupational therapists, welfare officers and nurses. Treatment can include medication, social or welfare assistance, occupational therapy, individual or group therapy as well as electro-convulsive therapy if this is thought necessary.

Being a voluntary patient does not always mean receiving treatment in a hospital. You can also be treated at home through a mental health clinic or by a psychiatrist in private practice.

### **In hospital**

As a voluntary patient, you have the right to stop treatment or leave the hospital whenever you wish. If you want to leave the hospital, you may want to talk to your psychiatrist or other staff member about this.

There is a checklist at the end of the booklet to help you make sure you have taken care of pets, bills, children etc.

### **Can I be made involuntary?**

A voluntary patient can be made an involuntary patient. If you want to leave the hospital and the staff think that you have a mental illness that cannot be treated without being in the hospital and there is a risk to your health or safety if you do leave, then you can be detained for up to 6 hours to be seen by a psychiatrist. If the psychiatrist agrees that you have a mental illness and should remain in the hospital for

treatment, then you may be made an involuntary patient. The psychiatrist who examines you cannot be the same as the psychiatrist who is currently treating you. If a psychiatrist has not seen you within 6 hours, then you cannot be detained longer and you may leave.

## **YOUR RIGHTS AS A VOLUNTARY PATIENT**

As a voluntary patient you have the same rights as any other person in a hospital.

These include the right to:

- see your psychiatrist, and to receive treatment;
- obtain a second opinion from another psychiatrist;
- ask questions and be fully informed about any treatment you are offered;
- refuse any treatment that you are offered, including non-psychiatric (medical) treatment;
- contact people by letter and phone, and receive letters and phone calls;
- be visited by any person (subject to hospital/clinic rules);
- your personal possessions (with a few exceptions);
- vote in any elections;
- complain to staff, hospital or clinic manager, the Chief Psychiatrist, the Office of Health Review, the Ombudsman, or any other organization;
- seek legal advice on any issue through agencies such as the Mental Health Law Centre, Community Legal Centres, Legal Aid Western Australia, or a private lawyer;
- seek health advice/medical attention for health issues other than mental health eg back pain, skin problems, podiatry and
- see your case notes by making a Freedom of Information application.

## **INVOLUNTARY PATIENTS**

### **Who is an involuntary patient?**

An involuntary patient is a person against whom an involuntary patient order has been made. As an involuntary patient you are required to accept psychiatric treatment even if it is against your will.

Patients who are treated involuntarily may be either detained in an authorised hospital or treated at home or at a mental health clinic on a Community Treatment Order (CTO). There is more about CTOs on pages 17-22.

Certain health professionals have the power to refer you to a hospital for assessment but only psychiatrists have the power to make you an involuntary patient and authorise treatment against your will. The *Mental Health Act 1996* (WA) sets out the conditions that must be satisfied before you can be made an involuntary patient. As an involuntary patient you still have rights. One right is that you must be told both in writing and verbally about your legal status. For more information on your rights see pages 11-15.

### **Being made an involuntary patient**

Any doctor, a psychiatrist, a general practitioner or an authorised mental health practitioner can refer a person to a mental health service for assessment. You may be given a copy of the referral (Form 1) but are not automatically entitled to a copy. This assessment will determine whether you should be admitted as an involuntary detained patient or put on a CTO. When an order for involuntary detention is made you *must* be given a copy. The maximum length of the first order to be a detained patient is 28 days. However it is important to know that the order may be extended.

## **Criteria for an involuntary detained patient**

Every one of the following 4 criteria must be met for you to be an involuntary patient:

1. A psychiatrist must be satisfied that you have a mental illness requiring treatment.
2. The psychiatrist must also decide that you have refused treatment or, because of the nature of your illness, you are unable to consent to treatment.
3. The psychiatrist must also decide that you need treatment to:
  - protect your own health or safety, or other people's health or safety; **or**
  - stop you from causing yourself serious financial harm or harm to your reputation resulting in lasting or serious harm to important personal relationships; **or**
  - prevent serious damage to property.
4. Having decided all these things, the psychiatrist must also decide that the treatment cannot be adequately provided to you as a voluntary patient or as an involuntary patient on a CTO.

## **What happens to me when I arrive at the hospital?**

When referred to a mental health service a psychiatrist will assess you to see if you need treatment as an involuntary patient. Initially you can only be detained for 24 hours.

You may come to the service:

- referred by your local doctor or authorised mental health practitioner;
- referred by the police or transported by the police at the request of a doctor or authorised mental health practitioner who referred you;

- because your CTO has been revoked and you have to return to hospital; or
- by a court order for assessment. The person who made this referral must specify why they think you should be made an involuntary patient.

### **24-hour review**

If a psychiatrist does not see you within 24 hours you may not be detained any longer and you may leave. If you are seen by a psychiatrist within 24 hours, you may be detained for a longer period of up to a total of 72 hours from the time you were first received, before a decision is made to admit you as an involuntary patient.

During this assessment period, although you cannot leave the hospital, you are not yet an involuntary patient so you have the rights of a voluntary patient. This means that you have the right to refuse treatment of any kind, including psychiatric treatment.

If you have not been made an involuntary patient within 72 hours (3 days) of being received, then you may leave the hospital.

### **Organising your life from hospital**

It can be very frightening finding yourself in hospital. Although most people are not in hospital for very long, you may want to make sure that all the things you would have done if you were not in hospital, are still getting done. *A checklist of issues that you may need some help with when you are admitted to hospital is at the end of the booklet*

### **Continued detention**

If you are made an involuntary detained patient an order will be made holding you for up to 28 days from the day you were made an involuntary detained patient. Before the end of the 28 day period you must be examined again by a psychiatrist to determine whether you should continue to be an involuntary patient, placed on a CTO or be discharged. Although initial detention is for 28 days, involuntary

detention in the hospital may be extended for a further period of up to 6 months.

The psychiatrist can decide at any time during the term of the order or at the end of it either that you no longer fit all the criteria for an involuntary patient; or that you should be an involuntary patient but on a Community Treatment Order.

It is important that you know what rights you have while you are detained.

### **YOUR RIGHTS AS AN INVOLUNTARY PATIENT**

An involuntary patient also has rights. The person who must ensure that you are told of your rights is your treating psychiatrist (if you are in a hospital) or your supervising psychiatrist (if you are on a CTO).

Your rights include:

- the right to be told of your legal status (in writing and verbally)
- the right to be fully informed about your treatment
- the right to refuse non-psychiatric (medical) treatment (with some exceptions)
- the right to a second opinion from another psychiatrist
- the right to access your medical records (with some exceptions)
- the right to have your case reviewed by the Mental Health Review Board
- the right to receive visits and communications, use of your personal possessions at the hospital, and to vote at elections (these rights may be restricted)
- the right to confidentiality
- the right to complain
- the right to request a visit from an Official Visitor
- the right to obtain legal advice (the Mental Health Law Centre provides free legal advice about your rights under the *Mental Health Act 1996*).

Your rights are explained in more detail below.

### *The right to be told of your legal status*

As an involuntary patient you have the right to be told both in writing and verbally about your legal status upon admission to hospital. This must be done in a way that you can understand. You can nominate another person to be told this information and be given a copy of any orders. If you do not name anyone, this information will be given to the person who is responsible for your care. You are entitled to a copy of the form that made you an involuntary patient.

If you don't understand what you are told, ask the staff to answer your questions. The people on your treating team – the psychiatrist, psychologists, social workers, welfare officers, occupational therapists and nurses – are the best people to talk to about your concerns. You may request to have someone with you when your treatment is being discussed eg friend, family member, consumer advocate.

### *The right to information about your treatment*

You have the right to be fully informed about your treatment. You may complain about your treatment or anything that you are unhappy about without the fear of being punished. For further information about complaints see later section Making A Complaint.

### *The right to refuse non-psychiatric (medical) treatment*

As an involuntary patient you can be given psychiatric treatment against your will. The *Mental Health Act 1996* (WA) does not permit treatment other than psychiatric treatment to be given to involuntary patients if you are capable of providing consent and do not consent. For example, your treating team may want you to take contraceptive medication or have surgery that could not be considered psychiatric treatment.

However if you are an involuntary patient and are not capable of giving consent to treatment, then non-psychiatric medical treatment may be given if the Chief Psychiatrist approves the treatment in writing. Alternatively, if you are unable to consent to treatment, approval for treatment may be given under section 119 of the

*Guardianship and Administration Act 1990 (WA)*. These provisions do not apply if a guardian has been appointed to make decisions about your medical treatment.

**If you are uncertain of your rights about non-psychiatric medical treatment, you can contact the Mental Health Law Centre, Legal Aid Western Australia or your own lawyer.**

*The right to seek a second opinion*

You may seek a second opinion from another psychiatrist about your treatment. (See sample letter on page 47.). (Also see Disagreeing with Treatment on page 28.)

*The right to inspect and receive accurate copies of any relevant documents about you (except in some circumstances)*

You can be prevented from viewing these documents if:

- the person who has the documents thinks that revealing what is in them could hurt your health or safety, or that of other people; or
- the documents include personal information about someone other than you; or
- the document reveals information that is confidential in nature and has been told in confidence (unless that person agrees to you accessing the information).

If you are denied access to the documents for one of these reasons, then you may nominate another suitably qualified person to access the documents in your place. You may seek assistance from the Mental Health Law Centre with regard to access to documents. See the sample letter on page 50.

*The right to have your case reviewed by the Mental Health Review Board*

The Mental Health Review Board must review your case to consider whether you should be an involuntary patient. The Board will review your case within 8 weeks of the date of the order and every 6 months after that should the order continue even if you do not ask for a review.

### *The right to receive visits and other communications*

You may receive visits, write and receive letters or telephone calls in reasonable privacy. Your mail should be unopened and your phone calls not listened to.

If your psychiatrist decides that visits, phone calls or letters are not in your best interests, then these rights can be withdrawn. However such a decision can only last for **one day** unless the psychiatrist again renews it.

### *The right to confidentiality*

The general rule is that the staff of a mental health service (both when you are in hospital and at home) are obliged to keep your personal information confidential. If they want to disclose some of this information they must ask for your permission before doing so except in the following circumstances:

- when the information is required by the staff on your treating team and it is related to your psychiatric treatment;
- when a court in the course of criminal proceedings requires the information.

A person may be prosecuted for breaching your confidentiality and punishments can include a fine of up to \$2,000.

### *The right to your own personal possessions*

You have the right to use your own clothes and personal possessions. Your psychiatrist can refuse to let you have something at the hospital/clinic if it is not appropriate to be used or stored in the hospital/clinic eg sharp objects such as scissors or large objects which are too big to store.

### *The right to vote*

You have the right to vote in any election, unless your psychiatrist gives a written notice to the Chief Psychiatrist that you are presently not capable of making a vote. If this happens, you or someone on your

behalf may apply to the Mental Health Review Board to have your right to vote reinstated.

### **What if I am not given my rights?**

If any of these rights have not been observed you are entitled to make a complaint. You may ask an Official Visitor from the Council of Official Visitors or the Mental Health Law Centre to help you. *See* the section on Making a Complaint on page 41. A restriction or denial of any of these rights must be raised with the Mental Health Review Board at the next review.

### **Leave arrangements and ground access**

As an involuntary patient you may be detained in a locked ward if your psychiatrist decides it is necessary. However you may also be in an unlocked ward and have access to most parts of the hospital. An involuntary patient is not allowed to leave the grounds of the hospital without permission.

If you do leave the hospital without permission, a hospital or community worker, or the police may pick you up and take you back.

If you want to leave the hospital to see someone, or attend an appointment, you can ask your psychiatrist for permission. Tell the psychiatrist why you want to go. If the psychiatrist thinks that you will benefit from leave you may be granted permission.

However, the psychiatrist may cancel the leave at any time even if you are out of the hospital. This is done by delivering to you a personally written notice that your leave has been cancelled.

You must return to the hospital on time. If your leave has been cancelled, you should return as soon as you can. If you do not return when your leave has been cancelled, hospital workers or the police may pick you up and take you back.

If you are granted leave for more than 28 days in a row, the psychiatrist must decide whether you should instead be put on a Community Treatment Order or have your status changed to voluntary and be allowed to go home.

### **Transfer**

When you are detained as an involuntary patient or a detained person in the first 24 or 72 hours after arriving at the hospital, a psychiatrist may order a transfer to another hospital.

You can apply to the Mental Health Review Board to review a decision made to transfer or not transfer you.

### **Being discharged from the hospital**

You can ask at any time to be discharged from the hospital and the psychiatrist will consider your request.

Your psychiatrist can choose to discharge you at any time during an order, or at the end of an order. Your psychiatrist can instead put you on a Community Treatment Order at any time. This means you will still be an involuntary patient but you will be allowed to live at home.

The Mental Health Review Board or the Chief Psychiatrist may review your status and may discharge you from an involuntary order.

## **COMMUNITY TREATMENT ORDERS**

### **What is a Community Treatment Order?**

A Community Treatment Order (CTO) is an order, made by a psychiatrist, which requires you to receive psychiatric treatment but you are not detained in a hospital. If you are on a CTO you can live in a hostel or at home. If you are on a CTO you are an involuntary patient.

### **When is a Community Treatment Order made?**

A CTO is made when a psychiatrist who has examined you has determined that you have a mental illness requiring treatment. The psychiatrist must decide that you have refused treatment or, because of the nature of your illness, you are unable to consent to treatment.

The psychiatrist must also decide that you need treatment through the CTO in order to:

- protect your own health or safety, or other people's health or safety; or
- stop you from causing yourself serious financial harm or harm to your reputation resulting in lasting or serious harm to important personal relationships, or
- prevent serious damage to property.

Having decided these things, the psychiatrist must also decide that the treatment cannot be adequately provided to you as a voluntary patient.

All of the above criteria must be satisfied before a CTO is made.

When you are put on a CTO you must be given a copy of the order. This order will be for no more than 3 months from the day that you see the psychiatrist. Your psychiatrist can extend your CTO for another 3 months so you could be on a CTO for up to 6 months.

The CTO must contain the following information to be valid:

- the psychiatrist who will be supervising your treatment;
- an outline of the treatment plan including details of where and when you are to be treated;
- the name of the mental health practitioner or doctor (called the responsible practitioner) who will be responsible for your treatment on a day to day basis; and
- the date when the order finishes.

A mental health practitioner is someone who is qualified to treat your illness but they do not have to be a doctor. A mental health practitioner can be a community mental health nurse, a psychologist, an occupational therapist or a social worker. If named as the person who will be looking after you on a day-to-day basis they could also be called a case manager.

A CTO will only come into operation if, within 72 hours (3 days) it is confirmed by another psychiatrist or medical practitioner. Another psychiatrist usually confirms the order but if there is not one available then by another doctor who is authorised to do so. If the CTO is not confirmed it will have no effect. However, if the CTO releases you from being detained in hospital a second doctor does not have to confirm it.

Your supervising psychiatrist, the Chief Psychiatrist or the Mental Health Review Board can revoke (cancel) a CTO if they decide it is no longer necessary.

### **How long do I have to be on a CTO?**

A CTO can only last for an initial period of up to 3 months but can be extended for a further 3 months. While you are on the order the supervising psychiatrist will see you or receive a report about you at least once a month to decide if the order is necessary. You are required by the order to receive the treatment set out in the treatment

plan. The order must contain details of where and when you are to receive treatment.

Your psychiatrist must lodge a copy of your CTO with the Mental Health Review Board. The Board will automatically review the CTO within 8 weeks of you being made an involuntary patient. However, you have the right to request a review by the Mental Health Review Board without waiting for the Board to list a review.

Your psychiatrist will decide at the end of the initial CTO if you still need to be on an order.

### *Second opinion*

If the psychiatrist does extend the CTO and you don't agree that it should be extended you can ask the psychiatrist in a letter for a second opinion about your case. *See* the sample letter on page 51. Within 14 days of receiving your request another psychiatrist will examine you for the purpose of giving a second opinion. This second psychiatrist can decide that the order should not have been extended and the CTO extension then stops.

If you make a request to get a second opinion and a second psychiatrist does not see you within the 14 days, then your order will finish. BUT if you miss the appointment with the second psychiatrist, or you decide you don't want to go and see them, your order will continue.

If your order is extended a copy of the extension will be sent both to you and to the Mental Health Review Board.

After 6 months on a CTO your psychiatrist must issue you with a new order if they decide you still need treatment and fit all the criteria for being an involuntary patient. All the same procedures must be followed if you are put on a new order. The Mental Health Review Board is only required to review your involuntary status every 6

months after the first review is held if you are continuously an involuntary patient.

You can apply to the Mental Health Review Board for a review of your case at any time. If you have already had a review in the previous 4 weeks the board may not immediately list the new review unless you have new information to give.

### **Expiry of a CTO**

A CTO will finish on the date on your order. If it is not renewed or extended by your doctor you are no longer required to comply with it. This means that you are no longer an involuntary patient under the *Mental Health Act 1996 (WA)*. You may wish to accept treatment voluntarily but unless you are declared an involuntary patient again you do not have to accept treatment without your consent.

#### *Has my CTO finished?*

The mental health service is not required to advise you that the CTO has finished. If you are not sure whether you are still on a CTO you can find out by asking your mental health service. The Mental Health Review Board or the Mental Health Law Centre can also assist you to find out.

### **What happens if I don't comply with the conditions of my order?**

If you fail to follow the treatment plan set out for you in the CTO (for example if you miss appointments or you don't take your medication) you are "breaching" your order. A breach of your CTO may result in you being detained in a hospital or clinic.

If you do not comply with the CTO, for you to be "breached" your psychiatrist must write out a notice saying that:

- all reasonable steps have been taken to get you to comply with the order without success; and

- the psychiatrist believes that there is a significant risk of your illness deteriorating unless you comply with the treatment.

The psychiatrist must state the facts on which the beliefs are based (the reasons for the beliefs).

The notice will inform you that unless you comply with the order, you will be required to attend for treatment.

If you do not comply, you will be sent an Order to Attend requiring you to turn up at a particular place at a particular time for your treatment. This place is usually a clinic, hospital or doctor's surgery. This form will also tell you that if you continue to not comply with the order, the police may be asked to come and apprehend you and take you for treatment.

If you do not comply with an Order to Attend your psychiatrist can then ask the police to take you to a specific place for treatment. The police will have the power to come into your home and take you into the hospital or take you to have your treatment in the clinic.

#### *Revocation of CTO*

It is possible that instead of giving you these notices, the psychiatrist may simply revoke (that is cancel) the CTO. If so, you can be admitted to an authorised hospital as an involuntary patient for up to 28 days.

So while a breach notice may be issued it is important to note that *you can be sent straight to hospital if you breach your order.*

#### **What happens if I want to move house?**

You can still move house and change your personal life while you are on a CTO. But before you organise to change anything, especially the place where you live, it is important for you to talk to your doctor about it. The supervising psychiatrist may have to find someone new

to be your doctor or responsible practitioner if you move. If you are moving far away from where you currently live it is possible that your supervising psychiatrist may also have to be changed.

### **Change of supervising psychiatrist / variation of an order**

If your psychiatrist or doctor transfers your care to another person you will receive all the new information in writing. The notice will tell you who your new doctor/practitioner is, where they are and how often you have to see them.

When you get a notice like this it replaces the CTO in the parts where it is different. For example, if you have been seeing Dr Smith every week and the notice you receive tells you to see Dr Jones twice a week you have to do what it says. This is called a variation of an order. If you are confused about what to do you should ask the staff at the clinic to help you understand.

If you have any problems or queries about what is happening to you get in touch with your mental health service, the Mental Health Law Centre or talk to an Official Visitor or a friend.

## TREATMENT

### Voluntary and involuntary patients

Your rights regarding treatment depend upon whether you are a voluntary or involuntary patient. If after reading the earlier section in this booklet, you are not sure whether you are a voluntary or involuntary patient, contact your mental health service, the Mental Health Law Centre or the Mental Health Review Board who can help you find out.

### What can they do to me?

#### *Informed consent*

Some forms of treatment require your consent or permission. Your permission must be given **freely** and **voluntarily**. A doctor or psychiatrist **cannot** assume you give your permission for treatment just because you don't object.

When asking for your permission for treatment, a doctor or psychiatrist must:

- clearly explain the proposed treatment;
- tell you about any experimental drugs or treatment they would like to use on you;
- warn you of any risks involved; and
- give you enough time to make a decision and get other advice or assistance.

These things must be explained to you in a way that you understand. You can have an interpreter if you need one.

Some people cannot give their permission because they do not understand what will happen to them if they have the treatment or do not understand what giving their permission means. There are some treatments that cannot be given to you if you are not capable of giving your permission.

### *Psychiatric treatment*

Psychiatric treatment is treatment that is permitted under the *Mental Health Act 1996* (WA) and which is neither psychosurgery nor electroconvulsive therapy. It can include medication, nursing care, hospital care and blood tests.

If you are an involuntary patient you can be given psychiatric treatment without your consent.

### *Emergency psychiatric treatment*

Emergency treatment is psychiatric treatment that is required to

- save your life; or
- stop you causing serious physical harm to yourself or someone else.

Emergency psychiatric treatment can be given without your permission and without approval that would normally be required.

If you are given emergency psychiatric treatment without your consent, the person who gives it to you must record what was done to you, where and when and by whom, and those details must be sent to the Mental Health Review Board.

### *Electroconvulsive therapy (ECT)*

ECT is a treatment for a number of illnesses, mainly severe depression. A person is given a general anaesthetic and a muscle relaxant, and then a small electric current is passed through the brain and a minor seizure is induced.

*If you are a voluntary patient* this treatment cannot be given without your permission unless it is by way of emergency psychiatric treatment to save your life or stop you causing serious physical harm to yourself or someone else.

*If you are an involuntary patient* you can be given ECT without your consent if your psychiatrist recommends it and another psychiatrist approves.

When deciding whether you should have ECT, the second psychiatrist will consider:

- whether ECT is likely to help you;
- whether you are able to give your permission; and
- whether you have given your permission.

If you have not given your permission the second psychiatrist must bear this in mind when deciding whether or not you should have ECT.

If the second psychiatrist does not agree that you should have ECT your case **must** be referred to the Mental Health Review Board. The Board cannot consent to the treatment but may:

- recommend that your psychiatrist uses a different type of treatment;
- put you under the charge of a different psychiatrist; or
- if you are an involuntary patient, make you a voluntary patient.

The only time the above steps won't apply is if you require emergency psychiatric treatment to save your life or stop you causing serious physical harm to you or someone else.

### *Psychosurgery*

Psychosurgery is an operation on your brain to permanently or temporarily change your thoughts, emotions or behaviour.

Psychosurgery can only be given to you if you are able to give your permission, you do give your permission AND the Mental Health Review Board approves.

## **Medical treatment**

As an involuntary patient you can be given psychiatric treatment against your will. The *Mental Health Act 1996* (WA) does not permit treatment other than psychiatric treatment to be given to involuntary patients if you are capable of providing consent and do not consent. For example, your treating team may want you to take contraceptive medication or have surgery that could not be considered psychiatric treatment.

However if you are an involuntary patient and are not capable of giving consent to treatment, then non-psychiatric medical treatment may be given if the Chief Psychiatrist approves the treatment in writing. Alternatively, if you are unable to consent to treatment, approval for treatment may be given under section 119 of the *Guardianship and Administration Act 1990* (WA). These provisions do not apply if a guardian has been appointed to make decisions about your medical treatment.

**If you are uncertain of your rights about non-psychiatric medical treatment, you can contact the Mental Health Law Centre, Legal Aid Western Australia or your own lawyer.**

If you are a voluntary patient you may refuse any treatment offered to you.

## **Other things that can happen to you**

### *Seclusion*

Seclusion means that staff put you in a room by yourself, which you are not allowed to leave.

You can be secluded if:

- you are a patient in an authorized hospital; and
- a medical practitioner, or in an emergency, a senior mental health practitioner, gives permission.

Permission can only be given for you to be secluded if:

- it is necessary for your protection; or
- you might hurt someone else if you are not secluded.

If a senior mental health practitioner authorizes your seclusion they must tell a doctor as soon as possible. The doctor may change or revoke your seclusion.

While secluded:

- you must be provided with bedding, food, drink, clothing and toilet facilities;
- a mental health practitioner must check on you every 15 minutes; and
- a report about your seclusion must be made to the Mental Health Review Board.

#### *Mechanical body restraint*

A mechanical bodily restraint means anything that stops you moving freely. A doctor (or in an emergency by a senior mental health practitioner) must authorize its use.

It can only be authorized if it is necessary:

- to restrain you to give you medical treatment;
- for your own safety or the safety of another person; or
- to stop you destroying property.

Use of a mechanical bodily restraint must be reported to the Mental Health Review Board as soon as practicable.

#### *Transport orders and police assistance*

There are occasions when a doctor, a psychiatrist or an authorized mental health practitioner can make an order for a police officer to apprehend you and take you to a hospital for assessment or treatment.

A transport order can only be made when the doctor, psychiatrist or authorized mental health practitioner believe they cannot get you to hospital for examination without assistance.

If you are apprehended under a transport order, you **must** be taken to a hospital or clinic as soon as possible. If you are not taken to hospital within the required time, then the transportation order lapses and cannot be used. The required time is 72 hours if the order is to take you to hospital for assessment. If it is to another place such as a clinic then the required time is 24 hours. If the order is for other reasons than assessment, then the required time is 72 hours (3 days).

### **What can't they do to me?**

You cannot be given:

- deep sleep therapy, or
- insulin coma or sub-coma therapy.

### **Disagreeing with treatment**

- If you are an involuntary patient and you are given psychiatric treatment without your consent you have the right to ask for another psychiatrist to see whether you need the particular treatment. *See* the sample letter on page 47.
- You have the right to telephone the Chief Psychiatrist to arrange for this to take place, although you should first ask your psychiatrist to arrange it. (*See* Useful Services at the end for contact details).
- The second examination can be carried out by audio-visual means (teleconferencing).
- If the second psychiatrist says that your treatment should be changed and you want it to be changed but your treating psychiatrist will not change it, you should tell the Chief Psychiatrist. He must either transfer your care to another psychiatrist or ask the Mental Health Review Board to look into your case.

- If the Mental Health Review Board looks at your case, it may decide to transfer you to another psychiatrist, change your order or make any other appropriate order.

## **THE MENTAL HEALTH REVIEW BOARD**

The Mental Health Review Board is a panel of three members, a lawyer, a psychiatrist and another member. The Board holds meetings called "reviews" usually with you being present, but you can also talk to the Board by telephone or by audio-visual means (teleconference).

The Board must meet to review your case within the first 8 weeks of you being made an involuntary patient. If you continue to be involuntary after that, the Board will only review your case every 6 months unless asked to do so earlier.

On reviewing your case the Board can:

- maintain your involuntary status;
- change your status from involuntary to voluntary;
- order that you be treated in the community on a Community Treatment Order; or
- vary the terms of your Community Treatment Order.

### **How to make an application for a review**

If you are an involuntary patient, you can apply for a review by the Board at any time. However, if the Board has reviewed your involuntary status within the last 28 days, the Board may not immediately list the review unless you have new information to give them.

Another person such as a family member, carer or Official Visitor can also make an application for review. Application forms are available at the hospital or clinic or you can write your own letter requesting a review. The Mental Health Law Centre can also assist you in making an application. *See* the sample letter on page 48. The address and telephone number of the Mental Health Review Board are in the Useful Services at the end.

Matters that you can ask the Board to review include:

- whether you should continue to be an involuntary patient;
- whether you should continue to be detained in a hospital;
- whether you should be transferred to another hospital while you are detained as an involuntary patient;
- changing your supervising psychiatrist or responsible practitioner if you are on a Community Treatment Order.

The Board will write to you and tell you of the date, time and place of the review.

### **Representation before the Board**

You can represent yourself at a review before the Board or be represented by an Official Visitor, a carer or any other person with the Board's agreement.

A lawyer can also represent you. In some cases, the Mental Health Law Centre is able to provide representation. If not able to represent you, they will be able to give you advice about your case. The Mental Health Law Centre provides free and confidential legal services to involuntary patients under the *Mental Health Act 1996* (WA). Contact details are at the back of this booklet.

### **Access to your records**

*You have the right to read and obtain a copy of any documents that the Board will be considering for the review.* This includes your case notes. You can be prevented from viewing these documents if:

- the person who has these documents thinks that revealing what is in them could hurt your health or safety, or that of other people; or
- the documents include personal information about someone other than you; or

- the document reveals information that is confidential and has been told in confidence (unless that person agrees to you accessing the information).

If you are denied access to the documents because of one of these reasons, then you may nominate another suitably qualified person to access the documents in your place.

*You may wish to seek advice from the Mental Health Law Centre about this.*

### **What happens on the day of the review?**

*Where are reviews held?*

The review will be held at a hospital, a clinic or the Board's offices. You may attend personally or by telephone or teleconferencing.

*Who is present apart from the 3 Board members?*

Your treating psychiatrist and/or other members of your treating team will attend the review apart from you and your advocate if you are represented. The Board may also allow other people such as staff members, your relatives or friends to be present. The reviews are closed to the public unless the Board decides otherwise.

*Submissions from you or your representative*

The Board provides the opportunity:

- for you to give evidence;
- to have other people give evidence on your behalf;
- for you or your representative to ask questions of the psychiatrist or treating team member present; and
- for you or your advocate to make submissions as to what you want the Board to decide in reviewing your case.

*Questions being asked of you*

The Board can require that you truly answer any relevant question asked by a Board member or any other person at the review.

### *Questioning your doctor*

You (or your representative) have a right to question your doctor about why they think you should be an involuntary patient.

### *Bringing other people to the review*

The Board encourages you to bring support persons such as family members or friends to the review.

### *Preparing yourself for a review*

Before the review you may read any relevant documents and discuss with your treating team the issues you want to raise at the review. If you are represented at the review you should discuss these matters with your representative.

Find out from your treating team if you are receiving any strong medication that may make it difficult for you to concentrate during the review.

It is important for the Board to know about support services and programs that are available to you in the community. If your family or friends can't attend the review, they could write a letter telling the Board about the help they can provide. If your family or friends agree, you could ask the Board to telephone them.

If you would like to propose to the Board treatment other than at the hospital/clinic, it would be useful to have a report about the alternative treatment that you propose eg a report from another doctor or psychiatrist.

### *After the Board has heard all the evidence*

After the Board has heard what you, the treating team and any other persons attending have said, everyone will be asked to leave the room for the Board to decide whether you should continue to be an involuntary patient. The Board will then tell you their decision and give you a written copy of it.

### *The possible outcomes*

The Board may decide:

- to maintain your status as an involuntary patient detained in a hospital or on a CTO; or
- to order a CTO if you had been a detained involuntary patient; or
- to change your status to voluntary.

If you were in hospital before the review, then as voluntary patient you have a choice about whether to continue to stay in hospital and take the suggested medication. (You may also choose to leave). If you were on a CTO before the review, you have a choice about whether to continue treatment and consultation with the clinic as a voluntary patient. (You may choose to discontinue treatment).

### **After the review**

#### *Reasons for decision*

Within 14 days of the review, you or your representative may apply for the reasons for the decision to be given in writing and the Board must provide you with written reasons. *See* the sample letter on page 49.

#### *Appeal*

If you are dissatisfied with the Board's decision or order, you may appeal to the Supreme Court of WA. Appeal documents should be filed within one month of the Board's decision. You are required to be represented by a lawyer in an appeal.

The Mental Health Law Centre can advise you whether you have any grounds to bring an appeal, or refer you to another legal service.

#### *Further review*

You may apply again to the Mental Health Review Board after 28 days for a further review, or earlier if there is new information for them to consider.

## **POLICE POWERS**

### **When can I be apprehended (similar to being arrested)?**

A police officer may apprehend you if the officer suspects that

- you have a mental illness; **and**
- you need to be apprehended in order to either protect your health or that of somebody else or prevent serious damage to property.

But in doing so, the police officer must arrange for you to be examined by a doctor or an authorised mental health practitioner as soon as practicable.

The police officer may use as much force as is necessary to apprehend you and take you to the doctor, authorized mental health practitioner or clinic/hospital. The police officer may enter premises to apprehend you, may search you and seize anything that is relevant.

You may be charged with any offences you commit.

You may be taken to a doctor or mental health professional and be referred to an authorised hospital for further assessment. If they think you should be admitted as an involuntary patient the police may then take you to that hospital for assessment.

### **Police powers when you are on a CTO**

The police may also apprehend you and take you to hospital if asked to do so by your treating psychiatrist. This might be because you have not kept appointments, not taken your treatment or otherwise breached the CTO. *See* pages 20-21.

### **Transport orders**

There are also occasions when a doctor or psychiatrist can make an order for a police officer to apprehend you and take you to a hospital for assessment or treatment. *See* pages 27-28.

## FORENSIC PATIENTS

If you are a patient with a mental illness or disorder and you have a current forensic (legal) issue you may be treated by the State Forensic Mental Health Service (SFMHS). Not all patients with forensic issues are seen by the SFMHS as many are treated through general mental health services. If you are detained at the Frankland Centre it is likely you have both a mental health and a forensic issue.

You may be detained at the Frankland Centre for a variety of reasons and under more than one piece of legislation at the same time. For example patients may be detained under the *Mental Health Act 1996*, the *Prisons Act 1981*, or under the *Criminal Law (Mentally Impaired Defendants) Act 1996*.

Patients at the Frankland Centre may or may not be involuntary patients under the Mental Health Act. All involuntary patients in the Frankland Centre have the same rights as other involuntary patients, such as being able to make an application to the Mental Health Review Board for a review of their status and to seek assistance from the Council of Official Visitors. If you are an involuntary patient under the Mental Health Act and the Mental Health Review Board decides you are no longer an involuntary patient, you may still be detained because there is another court order in place.

The rights of a patient in the Frankland Centre depend upon the reason for detention in the maximum-security unit. It is possible that you are:

- a mentally impaired defendant subject to a **hospital order** (a court has remanded you for a psychiatric assessment);
- a mentally impaired defendant remanded by a court for treatment;
- a person who is on a **custody order** because she or he has been found unfit to plead or who has been found not guilty of an offence by reason of unsoundness of mind; or

- a sentenced prisoner requiring psychiatric treatment during the term of his or her sentence or remand. In this case you should be under the Mental Health Act.

Patients under the Criminal Law (Mentally Impaired Defendants) Act have some rights, although these differ from those of involuntary patients.

If you need further advice or assistance about your legal status and rights you can obtain assistance from your lawyer, Legal Aid Western Australia, the Council of Official Visitors or the Mental Health Law Centre.

## **GUARDIANSHIP AND ADMINISTRATION MATTERS**

The *Guardianship and Administration Act 1990* (WA) allows a substitute decision maker to be appointed for adults over the age of 18 years. A substitute decision maker can be appointed by the Guardianship and Administration Board if you are found to be not capable of making reasoned decisions for yourself. The appointment of a guardian or administrator **takes away your right to make your own decisions** and this right is given to another person on your behalf. The appointment of a guardian or administrator is an **option of last resort** and should be taken **only when it is needed**.

### **The Guardianship and Administration Board**

The Guardianship and Administration Board is an independent tribunal. The Board may be one or three members at a hearing.

Most applications made to the Board are for the appointment of a guardian or administrator. The Board can also:

- review existing orders;
- declare a person incapable for the purposes of an Enduring Power of Attorney;
- revoke or vary an Enduring Power of Attorney; or
- consent to an application for the sterilisation of a person.

### **What is a guardian?**

A guardian is appointed to make decisions about the person's lifestyle, including matters such as work, living arrangements and medical treatment. A guardian is a decision-maker, not a carer (although they may be both).

## **Decisions that cannot be made by a guardian**

Some decisions cannot be made by a guardian or must be referred to the Guardianship and Administration Board. A guardian cannot:

- consent to sterilisation of the person (this requires a hearing before the Guardianship and Administration Board);
- punish the person;
- vote in any election on behalf of the person;
- make a will on behalf of the person;
- consent to the adoption of a child on behalf of the person; or
- consent to marriage of the person.

## **Who may be appointed guardian?**

A guardian must be over the age of 18 years and agree to the appointment. The guardian must be able to act in the best interests of the person and must not be in conflict with that aim.

In appointing a guardian, the Board is required to take into account:

- existing family relationships;
- how the person gets on with the proposed guardian;
- the wishes of the person; and
- whether the proposed guardian is able to do the job properly.

The Public Advocate may be appointed guardian of last resort where there is no other person who is suitable and willing to act.

## **What is an administrator?**

An administrator is appointed to make financial and legal decisions in the best interests of the represented person, such as purchase or sale of assets (e.g. a house), payment of debts, or investment of moneys.

## **Who may be appointed administrator?**

An administrator must be either an individual over age of 18 years or a trustee company. The administrator must be suitable and have

agreed to act in the best interests of the person. Examples include a family member, friend, or an accountant. In some cases the Public Trustee is appointed. The wishes of the person are taken into account in the selection of the administrator. There are limitations as to when a trustee company will be appointed.

### **Making a guardianship or administration order**

Before the Board appoints a guardian or administrator it must be satisfied of all of the following:

- the person is over the age of 18 years (guardianship order only);
- the person has a decision-making disability and is incapable of making reasoned decisions in their own best interests;
- the person is in need of a guardian and/or administrator;
- there is no less restrictive way of resolving the problems being experienced in relation to the person; and
- it is in the best interests of the person.

### **Who can make an application?**

Most applications are made by a family member of the person. But an individual or agency such as a social worker or psychiatrist of a mental health service can make an application.

### **Further information**

If you need further information about guardianship and administration matters, the following agencies may be able to assist you: -

- Guardianship and Administration Board
- Office of the Public Advocate
- Public Trustee
- Mental Health Law Centre

(see Useful Services at the end for contact details).

## **MAKING A COMPLAINT**

If you have a complaint while in hospital or on a CTO, you can contact the following for assistance. The end of the booklet has a list of other Useful Services.

### **Complaints about mental health service or treatment**

If you want to complain about the service you are receiving or your treatment (including medication, diagnosis, your doctor or inability to seek a second opinion) the following people may be able to help:-your mental health service, the Chief Psychiatrist, the Council of Official Visitors, the Office of Health Review, the State Ombudsman.

If you need someone to assist you to advocate about the complaint you can seek help from the Health Consumers Council, the Council of Official Visitors or the Mental Health Law Centre.

### **Complaints about discrimination**

If you want to complain about being discriminated against because of your disability, you may complain to the Equal Opportunity Commission. The Disability Discrimination Unit at Sussex Street Community Law Service or the Mental Health Law Centre may give you advice about your complaint.

### **Complaints about assaults**

If you have been assaulted you should report it to the WA Police Service and also contact the Sexual Assault Resource Centre if the assault is of a sexual nature.

### **Complaints about professional conduct**

If you have a complaint that a doctor, nurse or other treating team member has acted contrary to a professional code of conduct, your

complaint can be made to the relevant professional regulatory body such as the Medical Board or the Nurses Board.

### **Complaints about access to information**

If you have been refused access to documents held by your mental health service or by the Mental Health Review Board concerning you or your treatment, you may obtain advice from the Mental Health Law Centre about how to make a complaint.

### **Freedom of Information**

You are entitled to view your file and receive a copy of documents under the *Freedom of Information Act 1992*. The Act applies to public mental health services, but not private services. To do this, contact the Freedom of Information Officer at your hospital. If you do not know where your file is located, contact the Information Commissioner. There may be some restriction on the documents you are given. If so, you may wish to seek advice from the Mental Health Law Centre.

## **MENTAL HEALTH LAW CENTRE (WA)**

The Mental Health Law Centre is an independent, non-government community legal centre. The centre provides free and confidential legal services to people who are involved involuntarily in the mental health system. This means involuntary patients under the *Mental Health Act 1996*.

### **Aims of the centre**

The centre is dedicated to:

- Promoting the legal and social rights and responsibilities of mental health consumers; and
- supporting mental health consumers to participate to a greater extent in decisions about their treatment and care.

The centre provides legal advice on matters under the Mental Health Act 1996 including:

- involuntary status
- Mental Health Review Board
- access to records
- patients' rights

Staff at the centre can visit hospitals and clinics. The centre may be able to assist with other legal problems but only if the problem relates directly to mental illness. Ring us if you are not sure and if we cannot help you we will refer you to someone who may be able to help.

### **How do I contact the centre?**

Address: 217 Beaufort Street, Perth WA 6000

Mail: PO Box 8466 Perth Business Centre WA 6849

Telephone (08) 9328 8266 or **Free call statewide 1800 620 285**

Website: [www.mhlcwa.org.au](http://www.mhlcwa.org.au)

There are also contact details for other services which may be of help to you in Useful Services at the end of the guide.

## **COUNCIL OF OFFICIAL VISITORS**

The Council of Official Visitors is comprised of people appointed by the Minister for Health from the general community.

### **What does the Council of Official Visitors do?**

Official Visitors attend authorised hospitals at least once a month. They also visit other places where patients are detained, cared for or treated under the *Mental Health Act 1996 (WA)*. They make sure that these places are safe and suitable. They make sure that involuntary patients know their rights and that those rights are observed. They are available to hear complaints from patients and carers and may refer matters to the Minister for Health, the Chief Psychiatrist, the Mental Health Review Board or other authority. They will visit patients when requested and may assist with making and presenting an application to the Mental Health Review Board.

### **Can I request an official visit?**

You can request a visit (or someone can do so on your behalf) if:

- you are an involuntary patient in an authorized hospital or on a Community Treatment Order; or
- you are a mentally impaired defendant in an authorised hospital; or
- you are living in a licensed private psychiatric hostel.

You or someone on your behalf can ask the person in charge of the place where you are cared for to arrange the visit. This person will notify the Council of your request as soon as possible or you can contact the Executive Officer of the Council yourself: 1800 999 057 (free call).

Official Visitors are not able to assist you if you are a voluntary patient except if you are a resident of a licensed psychiatric hostel. However if the Council of Official Visitors cannot help you they will refer you to someone who can.

### **What can an Official Visitor do?**

An Official Visitor can visit you at any time. During the visit, they may:

- inspect the place in which you are staying;
- see any other patient who consents to being seen;
- enquire about your admission, detention, care, treatment and the control exercised over you;
- inspect medical records or other documents relating to you (but you have the right to refuse access to your medical record);

You have the right to refuse to see an Official Visitor.

### **How do I contact the Council of Official Visitors?**

Address: 1076 Hay Street (cnr Harvest Terrace), West Perth 6005

Telephone: (08) 9226 3266

Free call: 1800 999 057

## ORGANISING YOUR LIFE FROM HOSPITAL

*It can be very frightening finding yourself in hospital. Although most people are not in hospital for very long, you may want to make sure that all the things you would have done if you were not in hospital are still getting done. Below is a checklist of issues that you may need some help with when you are admitted to hospital:*

### Checklist

- Children (who is looking after them, picking them up from school)
- Pets (who is looking after them, feeding them)
- Rent/Mortgage payments (is your rent due, mortgage payments due)
- House/Income Protection Insurance (is this covered if you are away from your home for more than a certain period of time)
- Bills (do you have any outstanding bills that need paying)
- Centrelink forms/applications (do you have forms needing to be lodged)
- Pending Court Appearances (Summons etc.)
- Applications for Legal Aid
- Work (have you told your employer you won't be at work)
- Clothes/Toiletries (have you got access to your belongings)

---

If you have concerns regarding any of the above, ask to see your Welfare Officer or Social Worker to help you sort out these problems.

**SAMPLE LETTERS THAT MAY BE USEFUL**

(a) *To ask for a second opinion*

Date

Name of your psychiatrist

Address of your mental health service

**SECOND OPINION**

I request a second opinion from a psychiatrist from a mental health service as to the proposed treatment plan, in accordance with section 111 of the *Mental Health Act 1996* (WA). I request that this opinion be obtained before the treatment is commenced.

I would appreciate it if the second opinion could be arranged as soon as possible.

Yours faithfully

.....(sign here)

Your name and address

(b) *To ask for a review by the Mental Health Review Board*

Date

Registrar  
Mental Health Review Board  
12-14 Thelma Street  
WEST PERTH 6005

Dear Registrar

**APPLICATION FOR REVIEW**

I apply to the Mental Health Review Board for a review of my involuntary status pursuant to section 142 of the *Mental Health Act 1996* (WA). I would appreciate it if you could list my matter for hearing as soon as possible.

Yours faithfully

.....(sign here)

Your name and address

(c) *To ask for written reasons for decision*

Date

Registrar  
Mental Health Review Board  
12 – 14 Thelma Street  
West Perth WA 6005

Dear Registrar

**REASONS FOR DECISION**

My application for review was heard on .....(insert date).

Would you please, pursuant to clause 15 of Schedule 2 of the *Mental Health Act 1996* (WA), provide me with written reasons for the decision.

Please let me know whether it is likely that it will take longer than one month from the date upon which the review was heard for me to receive a copy of the reasons for the decision.

Yours faithfully,

.....(sign here)

Your name and address

(d) *Request for copy of documents*

Date

Freedom of Information Officer  
Name and address of mental health service

Dear Sir/Madam

**SECTION 160 APPLICATION FOR DOCUMENTS**

I am/was an involuntary patient in this hospital on .....(insert dates). I am applying for access to the documents on my medical record for the following period .....(insert dates).

I request copies of my complete medical record concerning my current admission, including relevant *Mental Health Act 1996* (WA) forms, together with previous discharge summaries (if any). *As my medical records are required for the purpose of my application to the Mental Health Review Board they will not be required if I am made a voluntary patient prior to the holding of the review.* (Last sentence optional – insert if records only required for a Mental Health Review Board hearing).

Yours faithfully

.....(sign here)

Your name and address

(e) *Request for second opinion - extension of CTO*

Date

Name of your psychiatrist

Address of your mental health service

**SECOND OPINION - EXTENSION OF CTO**

On .....(insert date) my Community Treatment Order was extended. I request, pursuant to section 76 of the *Mental Health Act 1996* (WA), a second opinion be obtained as to whether the community treatment order should have been extended.

Please advise me of the date, time and place at which I am required to attend for the purpose of the second opinion.

Yours faithfully

.....(sign here)

Your name and address

## **USEFUL SERVICES**

### **MENTAL HEALTH LAW CENTRE**

217 Beaufort Street, Perth

Mail: PO Box 8466, Perth WA 6849

Ph: (08) 9328 8266 Free call: 1800 620 285

Email: [mentalhc@inet.net.au](mailto:mentalhc@inet.net.au)

### **LEGAL AID WESTERN AUSTRALIA**

5<sup>th</sup> Floor, 55 St. George's Terrace

Perth WA 6000

Ph: (08) 9261 6222 Info line: 1300 650 579

### **FEDERATION OF COMMUNITY LAW CENTRES W.A.**

31 Moore Street

East Perth WA 6004

Ph: (08) 9221 9322

They can also provide further information about other general and specialist community legal centres located in metropolitan and regional WA.

### **ABORIGINAL LEGAL SERVICE OF WA (Inc)**

Piccadilly Suites, cnr Nash and Short Streets

East Perth WA 6004

Ph: (08) 9265 6666 Free call: 1800 019 900

They can also provide further information about ALS offices located in rural and remote areas of WA.

### **CHIEF PSYCHIATRIST**

Office of the Chief Psychiatrist

Health Department of WA

189 Royal Street

East Perth WA 6004

Ph: (08) 9222 4079

COUNCIL OF OFFICIAL VISITORS

1076 Hay Street (cnr Harvest Terrace)

West Perth WA 6005

Ph: (08) 9226 3266 Free call: 1800 999 057

EQUAL OPPORTUNITY COMMISSION

Level 2, 141 St Georges Terrace

Perth WA 6000

Ph: (08) 9264 1930 Free call: 1800 198 149

[www.equalopportunity.wa.gov.au](http://www.equalopportunity.wa.gov.au)

GUARDIANSHIP AND ADMINISTRATION BOARD

20 Terrace Road, East Perth

Mail: PO Box 6172, East Perth WA 6892

Ph: (08) 9278 7350 Free call: 1800 191 009

Email: [gab@justice.wa.gov.au](mailto:gab@justice.wa.gov.au)

HEALTH CONSUMERS COUNCIL

4 Lord Street

East Perth WA 6004

Ph: (08) 9221 3422 Free call: 1800 620 780

OFFICE OF THE INFORMATION COMMISSIONER

Level 21, Exchange Plaza, 2 The Esplanade

Perth WA 6000

Ph: (08) 9220 7888 Free call: 1800 621 244

Email: [info@foi.wa.gov.au](mailto:info@foi.wa.gov.au)

OFFICE OF THE PUBLIC ADVOCATE

Level 1, Hyatt Centre, 30 Terrace Road

East Perth WA 6004

Ph: (08) 9278 7300 Free call: 1800 807 437

**PUBLIC TRUSTEE**

Mail: GPO Box M946, Perth WA 6843

Ph: (08) 9222 6777 Free call: 1800 642 777

**OFFICE OF HEALTH REVIEW**

Level 17, St Martins Building, 44 St Georges Terrace

Perth WA 6000

Mail: GPO Box B61, Perth WA 6838

Ph: (08) 93230600 Free call: 1800 813 583

*(hearing and translation assistance available)*

**STATE OMBUDSMAN**

St Martins Tower

44 St Georges Terrace, Perth

Mail: PO Box Z5386, St Georges Terrace Perth WA 6831

Ph: (08) 9220 7555 Free call: 1800 117 000

Email: [mail@ombudsman.wa.gov.au](mailto:mail@ombudsman.wa.gov.au)

**SUPREME COURT OF WA**

Stirling Gardens, Barrack Street

Perth WA 6000

Ph: (08) 9421 5333

**TRANSLATING AND INTERPRETING SERVICE**

Ph: 13 14 50