



Canberra Health Services

Procedure

Care of Persons subject to Psychiatric Treatment Orders (PTOs) with or without a Restriction Order (RO)

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Purpose

The *Mental Health Act 2015* establishes a framework to provide treatment, care and support for people (both adults and children) with mental illness who, because of their illness, cannot make their own assessment and treatment decisions and refuse treatment, care or support, but who need treatment to prevent harm to their own health or safety or to the safety of others.

The purpose of this procedure is to ensure Canberra Health Services (CHS) staff practise according to their legislated obligations and provide effective clinical treatment, care and support for persons who are subject to Psychiatric Treatment Orders (PTOs) with or without a Restriction Order (RO).

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Scope

This procedure is mandatory for all staff exercising a power or function under the *Mental Health Act 2015* and the *Guardianship and Management of Property Act 1991*, including the provision of services to people receiving treatment, care or support under a PTO, with or without a RO.

CHS Network for this procedure include inpatient facilities that are a declared Approved Mental Health Facility (AMHF). See the approvals found on the ACT Legislation Register for approval stipulations.

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Alerts

This procedure should be read in conjunction with the *Mental Health Act 2015* and the *Guardianship and Management of Property Act 1991*.

Before applying for a PTO (with or without an RO) and considering the content of a treatment plan, clinical managers or the clinician responsible for the person must check the person's clinical record to determine if the person has an Advance Agreement (AA) or Advance Consent Direction (ACD) (see definition of terms) (s28(1) *Mental Health Act 2015*) or a Nominated Person, guardian or other substitute decision maker.

If the person has an AA or ACD the preferences outlined in those documents should be used to guide treatment, as long as they are safe and appropriate for the person at the time. If a person has an ACD but does not have decision-making capacity, and resists treatment that they have previously given consent, the treating team can only give the treatment on direction from the ACT Civil and Administrative Tribunal (ACAT). Refer to the Advance Agreement and Advance Consent Direction and Nominated Persons Procedure for further information.

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Section 1 – Chief Psychiatrist responsibilities

The Chief Psychiatrist (or delegate) is responsible for the provision of treatment, care and support provided to a person on a PTO/RO.

The Chief Psychiatrist delegates their powers under s200(1) of the *Mental Health Act* to Consultant Psychiatrists who have completed Mental Health Act training and been recommended by the Medical and Dental Appointment Advisory Committee (MDAAC).

The Chief Psychiatrist has also delegated their authority to the TLO in communicating with the treating teams when a PTO is made by ACAT.

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Section 2 – Application for PTO with or without RO

2.1 Criteria for applying for a Psychiatric Treatment Order (PTO)

Under s58(2) of the *Mental Health Act* 2015, the ACAT may make an order for a PTO if each of the following criteria are met:

- The person has a mental illness, and
- Either:
 - the person does not have decision-making capacity (see definition of terms) to consent to the treatment, care or support and refuses to receive the treatment, care or support, or
 - the person has decision-making capacity to consent to the treatment, care or support, but refuses to consent, and
- The ACAT believes on reasonable grounds that, because of the mental illness, the person:
 - is doing, or is likely to do, serious harm to themselves or someone else, or
 - is suffering, or is likely to suffer, serious mental or physical deterioration, and
 - the ACAT is satisfied that the harm or deterioration, or likely harm or deterioration, outweighs the person's right to refuse to consent, and
 - the ACAT is satisfied that psychiatric treatment, care or support is likely to:
 - reduce the harm or deterioration, or the likelihood of the harm or deterioration, or
 - result in an improvement in the person's psychiatric condition, and
- The ACAT is satisfied that a Forensic Psychiatric Treatment Order (FPTO) should not be made instead, and
- The ACAT is satisfied that the treatment, care or support to be provided under the PTO cannot be provided in a way that would involve less restriction of the freedom of choice and movement of the person.

2.2 Application documentation

The Consultant Psychiatrist or Psychiatric Registrar must complete the:

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- Psychiatric Treatment Order, and/or Restriction Order form (available on the clinical record system).
 - The application form may be completed by a member of the treating team but must be signed by a Delegate.
 - The application must provide sufficient detail for each of the criteria described above (s51(3)(a), *Mental Health Act 2015*).
 - If anything, to do with the PTO application process is likely to substantially increase the risk to the person's health and safety or the risk of serious harm to others, this belief and the basis for the belief must be disclosed in the application form (s52 *Mental Health Act 2015*).
 - A written statement, to waive the notification process, must set out the risks and be signed by a Delegate, and be included with the application. A presidential member of the ACAT may agree the notification process can be waived, either by dispensing with the requirement to notify one or more people or by shortening or waiving the period of time before the hearing can be held. The ACAT will give a copy of the applicant's written statement to the Public Advocate.
- ACAT Information Sheet for Applications under the *Mental Health Act 2015* (available on the clinical record system) must also be completed.
 - The Information sheet contains the person's details, the names and contact details for important people (e.g. the person's guardian, carer, Nominated Person) and whether the person has an AA or ACD.
- PTO Treatment Plan and Location Determination (TLPD) form (located in the clinical record system under Care Planning/ Plans) as a proposed treatment plan (s51(3)(b) *Mental Health Act 2015*) and should remain un-dated and un-signed until the ACAT makes the order. The proposed treatment:
 - is to be consistent with the person's AA and ACD if one has been made.
 - must be set out in accurate and plain language which is likely to be understood by the person or their carer, family members or representatives. It is important not to specify the treatment too narrowly, as then a new TPLD form will then be needed if the treatment changes. For instance, specific medications or medication doses should not be included in the TPLD form if these details are likely to change.
 - Consistent with recovery orientated practice and the *Mental Health Act 2015*, the treating team must wherever possible consult with the person, their carer, family members or representatives, prior to completing the TPLD.

Note: If the person requires immediate detention at an AMHF or if any restrictive practices are needed (e.g. restraint, seclusion or forcible giving of medication) the TPLD form must be signed immediately after ACAT makes the PTO. The TPLD form must clearly indicate that the person is to be admitted and detained. As the treatment plan is further developed and/or further consultations are conducted, the TPLD form may be updated within the five working day period before it is finalised.



2.3 Application to ACAT

The Tribunal Liaison Officer (TLO) is to be notified, via the in-basket, of the completion of the PTO application and will provide to ACAT via email at ACATMentalHealth@act.gov.au

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Section 3 – ACAT hearing of PTO application

3.1 Notification of hearing

At least 3 days before the hearing, ACAT must give written notice of the hearing to the person named in the PTO application and to other people involved in the person's life, support and treatment (s188 *Mental Health Act 2015*).

The formal notice of hearing will be given to the person by:

- the TLO (inpatient at Canberra Hospital),
- treating team (inpatient facility not at Canberra Hospital),
- ACAT (people living in the community).

3.2 Appearing at the hearing

The TLO will liaise with the ACAT to schedule PTO hearings. The clinician (Consultant Psychiatrist, Psychiatric Registrar or Clinical Manager) who completed and/or signed the PTO application must, unless alternative arrangements have been made, attend the ACAT hearing.

Prior arrangement for a teleconference or AVL can be made to the ACAT if in-person attendance is not possible.

Attendance at the hearing is to enable the ACAT and other people appearing at the hearing (e.g. the person's legal representative and the Public Advocate) to ask questions about:

- the contents of the PTO application (e.g. to elaborate on the evidence that the person has a mental illness, as defined in s10 of the *Mental Health Act 2015*)
- whether there has been any change in the person's mental state, treatment, care or support since the application was prepared, especially any information relating to the PTO criteria.

If the PTO applicant cannot attend the hearing, they must inform the TLO as soon as possible (and the Consultant Psychiatrist, if the applicant is a Psychiatric Registrar). The applicant must, as far as possible, then arrange for another clinician to attend the hearing. This should be someone familiar with the person's treatment, care, support and history, and contents of the PTO application.

3.3 Outcome of hearing

ACAT can either make or not make the PTO. ACAT will also specify the PTO duration, which can be for up to six months (s76 *Mental Health Act 2015*).



3.3.1 Content of PTO

The PTO made by ACAT may state one or more of the following (s59 *Mental Health Act* 2015):

- the AMHF the person may be admitted,
 - the person is to receive psychiatric treatment (other than ECT or psychiatric surgery, for which other orders or consents are necessary) (see Electroconvulsive Therapy (ECT) - Adults and Children over 12 years of age Procedure)
 - the person is to undertake a counselling, training, therapeutic or rehabilitation program,
- that limits may be imposed on communication between the person and other people.

As the ACAT cannot order a particular treatment, the PTO will include a condition that the person comply with the determination of the Chief Psychiatrist (s59(2)(a) *Mental Health Act* 2015).

In addition to a PTO, the ACAT may make a RO if believe on reasonable grounds that:

- it is in the interests of the person's health and safety or the health and safety of someone else or the public to do so, or
- the treatment, care or support to be provided under the PTO cannot adequately be provided in another way that would involve less restriction of the person's freedom of choice and freedom of movement (s60 *Mental Health Act* 2015).

In making an RO, the ACAT may state that the person must:

- live (but not be detained) in the place stated in the RO
- be detained in an AMHF
- not approach a specified person
- not go to a specified place, or
- not undertake a specified activity.

3.4 Treatment Plan and Location Determination Form

Within five (5) working days of the order being made, a TPLD form (under Care Planning/Plan in the clinical record system) must be finalised and completed by the Delegate. The TPLD is to document:

- Whether the person requires admission to an AMHF, and whether can be given leave
- For person living in the community, the times when and the place the person is required to attend for treatment, care and support
- the nature of the psychiatric to be given to the person.

3.4.1 Consultation

The Consultant Psychiatrist or Psychiatric Registrar must take reasonable steps to consult with the people listed on the TPLD form. The Consultant Psychiatrist or Psychiatric Registrar must record the person's views in relation to the proposed treatment, care and support, and if the person was not consulted the reasons why consultation did not occur, on the TPLD form.

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The TLO is to be notified, via the in-basket, that the TPLD has been signed and will provide to:

- The Public Advocate at pa@act.gov.au
- The ACAT at ACATMentalHealth@act.gov.au
- The following people, where relevant:
 - the person themselves
 - if the person is a child (under 18 years), the people holding parental responsibility.
 - the guardian
 - the attorney
 - the nominated person
 - the health attorney.

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Section 4 – Clinical management

4.1 Community Management

- All reasonable efforts should be made by the treating team to contact all persons on a PTO every two weeks, at minimum. Any exceptions to the minimum two-week contact will need to be discussed with the Consultant Psychiatrist, with the reasons and the alternate plan clearly documented in the patient's clinical record (e.g. there may be sound clinical reasons to have longer intervals between contacts).
- All reasonable efforts should be made by the treating team to see and review a person on a PTO on a face-to-face basis at least every four weeks. Ideal clinical practice would dictate more regular contact, particularly if the person is in the early stages of relapse or recovery.
- A summary of the contact and any identified issues are to be clearly documented in the patient's clinical record, regardless of whether the contact is over the telephone or face to face.
- If it has not been possible to contact the person, all efforts to do so must be documented in the patient's clinical record.
- In circumstances where a concern for the deterioration in health of a person is identified, the Adult Community Mental Health Services (ACMHS) Community Recovery Services procedure should be followed.
- A person's PTO should be reviewed at a minimum of every three months.
- If an RO is granted, it must be reviewed at a minimum of every three months (*s76 Mental Health Act 2015*).

4.2 Updating the Treatment Plan and Location Determination

It is the responsibility of the clinical manager, or if there is no assigned clinical manager the Consultant Psychiatrist or Psychiatric Registrar, to ensure that the TPLD remains up to date (see section 3.4).

An updated TPLD form must be completed and signed by the Delegate if there are changes to the person's:

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- treatment, care or support
- treatment location, or
- residential address.

The TLO will provide ACAT and Public Advocate the updated and completed TPLD form.

An entry must be made in the patient's clinical record confirming the notification has been completed. Alternatively, if the box has been ticked indicating that the Public Advocate has already been advised, the signed form should be scanned and uploaded to the patient's clinical record.

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Section 5 – Admission to an Approved Mental Health Facility

There are three ways a person's involuntary admission and detention in an AMHF may be authorised:

1. A Consultant Psychiatrist may determine that a person requires treatment, care and support that can only be provided in an AMHF.
2. The ACAT may order that the person *may* be admitted to a specified AMHF (s59(1)(a) *Mental Health Act 2015*). Whilst in practice this is rarely done, the Consultant Psychiatrist or Registrar is still required to complete a TPLD.
3. The ACAT, if it has also made an RO in relation to the person, may require the person to be detained at a specified AMHF. This is rarely done, but if a person is detained under an RO they cannot be discharged or transferred to another facility without the approval of the ACAT. This cannot be overridden using a TPLD form. Clinicians must therefore check to see whether an RO is in place and what the terms of the RO require.

5.1 Direct admission from the community

A direct admission, i.e. a planned transfer of clinical care from the community to the Adult Mental Health Unit may occur during business hours. This type of admission must be arranged by the primary treating team, accepted by the Adult Acute Mental Health Service (AAMHS) Clinical Director (or delegate) and the decision made in collaboration with the person requiring the admission, their Carer, Nominated Person and or family (see Adult Acute Mental Health Services procedure for further detail).

5.2 Admission from the Emergency Department

If the person requires treatment, care or support in an AMHF and the person is not willing to accept treatment they must be:

- detained at the AMHF,
- examined within four hours, by:
 - a Consultant Psychiatrist, or
 - a Psychiatric Registrar with consultation from a psychiatrist (the consultation may occur via telephone), or



- another doctor with consultation from a consultant psychiatrist (the consultation may occur via telephone) (see Emergency Detention in and Approved Mental Health Facility and a Person's Rights under the *Mental Health Act 2015*).

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Section 6 – Contravention of PTOs and ROs

A person who is subject to the PTO/RO is required to comply with all the conditions of a PTO/RO, and the TPLD completed by the treating team. Non-compliance with any of these conditions is a contravention of the order.

The process of informing people they are in contravention of their PTO is outlined in s77 of the *Mental Health Act 2015*, has changed. The process now allows:

- Mental Health Officers (MHO) or Delegate to authorise a contravention, and
- all reasonable steps must be taken to contact the person to remedy the contravention, replacing the oral and written warnings.

6.1. Reasonable steps

The treating team must take reasonable steps to tell the person that a failure to comply with the mental health order may result in the person being taken to an AMHF for treatment, care or support. This must occur within 7 days of the identified contravention (s77 *Mental Health Act 2015*). If the contravention continues, the person can be taken to an AMHF to ensure compliance with the mental health order.

The following reasonable steps must be taken, where possible, before determining a contravention:

- telling the person that failure to comply with the mental health order may result in being apprehended and taken to an AMHF for treatment,
- provide options for the person to remedy the contravention by accepting assessment or treatment in a place other than an AMHF,
- if noncompliance continues, the person may be taken to an AMHF to ensure treatment under the mental health order.

In addition to the above reasonable steps, before the treating team can determine the person is non contactable, the following must occur:

- call the person
- attend a location where the person is known to attend, such as their home
- send written correspondence, via letter or SMS to the person's known address or contact phone number
- advise a person identified by the consumer (carer, nominated person, other person the consumer has included in their treatment plan in relation to their preference for contravention).

Only after the above steps have been taken can the contravention be authorised.



6.2 Contravention form

The Contravention & Authorisation to Require a Person to be Detained form (available in the clinical records system) must be completed, including the dates of contact attempts and all reasonable steps taken and signed by the Delegate or MHO. It is good practice, that prior to an MHO signing the contravention form, a discussion occurs with the treating psychiatrist, or another Delegate.

The TLO is to be notified via their in-basket of the signed contravention form, and the TLO will distribute to the ACAT.

6.2.1 contravention

The person can be apprehended by a police officer, authorised ambulance paramedic, MHO or doctor and taken to an AMHF. If assistance is required by another agency (ACT Policing, ACT Ambulance Service), a copy of the signed contravention authorisation is to be provided.

If the person has complied with the requirements of their order, by accepting treatment at a place other than an AMHF the relevant officer is satisfied is appropriate (s77(5) *Mental Health Act 2015*) the contravention order is to be withdrawn. The other agencies notified of the contravention order are to be immediately told the contravention has been withdrawn.

If the contravention is withdrawn, the TLO must be notified via the in basket.

6.3 Documentation

The treating team is to document in the person's clinical record and on the Contravention & Authorisation to Require a Person to be Detained form all reasonable steps taken.

The clinical record is to include the:

- reasonable steps to inform the person of the contravention,
- if the person is not contactable, the reasonable steps made to contact the person,
- the reasons requiring the detention and
- authorisation of the apprehension.

6.3.1 Notification of detention to ACAT and Public Advocate

If the person is required to be detained at an AMHF to ensure compliance with the mental health order, within 24 hours of the detention the ACAT and Public Advocate are to be notified, of the person's name, the reason for detention and which AMHF the person is detained in (s77(6) *Mental Health Act 2015*).

This notification is done through completing a TPLD which documents the person has been detained at a AMHF to ensure compliance with their PTO. The TLO will be notified of the updated TLPD form, via their in-basket and will distribute to the ACAT and Public Advocate.

6.4 Urgent inpatient treatment, care or support required

If the person's clinical presentation indicates that they require urgent inpatient treatment, care or support, i.e. there is not time to follow the contravention process, the person may be

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apprehended (s80 *Mental Health Act 2015*) and transported to an AMHF by a police officer, authorised ambulance paramedic, doctor or MHO.

6.5 Persons absconding from an inpatient setting

A person subject to PTO/RO with a TPLD or RO which states they are to be detained at an AMHF who absconds from the facility is considered to have contravened their mental health order (s78 *Mental Health Act 2015*).

The person in charge of the facility should follow the CHS Missing Patient Procedure.

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Section 7 – Review or revocation of PTOs/ROs

There are several ways in which a PTO and/or RO can be reviewed (s79 *Mental Health Act 2015*, these include:

7.1 Reviews initiated by ACAT and routine pre-expiry reviews by ACAT

The ACAT may conduct its own review of a PTO at any time (s79(1) *Mental Health Act 2015*).

The ACAT will routinely conduct a review shortly before a PTO expires. The process is:

- The TLO will advise the team approximately six weeks before a routine review is due.
- The team will schedule a review of the person with a Consultant Psychiatrist.
- The ACAT Tribunal Review Report (available on the clinical records system) is to be completed and must be signed by a Delegate and provided to the TLO via the in basket.
- The TLO will forward the completed report to the ACAT.
- The ACAT will advise the TLO when the review hearing is scheduled.
- The TLO will forward the ACAT's hearing schedule to the teams.
- The team must arrange for appropriate representation at the hearing.

7.2 PTO is no longer appropriate or necessary.

The Delegate must inform the ACAT if the person no longer meets the criteria for the PTO, or if they no longer need the RO (s64 *Mental Health Act 2015*). This must occur if the person has recovered to an extent that they are no longer a person to whom the ACAT could make a PTO.

Before applying for the revocation for a PTO or RO, the Delegate must contact the person's carer and nominated person (if applicable) and tell them why they believe that the person no longer meets the PTO criteria, or why a RO is no longer necessary. The Delegate must:

- ask the carer and nominated person if they have any information that may indicate that the PTO (and/or RO) is still appropriate.
- inform the carer and nominated person that:
 - they plan to make an application to ACAT to revoke the order, subject to the information they receive from the carer or nominated person.
 - they will also inform the Public Advocate about why the application is being made.



- the carer and nominated person have the right to provide ACAT with a written statement about their views, and to apply to the ACAT to attend the review hearing (s64(3) *Mental Health Act 2015*).
- Document the content of their communication with the carer and nominated person (if applicable) on the Notification of Revocation for a PTO or RO form, available on the clinical records system.
- If the Delegate believes that the application for the revocation of the PTO or RO should still proceed after hearing the views of the carer and nominated person, they must make an application to ACAT to revoke the order.
- The Delegate must sign the complete(d) Notice of Revocation for PTO or RO form and forward the signed copy to the TLO, who will send to the ACAT.
- The ACAT will then review the PTO and/or RO within 72 hours. This will usually occur without holding a hearing, unless the application for the revocation is opposed by the person's carer or nominated person (s79(3) *Mental Health Act 2015*).

If the ACAT agrees that the person no longer meets the criteria for a PTO, the ACAT must revoke *all* Mental Health Orders which apply to the person (s79(5) *Mental Health Act 2015*). If, however, the treating team or care team are only seeking that the RO be revoked, the ACAT can revoke or vary the RO without affecting the PTO.

7.3 Application by the person or their representative for a review

The person who is subject to the PTO (or their lawyer, guardian, nominated person, a relative or friend, or person appointed under an enduring power of attorney) can make an application to the ACAT at any time for a review of the PTO or RO if they believe that the order(s), or a specific requirement in the order(s), is no longer required (s79(5) *Mental Health Act 2015*). ACAT will then schedule a review hearing.

The treating team must provide all reasonable assistance to the person if they express an intention to apply for a review of their PTO or RO. This may include:

- assisting the person to contact or meet with their nominated person, family member, guardian, Legal Aid ACT or the Public Advocate
- providing the person with a copy of the Application to Review or Extend Consent to Treatment, Care or Support Application to Review or Extend Consent to Treatment, Care or Support form (available on the ACAT web page) required to make the application.
- providing the person with a copy of the *Mental Health Act 2015*.

7.4 Outcome of a PTO review application

When ACAT reviews a PTO or RO, it can:

- confirm the order
- amend the order (e.g. vary the duration of the order or the conditions of the order)
- revoke the order (in which case the person becomes voluntary)
- make additional orders (including a new PTO, CCO or RO)
- make an Assessment Order, requiring the person to undergo a mental health assessment for the purposes of determining what further treatment, care and support is needed.



If the ACAT agrees that the person no longer meets the criteria for a PTO, the ACAT must revoke *all* Mental Health Orders which apply to the person (s79(5) *Mental Health Act 2015*). If, however, the treating team or care team are only seeking that the RO be revoked, the ACAT can revoke or vary the RO without affecting the PTO.

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Evaluation

Outcome

Canberra Health Services staff will provide effective clinical treatment, care and support for persons who are subject to PTOs with or without a RO, in accordance with its legislated obligations.

Measure

- Annual review of consumer feedback about PTOs and/or ROs
- Annual review of timeframes to confirm or revoke PTOs, to ensure they are done within the timeframes outlined in this procedure.

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Related Policies, Procedures, Guidelines and Legislation

Legislation

- *Mental Health Act 2015*
- *Health Records (Privacy and Access) Act 1997*
- *Human Rights Act 2004*
- *Guardianship and Management of Property Act 1991*
- *ACT Civil and Administrative Tribunal Act 2008*
- *Information Privacy Act 2014*
- *Discrimination Act 1991*
- *Work Health and Safety Act 2011*
- *Workplace Privacy Act 2011*
- *Carer's Recognition Act 2021*

Policy

- Informed Consent- Clinical

Procedures

- Advance Agreements, Advance Consent Direction and Nominated Persons
- Adult Community Mental Health Services (ACMHS) Community Recovery Services
- Adult Acute Mental Health Services (AAMHS)
- Electroconvulsive Therapy (ECT) Neurostimulation (NS) - Adults and Children 12 years of age and over
- Emergency Detention in an Approved Mental Health Facility and a Person's Rights under *the Mental Health Act 2015*

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- ACT Civil and Administrative Tribunal (ACAT) Ordered Mental Health Assessment
- Mental Health Officer
- Missing Patient

Standards

- National Standards for Mental Health Services 2010

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Definition of Terms

Advance Agreement – a written document stating a person’s preferences and consent for future mental health treatment, care or support which is given effect if they subsequently do not have decision-making capacity. A person may make an AA when they have decision-making capacity.

Advance Consent Direction – a written document made by a person, while they have decision-making capacity to do so, to record their consent or non-consent to receiving treatment, care or support, or specific medications and procedures, if they do not have decision-making capacity.

Chief Psychiatrist – means the Chief Psychiatrist appointed under section 196 of the *Mental Health Act 2015*.

Delegate of Chief Psychiatrist – means a Consultant Psychiatrist who the Chief Psychiatrist has delegated their functions under section 200(1) of the *Mental Health Act 2015*, excluding granting of leave (section 122) and making guidelines (section 198A).

Decision-making capacity – a person has capacity to make a decision in relation to their treatment, care or support for a mental disorder or mental illness.

Mental Health Officer (MHO) is a person appointed by the Chief Psychiatrist under s201 of the *Mental Health Act 2015* to undertake functions under the Act.

Psychiatric Treatment Order (PTO) – an order made by ACAT authorising involuntary treatment, care and support for persons with a mental illness.

Restriction Order (RO) – an order made by ACAT requiring a person to do one of more of the following:

- live, but not be detained, at a stated place
- not approach a stated person or place
- not undertake stated activities.

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Search Terms

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Mental Health, Psychiatric Treatment Order, PTO, Restriction Order, RO, Tribunal Liaison Officer, TLO, Public Advocate, ACT Civil and Administrative Tribunal, ACAT, Treatment Plan and Location Determination, TPLD, Mental Health Officer.

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Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>
01/12/2022	Complete Review	Katie McKenzie, ED, MHJHADS	CHS Policy Committee
07/12/2022	Section 3 amended to correct process	Jaime Locke, A/g ESO, MHJHADS	CHS Policy Team
22/01/2024	Updated to include NCH in scope.	CHS Policy team	CHS Policy Team

This document supersedes the following:

<i>Document Number</i>	<i>Document Name</i>
CHS18/232	Care of Persons Subject to Psychiatric Treatment Orders (PTOs) with or without a Restriction Order (RO).