# Application for Mental Health Orders

Use this form to apply for a **psychiatric treatment order**, **community care order** and/or **restriction order**.

To be used by a relevant person defined under section 50 of the *Mental Health Act 2015*.

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| --- | --- | --- |
| **ACAT file number** (if known) | MH |  |

Applicant

Provide the details of the person making this application. This application can only be made by a relevant person as defined in section 50 of the *Mental Health Act 2015*.

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Email |  |
| Position held |  |

## Subject person

Provide the details of the person you are making this application about.

|  |  |
| --- | --- |
| Full name |  |
| Date of birth |  |
| Phonetic spelling of name(if known, optional) |  |
| Pronouns (if known, optional) |  |
| Medical record number(if applicable, optional) |  |
| Current location | [ ]  In-patient[ ]  Community |
| Home address |  |
| Current address(if different fromhome address) |  |
| Telephone |  |
| Email |  |

Advance agreement/consent directions

|  |  |
| --- | --- |
| Does the subject person have a current Advance Agreement? | [ ]  Yes [ ]  No [ ]  Don’t know |
| If yes, what date was this made? |  |
| Is a copy attached? | [ ]  Yes [ ]  No |
| Does the subject person have a current Advance Consent Direction? | [ ]  Yes [ ]  No [ ]  Don’t know |
| If yes, what date was this made?  |  |
| Is a copy attached? | [ ]  Yes [ ]  No |

People who must be notified/consulted

Does the subject person have one or more of the following? (select all that apply)

 [ ]  A person with parental responsibility if the subject person is under 18 years old

 [ ]  A guardian appointed under the *Guardianship and Management of Property Act 1991*

 [ ]  An attorney appointed under the *Powers of Attorney Act 2006*

 [ ]  A nominated person

 [ ]  A carer

If yes, provide the details of the person/s that must be notified and **attach relevant documentation** (for example, a Nominated Person Appointment, a guardianship order, an enduring power of attorney or a general power of attorney). Attach a separate page if more than two people must be notified.

|  |  |
| --- | --- |
| Full name |  |
| Postal address |  |
| Telephone |  |
| Email |  |
| Relationship(e.g. guardian or parent) |  |

|  |  |
| --- | --- |
| Full name |  |
| Postal address |  |
| Telephone |  |
| Email |  |
| Relationship(e.g. guardian or parent) |  |

Accessibility

|  |  |
| --- | --- |
| Does the subject person require an interpreter? | [ ]  Yes [ ]  No |
| If yes, what is the language and dialect they need translating? |  |

Is there any other information the ACAT should consider to facilitate the subject person’s participation in a hearing at the ACAT?

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**Note**: if the subject person is an in-patient, it is the applicant’s responsibility to organise an interpreter or accessibility requirements for the hearing.

## Notice of hearing

Under section 188 of the *Mental Health Act 2015*, the ACAT must give parties 3-days written notice of a hearing, unless the ACAT is satisfied that anything to do with the notification process is likely to substantially increase the risk to the subject person’s health or safety or risk of serious harm to others.

[ ]  The Chief Psychiatrist seeks an order to waive the 3-day notice requirement under section 188 of the *Mental Health Act 2015*. I have **attached** an *Application to Waive the 3-day Notice Requirement*.

## Orders Sought

I am applying for the following mental health order/s (select all that apply):

[ ]  Psychiatric treatment order

[ ]  Community care order

[ ]  Restriction order

## Reason for making application

Describe relevant events leading to the application:

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| --- |
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## Mental illness or mental disorder

**Complete part A and/or B.** Use the definitions set out in the glossary at the end of this form.

1. [ ]  The subject person has a mental illness

Describe how the illness impairs the subject person’s mental functioning, identify the areas of functioning that are affected by the illness and identify the symptoms that characterise the illness and/or the behaviour that may be taken to indicate the presence of one or more of the symptoms:

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1. [ ]  The subject person has a mental disorder

Identify the disorder using the definition and describe how and to what degree the disorder affects the subject person:

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| --- |
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## Assessment

Set out the details of your assessment supporting your opinion.

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| --- | --- |
| Date of most recent assessment: |  |

Current presentation:

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| --- |
|  |

Mental state examination, including dates conducted:

|  |
| --- |
|  |

Relevant past history:

|  |
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## Decision-making capacity

Does the subject person, or can the subject person (with assistance if needed):

|  |  |
| --- | --- |
| 1. Understand when a decision about treatment, care or support needs to be made?
 | [ ]  Yes [ ]  No |
| 1. Understand the facts that relate to the decision?
 | [ ]  Yes [ ]  No |
| 1. Understand the main choices?
 | [ ]  Yes [ ]  No |
| 1. Weigh up the consequences of the main choices?
 | [ ]  Yes [ ]  No |
| 1. Understand how the consequences affect the subject person?
 | [ ]  Yes [ ]  No |
| 1. On the basis of (a)-(e) make the decision?
 | [ ]  Yes [ ]  No |
| 1. Communicate the decision in whatever way the subject person can?
 | [ ]  Yes [ ]  No |

Describe and explain your overall assessment referring to the factors above and to the principles of decision-making capacity set out in section 8 of the *Mental Health Act 2015* (see glossary at the end of this form):

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## Refusal

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| --- | --- |
| Does the subject person refuse to receive treatment, care or support; or, if the subject person has decision-making capacity, refuse to consent to treatment, care or support? | [ ]  Yes [ ]  No |

If yes, describe what the subject person does and/or says that contributes to refusal:

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| --- |
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## Risk or deterioration

|  |  |
| --- | --- |
| Is the subject person doing, or likely to do **serious harm to themselves or someone else** because of the mental illness or mental disorder? | [ ]  Yes [ ]  No |

If yes, explain your reasons for this opinion:

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|  |  |
| --- | --- |
| Is the subject person suffering, or likely to suffer, **serious mental or physical deterioration** because of the mental illness or mental disorder?  | [ ]  Yes [ ]  No |

If yes, explain your reasons for this opinion:

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|  |

## Treatment

What treatment, care or support is proposed? If a treatment plan is prepared, attach it to this form.

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|  |

Why or how will treatment, care or support be likely to reduce harm, or deterioration, or result in an improvement to the subject person’s condition?

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Why can’t the treatment, care or support be adequately provided with less restriction of the freedom of choice and movement of the subject person?

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## Signature

By signing this application, I certify:

1. The application has been completed in full. I understand that applications that are not complete can be rejected by the Registrar pursuant to rule 16 of the *ACT Civil and Administrative Tribunal Procedures Rules 2024*.
2. The information provided in this application is true to the best of my knowledge. I have not excluded any relevant information about the subject person’s mental health and wellbeing.
3. I understand that a copy of this application and any attachments will be provided to the subject person and other parties that must receive a copy, unless the ACAT orders otherwise.
4. I am a relevant person as defined in section 50 of the *Mental Health Act 2015*.

|  |  |
| --- | --- |
| Signature of applicant(note: digital signature is accepted) |  |
| Name of applicant |  |
| Date |  |

# GLOSSARY

**Section 10 Meaning of *mental illness***

In this Act:

***mental illness*** means a condition that seriously impairs (either temporarily or permanently) the mental functioning of a person in 1 or more areas of thought, mood, volition, perception, orientation or memory, and is characterised by—

(a) the presence of at least 1 of the following symptoms:

(i) delusions;

(ii) hallucinations;

(iii) serious disorders of streams of thought;

(iv) serious disorders of thought form;

(v) serious disturbance of mood; or

(b) sustained or repeated irrational behaviour that may be taken to indicate the presence of at least 1 of the symptoms mentioned in paragraph (a).

**Section 9 Meaning of *mental disorder***

In this Act:

***mental disorder***—

(a) means a disturbance or defect, to a substantially disabling degree, of perceptual interpretation, comprehension, reasoning, learning, judgment, memory, motivation or emotion; but

(b) does not include a condition that is a mental illness.

**Section 7 Meaning of *decision-making capacity***

For this Act, a person has capacity to make a decision in relation to the person’s treatment, care or support for a mental disorder or mental illness (decision-making capacity) if the person can, with assistance if needed—

(a) understand when a decision about treatment, care or support for the person needs to be made; and

(b) understand the facts that relate to the decision; and

(c) understand the main choices available to the person in relation to the decision; and

(d) weigh up the consequences of the main choices; and

(e) understand how the consequences affect the person; and

(f) on the basis of paragraphs (a) to (e), make the decision; and

(g) communicate the decision in whatever way the person can.

**Section 8 Principles of decision-making capacity**

(1) In considering a person’s decision-making capacity under this Act, the following principles must be taken into account:

(a) a person’s decision-making capacity is particular to the decision that the person is to make;

(b) a person must be assumed to have decision-making capacity, unless it is established that the person does not have decision-making capacity;

(c) a person who does not have decision-making capacity must always be supported to make decisions about the person’s treatment, care or support to the best of the person’s ability;

(d) a person must not be treated as not having decision-making capacity unless all practicable steps to assist the person to make decisions have been taken;

(e) a person must not be treated as not having decision-making capacity only because—

(i) the person makes an unwise decision; or

(ii) the person has impaired decision-making capacity under another Act, or in relation to another decision;

(f) a person must not be treated as having decision-making capacity to consent to the provision of treatment, care or support only because the person complies with the provision of the treatment, care or support;

(g) a person who moves between having and not having decision-making capacity must, if reasonably practicable, be given the opportunity to consider matters requiring a decision at a time when the person has decision-making capacity.

(2) A person’s decision-making capacity must always be taken into account in deciding treatment, care or support, unless this Act expressly provides otherwise.

(3) An act done, or decision made, under this Act for a person who does not have decision-making capacity must be done in the person’s best interests.

(4) In considering a person’s decision-making capacity under this Act, any approved code of practice under section 198 must be taken into account.