

# CHIEF PSYCHIATRIST

## STANDARD OPERATING PROCEDURE

### Psychiatric Treatment Orders (PTO)

PURPOSE	To outline roles and responsibilities under the <i>Mental Health Act 2015</i> (the Act) in relation to the management of Psychiatric Treatment Orders (PTO) including the completion and review of Treatment Plan Location Determination.
DEFINITIONS	<p><b>ACT Civil and Administrative Tribunal (ACAT)</b> is the legal entity responsible for making PTOs.</p> <p><b>Chief Psychiatrist</b> is a psychiatrist and public servant appointed by the Minister. Functions of the Chief Psychiatrist include provision of treatment, care or support, rehabilitation and protection for persons who have a mental illness.</p> <p><b>Psychiatric Treatment Order (PTO)</b> authorises the involuntary treatment, care, and support of a person with mental illness as an inpatient or in the community for up to six months.</p> <p><b>Restriction Orders (RO)</b> is an order in addition to a PTO, which may authorise that a person:</p> <ul style="list-style-type: none"> <li>• must live (but not be detained) at a place, or</li> <li>• be detained at a stated place, for example at an approved mental health or other facility, or</li> <li>• must not approach a stated person or stated place or undertake stated activities.</li> </ul> <p>The <b>treating team</b> are the group of people who work together to provide treatment, care or support to a person living with a mental illness or mental disorder. This includes doctors, nurses, allied health professionals and professional carers who are employed to work in a person’s home or supported accommodation.</p> <p><b>Tribunal Liaison Officer (TLO)</b> is responsible for providing a liaison and coordination service between the person who is the subject of an order, the ACAT, the Public Advocate, the treating team, and the Chief Psychiatrist (or delegate). The TLO also provides support and administrative functions including for ACAT hearings, records management and compliance checking for documentation related to the Act.</p> <p>The <b>Office of the Chief Psychiatrist</b> is responsible for supporting the Chief Psychiatrist and for administrative and record keeping elements of this process.</p>

	<p><b>Approved mental health facilities:</b></p> <ul style="list-style-type: none"> <li>• The Canberra Hospital <a href="https://www.legislation.act.gov.au/View/ni/2016-30/current/PDF/2016-30.PDF">https://www.legislation.act.gov.au/View/ni/2016-30/current/PDF/2016-30.PDF</a></li> <li>• Calvary Public Hospital Bruce, excluding the Emergency Department <a href="https://www.legislation.act.gov.au/View/ni/2016-104/current/PDF/2016-104.PDF">https://www.legislation.act.gov.au/View/ni/2016-104/current/PDF/2016-104.PDF</a></li> <li>• Dhulwa Mental Health Unit <a href="https://www.legislation.act.gov.au/View/ni/2016-469/current/PDF/2016-469.PDF">https://www.legislation.act.gov.au/View/ni/2016-469/current/PDF/2016-469.PDF</a></li> <li>• Gawanggal Mental Health Unit <a href="#">Mental Health (Facility) Approval 2021 (No 2)   Notifiable instruments (act.gov.au)</a>, and</li> <li>• University of Canberra Hospital <a href="#">Mental Health (Facility) Approval 2018 (No 1)   PDF (act.gov.au)</a></li> </ul>
<p>DETAILED DESCRIPTION</p>	<p><b>Application to ACAT for a PTO</b></p> <p>Applications for a PTO must be submitted on the <i>Mental Health Orders Application Form for PTO, CCO and/or RO</i>.</p> <p>Application to ACAT must be accompanied by the following:</p> <ol style="list-style-type: none"> <li><b>1. ACAT Information Sheet for Applications under the Mental Health Act 2015</b> <ul style="list-style-type: none"> <li>• must be signed by a consultant psychiatrist authorised as a delegate or nominee of the Chief Psychiatrist, and</li> </ul> </li> <li><b>2. Treatment Plan and Location Determination (TPLD) form</b> <ul style="list-style-type: none"> <li>• can only be signed by a consultant psychiatrist authorised as a delegate of the Chief Psychiatrist (<b>Psychiatric Registrars and other members of the treating team including authorised nominees do not have the authority to sign a treatment plan</b>)</li> <li>• may be submitted as a treatment plan to accompany an application for a PTO, and</li> <li>• must be submitted within 5 working days of an order being made, or whenever the determination needs to be updated.</li> </ul> </li> </ol> <p>The TPLD form must:</p> <ol style="list-style-type: none"> <li><b>1. Determine the treatment, care, and support to be provided</b></li> </ol> <p>Within five working days after the day ACAT makes an order, the consultant psychiatrist must determine, in writing, the times when and the place where the person is required to attend to receive treatment, care or support, or undertake a counselling, training,</p>

therapeutic or rehabilitation program, in accordance with the order.

## **2. Explain the treatment, care, or support to be provided**

The consultant psychiatrist is responsible for ensuring that the treating team explains to the person the nature and effects of the proposed treatment, care, or support. This includes explaining any side effects which may be likely to occur. The explanation must be provided in a way that the person is most likely to understand and may require involving an interpreter, support person (such as a carer, decision supporter, Nominated Person or carer).

Communication preferences expressed in the person's Advance Agreement must be respected as far as possible.

The Consultant Psychiatrist must also record the person's views in relation to the proposed treatment, care, and support, and if the person was unable to be consulted, the reasons why the consultation did not occur.

## **3. Determine where the person must live**

If the order does not state this, and the consultant psychiatrist believes that the person should live at a place other than where they usually live, they must determine where the person should live, including whether admission as an inpatient is required.

If the consultant psychiatrist specifies that the person is to be admitted and detained as an inpatient, they must also specify whether the person may be granted leave.

## **4. Limits on communication**

The Chief Psychiatrist (or authorised delegate) may place limits on the communications of a person on a PTO as follows:

- if the order states that limits may be imposed on the person's communication, and the limit is consistent with the order, and
- the psychiatrist has reasonable grounds to believe that the limit is necessary and reasonable to avoid prejudicing the effectiveness of the person's treatment, care, or support.

The psychiatrist must explain to the person, in a way that they are likely to understand, the nature and reason for the limit and the time for which the limit is in place.

A limit of communication must not be imposed for longer than seven days but may be reimposed immediately after the limit has ceased.

The Chief Psychiatrist (or authorised delegate) must not limit the person's communication with someone authorised under a territory law, for example the Public Advocate, Human Rights Commissioner or the person's legal representative.

### **Updating the TPLD Form**

The TPLD must remain up to date at all times.

A new TPLD form must be completed if there are changes to the person's treatment, care or support, treatment location, or residential address, and can only be signed by an authorised delegate of the Chief Psychiatrist.

### **Documentation and reporting requirements for TPLD form**

A copy of the final TPLD must be scanned and entered into the person's electronic clinical record and a copy provided to the Tribunal Liaison Officer (TLO) at [Tribunalliaison@act.gov.au](mailto:Tribunalliaison@act.gov.au)

The TLO is responsible for notifying (by providing a copy of the TPLD) to the following people:

- the person who is the subject of the PTO
- the Public Advocate
- ACAT, and
- where relevant, to the person's carer, each person with parental responsibility (for a child), the person's Nominated Person, Guardian, Attorney, or Health Attorney.

### **Regular clinical review of persons on a PTO**

Mental health services must have processes in place to review the treatment plan of a person subject to a PTO at a minimum of twice per duration of an order, and at intervals of no more than three months. Review must include medical review and other treatments, care and support as set out in the Treatment Plan.

#### **Note:**

- frequency of review should also be informed by a person's risk profile, and
- the death of a person while on an order is treated as a death in custody.

### **Review of a PTO**

There are three ways in which the order itself (PTO and/or RO) can be reviewed:

#### **1. Routine review initiated by ACAT**

The authorised delegate of the Chief Psychiatrist must complete the *ACAT Tribunal Review Report* proforma.

#### **2. PTO is no longer appropriate or necessary - initiated by consultant psychiatrist**

	<p>If a person no longer meets the criteria for having a mental illness, or if they have regained decision-making capacity and are consenting to the treatment, care and support that they require, the consultant psychiatrist must inform the ACAT (via the <i>Notice of Revocation for PTO or RO</i> form) that the person no longer requires an order.</p> <p><b>3. Application for review - initiated by the person or their representative</b></p> <p>The person subject to a PTO, 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.</p> <p><b>Contravention of a PTO</b></p> <p>Non-compliance with any aspect of the PTO, RO or TPLD conditions is a contravention of the order.</p> <p>When a person fails to attend for or refuses treatment, absconds from a facility, or otherwise contravenes the conditions of their order and/or TPLD, the treating team must commence the notification process and comply with the processes outlined in the <i>Chief Psychiatrist Directive- Notification of a Contravention and Authorisation to Require a Person to be Detained</i>.</p>
IMPLEMENTATION	<p>The health service will disseminate this directive to its staff.</p> <p>Service-specific policy or procedure may be reviewed or developed in line with this directive.</p>
RELATED LEGISLATION	<ul style="list-style-type: none"> <li>• <i>Mental Health Act 2015</i></li> <li>• <i>Mental Health (Secure Facilities) Act 2016</i></li> <li>• <i>Legislation Act 2011</i></li> <li>• <i>Coroner’s Act 1997</i></li> </ul>
RELATED REFERENCES	<p><b>Chief Psychiatrist Directives</b></p> <ul style="list-style-type: none"> <li>• <i>Appointing A Delegate or Nominee of the Chief Psychiatrist</i></li> <li>• <i>Notification of a Contravention and Authorisation to Require a Person to be Detained</i></li> </ul>

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### Purpose

The purpose of a Chief Psychiatrist Standard Operating Procedure (SOP) is to ensure consistent health care provision across the ACT in line with the Standard Operating Procedure. It outlines mandatory requirements across the ACT public health system, including requirements for awareness, orientation, education or training.

### ACT public health system organisations must comply

A SOP requires ACT public health system organisations (including any affiliated health organisations that comprise the ACT public health system) to comply.

### Implementation

- ACT public health system organisations are encouraged to develop their own Policy (includes Procedure, Guideline, Protocol or Pathway) documents to comply with the SOP, if necessary.
- All ACT public health system organisations must ensure that necessary and appropriate orientation, awareness, education and training in relation to the SOP and accompanying organisation-specific Policy (includes Procedure, Guideline, Protocol, Pathway) are provided to relevant staff and documentation maintained.

### Further information

SOP's are approved by the Chief Psychiatrist and published on the ACT Health website [www.act.health.gov.au](http://www.act.health.gov.au).

SOP's are reviewed regularly and updated based on new evidence and best practice information. In addition to updating information on the ACT public health system website, a notification will be sent to the distribution list if a SOP is rescinded or superseded.

### Relevance for other healthcare organisations in the ACT

Private health providers in the ACT and other relevant ACT Government Directorates involved in provision of healthcare are encouraged to consider this SOP to ensure the same standard of health care is delivered to all health care consumers in the ACT.