## Canberra Health Services

Given names:			
DOD:	Sov:		

INVOLUNTARY DETENTION	Given names:					
Section 85 of the Mental Health Act 2015	DOB: Sex:					
This form to be completed after emergency action has been taken, and a decision has been made whether or not to continu the person's detention in hospital.						
Name of person examined/						
Address						
Place of examination						
Time and date of arrival:	_ am/pm //					
Time and date of examination:	_ am/pm / /					
involuntary detention of a person at an approved mental health facility for a period not exceeding 3 days if:  (a) The doctor has conducted an initial examination of the person under section 84 and, on the basis of that examination and any other information the doctor is given, has reasonable grounds for believing that –						
(i) The person requires immediate tre	(i) The person requires immediate treatment, care or support; and					
	that treatment, care or support; and					
	Detention is necessary for the person's health or safety, social or financial wellbeing, or for the protection of someone else or the public; and					
<ul><li>(iv) Adequate treatment, care or support cannot be provided in a less restrictive environment; and</li></ul>						
	erson and, on the basis of that examination and any other reasonable grounds for believing the matters mentioned					
Tick which action is applicable:						
Involuntary Detention NOT Authorised (Form does not need to be faxed)  The person does not satisfy the criteria for detention under Section 85 of the Mental Health Act 2015						
Involuntary Detention Authorised (Fo	orm must be faxed)					
	INVOLUNTARY DETENTION  Section 85 of the Mental Health Act 2015  This form to be completed after emergency action has the person Name of person examined  Address  Place of examination  Time and date of arrival:  Time and date of examination:  Pursuant to Section 85 of the Mental Health Actinvoluntary detention of a person at an approviate:  (a) The doctor has conducted an initial examof that examination and any other inform believing that —  (i) The person requires immediate tree (ii) The person has refused to receive (iii) Detention is necessary for the perthe protection of someone else or (iv) Adequate treatment, care or supportant (b) Another doctor has also examined the pinformation the doctor is given, also has in paragraph (a) (i) to (iv)  Tick which action is applicable:  Involuntary Detention NOT Authorise The person does not satisfy the criteria for the p					

URN:

DO NOT WRITE IN THIS BINDING MARGIN

☐ The Canberra Hospital ☐ Calvary Hospital Involuntary detention *commenced* at: Dept/Unit/Ward \_ \_ at \_\_\_\_\_ am/pm **Doctor performing examination** 

Please indicate basis for this decision:

Print name Designation Signature Second Doctor who has examined the person

Print name THIS NOTIFICATION MUST BE FAXED WITHIN 12 HOURS OF DETENTION TO:

The ACT Civil & Administrative Tribunal 6205 4855

The Public Advocate 6207 0688

Designation

The Tribunal Liaison Officer 6244 4558

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Date

Date

AUTHORISATION / NOTIFICATION INVOLUNTARY DETENTION

Signature

ORIGINAL

## AUTHORISATION / NOTIFICATION INVOLUNTARY DETENTION

Section 85 of the Mental Health Act 2015

Place of examination \_\_\_

DO NOT WRITE IN THIS BINDING MARGIN

20250(0119)

URN:		
Family name:		
,		
Given names:		
DOB:	Sex:	

Address \_\_\_\_\_

Time and date of *arrival:* \_\_\_\_\_ am/pm \_\_\_\_ /\_\_\_\_/

Time and date of **examination**: \_\_\_\_\_ am/pm \_\_\_\_ /\_\_\_\_/

Pursuant to Section 85 of the *Mental Health Act 2015* the below mentioned Doctor may authorise the involuntary detention of a person at an approved mental health facility for a period not exceeding 3 days if:

- (a) The doctor has conducted an initial examination of the person under section 84 and, on the basis of that examination and any other information the doctor is given, has reasonable grounds for believing that
  - (i) The person requires immediate treatment, care or support; and
  - (ii) The person has refused to receive that treatment, care or support; and
  - (iii) Detention is necessary for the person's health or safety, social or financial wellbeing, or for the protection of someone else or the public; and
  - (iv) Adequate treatment, care or support cannot be provided in a less restrictive environment; and
- (b) Another doctor has also examined the person and, on the basis of that examination and any other information the doctor is given, also has reasonable grounds for believing the matters mentioned in paragraph (a) (i) to (iv)

Tick which action is applicable:

Involuntary Detention NOT Authorised (Form does not need to be	e faxed)
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The person does not satisfy the criteria for detention under Section 85 of the Mental Health Act 2015

Involuntary Detention Authorised (Form must be faxed)

Please indicate basis for this decision:

Dept/Unit/Ward \_\_\_\_\_\_ at \_\_\_\_\_ am/pm \_\_\_\_/\_\_\_/\_\_

Doctor performing examination

Signature Print name Designation Date

Second Doctor who has examined the person

Signature Print name Designation Date

THIS NOTIFICATION MUST BE FAXED WITHIN 12 HOURS OF DETENTION TO:

The ACT Civil & Administrative Tribunal 6205 4855 The Public Advocate 6207 0688

The Tribunal Liaison Officer 6244 4558

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