

## Attachment 2 – Example notification

# Notification to Director of Mental Health THIRD AUTHORISATION OF SECLUSION IN 24 HOURS



*Mental Health Act 2000 Queensland  
Section 162W*

- ◆ Notification must be made as soon as practicable after a **THIRD** seclusion authorisation in a 24 hour period.
- ◆ Notification is required regardless of the duration of the seclusion, and includes seclusions authorised by the senior registered nurse (i.e. If seclusion is authorised by the nurse and the subsequent medical review does not result in a *Seclusion Order*, it is counted as one authorisation. If the medical review does result in a *Seclusion Order*, it is still counted as one authorisation for notification purposes).

<b>BLOCK LETTERS</b>	<b>Patient's details</b>	
	Given name/s <b>John Adam</b>	Family name <b>Brown</b>
	Date of birth <b>09/09/1968</b>	or Age

Current treating service Mark <input checked="" type="checkbox"/> applicable box(es)  Note: more than one may apply	<b>Mental Health Act status</b>	
	Authorised mental health service <b>Blue Waters Mental Health Service</b>	
	<input type="checkbox"/> Involuntary assessment → <span style="float: right;">expiry date      expiry time</span> or <input checked="" type="checkbox"/> Involuntary treatment order (In-patient category) or <input type="checkbox"/> Forensic order → specify Special notification forensic patient <input type="checkbox"/> Yes <input type="checkbox"/> No	
and/or	<input type="checkbox"/> Classified patient <input type="checkbox"/> Court order (s101(2), 273(1)(b), 337(5)) specify	

Mark <input checked="" type="checkbox"/> applicable box(es)  Note: All documentation (i.e. <i>Seclusion orders</i> and <i>Seclusion authorised by senior registered nurse</i> forms must be attached to this notification)	<b>Details of seclusion authorisations</b>		
	<b>First seclusion authorisation</b>		
	Date authorised <b>08 / 10 / 2012</b>	Time authorised <b>08:05</b>	24 hour
	Authorised by <input type="checkbox"/> Doctor <input checked="" type="checkbox"/> Senior registered nurse → On the medical review <input type="checkbox"/> the doctor made a <i>Seclusion Order</i> <input checked="" type="checkbox"/> the doctor did not make a <i>Seclusion Order</i>		
<b>Second seclusion authorisation</b>			
Date authorised <b>08 / 10 / 2012</b>	Time authorised <b>10:15</b>	24 hour	
Authorised by <input type="checkbox"/> Doctor <input checked="" type="checkbox"/> Senior registered nurse → On the subsequent medical review <input checked="" type="checkbox"/> the doctor made a <i>Seclusion Order</i> <input type="checkbox"/> the doctor did not make a <i>Seclusion Order</i>			
<b>Third seclusion authorisation</b>			
Date authorised <b>08 / 10 / 2012</b>	Time authorised <b>15:10</b>	24 hour	
Authorised by <input checked="" type="checkbox"/> Doctor <input type="checkbox"/> Senior registered nurse → On the subsequent medical review <input type="checkbox"/> the doctor made a <i>Seclusion Order</i> <input type="checkbox"/> the doctor did not make a <i>Seclusion Order</i>			

Mark <input checked="" type="checkbox"/> applicable box(es)  Note: <ul style="list-style-type: none"> <li>• Notification by phone is also required after business hours</li> <li>• The senior clinician (e.g. treating psychiatrist or Clinical Director) will be contacted if further information is required</li> </ul>	<b>Notification details</b>	
	Written notification to Director of Mental Health provided by: <input type="checkbox"/> Fax: (07) 3328 9619 <input checked="" type="checkbox"/> Email: <a href="mailto:dmh@health.qld.gov.au">dmh@health.qld.gov.au</a>	
	<input checked="" type="checkbox"/> All forms ( <i>Seclusion orders</i> and <i>Seclusion authorised by senior registered nurse</i> forms) are attached	
	The notification was made: <input checked="" type="checkbox"/> In business hours (Monday-Friday, 8am-4pm) – no phone contact required <input type="checkbox"/> After business hours – phone Director of Mental Health on call (All Administrators and Clinical Directors have after hours contact details)	
Contact details for senior clinician: Name <b>Mary Kelly</b> Designation <b>Consultant Psychiatrist</b> Phone <b>1234 5678</b>		

Doctor or senior registered nurse	<b>Completed by</b>	
	Signature <b>P Smith</b>	Print name <b>Peter Smith</b>
	Date <b>08 / 10 / 2012</b>	Designation <b>Psychiatry Registrar</b>

**To: administrator, authorised mental health service**