



### Transcript: Classified Patients

| Name    | Dialogue / Actions  |
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| Michael | <p>My name is Michael and I'm a Forensic Liaison Officer. I will be guiding you through this scenario on the classified patient provisions of the <i>Mental Health Act 2000</i>. It starts with Ben who is a voluntary patient at the Blue Waters Authorised Mental Health Service and has been charged with assault occasioning bodily harm and is detained in the watch-house. As an authorised mental health practitioner I assessed him and completed the <i>recommendation for assessment</i> and faxed it to the authorised mental health service as I believe he needed admission for assessment. There was a bed available and the Administrator of the authorised mental health service faxed back a completed <i>agreement for assessment</i>. If there was no bed available the <i>recommendation for assessment</i> remained valid for 7 days.</p> <p>The <i>recommendation for assessment</i> and <i>agreement for assessment</i> were completed and given to Ben's custodian, that is, the person who had custody of Ben in the watch-house. Ben's custodian was satisfied that Ben should be detained in an authorised mental health service for assessment and completed the <i>custodian's assessment authority</i>.</p> <p>My next task was to arrange for Ben's transport to the authorised mental health service as a police officer, correctional officer or detention centre officer are the only people that can transport Ben to the inpatient facility of the authorised mental health service stated in the order.</p> <p>While Ben is detained for assessment as a classified patient at the authorised mental health service, the legal proceedings against him are suspended. Although, this would not be the case if it was a Commonwealth offence.</p> <p>Lets now take up this scenario after Ben's arrival at the authorised mental health service when Isobel who is an authorised mental health practitioner and the authorised doctor (who is a psychiatrist), Mary, are discussing the outcomes of the assessment.</p> |
| Isobel  | <p>Hi Mary, Ben Clark has been transported from the watch-house this morning and I have all the required paperwork for his assessment under classified patient provisions. I've taken his photo for electronic storage for CIMHA, and a copy of that will be placed on his file. He's been orientated to his unit, and his baseline observations have been documented and are all within normal limits. I've also taken the time to go through with Ben his rights and responsibilities as a classified patient including his right to an Allied Person. He actually appears settled and happy. When do you think you could do the assessment to determine whether he meets the treatment criteria?</p>   |
| Mary    | <p>I can commence the assessment first thing in the morning, although technically I have 3 days to complete the assessment from the commencement time of the assessment period. The assessment period started on production of the assessment documents to a health service employee at the authorised mental health service and this time has been recorded on the recommendation for assessment form. Does the administrator delegate know of his arrival to our service?</p>   |



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| Isobel  | She does and I have documented that she has given notification to the Director of Mental Health by completing the notification of classified patient status form. She also said that she'd be around to the ward soon with the notification of detention as a classified patient letter to give to Ben.   |
| Mary    | Great. Would you mind introducing me to Ben in the morning and I'll use the interview room down the hallway on the right, if it's free.   |
| Isobel  | That's fine.  |
| Michael | The next morning Isobel introduces Ben to Mary who carries out the assessment. Mary assessed Ben and determined that while he needed to receive treatment as a classified patient, he had the capacity to consent to treatment and was willing to accept treatment. Therefore he did not meet the treatment criteria for an Involuntary Treatment Order as set out in the Mental Health Act. Even though Ben was consenting to treatment, because he was a classified patient, he is still regarded as an 'involuntary patient' under the Mental Health Act. As a classified patient, a treatment plan is required which is completed in accordance with the requirements under the Mental Health Act and the content of the plan was discussed with Ben. |
| Michael | Nine days after Ben's admission, he becomes acutely psychotic and is no longer consenting to treatment. All processes for involuntary assessment need to be carried out again, as it is more than 7 days since the completion of the original documents. Let's take up this scenario where Isobel and Mary are discussing the change in Ben's category.   |
| Isobel  | Mary, Ben's actually acutely psychotic and no longer consenting to treatment. As it's been 9 days since his original assessment documents were completed, we'll need to do new assessment documents.  |
| Mary    | That's right, we will. Isobel can you do the <i>recommendation for assessment</i> since you're an Authorised Mental Health Practitioner and get one of the other staff to complete the <i>request for assessment</i> .  |
| Isobel  | Yes, no problems. I'm sure Ben's nurse today would be more than happy to do that. We've had some lengthy discussions about Ben's current mental state and she's quite concerned that he's refusing treatment.   |
| Mary    | Thanks Isobel, I'll do the assessment to decide whether an Involuntary Treatment Order needs to be made and then I will update his <i>treatment plan</i> to reflect what we have discussed with Ben in his team review. I will also discuss with Ben his change to involuntary status if that is required. As Ben has an outstanding offence, if an Involuntary Treatment Order is made, Ben will come under Chapter 7 Part 2 provisions, whereas these provisions did not apply when he was receiving voluntary treatment. This means that a section 238 report will be required addressing the offences Ben committed.  |
| Isobel  | Ben's mother is on the ward at the moment. She's his Allied Person. Do you want to take the time now to talk to her about changes to his involuntary status?  |
| Mary    | Sure, I can do that once I've done the assessment, all the documentation is completed and I've discussed all the changes with Ben. I will ask him if he wishes his mother to be there or whether he would prefer me to discuss it with her later. Will she be here for the next hour?   |
| Isobel  | She's really supportive of Ben, so I will go and let her know that you'll be in the next hour. I'm sure she'll be more than happy to stay and see you and get an update on his treatment. She's been very concerned about   |



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|         | Ben also.  |
| Mary    | Thanks Isobel, I'll just make a quick phone call now to the administrator delegate to let her know that there may be a change of Ben's status after the assessment. If Ben is placed on an Involuntary Treatment Order, the Administrator Delegate will have to forward the <i>notification of classified patient status</i> and a copy of the Involuntary Treatment Order to the Mental Health Review Tribunal. The Administrator Delegate will also need to notify the Director of Mental Health by completing the notice <i>involuntary patient charged with an offence</i> form.   |
| Michael | <p>If Ben's Involuntary Treatment Order is revoked at a later date, the administrator must immediately forward a copy of the revocation of the Involuntary Treatment Order form to the Director of Mental Health and inform the patient's treating team that the Chapter 7 Part 2 processes no longer apply. Ben would be issued with a notice of revocation of involuntary treatment order, which would include a statement advising him that Chapter 7 Part 2 ceases to apply as a result of the revocation. This would mean that Ben's outstanding charges are returned to the usual court process for determination once he's no longer a classified patient.</p> <p>While Ben remains in the inpatient unit as a classified patient however the charges continue to be suspended. In addition, he needs regular clinical reviews by an authorised doctor as identified in his treatment plan. Further, the authorised doctor must decide whether the treatment criteria continue to apply and whether he needs ongoing detention at the authorised mental health service as a classified patient.</p> |
| Michael | Two weeks have gone by and Ben's mental state has improved. A discussion regarding Ben's access to limited community treatment to facilitate his rehabilitation occurs at his team review.   |
| Isobel  | Mary, are you able to complete a <i>request for limited community treatment – classified patient</i> form? It's for Ben so that he might be escorted by one of the nursing staff for 2 hours a day to attend rehabilitation activities on the grounds of the authorised mental health service.   |
| Mary    | Thanks Isobel, I'll complete the form and attach the risk assessment, which states he is currently a low risk to himself or others and is a low risk of absconding.  |
| Isobel  | I'll let Ben know that limited community treatment is being considered and what the process is.  |
| Michael | <p>The Director of Mental Health approved the limited community treatment to enable Ben to have escorted leave on the grounds of the authorised mental health service to attend rehabilitation activities.</p> <p>Subsequently, Ben required a CT head scan and X-ray which were available in the Radiology Department of the hospital. An application for temporary absence was not necessary as Ben was remaining in the authorised mental health service.</p> <p>Ben later required access to a private radiology facility outside the authorised mental health service area for medical reasons. A <i>request for a patient's temporary absence</i> was provided to the Director of Mental Health who approved the temporary absence to attend the radiology facility. The Director of Mental Health required a number of conditions including that Ben must be accompanied by a health service staff member at all times</p>  |



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|  | <p>and must comply with the directions of the staff member. The date and the time of the approval for temporary absence were clearly identified in the Director of Mental Health's notice.</p> <p>Following further improvement in Ben's mental health the treating team considered that he no longer required in-patient treatment. However, as he is a classified patient, he cannot be discharged to the community.</p> <p>There are a number of ways Ben's classified status can be ended. These include:</p> <ul style="list-style-type: none"><li>• Bail is granted</li><li>• The Director of Public Prosecutions makes a decision to discontinue proceedings, or Ben is returned to court following a decision to continue proceedings (that is the charges were returned to the usual court process for determination)</li><li>• The Mental Health Court makes a decision in relation to the charges or</li><li>• The prosecution for the offence is discontinued for any other reason.</li></ul> <p>Ben's classified status could also be ended by him being returned to court or custody. This process would involve the patient does not need to be detained for treatment as a classified patient form being completed by an authorised doctor and forwarded to the Director of Mental Health. It is then the Director of Mental Health who would decide whether it is appropriate to return Ben to court or custody. However, in Ben's case it would not be appropriate to proceed this way as the treating psychiatrist was in the process of completing a 238 report and believed that Ben was unwell at the time of the offence.</p> <p>In this instance the treating team had been liaising with Ben's legal officer and organised a bail hearing for Ben. Ben received bail and was then discharged to the community on an Involuntary Treatment Order (community category). Ben's charge was referred to the Mental Health Court.</p> |
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