CHIEF PSYCHIATRIST MEMO

ACT Government
Health and Community Services

To: **Delegates of the Chief Psychiatrist**

Subject: **Involuntary treatment for eating disorders under the *Mental Health Act 2015***

Date: **24 September 2026**

This memo is intended to provide further advice in relation to the operation of the Mental Health Act 2015 (the Act) where a person with an eating disorder is subject to a Psychiatric Treatment Order (PTO).

General principles for involuntary medical procedures under a PTO

People who are subject to a PTO due to an eating disorder must receive treatment, care and support in a manner that is least restrictive and intrusive to them. Under Section 62 (4) of the Act, the chief psychiatrist (and delegates of the chief psychiatrist) must not determine treatment that has, or is likely to have, the effect of subjecting the person to undue stress or deprivation, having regard to the benefit likely to result from treatment.

Involuntary medical procedures for people with an eating disorder can include intravenous fluid and nasogastric tubing can be administered under the authorisation of a PTO. This authorisation requires that the involuntary medical intervention is required to treat or reduce the symptoms of the mental illness that the PTO was authorised for. This requires a causal link between the diagnosed mental illness and the treatment, care or support provided to the person under the PTO. The treatment must have regard to the likely benefit resulting from the treatment and not subject to the person to undue stress or deprivation. Further, this does not authorise the administration of electroconvulsive therapy and psychiatric surgery (Section 151 and 169).

Consideration of parents or guardians

The chief psychiatrist (and delegates of the chief psychiatrist) are required to consider and consult with the person, nominated person, carer, family and other supports in determining what treatment is to be provided. However, the authorisation for treatment, care and support under the PTO remains with the chief psychiatrist (and delegates of the chief psychiatrist). In practice, this has the effect that the PTO can authorise involuntary medical interventions for an eating disorder irrespective of the views expressed, provided that the treatment is required to treat or reduce the symptoms of the mental illness.

The authorisation of involuntary medical intervention under a PTO does not extend to the treatment of other conditions which do not have a causal link between the diagnosed mental illness for which the PTO was issued and treating or reducing its symptomology.

Documentation

The Treatment Plan Location Determination Form and other associated clinical notes must clearly document any involuntary medical intervention to treat the eating disorder, that is authorised by the PTO.

This documentation should provide information regarding the rationale for the involuntary medical treatment and information about least restrictive care (such as why other less restrictive options are not presently appropriate).

For any queries, please contact the Office of the Chief Psychiatrist at ChiefPsychiatrist@act.gov.au.



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