

**AUTHORISATION / NOTIFICATION
INVOLUNTARY DETENTION**

Section 85 of the *Mental Health Act 2015*

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

This form to be completed after emergency action has been taken, and a decision has been made whether or not to continue the person's detention in hospital.

Name of person examined _____ Date of birth ____ / ____ / ____

Address _____

Place of examination _____

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 faxed)
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: _____

Involuntary detention **commenced** at: The Canberra Hospital Calvary Hospital
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



DO NOT WRITE IN THIS BINDING MARGIN

ORIGINAL

AUTHORISATION / NOTIFICATION INVOLUNTARY DETENTION 20250

20250(0119)

**AUTHORISATION / NOTIFICATION
INVOLUNTARY DETENTION**

Section 85 of the *Mental Health Act 2015*

URN: _____

Family name: _____

Given names: _____

DOB: _____ Sex: _____

This form to be completed after emergency action has been taken, and a decision has been made whether or not to continue the person's detention in hospital.

Name of person examined _____ Date of birth ____ / ____ / ____

Address _____

Place of examination _____

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 faxed)
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: _____

Involuntary detention **commenced** at: The Canberra Hospital Calvary Hospital
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



DO NOT WRITE IN THIS BINDING MARGIN

DUPLICATE

AUTHORISATION / NOTIFICATION INVOLUNTARY DETENTION 20250

20250(0119)