

APPENDIX 2

ASSISTANCE FROM RELATIVES AND OTHERS IN OBTAINING TREATMENT

Someone who appears to have a mental disorder and apparently meets the criteria for involuntary hospital admission under the *Mental Health Act* but refuses to see a physician or to voluntarily go to hospital can still be assisted.

Family members and others are advised to make ongoing efforts to convince the person to see a physician. Sometimes, people who initially refuse assistance can be persuaded to accept medical help. Voluntary admission to hospital is usually a better alternative than involuntary admission.

Families and other concerned people may find the following suggestions helpful in assisting a physician, police officer or judge to determine the need for examination and facility admission.

1.0 Keeping Notes

For a physician to complete a Medical Certificate for involuntary admission, the physician must have evidence the person:

- has symptoms of a mental disorder; and
- needs psychiatric treatment; and
- either (a) is likely to experience substantial mental or physical deterioration if not admitted or (b) needs protection or others need protection; and
- refuses to accept or is incapable of accepting voluntary treatment.

Symptoms or behaviour indicating that substantial deterioration is likely to occur or that protection is needed may not be clearly evident during the physician's examination. To help provide evidence, it can be useful if family members and others keep notes on the person's symptoms and behaviours. The notes can also be helpful if police or a judge's involvement is required.

Your notes should cover incidents or behavior showing indications of:

a) Mental disorder

Indications include symptoms, such as hallucinations (hearing voices or seeing things that are not there), delusions (false beliefs), irrational thinking, disturbed sleeping pattern, withdrawal, over excitement, depression, and difficulty relating to the environment or others.

b) Need for psychiatric treatment

Have medications been used in the past? Symptoms of an illness such as schizophrenia, noted in (a), can also indicate a need for psychiatric treatment.

c) Prevention of substantial mental or physical deterioration

Has there been a previous episode? What were the early signs or symptoms of that episode? Are similar symptoms evident now? Has the person stopped treatment?

d) Need for protection of self or others or potentially harmful behavior or symptoms

Examples include threats, violence, paranoid delusions, command hallucinations, irrational wasting of money, deteriorating physical condition, likelihood of or losing a job, dropping out of school, grossly unsanitary living conditions, and suicidal ideas or behaviours.

e) Unwillingness to accept voluntary treatment

An example would be where other people have tried to persuade a person to see a physician.

Include the date, location and names of involved people. Type or write your notes as soon as possible after the incidents. Take the notes with you to the physician.

A copy of the Medical Certificate (Form 4), which physicians complete for an involuntary admission is in Appendix 16.

2.0 Contacting a Physician

Contact the person's physician for advice. The physician may have suggestions about how the person could be persuaded to be examined. It may be possible the person would accept a house visit by a physician. The physician may also know of agencies or people who can help, such as the local mental health centre, a psychiatrist, hospital emergency department or police.

If the person's physician is unavailable, the hospital emergency department may be helpful. A mental health centre may also be able to assist you. Mental health services may be listed in the blue pages of local telephone directories under Health Authorities.

3.0 Contacting a Mental Health Centre

Most communities have mental health centres or services. For information on local mental health services, see section 2.0 above. The mental health centre may also be helpful in contacting the police. The Proposed Patient Apprehension Request form, which is filled out by a health professional and given to police, can usually be obtained through the centre. If the centre cannot help, you may contact the police. The Proposed Patient Apprehension Request form is not a *Mental Health Act* form. It is a request that the police take action and it provides information for the police to consider in deciding whether the person should be taken to hospital, but it does not require them to act. A copy of the proposed form S6 is in Appendix 17.

4.0 Contacting the Police

Police officers have powers under the *Mental Health Act* to apprehend someone who:

- a) seems to have a mental disorder; and
- b) is acting in a manner likely to endanger the person's own safety or that of others.

The police take the person to a physician (usually at a hospital) for an examination.

If the person meets the criteria used by the physician, the first Medical Certificate can be completed and the person can then be involuntarily admitted for up to 48 hours. To extend the hospitalization period, a second certificate would be required.

A police officer does not have to witness the person doing anything dangerous. The officer has to form the opinion that the individual is apparently a person with a mental disorder and is likely to endanger their own safety or that of

others. The *Mental Health Act* states the police officer may act on personal observations or as a result of information from others. This may include information from family members. Again, keeping notes on the person's conduct will be useful.

Where an emergency situation or illegal act occurs, contact the police.

5.0 Contacting a Judge

If a physician or the police will not or cannot assist you, a judge may be able to help. You can apply to a judge using Form 9, Application for Warrant (Apprehension of Person with Apparent Mental Disorder for Purpose of Examination), in Appendix 16. For further details see Appendix 11. A judge (or justice of the peace) can issue a judicial order (Form 10, Warrant (Apprehension of Person with Apparent Mental Disorder) to have the person taken to a designated facility.

Anyone who appears to have good reason to believe that a person apparently has a mental disorder and apparently meets the criteria used by a physician (the person is apparently in need of treatment and care, supervision and control for the prevention of substantial mental or physical deterioration or for the protection of self or others and refuses voluntary treatment) may provide that information to a judge (section 28 (3)). If the judge agrees and also finds that the usual procedures for involuntary admission (such as by a physician) cannot be used without dangerous delay, the judge can order the person taken to a designated facility.

The judge (or justice) completes Form 10 (Appendix 16). This warrant authorizes any police officer to apprehend the person and convey them to a designated facility. The facility may hold the person for examination and treatment for up to 48 hours pending completion of medical certificates by two physicians. The certificates should be completed as soon as is reasonably possible.

There is no fee for affidavits in support of a warrant for apprehension of a person with an apparent mental disorder under the *Mental Health Act*.

6.0 Information Provided to Family and Others

Appendix 13 contains a fact sheet, *Releasing Personal Health Information to Third Parties*. The fact sheet provides guidance on releasing information to families and others. It is preferable for a person to consent to the release of information. However, where disclosure is required for continuity of care or for compelling reasons, such as if someone's health or safety is at risk, a public body such as a hospital should release necessary personal information without the person's consent.

Where the requirements on release of information are met it is suggested that staff at a designated facility notify family or close friends of a patient regarding important changes in the patient's status. This could include changes between voluntary and involuntary status, placement on extended leave, unauthorized absence from the facility or discharge.