

Psychiatric Emergencies Legal Advice

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A psychiatric emergency is when a person is thinking or behaving in a very disturbed way and there is risk of harm to themselves or others due to a mental illness or mental disturbance.

Substance abuse in and of itself does not constitute a psychiatric emergency and does not fall within the provision of the Mental Health and Related Services Act NT 1998 (MHARS). A psychiatric emergency refers to a person who is suffering from a mental illness or mental disturbance.

Sedating or restraining the person

A person cannot be sedated or restrained involuntarily outside of the provisions of the MHARS. A Section 34 ('Recommendation for Psychiatric Examination') would need to be authorised by an Approved Psychiatric Practitioner (APP) or DMO (doctor) before sedation can take place. The DMO or APP can then authorise medication to be given by a registered nurse, ambulance officer or Aboriginal health worker. Form 35A ('Notification and Report for Emergency Treatment Administered without Approval of the Tribunal') must be completed by the person administering the treatment and a copy sent to:

- The person in charge of the approved treatment facility
- The person who prescribed the medication, and
- The tribunal.

If Section 34 is recommended a person must be sent to an approved treatment facility for psychiatric assessment. Therefore, any mention of sedation should not be made until the process of assessment and recommendation for psychiatric examination is discussed.

Plan further care

Decide if the person needs hospital care; this may be voluntary or involuntary.

Voluntary admission

The person agrees to go for treatment. Arrange with the doctor.

Involuntary admission

In the NT a doctor can sign a Section 34, but one cannot be authorised by a member of the police force. However, police may be involved in taking a person for examination under this provision. Section 163 of MHARS authorises a member of the police force to apprehend a person and take them to a medical practitioner, APP or designated mental health practitioner (DMHP) for assessment.

This makes the patient 'involuntary' under the MHARS. It authorises staff to restrain and sedate the patient and take them to hospital for examination.

Under the MHARS Act a person can only be sedated involuntarily in order to:

- Prevent the person causing immediate harm to themselves or others
- Prevent behavior that is likely to cause harm to themselves or others
- Prevent further physical or mental deterioration of the person
- Relieve acute symptomology.

As previously stated any treatment would need to be authorised by a DMO or APP and administered by a registered nurse, ambulance officer or Aboriginal health worker. Form 35A must be completed by the person administering the treatment and a copy sent to:

- The person in charge of the approved treatment facility
- The person who prescribed the medication, and
- The tribunal.

The following amendment to Section 34 protocol is provided as an example of current approved procedures under the MHARS ACT for persons in remote communities where access to a DMO or APP is limited. Additionally, clarification of RFDS and Air Med procedural guidelines would need to be established.

Authorisation by telephone

A 'Recommendation for Psychiatric Examination' (S35) or a document relating to the treatment of a person, can only be approved if the approved person signing the document has personally examined the person. Refer Section 160 (1). The Chief Executive Officer has issued a direction that, in those infrequent circumstances where it is not possible for an approved person to physically examine a person, this assessment can be conducted by telephone where the following criteria are met:

- The person is in a remote area where access to an authorised psychiatric practitioner, medical practitioner or designated mental health practitioner is not practically available; and
- The authorised psychiatric practitioner or the district medical officer has conducted an assessment of the subject by telephone or other means that are reasonable in the circumstances of the case and are satisfied on reasonable grounds that:
 - The subject is in need of treatment under the Act; and
 - Any person making a request for assessment of the subject has a genuine interest in, or a real and immediate concern for, the welfare of the subject.

This authorisation may only be provided by either an authorised psychiatric practitioner or a district medical officer (doctor).

Where a request for assessment is made in a remote community and there is no medical practitioner available, staff will consult by telephone with an APP or the DMO. Where the DMO is consulted he/she will obtain advice from the APP if required.

If, following assessment, the DMO is satisfied that the person requires care and transfer for psychiatric assessment a recommendation for psychiatric examination must be made on Form 34A ('Recommendation for Psychiatric Examination') and sent to the approved treatment facility where the person is being taken.

Depending on the person's mental state the DMO may authorise emergency treatment prior to the person being escorted to the approved treatment facility. Where authorised this medication may be given by a registered nurse, ambulance officer or Aboriginal health worker. Form 35A must be completed by the person administering the treatment and a copy sent to:

- The person in charge of the approved treatment facility
- The person who prescribed the medication, and

- The tribunal.

Before the person is transferred the DMO must notify both the appropriate APP and staff at the approved treatment facility, to ensure they are prepared for the admission and are fully briefed regarding the person's clinical situation, transport and treatment requirements.

Practice notes

The DMO should consult by telephone with the on-call APP to discuss the case, request advice if necessary and inform of any actions taken.