



Australian Capital Territory

Mental Health (Treatment and Care) Act 1994

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About this republication

The republished law

This is a republication of the *Mental Health (Treatment and Care) Act 1994* effective from 1 June 2000 to 9 June 2000.

Kinds of republications

The Parliamentary Counsel's Office prepares 2 kinds of republications of ACT laws (see the ACT legislation register at www.legislation.act.gov.au):

- authorised republications to which the *Legislation Act 2001* applies
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The status of this republication appears on the bottom of each page.

Editorial changes

The *Legislation (Republication) Act 1996*, part 3, division 2 authorised the Parliamentary Counsel to make editorial amendments and other changes of a formal nature when preparing a law for republication. Editorial changes do not change the effect of the law, but have effect as if they had been made by an Act commencing on the republication date (see *Legislation (Republication) Act 1996*, s 14 and s 16). The changes are made if the Parliamentary Counsel considers they are desirable to bring the law into line, or more closely into line, with current legislative drafting practice.

In preparing this republication, amendments have not been made under section 13.



Australian Capital Territory

Mental Health (Treatment and Care) Act 1994

CONTENTS

PART 1—PRELIMINARY

- 1 Short title
- 2 Commencement
- 4 Interpretation
- 5 Persons not to be regarded as mentally dysfunctional
- 6 Proceeding relating to children

PART 2—OBJECTIVES

- 7 Objectives of Act
- 8 Objectives of Territory
- 9 Maintenance of freedom, dignity and self-respect

PART 3—MENTAL HEALTH TRIBUNAL

- 10 Establishment
- 11 Functions
- 12 Powers

PART 4—MENTAL HEALTH ORDERS

Division 1—Applications and referrals

- 13 Mentally dysfunctional or mentally ill persons entitled to apply
- 14 Applications by other persons
- 15 Referrals

Division 2—Assessments

- 16 Orders for assessment
- 16A Determination of ability to consent

Mental Health (Treatment and Care) Act 1994

CONTENTS—continued

17	Assessments to be conducted as soon as practicable
18	Removal to conduct assessments
19	Contact with other persons
20	Community advocate and person's lawyer to have access
21	Person to be informed
22	Copies of assessments to tribunal
	<i>Division 3—Making of orders</i>
23	Assessment precondition to making order
24	Inquiry to be held
24A	Consultation
25	Matters to be taken into account
26	Types of orders
27	Restriction order
28	Mental health orders—general
29	Role etc of chief psychiatrist and care coordinator
30	Duration of orders
31	Tribunal not to prescribe drugs or clinical procedures
32	Power under custodial orders
32A	Contravention of mental health orders
33	Restrictions on communication
34	Communication with community advocate and person's lawyer
35	Chief psychiatrist to explain treatment
36	Review, variation and revocation
	<i>Division 4—Care coordinator</i>
36A	Care coordinator
36B	Delegation
	PART 5—EMERGENCY DETENTION AND CARE
37	Apprehension
38	Detention
38A	Circumstances in which copy of court order to be provided
39	Statement of action taken
40	Examination by doctor
41	Authorisation of involuntary detention
41A	Notification of Magistrates Court about emergency detention or release from emergency detention
42	Notification of certain persons about detention
43	Medical examination
44	Treatment during detention
45	Communication during detention

Mental Health (Treatment and Care) Act 1994

CONTENTS—continued

46	Orders for release
47	Duty to release
48	Approved facilities
PART 5A—INTERSTATE APPLICATION OF MENTAL HEALTH LAWS	
<i>Division 1—Preliminary</i>	
48A	Object of Part
48B	Interpretation
48C	Authority to enter into agreements
48D	Recognition of interstate laws and orders
48E	Officers of the Territory may exercise functions under corresponding laws
<i>Division 2—Transfer of persons from the Territory</i>	
48F	Emergency admission of persons to health facilities in other States
48G	Transfer of custodial patients from the Territory
48H	Application of Act to persons transferred interstate
<i>Division 3—Transfer of persons to the Territory</i>	
48I	Emergency admission of interstate persons to approved health facilities
48J	Application of Act to persons detained under section 48I
48K	Transfer of interstate custodial patients to health facilities in the Territory
48L	Application of Act to persons transferred to the Territory under section 48K
<i>Division 4—Non-custodial orders and interstate non-custodial orders</i>	
48M	Non-custodial orders relating to interstate persons
48N	Orders relating to Territory residents
<i>Division 5—Apprehension of persons absent from custody or in breach of orders</i>	
48P	Recognition of apprehension orders
48Q	Apprehension of interstate persons absent without leave or in breach of orders
48R	Regulations relating to apprehension of persons
PART 6—RIGHTS OF MENTALLY DYSFUNCTIONAL OR MENTALLY ILL PERSONS	
49	Interpretation
50	Statement of rights
51	Information to be provided

Mental Health (Treatment and Care) Act 1994

CONTENTS—continued

52	Communication
53	Failure by owner to comply
PART 7—CONVULSIVE THERAPY AND PSYCHIATRIC SURGERY	
<i>Division 1—Consent</i>	
54	Informed consent
<i>Division 2—Convulsive therapy</i>	
55	Restriction on use
56	Withdrawal of consent
57	Therapy to be recorded
58	Records to be kept for 5 years
<i>Division 3—Psychiatric surgery</i>	
59	Performance on persons subject to orders of tribunal
60	Approval and consent required
61	Application for approval
62	Application to be considered by committee
63	Chief psychiatrist may require further information
64	Chief psychiatrist to act on committee's recommendation
65	Consent of Supreme Court
66	Refusal of surgery
67	Committees
PART 8—REFERRALS BY COURTS UNDER THE CRIMES ACT AND THE C&YP ACT	
68	Determination of fitness to plead
69	Review of persons temporarily unfit to plead
70	Recommendations about mentally dysfunctional or mentally ill persons
71	Service of determinations and recommendations
72	Periodic review of orders for detention
73	Review of conditions of release
74	Breach of conditions of release
75	Limit on detention
PART 9—TRIBUNAL MEMBERSHIP AND PROCEDURE	
<i>Division 1—Tribunal members</i>	
76	Membership of tribunal
77	Presidential members
78	Non-presidential members
79	Terms of appointment generally

Mental Health (Treatment and Care) Act 1994

CONTENTS—continued

80	Matters to be included in instrument of appointment etc
81	Duration of appointment
	<i>Division 2—Registrar and deputy registrars</i>
82	Registrar and deputy registrars of tribunal
	<i>Division 3—Other provisions about the tribunal</i>
83	Constitution for exercise of powers
84	Role of president
85	Deciding questions
86	Protection of members etc
86A	Secrecy
	<i>Division 4—Procedural matters</i>
87	Lodgment of applications
88	Sittings
89	Appearance, representation and use of interpreters
90	Summons to appear in person
91	Person summoned in custody
91A	Appearance by audiovisual or audio links
92	Arrest of persons failing to appear
93	Directions to registrar
94	Notice of proceedings
95	Proceedings to be in private
96	Natural justice
97	Evidence
98	Admissibility of evidence in other proceedings
100	Assistance for tribunal
101	Power to obtain information and documents
102	Retention of documents
104	Form of orders
105	Service of orders
106	Proof of orders
107	Breach of orders
108	Obtaining reasons for decisions
109	Withdrawal of applications
110	Costs
111	Contempt of tribunal
	PART 10—CHIEF PSYCHIATRIST AND MENTAL HEALTH OFFICERS
112	Chief psychiatrist
113	Functions

Mental Health (Treatment and Care) Act 1994

CONTENTS—continued

114	Terms of appointment
115	Resignation
116	Termination of appointment
117	Acting appointments
118	Delegation
119	Mental health officers
120	Information to be included in annual report of chief psychiatrist

PART 11—OFFICIAL VISITORS

121	Appointment etc
122	Official visitor—functions and duties
122A	Official visitor—powers etc
122B	Reports by official visitors

PART 12—PRIVATE PSYCHIATRIC INSTITUTIONS

Division 1—Interpretation

123	Interpretation
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Division 2—Licences

124	Owner or manager to be licensed
125	Issue of licence
126	Term and renewal of licence
127	Variation and revocation of conditions
128	Surrender of licence
129	Cancellation of licence
130	Emergency cancellation
131	Effect of cancellation

Division 3—Inspectors

132	Appointment
133	Identity cards
134	Powers of inspection
135	Obstruction of inspectors

Division 4—Review of decisions

136	Application for review
137	Notice of decision

Division 5—Miscellaneous

138	Unauthorised treatment
139	Service of documents

PART 13—MISCELLANEOUS

140	Legal effect of certain sections
141	Appeals from decisions of tribunal

Mental Health (Treatment and Care) Act 1994

CONTENTS—continued

142	Relationship with Guardianship and Management of Property Act 1991
143	Relationship with Powers of Attorney Act 1956
144	Relationship with Mental Health Act 1962
145	Certain rights unaffected
146	Determined fees
146A	Review of Act
147	Regulations

PART 14—SAVINGS AND TRANSITIONAL PROVISIONS

148	Savings and transitional provisions
149	Transitional provisions about tribunal members

ENDNOTES

1	About this republication
2	Abbreviation key
3	Table of legislation
4	Table of amendments
5	Table of earlier republications
6	Penalties in this republication



Australian Capital Territory

Mental Health (Treatment and Care) Act 1994

An Act to provide for the treatment, care, control, rehabilitation and protection of mentally dysfunctional or mentally ill persons and for related purposes

PART 1—PRELIMINARY

1 Short title

This Act may be cited as the *Mental Health (Treatment and Care) Act 1994*.

2 Commencement

(1) Section 1 and this section commence on the day on which this Act is notified in the Gazette.

(2) The remaining provisions commence on a day fixed by the Minister by notice in the Gazette.

(3) If the remaining provisions have not commenced before the end of the period of 6 months commencing on the day on which this Act is notified in the Gazette, those provisions, by force of this subsection, commence on the first day after the end of that period.

4 Interpretation

In this Act, unless the contrary intention appears—

Mental Health (Treatment and Care) Act 1994

applicant means a person who makes an application, and includes a referring officer who makes a referral under section 15.

application means an application to the tribunal, and includes a referral under section 15.

approved health facility means a health facility approved by the Minister under paragraph 48 (a).

approved mental health facility means a mental health facility approved by the Minister under paragraph 48 (b).

assessment means a psychiatric or psychological assessment.

C&YP Act means the *Children and Young People Act 1999*.

C&YP chief executive means the chief executive responsible for administering Chapter 2 (General objects, principles and parental responsibility) of the *Children and Young People Act 1999*.

care coordinator—see section 36A.

chief psychiatrist means the Chief Psychiatrist appointed under section 112.

community care facility means—

- (a) a facility, or part of a facility, for the care, protection, rehabilitation or accommodation of mentally dysfunctional persons; or
- (b) a prescribed psychiatric institution or a prescribed part of a psychiatric institution;

but does not include a facility the principal purpose of which is for the detention of persons sentenced to imprisonment.

community care order means an order under subsection 26 (2).

community member means a member of the tribunal appointed under paragraph 78 (1) (d).

convulsive therapy means a procedure for the induction of an epileptiform convulsion in a person.

Crimes Act means the *Crimes Act 1900*.

decision includes an order.

Mental Health (Treatment and Care) Act 1994

deputy president means a deputy president of the tribunal.

determined fee means the fee determined under section 146 for the purposes of the provision in which the expression occurs.

information statement means an information statement described in paragraph 50 (1) (b).

member, of the tribunal, means the president, a deputy president or a non-presidential member.

mental dysfunction means a disturbance or defect, to a substantially disabling degree, of perceptual interpretation, comprehension, reasoning, learning, judgment, memory, motivation or emotion.

mental health facility means a facility for the treatment, care, rehabilitation or accommodation of mentally dysfunctional or mentally ill persons and includes a psychiatric institution.

mental health nurse means a person—

- (a) who is registered under the *Nurses Act 1988* as a mental health nurse; or
- (b) who is deemed to be registered under that Act as a mental health nurse by virtue of section 25 of the *Mutual Recognition Act 1992* (Cwlth).

mental health officer means a person appointed as a mental health officer under section 119.

mental health order means an order of a kind described in section 26 or 27 made by the tribunal.

mental health professional means a psychiatrist, psychologist, social worker, therapist or other person who provides services for mentally dysfunctional or mentally ill persons.

mental health services member means a member of the tribunal appointed under paragraph 78 (1) (c).

mental illness means a condition that seriously impairs (either temporarily or permanently) the mental functioning of a person and is characterised by the presence in the person of any of the following symptoms:

- (a) delusions;
- (b) hallucinations;

Mental Health (Treatment and Care) Act 1994

- (c) serious disorder of thought form;
- (d) a severe disturbance of mood;
- (e) sustained or repeated irrational behaviour indicating the presence of the symptoms referred to in paragraph (a), (b), (c) or (d).

mentally dysfunctional or mentally ill offender means a person who has been ordered by a court, under Part 11A of the Crimes Act or Chapter 6 (Young offenders), Part 2 (Within the Territory) of the C&YP Act, to submit to the jurisdiction of the tribunal to enable the tribunal to make a mental health order in respect of the person.

neurosurgery means surgery on the brain of a person for the purpose of treating a pathological condition of the physical structure of the brain.

non-presidential member means a member of the tribunal who is not a presidential member.

official visitor means an official visitor appointed under section 121.

order includes the variation or revocation of an order.

president means the president of the tribunal.

presidential member means the president or a deputy president.

private psychiatric institution means an institution in respect of which a licence is issued under Part 12.

proceeding means an inquiry, review or any other proceeding of the tribunal.

psychiatric institution means a hospital or other institution for the treatment, care, rehabilitation or accommodation of persons who have a mental illness, being—

- (a) an institution conducted by the Territory or a Territory authority; or
- (b) a private mental institution.

psychiatric surgery means surgery on the brain of a person, other than neurosurgery.

psychiatric treatment order means an order under subsection 26 (1).

Mental Health (Treatment and Care) Act 1994

psychiatrist means a doctor who holds postgraduate qualifications in psychiatry.

psychiatrist member means a member of the tribunal appointed under paragraph 78 (1) (a).

psychologist member means a member of the tribunal appointed under paragraph 78 (1) (b).

referring officer, in relation to a person, means—

- (a) the police officer—
 - (i) who arrests the person in connection with an offence; or
 - (ii) who is satisfied that there are sufficient grounds on which to charge the person in connection with an offence; or
 - (iii) who charges the person in connection with an offence;
- (b) if the person is a child—the authorising officer who consents to the institution of the prosecution of an offence against the child under section 81 (Limitations in respect of criminal proceedings against young people) of the C&YP Act; or
- (c) a member of the staff of the Office of the Director of Public Prosecutions who has carriage of the prosecution of an offence against the person.

registrar means the registrar of the tribunal.

relative, in relation to a person, means a spouse, parent, guardian, grandparent, uncle, aunt, brother, sister, half-brother, half-sister, cousin or child (being a child over the age of 18 years) of the person.

restriction order means a restriction order under subsection 27 (1).

spouse, in relation to a person, includes a person who is not legally married to the person but who lives with the person on a bona fide domestic basis.

tribunal means the Mental Health Tribunal established by section 10.

5 Persons not to be regarded as mentally dysfunctional

For the purposes of this Act, a person is not to be regarded as mentally dysfunctional merely because of any of the following:

- (a) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular political opinion or belief;
- (b) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular religious opinion or belief;
- (c) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular philosophy;
- (d) that the person expresses or refuses or fails to express, or has expressed or has refused or failed to express, a particular sexual preference or sexual orientation;
- (e) that the person engages in or refuses or fails to engage in, or has engaged in or has refused or failed to engage in, a particular political activity;
- (f) that the person engages in or refuses or fails to engage in, or has engaged in or has refused or failed to engage in, a particular religious activity;
- (g) that the person engages in or has engaged in sexual promiscuity;
- (h) that the person engages in or has engaged in immoral conduct;
- (j) that the person engages in or has engaged in illegal conduct;
- (k) that the person takes or has taken alcohol or any other drug;
- (m) that the person engages in or has engaged in antisocial behaviour.

6 Proceeding relating to children

In determining whether a person who is the subject of a proceeding is a child, regard shall be had to the age of the person at the commencement of the proceeding.

PART 2—OBJECTIVES

7 Objectives of Act

This Act has the following objectives:

- (a) to provide treatment, care, rehabilitation and protection for mentally dysfunctional or mentally ill persons in a manner that is least restrictive of their human rights;
- (b) to provide for mentally dysfunctional or mentally ill persons to receive treatment, care, rehabilitation and protection voluntarily and, in certain circumstances, involuntarily;
- (c) to protect the dignity and self-respect of mentally dysfunctional or mentally ill persons;
- (d) to ensure that mentally dysfunctional or mentally ill persons have the right to receive treatment, care, rehabilitation and protection in an environment that is the least restrictive and intrusive, having regard to their needs and the need to protect other persons from physical and emotional harm;
- (e) to facilitate access by mentally dysfunctional or mentally ill persons to services and facilities appropriate for the provision of treatment, care, rehabilitation and protection.

8 Objectives of Territory

In providing, or arranging for the provision of, services and facilities for mentally dysfunctional or mentally ill persons, the Territory shall have regard to the following objectives:

- (a) to establish, develop, promote, assist and encourage services and facilities—
 - (i) that provide a strong and viable system of treatment and care, and a full range of services and facilities, for mentally dysfunctional or mentally ill persons; and
 - (ii) that take into account the various religious, cultural and language needs of mentally dysfunctional or mentally ill persons; and
 - (iii) that minimise the adverse effects of mental dysfunction or mental illness in the community; and
 - (iv) that are comprehensive and accessible; and

Mental Health (Treatment and Care) Act 1994

- (v) that are designed to reduce the incidence of mental dysfunction or mental illness in the community; and
 - (vi) that provide for intervention at an early stage of mental dysfunction or mental illness; and
 - (vii) that support mentally dysfunctional or mentally ill persons in the community and coordinate with other community services;
- (b) to ensure that mentally dysfunctional or mentally ill persons are informed of their rights and entitlements under this Act and, in doing so, to make all reasonable efforts to ensure that the relevant provisions of this Act are explained to those persons in the language, mode of communication or terms that they are most likely to understand;
- (c) to assist and encourage voluntary agencies to provide services for mentally dysfunctional or mentally ill persons;
- (d) to promote a high standard of training for those responsible for the care of mentally dysfunctional or mentally ill persons;
- (e) to consult with persons who are receiving or have received such services, their carers and the community about—
- (i) the provision of services and facilities for mentally dysfunctional or mentally ill persons and to establish formal and informal consultative mechanisms for this purpose; and
 - (ii) the development of mental health policy; and
 - (iii) planning for mental health services; and
 - (iv) the delivery of services and facilities; and
 - (v) the evaluation and review of policies and services;
- (f) to promote the welfare of mentally dysfunctional or mentally ill persons and to enhance community awareness of mental health issues.

9 Maintenance of freedom, dignity and self-respect

A person exercising a function or power under this Act, or under an order of the tribunal, in relation to a mentally dysfunctional or mentally ill person shall endeavour to ensure that any restrictions on that person's personal freedom and any derogation of that person's dignity and self-respect are kept to the minimum necessary for the proper care and protection of the person and the protection of the public.

PART 3—MENTAL HEALTH TRIBUNAL

10 Establishment

The Mental Health Tribunal is established.

11 Functions

The tribunal has the following functions:

- (a) to hear and determine applications for orders in respect of the treatment, care, control, rehabilitation and protection of mentally dysfunctional or mentally ill persons;
- (b) to order (if necessary) a psychiatric or psychological assessment of a person who is the subject of a proceeding;
- (c) to hear and determine applications for the release of persons involuntarily detained under Part 5;
- (d) to hear and determine applications for the administration of convulsive therapy;
- (e) to determine the fitness to plead of persons charged with criminal offences, to make orders in respect of the treatment, care, control, rehabilitation and protection of persons found unfit to plead, to review the welfare of those persons and to order (if appropriate) the release of those persons subject to conditions (if any);
- (f) to make orders in respect of the treatment, care, control, rehabilitation and protection of persons found not guilty of criminal offences on the ground of mental illness, to review the welfare of those persons and to order (if appropriate) the release of those persons subject to conditions (if any);
- (g) when requested to do so by a court, to provide advice in relation to the sentencing of a person before the court;
- (h) such other functions as may be conferred on the tribunal by or under another Act.

12 Powers

The tribunal may do all things necessary or convenient to be done in connection with the exercise of its functions.

PART 4—MENTAL HEALTH ORDERS

Division 1—Applications and referrals

13 Mentally dysfunctional or mentally ill persons entitled to apply

(1) A person may make an application for a mental health order on his or her own behalf if—

- (a) the person believes himself or herself to be unable, because of mental dysfunction or mental illness —
 - (i) to make reasonable judgments about matters relating to his or her own health or safety; or
 - (ii) to do anything necessary for his or her own health or safety; and, as a result, his or her own health or safety is, or is likely to be, substantially at risk; or
- (b) the person believes himself or herself to be, because of mental dysfunction or mental illness, likely to do serious harm to others.

(2) An application under subsection (1) shall be accompanied by a statutory declaration setting out detailed reasons as to why the applicant holds the belief referred to in that subsection.

14 Applications by other persons

(1) A person may make an application for a mental health order in respect of another person whom the applicant believes on reasonable grounds—

- (a) is unable, because of mental dysfunction or mental illness—
 - (i) to make reasonable judgments about matters relating to his or her health or safety; or
 - (ii) to do anything necessary for his or her health or safety; and, as a result, the person's health or safety is, or is likely to be, substantially at risk; or
- (b) is or is likely, because of mental dysfunction or mental illness, to do serious harm to others.

(2) An application under subsection (1) shall be accompanied by a statutory declaration setting out detailed reasons as to why the applicant holds the belief referred to in that subsection.

(2A) An application under subsection (1) made by a person other than a doctor or mental health officer shall be in a form approved by the Minister.

(3) If an applicant under this section has reasonable grounds for believing that the appearance of the person who is the subject of the application before the tribunal is likely to increase substantially—

- (a) the risk to the person's health or safety; or
- (b) the risk of serious harm to others;

the applicant shall set out those grounds in the statutory declaration.

15 Referrals

(1) A referring officer may refer an alleged offender to the tribunal for a mental health order if the referring officer believes on reasonable grounds—

- (a) that, because of mental dysfunction or mental illness—
 - (i) the alleged offender's health or safety is, or is likely to be, substantially at risk; or
 - (ii) the alleged offender is or is likely to do serious harm to others; and
- (b) that, having regard to—
 - (i) the nature and circumstances of the offence; and
 - (ii) the alleged offender's apparent mental condition;

it may not be appropriate to prosecute, or to continue to prosecute, the alleged offender.

(2) A referral shall be accompanied by a statutory declaration setting out detailed reasons as to why the responsible officer holds the belief referred to in subsection (1).

(3) If a referring officer has reasonable grounds for believing that the appearance of the alleged offender before the tribunal is likely to increase substantially—

- (a) any risk to the alleged offender's health or safety; or
- (b) the risk of serious harm to others;

the referring officer shall set out those grounds in the statutory declaration.

(4) In this section—

alleged offender means a person—

Mental Health (Treatment and Care) Act 1994

- (a) who is arrested in connection with an offence; or
- (b) in respect of whom a police officer is satisfied that there are sufficient grounds on which to charge the person in connection with an offence; or
- (c) who is charged in connection with an offence.

Division 2—Assessments

16 Orders for assessment

- (1) The tribunal may make an order for an assessment of a person—
- (a) on an application or referral under Division 1, if the tribunal is prima facie satisfied that the person is mentally dysfunctional or mentally ill and that—
 - (i) the person’s health or safety is, or is likely to be, substantially at risk; or
 - (ii) the person is or is likely to do serious harm to others; or
 - (b) for the purpose of reviewing a mental health order in force in respect of the person under section 36; or
 - (c) required to submit to the jurisdiction of the Tribunal by an order under Chapter 7 (Children and young people in need of care and protection), Part 3 (Care and protection orders and emergency action) of the C&YP Act;
 - (d) required to submit to the jurisdiction of the Tribunal by an order under Part 11A (Unfitness to plead, mental illness and mental dysfunction) of the *Crimes Act 1900* or Chapter 6 (Young offenders) of the C&YP Act; or
 - (e) for the purpose of reviewing an order for detention in force in respect of the person under section 72.
- (2) Before making an order in respect of a person referred to in paragraph (1) (a), (b) or (c), the tribunal shall endeavour to ascertain the views of the person and obtain his or her consent to the order, but nothing in this subsection shall be taken as preventing the tribunal from making an order without that person’s consent or if that person does not appear before the tribunal.
- (3) The tribunal is not required to endeavour to ascertain the views, or obtain the consent, of a person referred to in paragraph (1) (d) or (e) before making an order in respect of that person.
- (4) An order shall—

Mental Health (Treatment and Care) Act 1994

- (a) specify the nature of the assessment to be conducted; and
 - (b) specify the premises at which the assessment is to be conducted and, if appropriate, the person who is to conduct the assessment; and
 - (c) direct the person to be assessed to attend at those premises and, if necessary, reside at the premises for the purpose of conducting the assessment; and
 - (d) direct the person in charge of those premises—
 - (i) if appropriate, to admit the person to be assessed to the mental health facility conducted at the premises for the purpose of conducting the assessment; and
 - (ii) if necessary, to detain the person at the premises until the assessment has been conducted; and
 - (iii) to provide such assistance as is necessary and reasonable for the purpose of conducting the assessment.
- (5) An order authorises—
- (a) the conduct of the assessment specified in the order; and
 - (b) anything necessary to be done for the purpose of conducting the assessment.
- (6) Immediately after an order is made under subsection (1), the registrar shall inform the community advocate of the making of the order and its terms.

16A Determination of ability to consent

An assessment shall include a determination of the ability of the person being assessed to consent to psychiatric treatment, care or support, so far as it can be ascertained, or is relevant in the circumstances to be ascertained.

17 Assessments to be conducted as soon as practicable

- (1) An assessment of a person ordered under section 16 shall be conducted as soon as practicable, and in any event within 7 days or such further period pursuant to subsection (2), after the person attends the premises specified in the order.
- (2) Despite subsection (1), if the tribunal is satisfied, based on clinical evidence provided to it by the person conducting the assessment, that a satisfactory assessment cannot be completed within the period of 7 days referred to in that subsection, the tribunal may, by order made before the

expiry of that period, extend the period for conducting the assessment for a further period, not exceeding 7 days, commencing on the expiry of the first period.

18 Removal to conduct assessments

(1) If the tribunal makes an order for an assessment under section 16 in respect of—

- (a) a person referred to in paragraph 16 (1) (a), (b) or (c), and that person—
 - (i) is not served with a summons under section 90 for a reason specified in subsection 90 (2); or
 - (ii) does not appear at the proceeding pursuant to a summons issued under that section; or
 - (iii) does not comply with the order for an assessment; or
- (b) a person referred to in paragraph 16 (1) (d) or (e);

the tribunal may make an order for the removal of the person to a mental health facility for the purpose of conducting the assessment.

(2) An order shall specify—

- (a) the date (being a date not later than 1 month after the date of the making of the order) on which the order ceases to have effect; and
- (b) the facility to which the person is to be removed; and
- (c) the nature of the assessment to be conducted in respect of the person.

(3) An order authorises—

- (a) the apprehension of the person named in the order; and
- (b) the removal of that person to the facility specified in the order for the purpose of conducting the assessment specified in the order.

(4) An order may be executed by a police officer.

(5) A police officer executing an order—

- (a) may, with such assistance, and by such force, as is necessary and reasonable, enter any premises for the purpose of apprehending the person; and
- (b) shall use the minimum amount of force necessary to apprehend the person and remove him or her to the specified facility; and

- (c) shall, before removing the person, explain to the person the purpose of the order.

19 Contact with other persons

The person in charge of a facility to which a person is admitted pursuant to an order under section 18 shall ensure that, while at the facility, the person has access to facilities, and adequate opportunity, to contact—

- (a) a relative or friend; and
- (b) the community advocate; and
- (c) a legal practitioner.

20 Community advocate and person's lawyer to have access

(1) Where a person is admitted to a facility pursuant to an order under section 16, the community advocate and the person's legal practitioner are entitled to have access, at any time, to the person.

(2) The person in charge of a facility shall, on request by the community advocate or the person's legal practitioner, provide such assistance as is necessary to enable the community advocate or the legal practitioner (as the case may be) to have access to a person who is so admitted.

21 Person to be informed

(1) Before an assessment is conducted pursuant to an order under section 16, the person in charge of the facility shall ensure that the person to be assessed is informed that the tribunal has ordered that an assessment of him or her be conducted.

(2) Subsection (1) applies notwithstanding that the person to be assessed was present when the tribunal made the order.

22 Copies of assessments to tribunal

The person in charge of a facility at which an assessment is conducted pursuant to an order under section 16 shall, as soon as practicable after completion of the assessment, forward a copy of it to—

- (a) the person assessed; and
- (b) the president; and
- (c) the community advocate; and

- (d) if the person assessed was referred to the tribunal under section 15—the referring officer.

Division 3—Making of orders

23 Assessment precondition to making order

The tribunal shall not make a mental health order in respect of a person without having regard to—

- (a) an assessment of the person conducted pursuant to an order under section 16; or
- (b) another assessment of the person that the tribunal considers appropriate.

24 Inquiry to be held

Before making a mental health order described in section 26 in respect of a person, the tribunal shall hold an inquiry into the matter.

24A Consultation

(1) Before making a mental health order the tribunal shall, as far as practicable, consult—

- (a) the person most likely to be responsible for providing the treatment, programs and other services proposed to be ordered; and
- (b) if the person who is to be the subject of the order is a child—the child’s parents and the C&YP chief executive;
- (c) if the person has a guardian under the *Guardianship and Management of Property Act 1991*—the guardian; and
- (d) if the person has an attorney appointed under the *Powers of Attorney Act 1956* and the tribunal considers it appropriate to do so—the attorney.

(2) Before making a mental health order for the provision of a particular treatment, program or other service (including an assessment) at a specified facility or by a specified person, the tribunal shall confirm that the treatment, program or service can be provided or performed at that facility or by that person in accordance with the proposed order.

25 Matters to be taken into account

In making a mental health order in respect of a person, the tribunal shall take into account the following matters:

- (aa) whether the person consents, refuses to consent or is capable of making a decision to consent, to a proposed course of treatment, care or support;
- (a) the views and wishes of the person, so far as they can be ascertained;
- (b) the views and wishes of the persons responsible for the day-to-day care of the person who is the subject of the proceeding, so far as those views and wishes are made known to the tribunal;
- (c) the views of all persons appearing at the proceeding;
- (d) the views of the persons consulted under section 24A;
- (e) that the person's welfare and interests should be appropriately protected;
- (f) that the person's rights should not be interfered with except to the least extent necessary;
- (g) that the person should be encouraged to look after himself or herself;
- (h) that, as far as possible, the person should live in the general community and join in community activities;
- (j) that any restrictions placed on the person should be the minimum necessary for the safe and effective care of the person;
- (k) the alternative treatments, programs and other services available;
- (m) the purposes of those treatments, programs and services;
- (n) the benefits likely to be derived by the person from those treatments, programs and services;
- (p) the distress, discomfort, risks, side effects or other disadvantages associated with those treatments, programs and services;
- (q) any relevant medical history of the person;
- (qa) the religious, cultural and language needs of the person;
- (r) in the case of a person referred to the tribunal under section 15 or a mentally dysfunctional or mentally ill offender—the nature and circumstances of the offence in respect of which the person has been arrested, or may be or has been charged;

Mental Health (Treatment and Care) Act 1994

- (s) in the case of a mentally dysfunctional or mentally ill offender—the nature and extent of the person’s mental dysfunction or mental illness, including the effect it is likely to have on the person’s behaviour in the future;
- (t) in the case of a mentally dysfunctional or mentally ill offender—whether or not, if the person is not detained—
 - (i) the person’s health or safety is, or is likely to be, substantially at risk; or
 - (ii) the person is or is likely to do serious harm to others.

26 Types of orders

(1) The tribunal may make an involuntary psychiatric treatment order in respect of a person if—

- (a) the person has a mental illness; and
- (b) the tribunal has reasonable grounds for believing that, by reason of that illness, the person is likely to do serious harm to himself or herself or others, or is likely to suffer serious mental or physical deterioration unless subject to involuntary psychiatric treatment; and
- (c) the tribunal is satisfied that psychiatric treatment is likely to reduce the harm referred to in paragraph (b) and result in an improvement in his or her psychiatric condition; and
- (d) the treatment can not be adequately provided in a way that would involve less restriction of the freedom of choice and movement of the person than would result from the person being an involuntary patient.

(2) Subject to section 28, the tribunal may make a community care order in respect of a person if—

- (a) the person is mentally dysfunctional; and
- (b) the tribunal has reasonable grounds for believing that, by reason of that dysfunction, the person is likely to do serious harm to himself or herself or others; and
- (c) satisfied that care and support is likely to reduce the harm referred to in paragraph (b); and
- (d) in the circumstances, an order under subsection (1) should not be made; and

- (e) the community care can not be adequately provided in a way that would involve less restriction of the freedom of choice and movement of the person than would result from the person being an involuntary patient.

27 Restriction order

(1) The tribunal may, in addition to making an order under section 26, make a restriction order in respect of a person if satisfied that, in the interests of his or her health or safety or public safety, the person should not be discharged from the order under section 26 unless the tribunal has reviewed that order.

- (2) A restriction order may require the person the subject of the order—
- (a) if the person has a mental illness—to reside at a specified place; or
 - (b) if the person has a mental dysfunction, other than a mental illness—to reside at a community care facility; or
 - (c) not to approach a specified person or specified place or undertake specified activities.

28 Mental health orders—general

(1) The chief psychiatrist, or his or her delegate, is responsible for the treatment and care of a person to whom an order under subsection 26 (1) applies.

(2) An order under subsection 26 (1) may specify a health facility to which the person to whom the order relates may be taken.

(3) The care coordinator, or his or her delegate, is responsible for the care of a person to whom an order under subsection 26 (2) applies.

- (4) A mental health order made in respect of a person may—
- (a) in the case of a psychiatric treatment order—specify that the person is required to do either or both of the following:
 - (i) to undergo psychiatric treatment, other than convulsive therapy or psychiatric surgery;
 - (ii) to undertake a counselling, training, therapeutic or rehabilitation program; or
 - (b) in the case of a community care order—specify that the person is—

Mental Health (Treatment and Care) Act 1994

- (i) to be given or provided care and support; or
- (ii) to undertake a counselling, training, therapeutic or rehabilitation program.

(5) A mental health order shall (as the case requires) include a statement that the person the subject of the order—

- (a) has the capacity to consent to the order, but refuses to do so; or
- (b) does not have the capacity to consent to the order.

(6) If the tribunal makes a restriction order, it shall give a copy of the order to the chief psychiatrist or care coordinator, as the case requires.

(7) A restriction order ceases to have effect at the expiration of 3 months after the date of the making of the order.

(8) If—

- (a) an order is in force under subsection 26 (1) or (2) and section 27; and
- (b) the chief psychiatrist or care coordinator (as the case requires) is satisfied that the person to whom the order relates—
 - (i) is no longer a person in respect of whom the tribunal could make an order under subsection 26 (1) or (2); and
 - (ii) should be discharged from the order;

he or she shall notify the tribunal and the community advocate in writing of his or her intention to discharge the person from the order under subsection 26 (1) or (2), as the case requires.

(9) The tribunal shall, within 72 hours after receipt of a notification under subsection (8), review the restriction order in force in respect of the person.

(10) A restriction order is not revocable otherwise than by the tribunal.

29 Role etc of chief psychiatrist and care coordinator

(1) The chief psychiatrist or care coordinator (as the case requires) is responsible for determining—

- (a) the times during which and the place at which the person the subject of an order is required to attend to receive treatment, care or support, or undertake a counselling, training, therapeutic or rehabilitation program, in accordance with the order; and

Mental Health (Treatment and Care) Act 1994

- (b) in the case of a psychiatric treatment order—the nature of the psychiatric treatment to be given to the person the subject of the order; and
 - (c) the place at which a person the subject of an order under subsection 26 (1) shall reside; and
 - (d) in the case of an order under section 27—whether the person the subject of the order has contravened the order.
- (2)** Before determining a matter referred to in paragraph (1) (a), (b), (c) or (d), the chief psychiatrist or care coordinator (as the case requires) shall—
- (a) consult with the tribunal and the community advocate; and
 - (b) whenever practicable, consult with the person the subject of the order.
- (3)** A determination shall be in writing.
- (4)** For the purposes of paragraph (1) (b), the chief psychiatrist or care coordinator (as the case requires) shall not determine treatment that has, or is likely to have, the effect of subjecting the person to whom it is administered to undue stress or deprivation, having regard to the benefit likely to result from the administration of the treatment.
- (5)** The chief psychiatrist or care coordinator (as the case requires) shall discharge a person in respect of whom an order under section 26 applies, if satisfied that the person is no longer a person in respect of whom the tribunal could make an order under subsection 26 (1) or (2), unless the person is subject to a restriction order.
- (6)** If the chief psychiatrist or care coordinator (as the case requires) discharges a person in accordance with subsection (5), he or she shall, within 72 hours of discharging the person, notify the tribunal in writing.
- (7)** If a person is subject to an order under subsection 26 (1) or (2) and a restriction order, the chief psychiatrist or care coordinator (as the case requires) shall not discharge the person from the order under subsection 26 (1) or (2) unless—
- (a) he or she has notified the tribunal of his or her intention to discharge the person; and
 - (b) the tribunal—
 - (i) has reviewed the restriction order and is satisfied that it is no longer required; or

- (ii) is satisfied that an assessment for another order should be made.

30 Duration of orders

Subject to section 36, a mental health order made in respect of a person (other than a mentally dysfunctional or mentally ill offender) has effect for the period (being no longer than 6 months) specified in the order.

31 Tribunal not to prescribe drugs or clinical procedures

Nothing in this Part is to be taken as authorising the tribunal to make an order in respect of the administration of a particular drug or the way in which a particular clinical procedure is to be carried out.

32 Power under custodial orders

(1) Where a mental health order of the kind described in subsection 26 (1) is made in respect of—

- (a) a person (other than a mentally dysfunctional or mentally ill offender) without the person's consent; or
- (b) a mentally dysfunctional or mentally ill offender;

the chief psychiatrist is authorised—

- (c) to take, or to authorise another person to take, the person to be placed in custody to the premises specified by the chief psychiatrist and for that purpose—
 - (i) to use such force and such assistance as is necessary and reasonable to apprehend the person and take him or her to the premises specified by the chief psychiatrist; and
 - (ii) if there are reasonable grounds for believing that the person is at certain premises—to enter those premises using such force and with such assistance as is necessary and reasonable; and
- (d) to keep the person in such custody at the premises specified by the chief psychiatrist as the chief psychiatrist thinks appropriate; and
- (e) to subject the person to such confinement as is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself or herself or to another person; or
 - (ii) to ensure that the person remains in custody pursuant to the order; and

Mental Health (Treatment and Care) Act 1994

- (f) to subject the person to such restraint (other than confinement) as is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself or herself or to another person; or
 - (ii) to ensure that the person remains in custody pursuant to the order.
- (2) The chief psychiatrist shall not subject a person to involuntary seclusion unless satisfied that it is the only means in the circumstances to prevent the person from causing harm to himself or herself or to another person.
- (3) If the chief psychiatrist subjects a person to involuntary seclusion, he or she shall—
 - (a) enter the fact and the reasons for the involuntary seclusion in the patient's record; and
 - (b) inform the community advocate in writing within 24 hours after the person is subjected to involuntary seclusion; and
 - (c) keep a register of such seclusion in a form approved by the Minister.
- (4) If, under paragraph 29 (1) (c), the chief psychiatrist determines a place at which a person shall reside, that is different from the place determined by him or her at the time the order was made, he or she shall notify the tribunal and the community advocate.

32A Contravention of mental health orders

- (1) If a mental health order is in force in respect of a person, and the person refuses to comply with the order, the chief psychiatrist or care coordinator (as the case requires) is—
 - (a) authorised to orally inform the person that refusal to comply with the order may result in the person being apprehended and being taken to a mental health facility for treatment or care; and
 - (b) if the refusal continues after the taking of action under paragraph (a)—authorised to inform the person in writing that refusal to comply with the order will result in the person being apprehended and being taken to a mental health facility for treatment or care; and
 - (c) if the refusal continues after the taking of action under paragraph (b)—authorised to require the person to be detained in an

Mental Health (Treatment and Care) Act 1994

approved mental health facility to ensure compliance with the order.

(2) If the chief psychiatrist or care coordinator (as the case requires) authorises the detention of a person under subsection (1), he or she shall notify the tribunal and the community advocate of—

- (a) the name of the person detained; and
- (b) the reasons for authorising the detention; and
- (c) the name and address of the approved mental health facility at which the person is detained.

(3) If the chief psychiatrist or care coordinator (as the case requires) authorises the detention of a person under paragraph (1) (c), a police officer, mental health officer or doctor may apprehend the person and take him or her to an approved mental health facility.

(4) For subsection (3), a police officer, mental health officer or doctor—

- (a) may use such force and assistance as is necessary and reasonable to apprehend the person and take him or her to the facility; and
- (b) if there are reasonable grounds for believing that the person is at certain premises, may enter those premises using such force and with such assistance as is necessary and reasonable.

33 Restrictions on communication

(1) Despite Part 6 but subject to section 34, where—

- (a) a mental health order of the kind described in subsection 26 (1) is made in respect of—
 - (i) a person (other than a mentally dysfunctional or mentally ill offender) without the person's consent; or
 - (ii) a mentally dysfunctional or mentally ill offender; and
- (b) the tribunal further orders that restrictions may be imposed on communication between that person and other persons; and
- (c) the chief psychiatrist or care coordinator (as the case requires) has reasonable grounds for believing that it is necessary, in the interests of the effective treatment of that person, that communication between that person and other persons be restricted;

the chief psychiatrist or care coordinator (as the case requires) may, subject to the order referred to in paragraph (b), impose such restrictions on communication by that person with other persons as are necessary and reasonable to avoid prejudicing the effectiveness of the treatment.

(2) As soon as practicable after imposing restrictions on communication by a person, the chief psychiatrist or care coordinator (as the case requires) shall explain or cause to have explained to the person, in the language, mode of communication or terms that the person is most likely to understand—

- (a) the nature of the restrictions; and
- (b) the period during which the restrictions will remain in effect; and
- (c) the reasons for imposing the restrictions.

(3) Restrictions shall not be imposed for a period exceeding 7 days, but nothing in this subsection prevents the imposition of further restrictions immediately after the restrictions previously imposed cease to have effect.

34 Communication with community advocate and person's lawyer

Despite section 33, the chief psychiatrist or care coordinator (as the case requires) shall ensure that, during any period of restricted communication imposed on a person under that section—

- (a) the person has access to facilities, and adequate opportunity, to contact the community advocate and the person's legal practitioner; and
- (b) on request by the community advocate or the person's legal practitioner, such assistance as is necessary to enable the community advocate or the legal practitioner (as the case may be) to have access to the person is provided.

35 Chief psychiatrist to explain treatment

Where the tribunal makes a mental health order of the kind described in subsection 26 (1) in respect of—

- (a) a person (other than a mentally dysfunctional or mentally ill offender) without the person's consent; or
- (b) a mentally dysfunctional or mentally ill offender;

the chief psychiatrist shall explain or cause to have explained to the person, in the language, mode of communication or terms that the person is most

likely to understand, the nature and effects (including any side effects) of the treatment before it is administered.

36 Review, variation and revocation

(1) The tribunal may, on application or of its own motion, review the mental health orders in force in respect of a person.

(2) If, following a review—

- (a) the tribunal is satisfied that a person is no longer mentally dysfunctional or mentally ill, the tribunal shall revoke all of those orders; or
- (b) the tribunal is satisfied that a person remains mentally dysfunctional but—
 - (i) the person's health or safety would not be, and would be unlikely to be, substantially at risk; and
 - (ii) the person is not likely to do serious harm to others;and is satisfied that it is otherwise appropriate to do so, the tribunal may—
 - (iii) vary or revoke any of those orders; or
 - (iv) make additional mental health orders in respect of the person; or
- (c) the tribunal is satisfied that it would be appropriate to do so, the tribunal may—
 - (i) vary or revoke any of those orders; or
 - (ii) make additional mental health orders in respect of the person.

(3) If, in relation to a person who is subject to a restriction order, the tribunal receives—

- (a) notice of intention of the chief psychiatrist or care coordinator (as the case requires) to discharge the person from a psychiatric treatment order or a community care order; or
- (b) notice of contravention of the restriction order;

the tribunal shall, within 72 hours after being notified, review the order.

(4) After reviewing a restriction order, the tribunal—

- (a) if satisfied that the person is no longer a person in respect of whom the tribunal could make an order under section 26—shall revoke the restriction order; or

Mental Health (Treatment and Care) Act 1994

- (b) if not satisfied that the person is not a person in respect of whom the tribunal could make a mental health order—may make an order for an assessment under section 16.

Division 4—Care coordinator

36A Care coordinator

- (1) The Minister must, by instrument, appoint a care coordinator.
- (2) The care coordinator is—
 - (a) a public servant specified in the instrument; or
 - (b) the person from time to time holding, occupying, or performing the duties of an office or position specified in the instrument.

36B Delegation

- (1) The care coordinator may, by instrument, delegate any (or all) of his or her powers or functions.
- (2) A delegation may be expressed to apply generally, in relation to a particular community care order or orders, or otherwise subject to conditions.

PART 5—EMERGENCY DETENTION AND CARE

37 Apprehension

(1) If a police officer has reasonable grounds for believing that a person is mentally dysfunctional or mentally ill and has attempted or is likely to attempt—

- (a) to commit suicide; or
- (b) to inflict serious harm on himself or herself or another person;

the police officer may apprehend the person and take him or her to an approved health facility.

(2) Where a doctor or mental health officer believes on reasonable grounds that—

- (a) the person is mentally dysfunctional or mentally ill and—
 - (i) as a consequence, requires immediate treatment or care; or
 - (ii) in the opinion of the doctor or mental health officer, the person's condition will deteriorate within 3 days to such an extent that the person would require immediate treatment or care;
- (b) the person has refused to receive that treatment or care; and
- (c) detention is necessary for the person's own health or safety, social or financial wellbeing, or for the protection of members of the public; and
- (d) adequate treatment or care cannot be provided in a less restrictive environment;

the doctor or mental health officer may apprehend the person and take him or her to an approved health facility.

(2A) The tribunal shall, on application, review the decision of a doctor or mental health officer under subparagraph (2) (a) (ii) within 2 working days of the date of receipt of the application.

(3) For the purposes of subsections (1) and (2), a police officer, doctor or mental health officer—

- (a) may use such force and assistance as is necessary and reasonable to apprehend the person and take him or her to the facility; and

- (b) if there are reasonable grounds for believing that the person is at certain premises, may enter those premises using such force and with such assistance as is necessary and reasonable.

38 Detention

Where a person is taken to an approved health facility under section 37, or paragraph 428DA (1) (a) of the Crimes Act, the person in charge of the facility shall detain the person at the facility and while the person is so detained—

- (a) may keep the person in such custody as the person in charge thinks appropriate; and
- (b) may subject the person to such confinement as is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself or herself or to another person; or
 - (ii) to ensure that the person remains in custody; and
- (c) may subject the person to such restraint (other than confinement) as is necessary and reasonable—
 - (i) to prevent the person from causing harm to himself or herself or to another person; or
 - (ii) to ensure that the person remains in custody.

38A Circumstances in which copy of court order to be provided

A police officer, or an escort under the *Custodial Escorts Act 1998*, who conveys an accused person to an approved health facility for examination by a medical practitioner under paragraph 428DA (1) (a) of the Crimes Act shall give a copy of the court order to the person in charge of the facility.

39 Statement of action taken

(1) A police officer, doctor or mental health officer shall, as soon as practicable after taking a person to an approved health facility under section 37, prepare and give to the person in charge of the facility a written statement containing a description of the action taken under that section, including the following details:

- (a) the name and address (if known) of the person taken to the facility;
- (b) the date and time when the person was taken to the facility;

- (c) detailed reasons for taking the action;
- (d) the extent of the force or assistance used to enter any premises, or to apprehend the person and to take him or her to the facility.

(2) The person in charge of a facility who receives a statement under subsection (1) shall place the statement with the clinical records of the person whom it concerns.

40 Examination by doctor

The person in charge of an approved health facility shall ensure that a person taken to the facility under section 37, or paragraph 428DA (1) (a) of the Crimes Act is examined by a doctor employed at the facility within 4 hours of the person arriving at the facility.

41 Authorisation of involuntary detention

(1) Where the doctor who examines a person under section 40 has reasonable grounds for believing that—

- (a) the person is mentally dysfunctional or mentally ill and—
 - (i) as a consequence, requires immediate treatment or care; or
 - (ii) in the opinion of the doctor, the person's condition will deteriorate within 3 days to such an extent that the person would require immediate treatment or care; and
- (b) the person has refused to receive that treatment or care; and
- (c) detention is necessary for the person's own health or safety, social or financial wellbeing, or for the protection of members of the public; and
- (d) adequate treatment or care cannot be provided in a less restrictive environment;

the doctor may authorise the involuntary detention and care of the person at an approved mental health facility for a period not exceeding 3 days.

(2) Where—

- (a) a person is detained under subsection (1); and
- (b) an application for further detention is made by a psychiatrist before the period of detention expires;

the tribunal may order that, on the expiration of that period, the person be so detained for the further period (not exceeding 7 days) specified in the order.

(3) The tribunal shall, on application, review the decision of a doctor or mental health officer under subparagraph (1) (a) (ii) within 2 working days of the date of receipt of the application.

(4) An application for further detention shall be in a form approved by the Minister.

(5) On receipt of an application under paragraph (2) (b), the tribunal shall review an order under subsection (2) within 2 working days after the date of the application.

41A Notification of Magistrates Court about emergency detention or release from emergency detention

The person in charge of an approved health facility—

- (a) shall notify the Magistrates Court of the results of an examination conducted by a doctor pursuant to an order under subsection 428DA (1) of the Crimes Act; and
- (b) if, after examination by the doctor—
 - (i) the person is to be detained for treatment or care—shall ensure that the person is detained for the purposes of receiving that treatment or care; or
 - (ii) the person is not to be detained for treatment or care, or is to be released after being detained—shall release the person into the custody of a police officer.

42 Notification of certain persons about detention

(1) A doctor shall, within 12 hours after authorising the detention of a person under subsection 41 (1), notify the community advocate and the tribunal of—

- (a) the name of the person detained; and
- (b) the reasons for authorising the involuntary detention and care; and
- (c) the name and address of the approved mental health facility at which the person is being detained.

Penalty: 5 penalty units.

(2) The person in charge of a facility in which a person is detained under section 41 shall, if the accused person has been taken to the facility in accordance with an order under paragraph 428DA (1) (a) of the Crimes Act, in addition to complying with subsection (1) of this section, notify the court of the reasons for the involuntary detention and care.

(3) The person in charge of a facility in which a person is detained under section 41 shall ensure that the person has adequate opportunity to notify a relative or friend of the person's detention.

43 Medical examination

The person in charge of an approved mental health facility shall ensure that a proper physical and psychiatric examination of a person detained at the facility under subsection 41 (1) is undertaken within 24 hours of the person being so detained.

44 Treatment during detention

(1) The person in charge of a mental health facility at which a person is detained under section 41 shall ensure that during the period of detention—

- (a) any custody under which the person detained is kept; and
- (b) any confinement or other restraint to which the person detained is subjected; and
- (c) any treatment administered to the person detained;

is the minimum necessary to prevent any immediate and substantial risk of the person detained causing harm to himself or herself or to another person.

(2) Subsection (1) does not apply if a person has a mental illness for which, in the opinion of a psychiatrist, the most appropriate treatment is long acting medication.

(3) In determining whether to administer long acting medication, the psychiatrist shall take into account the likely deterioration in the person's condition within 3 days of his or her examination of the person.

45 Communication during detention

The person in charge of a mental health facility at which a person is detained under section 41 shall ensure that during the period of detention—

- (a) the person detained has access to facilities, and adequate opportunity, to contact the community advocate and the person's legal practitioner; and
- (b) on request by the community advocate or the person's legal practitioner, such assistance as is necessary to enable the

Mental Health (Treatment and Care) Act 1994

community advocate or the legal practitioner (as the case may be) to have access to the person detained is provided.

Maximum penalty:

- (a) for paragraph (a)—20 penalty units; or
- (b) for paragraph (b)—50 penalty units.

46 Orders for release

(1) If satisfied that the detention of a person under subsection 41 (1) or (2) is no longer justified then, subject to subsection (2)—

- (a) the doctor who examined the person under section 43; or
- (b) the chief psychiatrist; or
- (c) the tribunal;

may order the release of the person before the period of detention authorised under that subsection expires.

(2) If the person detained under subsection 41 (1) or (2) is an accused person to whom an order under subsection 428DA (1) of the Crimes Act applies—

- (a) the doctor who examined the person under section 43; or
- (b) the chief psychiatrist; or
- (c) the tribunal;

shall notify the person in charge of an approved mental health facility if satisfied that the detention of the person is no longer justified.

47 Duty to release

(1) A person in charge of an approved mental health facility shall ensure that a person detained at that facility under subsection 41 (1) or (2)—

- (a) is released in accordance with an order under section 46; or
- (b) if no such order is made and subject to any other order of the tribunal—is released at the expiration of the period of detention authorised under subsection 41 (1) or (2).

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(2) If the person in charge of an approved mental health facility is notified under subsection 46 (2), he or she shall, as soon as practicable, discharge the person to whom the notification relates into the custody of a police officer.

Mental Health (Treatment and Care) Act 1994

48 Approved facilities

- (1) The Minister may, by notice in the *Gazette*, approve—
- (a) a health facility as a facility to which persons may be taken under subsection 26 (1) or section 37; or
 - (b) a mental health facility as a facility at which persons may be involuntarily detained and cared for under section 41.
- (2) An instrument under paragraph (1) (b) is a disallowable instrument for the purposes of section 10 of the *Subordinate Laws Act 1989*.

PART 5A—INTERSTATE APPLICATION OF MENTAL HEALTH LAWS

Division 1—Preliminary

48A Object of Part

The object of this Part is to provide for—

- (a) the interstate transfer of patients under mental health legislation; and
- (b) the interstate recognition of documents that authorise the detention of persons under mental health legislation; and
- (c) the treatment in the Territory of persons subject to mental health orders or similar orders made in other States; and
- (d) the apprehension of persons subject to certain interstate warrants or orders, or otherwise liable to apprehension, under mental health legislation.

48B Interpretation

In this Part—

agreement means an agreement made under section 48C.

corresponding law means a law of another State which is declared to be a corresponding law under subsection 48D (1).

custodial order means a mental health order of the kind referred to in subsection 26 (1).

interstate custodial patient means a person who is declared to be an interstate custodial patient under subsection 48D (2).

interstate non-custodial order means an order which is declared to be an interstate non-custodial order under subsection 48D (4).

non-custodial order means a mental health order other than a custodial order.

State includes Territory.

48C Authority to enter into agreements

(1) The Minister may enter into an agreement with a Minister of another State for or with respect to the application of mental health laws of the Territory or the other State, the transfer, detention and apprehension of persons in the Territory and the other State under mental health laws and

administrative matters and other matters ancillary to, or consequential on, any of those matters or other matters contained in this Part.

(2) Nothing in this section limits the power of the Minister to enter into any agreement relating to mental health laws.

48D Recognition of interstate laws and orders

(1) The regulations may declare that a specified law of another State relating to mental health is a corresponding law for the purposes of this Part.

(2) The regulations may declare that a specified class of persons, being persons who under a corresponding law are required to be detained at a hospital or other facility or in the custody of a person, are interstate custodial patients for the purposes of this Part.

(3) The regulations may declare that a class of interstate custodial patients corresponds to 1 of the following:

- (a) persons being detained under section 38, with the detention having commenced at a specified time;
- (b) persons being detained under section 41, with the detention having commenced at a specified time;
- (c) persons subject to a specified custody order that was made at a specified time.

(4) The regulations may declare that a specified class of orders made under a corresponding law, being orders which require the treatment of a person but not the holding of the person in custody, are interstate non-custodial orders for the purposes of this Part.

48E Officers of the Territory may exercise functions under corresponding laws

Subject to any agreement under section 48C, a person authorised by the Minister for the purposes of this section may exercise any function conferred on him or her by or under a corresponding law or an agreement under section 48C.

Division 2—Transfer of persons from the Territory

48F Emergency admission of persons to health facilities in other States

(1) A person who may be apprehended and detained at an approved health facility under section 37 may be taken to a health facility in another State for detention instead, if this is permitted by or under a corresponding law of the other State.

(2) A person may be taken to a health facility in another State under this section by—

- (a) a person who is authorised by this Act to apprehend the person and deliver him or her to an approved health facility, if this is permitted by or under the law of the other State; or
- (b) any other person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.

(3) The regulations may provide for or with respect to—

- (a) the handing over of custody of a person referred to in subsection (1) by persons in the Territory; and
- (b) the persons (including interstate persons) who may take such a person to a health facility in another State under this section; and
- (c) the health facilities to which a person may be taken under this section.

48G Transfer of custodial patients from the Territory

(1) A person who—

- (a) is being detained at an approved health facility or an approved mental health facility under section 38 or 41; or
- (b) is subject to a custodial order;

may be transferred to a health facility in another State, if the transfer is permitted by or under a provision of a corresponding law of the other State and is in accordance with the regulations.

(2) A person may be taken to a health facility in another State under this section by a person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.

(3) The regulations may provide for or with respect to—

Mental Health (Treatment and Care) Act 1994

- (a) procedures for authorising the transfer of a person under this section and for notifying any such transfer or proposed transfer; and
- (b) criteria for authorising the transfer of a person under this section; and
- (c) the handing over of custody of such a person by persons in the Territory; and
- (d) the persons (including interstate persons) who may take a person to a health facility in another State under this section; and
- (e) the health facilities to which a patient may be taken under this section.

48H Application of Act to persons transferred interstate

- (1) Subject to the regulations, this Act ceases to apply to a person who is accepted into the custody of a responsible person at a health facility in another State under section 48F or 48G.
- (2) Where an agreement under section 48C allows it, the regulations may provide for provisions of this Act to continue to apply in specified circumstances to a person after the person is accepted into the custody referred to in subsection (1).

Division 3—Transfer of persons to the Territory

48I Emergency admission of interstate persons to approved health facilities

- (1) A person who may be taken to and detained in a hospital or other facility in another State under a corresponding law of that State may instead be taken to and detained in an approved health facility in the Territory.
- (2) A person may be taken to an approved health facility in the Territory under this section by—
 - (a) a person who is authorised under section 37 to apprehend a person and take the person to an approved health facility, if this is permitted by or under a law of the other State; or
 - (b) any other person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (3) The regulations may provide for or with respect to—

- (a) the handing over of custody of a person referred to in subsection (1) to persons in the Territory; and
- (b) the persons (including interstate persons) who may take such a person to an approved health facility in the Territory under this section; and
- (c) the health facilities to which a person may be taken under this section.

48J Application of Act to persons detained under section 48I

This Act applies to a person who is taken to and detained in an approved health facility under section 48I as if it had been done under section 37.

48K Transfer of interstate custodial patients to health facilities in the Territory

- (1) An interstate custodial patient may be transferred to an approved health facility or an approved mental health facility in the Territory, if the transfer is authorised under a provision of a corresponding law of the other State and accepted by the person in charge of the facility.
- (2) An interstate custodial patient may be taken to a facility in the Territory under this section by a person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (3) The person in charge of an approved health facility or an approved mental health facility shall not accept the transfer of an interstate custodial patient to the facility unless the person in charge is satisfied that the patient could reasonably be detained under this Act.
- (4) The regulations may provide for or with respect to—
 - (a) the procedures for authorising and arranging the receipt of a person under this section; and
 - (b) the persons (including interstate persons) who may take a person to a facility in the Territory under this section; and
 - (c) the receiving of custody of such a person by persons in the Territory; and
 - (d) the period within which such a person must be reviewed by the tribunal after being transferred to a facility in the Territory.

48L Application of Act to persons transferred to the Territory under section 48K

An interstate custodial patient who is transferred to an approved health facility or an approved mental health facility under section 48K is subject to this Act—

- (a) where no regulation has been made under subsection 48D (3) that applies to the patient—as if the patient had been first detained at the facility in accordance with section 38 at the time of admission to the facility; or
- (b) where a regulation made under paragraph 48D (3) (a) applies to the patient—as if the patient had been first detained at the facility in accordance with section 38 at the time specified in the regulation; or
- (c) where a regulation made under paragraph 48D (3) (b) applies to the patient—as if the patient had been first detained at the facility in accordance with section 41 at the time specified in the regulation; or
- (d) where a regulation made under paragraph 48D (3) (c) applies to the patient—as if the patient were subject to the custodial order specified in the regulation.

Division 4—Non-custodial orders and interstate non-custodial orders

48M Non-custodial orders relating to interstate persons

A non-custodial order may be made under Division 3 of Part 4 even though the affected person does not reside in the Territory, if—

- (a) the agencies responsible for implementing the order are located in the Territory; or
- (b) the order is allowed under an agreement under section 48C with the State where the person resides.

48N Orders relating to Territory residents

(1) Where a person (in this section called the *patient*) is subject to an interstate non-custodial order, persons who are authorised under the corresponding law of the State concerned to implement the order may treat the patient in the Territory and exercise other functions in the Territory for the purpose of implementing the order.

(2) The regulations may provide for or with respect to—

- (a) limiting the persons who may act under this section; and
- (b) limiting the treatment that may be given or functions that may be exercised under this section.

Division 5—Apprehension of persons absent from custody or in breach of orders

48P Recognition of apprehension orders

A warrant, order or other document issued under a corresponding law, being a document which authorises the apprehension of a person, is recognised in the Territory if the conditions for recognition set out in the regulations are met.

48Q Apprehension of interstate persons absent without leave or in breach of orders

- (1) Where a person—
 - (a) is the subject of a warrant, order or other document recognised in the Territory under section 48P; or
 - (b) is otherwise liable to be apprehended, under a provision of a corresponding law under which the person may be apprehended and taken to a health facility;the person may be apprehended at any time—
 - (c) by a police officer; or
 - (d) by a person who is authorised to do so by the regulations or under a provision of a corresponding law of the other State.
- (2) A person who has been apprehended under this section may be—
 - (a) conveyed to and detained in an approved health facility in the Territory; or
 - (b) where it is permitted by a corresponding law of the other State concerned—conveyed to that State and there dealt with in accordance with the corresponding law.
- (3) This Act applies to a person conveyed to and detained in an approved health facility under paragraph (2) (a) as if the person were first detained at the facility in accordance with section 41 at the time of admission to the facility.

48R Regulations relating to apprehension of persons

The regulations may provide for or with respect to—

- (a) the kinds of warrants, orders or other documents that may be recognised in the Territory for the purposes of this Part; and
- (b) the conditions (if any) to be met before a warrant, order or other document can be recognised in the Territory; and
- (c) the circumstances when a person is taken to be liable to be apprehended under a corresponding law; and
- (d) the persons (including interstate persons) who may apprehend a person under this section; and
- (e) the health facilities and places to which a person can be taken under this Part (whether in the Territory or another State); and
- (f) the actions (including transfer to the other State) that may be taken in respect of a person detained under this Part.

**PART 6—RIGHTS OF MENTALLY
DYSFUNCTIONAL OR MENTALLY ILL PERSONS**

49 Interpretation

In this Part—

responsible person—

- (a) in relation to a mental health facility that is not conducted by the Territory—means the owner of the facility; or
- (b) in relation to a psychiatric institution conducted by the Territory or a Territory authority—means the chief psychiatrist; or
- (c) in relation to any other mental health institution conducted by—
 - (i) the Territory—means the chief executive who has control of the administrative unit to which responsibility for the conduct of the facility is allocated; or
 - (ii) a Territory authority—means the person having overall responsibility for the control of the facility.

50 Statement of rights

- (1) The responsible person shall ensure that on admission to, or before receiving treatment at, the mental health facility, a person—
 - (a) is orally advised of his or her rights under this Act; and
 - (b) is given a copy of an information statement containing—
 - (i) a prescribed statement setting out the rights and entitlements of persons under this Act, including the right to obtain legal advice and the right to seek a second opinion from an appropriate mental health professional; and
 - (ii) any other information relating to the treatment and care of the person that the Minister considers relevant.
- (2) The responsible person shall ensure that, wherever possible, a person is given an information statement in a language with which the person is familiar.
- (3) The responsible person shall ensure that, if a person appears to be incapable of reading and understanding an information statement, then as

far as practicable arrangements are made to convey the information contained in the statement to the person in the language, mode of communication or terms that the person is most likely to understand.

(4) The responsible person shall ensure that, if a person appears to be unable to understand the information contained in an information statement, the community advocate is informed of that fact.

51 Information to be provided

The responsible person shall ensure that the following items are kept at the mental health facility in a place readily accessible to all persons admitted to, or receiving treatment at, the facility:

- (a) copies of this Act, the *Guardianship and Management of Property Act 1991* and any other relevant legislation;
- (b) copies of any publications prepared by the administrative unit to which responsibility for the administration of that legislation is allocated for the purpose of explaining the legislation;
- (c) copies of information statements printed in different languages;
- (d) a list of the addresses and telephone numbers of the offices of, and the relevant functions of, the following:
 - (i) the tribunal;
 - (ii) the Supreme Court;
 - (iii) the Magistrates Court;
 - (iv) the community advocate;
 - (v) the chief psychiatrist;
 - (vi) the legal aid commission;
 - (vii) the ombudsman.

52 Communication

(1) The responsible person shall ensure that all persons admitted to, or receiving treatment at, the mental health facility are given reasonable opportunities to communicate with persons of their choice by means other than written communication.

(2) The responsible person shall ensure that a person admitted to, or receiving treatment at, the mental health facility is provided, on request, with facilities for preparing written communications and for enclosing those communications in sealed envelopes.

Mental Health (Treatment and Care) Act 1994

(3) The responsible officer shall ensure any written communication addressed to or written by a person admitted to, or receiving treatment at, the mental health facility (other than a mentally dysfunctional or mentally ill offender) is forwarded without being opened and without delay to the person to whom it is addressed.

(4) Subject to any security conditions imposed under any Act, the responsible officer shall ensure any written communication addressed to or written by a mentally dysfunctional or mentally ill offender is forwarded without being opened and without delay to the person to whom it is addressed.

53 Failure by owner to comply

The owner of a mental health facility that is not conducted by the Territory or a Territory authority who, without reasonable excuse, fails to comply with this Part is guilty of an offence punishable, on conviction, by a maximum fine of 20 penalty units.

PART 7—CONVULSIVE THERAPY AND PSYCHIATRIC SURGERY

Division 1—Consent

54 Informed consent

(1) For the purposes of this Part, a person gives informed consent to a procedure if the consent is given by the person after—

- (a) the person has been given a clear explanation of the procedure that contains sufficient information to enable the person to make a balanced judgment about whether or not to consent to the procedure; and
- (b) the person has been given an adequate description (without exaggeration or concealment) of the benefits, discomfort and risks involved in the procedure; and
- (c) the person has been advised of all alternative treatments reasonably available that may be of benefit to the person; and
- (d) the person has been given an opportunity to ask any questions about the procedure, those questions have been answered and the person appears to have understood the answers; and
- (e) a full disclosure has been made to the person of any financial relationship between the person seeking to obtain the consent, the doctor who is proposing to conduct the procedure or both (as the case may be) and the psychiatric institution at which it is proposed to conduct the procedure; and
- (f) the person has been given, has read and appears to have understood a notice stating that—
 - (i) the person has the right to obtain independent legal and medical advice and any other independent advice or assistance before giving informed consent; and
 - (ii) the person is free to refuse or withdraw consent and to have the procedure discontinued at any time; and
- (g) the person has been given an information statement.

(2) For the purposes of this Part, informed consent shall be given in writing signed by the person giving the consent and witnessed by a person, other than the person seeking to obtain the consent or the doctor who is proposing to conduct the procedure.

(3) In this section—

procedure means—

- (a) the administration of convulsive therapy; or
- (b) the performance of psychiatric surgery.

Division 2—Convulsive therapy

55 Restriction on use

(1) A person who is not a doctor shall not administer convulsive therapy to another person unless he or she is authorised to do so by a doctor.

Maximum penalty: 100 penalty units, imprisonment for 12 months or both.

(2) A doctor shall not administer, or authorise the administration of, convulsive therapy to a person (other than a person in respect of whom a mental health order of the kind described in subsection 26 (1) is in force)—

- (a) unless the person has given informed consent to the administration of convulsive therapy; or
- (b) if convulsive therapy has been administered to the person on more than 9 occasions since that consent was given.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(3) A doctor shall not administer, or authorise the administration of, convulsive therapy to a person in respect of whom a mental health order of the kind described in subsection 26 (1) is in force—

- (a) unless the tribunal has approved the administration of convulsive therapy to the person; or
- (b) if convulsive therapy has been administered to the person on more than 9 occasions since the tribunal so approved the administration of convulsive therapy to the person.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(4) An application for an order for the administration of convulsive therapy—

- (a) shall be made by the chief psychiatrist or a doctor; and
- (b) shall be supported by the evidence of a psychiatrist who is not the applicant.

(5) The tribunal shall not make an order for the administration of convulsive therapy to a person unless—

Mental Health (Treatment and Care) Act 1994

- (a) the person has given informed consent to the administration of convulsive therapy and that consent has not been withdrawn; or
- (b) if the person is, by reason of mental illness, incapable of weighing for himself or herself the considerations involved in making a decision whether or not to consent to the administration of convulsive therapy, the tribunal is satisfied that the administration of the therapy is likely to result in substantial benefit to the person and—
 - (i) all other reasonable forms of treatment that may be available have been tried but have not proved successful; or
 - (ii) it is the most appropriate form of treatment reasonably available.

56 Withdrawal of consent

A doctor shall not administer, or authorise the administration of, convulsive therapy to a person who has given informed consent for the purposes of paragraph 55 (2) (a) or (5) (a) if, before the therapy is administered, the person withdraws that consent either orally or in writing.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

57 Therapy to be recorded

A doctor who administers or authorises the administration of convulsive therapy—

- (a) shall make a record of that administration or authorisation; and
- (b) shall deliver that record to the person in charge of the psychiatric institution at which the therapy is, or is to be, administered.

Maximum penalty: 20 penalty units.

58 Records to be kept for 5 years

A person in charge of a psychiatric institution shall retain a record delivered under paragraph 57 (b) for at least 5 years after the date of delivery.

Maximum penalty: 20 penalty units.

Division 3—Psychiatric surgery

59 Performance on persons subject to orders of tribunal

Psychiatric surgery may be performed on a person under this Part despite any order of the tribunal in force in relation to the person.

60 Approval and consent required

A doctor shall not knowingly perform psychiatric surgery on a person—

- (a) except in accordance with the approval of the chief psychiatrist; or
- (b) after he or she is informed under section 66 that the person refuses to have the surgery performed.

Maximum penalty: 100 penalty units, imprisonment for 12 months or both.

61 Application for approval

An application for the approval of the chief psychiatrist for the performance of psychiatric surgery—

- (a) shall be made in writing by the doctor proposing to perform the surgery; and
- (b) shall be delivered to the chief psychiatrist together with—
 - (i) a copy of the informed consent of the person on whom it is proposed the surgery will be performed; or
 - (ii) a copy of an order of the Supreme Court under section 65.

62 Application to be considered by committee

(1) The chief psychiatrist shall, as soon as practicable after receiving an application in accordance with section 61, submit the application to a committee appointed under section 67 by delivering a copy of the application to the chairperson of the committee.

(2) A committee—

- (a) shall consider an application submitted to it; and
- (b) in a report to the chief psychiatrist—
 - (i) shall recommend whether or not the chief psychiatrist should approve the performance of the psychiatric surgery; and
 - (ii) if the committee recommends that the chief psychiatrist should approve the performance of the surgery—shall

Mental Health (Treatment and Care) Act 1994

recommend the conditions (if any) to which the approval should be subject.

(3) A committee shall not recommend that the chief psychiatrist should approve the performance of psychiatric surgery unless—

- (a) the committee is satisfied—
 - (i) that there are reasonable grounds for believing that the performance of the surgery will result in substantial benefit to the person on whom it is proposed to be performed; and
 - (ii) that all alternative forms of treatment reasonably available have failed, or are likely to fail, to benefit the person; and
- (b) the recommendation is supported by the psychiatrist and the neurosurgeon on the committee.

63 Chief psychiatrist may require further information

(1) The chief psychiatrist shall, at the request of a committee and by notice in writing delivered to the doctor, require the doctor who made the application under section 61 to produce to the chief psychiatrist the documents or other information specified in the notice.

(2) Where a requirement is imposed under subsection (1), the committee is not required to give further consideration to the application until the documents and other information specified in the notice are produced to the chief psychiatrist.

(3) The chief psychiatrist shall deliver any documents and other information produced in compliance with a requirement under subsection (1) to the chairperson of the committee.

(4) Nothing in this section authorises the chief psychiatrist to require the production of documents or other information, other than documents or information relevant to the application being considered by the committee.

64 Chief psychiatrist to act on committee's recommendation

The chief psychiatrist shall deal with an application under section 61 in accordance with the committee's recommendations.

65 Consent of Supreme Court

Where the Supreme Court is, on application by a doctor, satisfied that—

Mental Health (Treatment and Care) Act 1994

- (a) the person in relation to whom the application is made has a mental illness; and
- (b) the person has not given informed consent to the performance of psychiatric surgery and has not refused, either orally or in writing, to consent to such surgery; and
- (c) there are grounds for believing that the performance of such surgery is likely to result in substantial benefit to the person; and
- (d) all alternative forms of treatment reasonably available have failed, or are likely to fail, to benefit the person;

the court may, by order, consent to the performance of psychiatric surgery on the person.

66 Refusal of surgery

- (1) A person—
- (a) who has given informed consent to the performance of psychiatric surgery; or
 - (b) in respect of whom the Supreme Court has made an order consenting to the performance of such surgery under section 65;

may, before the psychiatric surgery is performed, inform the chief psychiatrist or any other person, either orally or in writing, that he or she refuses to have the surgery performed.

- (2) A person (other than the chief psychiatrist) who is informed that another person refuses to have psychiatric surgery performed on himself or herself shall inform the chief psychiatrist of the refusal.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (3) Where the chief psychiatrist—
- (a) has approved the performance of psychiatric surgery on a person under section 64; and
 - (b) is informed under subsection (1) or (2), other than by the doctor who is to perform the surgery, that the person refuses to have the surgery performed;

the chief psychiatrist shall inform the doctor of the refusal.

- (4) Where the chief psychiatrist is informed under subsection (1) or (2) that a person refuses to have psychiatric surgery performed—

Mental Health (Treatment and Care) Act 1994

- (a) any informed consent to the performance of the surgery given by the person, or any order made by the Supreme Court under section 65 in respect of the person, ceases to have effect; and
- (b) if, immediately before the date of the refusal, an application for the approval of the performance of the surgery has been made but has not been determined—the application is to be taken to have been withdrawn on that date; and
- (c) any approval given by the chief psychiatrist for the performance of the surgery ceases to have effect.

67 Committees

- (1) For the purposes of section 62, the Minister shall appoint a committee consisting of—
 - (a) a psychiatrist; and
 - (b) a neurosurgeon; and
 - (c) a legal practitioner; and
 - (d) a clinical psychologist; and
 - (e) a social worker.
- (2) The Minister shall appoint a member of a committee to be the chairperson of the committee.
- (3) A member of a committee shall be paid such remuneration and allowances (if any) as are prescribed.
- (4) The chairperson of a committee shall convene meetings of the committee.
- (5) Subject to paragraph 62 (3) (b), a question arising at a meeting of a committee shall be decided in accordance with the opinion of a majority of members of the committee.

**PART 8—REFERRALS BY COURTS UNDER THE CRIMES ACT
AND THE C&YP ACT**

68 Determination of fitness to plead

(1) In this section—

order to determine fitness means an order of the Supreme Court or the Magistrates Court under Part 11A of the Crimes Act requiring a person to submit to the jurisdiction of the tribunal to enable the tribunal to determine whether or not the person is fit to plead to a charge laid against the person.

relevant court, in relation to a person subject to an order to determine fitness, means the court that made the order.

(2) Following such inquiry as the tribunal thinks appropriate, the tribunal shall determine, on the balance of probabilities—

- (a) whether or not a person who is subject to an order to determine fitness is fit to plead to the charge; and
- (b) if the tribunal determines that the person is unfit to plead to the charge—whether or not the person is likely to become fit within 12 months after the determination is made.

(3) The tribunal shall make a determination that a person is unfit to plead to a charge if satisfied that the person's mental processes are disordered or impaired to the extent that the person is unable—

- (a) to understand the nature of the charge; or
- (b) to enter a plea to the charge and to exercise the right to challenge jurors or the jury; or
- (c) to understand that the proceedings are an inquiry as to whether the person committed the offence; or
- (d) to follow the course of the proceedings; or
- (e) to understand the substantial effect of any evidence that may be given in support of the prosecution; or
- (f) to give instructions to his or her legal representative.

(3A) A person is not unfit to plead only because he or she is suffering from memory loss.

(4) The tribunal must notify the relevant court of its determination and may make recommendations to the court about how the person should be dealt with.

69 Review of persons temporarily unfit to plead

(1) Where—

- (a) the tribunal has made a determination under section 68 that a person is unfit to plead to a charge but is likely to become fit within 12 months after the determination (the *initial determination*) and a period of 6 months has elapsed since the initial determination was made (the *first review period*); or
- (b) the tribunal has made a determination after the first review period under this section that a person remains unfit to plead to a charge and a period of 12 months has elapsed since the initial determination was made;

the tribunal shall, as soon as practicable, review the initial determination and determine, on the balance of probabilities, whether or not the person remains unfit to plead.

(2) The tribunal shall notify the Supreme Court of its determination in respect of a person and may make recommendations to the court as to how the person should be dealt with.

70 Recommendations about mentally dysfunctional or mentally ill persons

(1) In this section—

order for recommendations means—

- (a) an order of the Supreme Court under Division 3 of Part 11A of the Crimes Act requiring a person to submit to the jurisdiction of the tribunal to enable the tribunal to make recommendations to the court as to how the person should be dealt with; or
- (b) an order of a court under Division 4 or 5 of Part 11A of the Crimes Act, or under Chapter 6 (Young offenders), Part 2 (Within the Territory) or Chapter 7 (Children and Young People in need of care and protection), Part 3 (Care and protection orders and emergency action) of the C&YP Act, requiring a person to submit to the jurisdiction of the tribunal to enable the tribunal—

Mental Health (Treatment and Care) Act 1994

- (i) to determine whether or not the person is mentally dysfunctional or mentally ill; and
- (ii) if the tribunal determines that the person is mentally dysfunctional or mentally ill—to make recommendations to the court as to how the person should be dealt with.

(2) Following such inquiry as the tribunal thinks appropriate in respect of a person who is subject to an order for recommendations under Division 3 of Part 11A of the Crimes Act, the tribunal shall make recommendations to the Supreme Court as to how the person should be dealt with.

(3) Following such inquiry as the tribunal thinks appropriate in respect of a person who is subject to an order for recommendations under Division 4 or 5 of Part 11A of the Crimes Act or under the C&YP Act—

- (a) the tribunal shall determine, on the balance of probabilities, whether or not the person is mentally dysfunctional or mentally ill; and
- (b) if the tribunal determines that the person is mentally dysfunctional or mentally ill, the tribunal shall make recommendations to the court as to how the person should be dealt with.

71 Service of determinations and recommendations

The registrar shall serve a copy of a determination or recommendation made under section 68, 69 or 70 on—

- (a) the person in respect of whom the determination or recommendation is made; and
- (b) the representative of that person (if any); and
- (c) the community advocate; and
- (d) the director of public prosecutions; and
- (e) if the person in respect of whom the determination or recommendation is made is a child—the C&YP chief executive.

72 Periodic review of orders for detention

(1) In this section—

order for detention means—

- (b) an order of a court under Part 11A of the Crimes Act requiring a person to be detained in custody until the tribunal orders otherwise; or

- (c) an order of the tribunal requiring a person to be detained in custody under section 74.

(2) Where a person has been in custody pursuant to an order for detention—

- (a) for a period of 6 months; or
- (b) for a further period of 6 months following the last review of the order under this section;

the tribunal shall, as soon as practicable, review the order for detention and may order the release of the person.

(3) In considering whether or not to order the release of a person, the tribunal shall have regard to the following:

- (a) the nature and extent of the person's mental dysfunction or mental illness, including the effect it is likely to have on the person's behaviour in the future;
- (b) whether or not, if released—
 - (i) the person's health or safety would be, or would be likely to be, substantially impaired; or
 - (ii) the person would be likely to do serious harm to others;
- (c) the best estimate of the sentence of imprisonment nominated by the relevant court under Part 11A of the Crimes Act as the sentence it would have imposed had the person been found guilty of the relevant offence.

(4) An order for the release of a person may be made subject to such conditions (if any) as the tribunal thinks appropriate, including a requirement to comply with specified mental health orders.

(5) If, on a review, the tribunal does not order the release of a person, the tribunal may—

- (a) make mental health orders (including additional orders) in respect of the person; or
- (b) vary or revoke any of the mental health orders in force in respect of the person.

73 Review of conditions of release

The tribunal may, on application or on its own motion, review the conditions in force in respect of a person released from detention under subsection 72 (4) and may—

Mental Health (Treatment and Care) Act 1994

- (a) vary or revoke any of those conditions, including any requirement to comply with specified mental health orders; or
- (b) impose such other conditions as the tribunal thinks appropriate, including a requirement to comply with specified mental health orders.

74 Breach of conditions of release

If a person released from detention breaches a condition in force in respect of the person under subsection 72 (4), the tribunal may order the person to be detained in custody until the tribunal orders otherwise.

75 Limit on detention

(1) Nothing in section 72 or 74 permits the tribunal to require a person to remain in custody for a period that is, or for periods that in the aggregate are, greater than the limiting period.

(2) In subsection (1)—

limiting period, in relation to a person, means a period that is equivalent to the period—

- (a) commencing on the day on which an order of the relevant court under Part 11A of the Crimes Act is made requiring the person to be detained in custody until the tribunal orders otherwise; and
- (b) ending on the day on which, if the person had been sentenced to a term of imprisonment for a period equivalent to the term nominated under section 428C, 428CA, 428CC or 428CD (as the case may be) of that Act, that sentence would have expired.

PART 9—TRIBUNAL MEMBERSHIP AND PROCEDURE

Division 1—Tribunal members

76 Membership of tribunal

- (1) The tribunal consists of—
 - (a) the president; and
 - (b) the deputy presidents; and
 - (c) the non-presidential members.
- (2) The members of the tribunal are to be appointed by the Executive.

77 Presidential members

- (1) A person is eligible to be appointed president only if the person is a magistrate.
- (2) A person is eligible to be appointed deputy president only if the person is a magistrate or a lawyer of at least 5 years standing.
- (3) However, a person is not eligible to be appointed president or deputy president if the person has been the subject of a mental health order or proceeding within the previous 12 months.

78 Non-presidential members

- (1) The Executive must appoint as non-presidential members—
 - (a) persons who are psychiatrists (the ***psychiatrist members***); and
 - (b) persons who are psychologists (the ***psychologist members***); and
 - (c) persons who are not psychiatrists or psychologists, but who, in the Executive's opinion, have skills and experience in providing mental health clinical services, including mental health nurses, occupational therapists or social workers (the ***mental health services members***); and
 - (d) persons who are members of the community who are not persons mentioned in paragraphs (a) to (c) but who, in the Executive's opinion, are suitable to deal with the needs of mentally dysfunctional people (the ***community members***).
- (2) A person is not eligible to be appointed as a non-presidential member if the person has been the subject of a mental health order or proceeding within the previous 12 months.

79 Terms of appointment generally

- (1) A member may be appointed as a full-time or part-time member.
- (2) A member holds office on the terms not provided by this Act that are decided by the Executive.
- (3) This section does not apply to a member who is a magistrate.

80 Matters to be included in instrument of appointment etc

The instrument appointing, or evidencing the appointment of, a member must state—

- (a) whether the member is the president, a deputy president, a psychiatrist member, a psychologist member, a mental health services member or a community member; and
- (b) the period for which the member is appointed; and
- (c) if the member is not a magistrate—whether the member is appointed as a full-time or part-time member.

81 Duration of appointment

- (1) A member is to be appointed for a term of not longer than 5 years.
- (2) The Executive may end the appointment of a member who is not a magistrate—
 - (a) for misbehaviour or physical or mental incapacity; or
 - (b) if the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or makes an assignment of remuneration for the benefit of creditors.
- (3) The Executive must end the appointment of—
 - (a) a presidential member who is a magistrate if the member ceases to be a magistrate; or
 - (b) a deputy president who is not a magistrate if the member ceases to be eligible for appointment; or
 - (c) a psychiatrist member or psychologist member if the member ceases to be eligible for appointment; or
 - (d) a mental health services member or community member if the Executive is satisfied that the person is no longer a suitable person to deal with mentally dysfunctional people; or

Mental Health (Treatment and Care) Act 1994

- (e) a member who is not a magistrate if the member is convicted in Australia or elsewhere of an offence punishable by imprisonment for 1 year or longer; or
- (f) any member if the member is the subject of an order under section 26 (which is about involuntary psychiatric treatment orders and community care orders).

Division 2—Registrar and deputy registrars

82 Registrar and deputy registrars of tribunal

- (1) The registrar of the Magistrates Court is the registrar of the tribunal.
- (2) Each deputy registrar of the Magistrates Court is a deputy registrar of the tribunal.
- (3) Subject to any direction of the registrar, a deputy registrar of the tribunal may exercise the powers of the registrar of the tribunal.
- (4) The registrar may, in writing, delegate to a public servant all or any of his or her powers under this Act.

Division 3—Other provisions about the tribunal

83 Constitution for exercise of powers

- (1) For the purpose of—
 - (a) making an order for an assessment under section 16; or
 - (b) making an order for the removal of a person under section 18; or
 - (c) ordering the detention of a person under subsection 41 (2); or
 - (d) ordering the release of a person under section 46;the tribunal is to be constituted by a presidential member.
- (2) For the purpose of—
 - (a) making a mental health order; or
 - (b) reviewing a mental health order under section 36; or
 - (c) making an order for the administration of convulsive therapy under section 55; or
 - (d) making a determination under section 68; or
 - (e) reviewing a determination under section 69; or
 - (f) making a recommendation under section 70; or
 - (g) reviewing an order for detention under section 72; or

Mental Health (Treatment and Care) Act 1994

- (h) reviewing the conditions in force in relation to a person released from detention under section 73;

the tribunal is to be constituted by—

- (i) a presidential member; and
- (j) a psychiatrist member, a psychologist member or a mental health services member depending on whom the president considers to be most suitable to deal with the matter; and
- (k) a community member.

(3) However, a magistrate must not constitute or be a member of the tribunal for a purpose mentioned in subsection (1) or (2) if the proceeding before the tribunal—

- (a) relates to an order made by the magistrate requiring the person the subject of the proceeding to submit to the jurisdiction of the tribunal; or
- (b) arises from a finding made by the magistrate under Part 6 of the *Magistrates Court Act 1930* in relation to the person the subject of the proceeding; or
- (c) arises from a determination made by the magistrate in relation to bail for the person the subject of the proceeding.

(4) If—

- (a) the tribunal is constituted for a proceeding by a presidential member and 2 non-presidential members (as mentioned in subsection (2)); and
- (b) a non-presidential member ceases to be a member, or to be available for the proceeding, before the completion of the proceeding;

the presidential member and the remaining non-presidential member may finish the proceeding.

(5) However, if the presidential member believes that it would be prejudicial to the interests of a person who is the subject of the proceeding, the proceeding must be completed by the tribunal constituted by the presidential member, the remaining non-presidential member and—

- (a) if the remaining non-presidential member is a community member—a psychiatrist member, a psychologist member or a mental health services member depending on whom the president considers to be most suitable to deal with the matter; and

- (b) if the remaining non-presidential member is not a community member—a community member.

(6) If the tribunal is reconstituted under subsection (5), the reconstituted tribunal may have regard to any evidence or information, or documents produced to the tribunal as previously constituted under subsection (2).

84 Role of president

(1) The president is responsible for ensuring the orderly and prompt discharge of the tribunal's business.

(2) Without limiting subsection (1), the president may give directions about the members who are to constitute the tribunal for a particular proceeding.

85 Deciding questions

(1) The presidential member is to decide a question of law arising in a proceeding.

(2) If there is a division of opinion about another question arising in a proceeding, the question is decided—

- (a) if the tribunal is constituted under subsection 83 (2), (3) or (5)—
 - (i) according to the opinion of the majority of members constituting the tribunal; or
 - (ii) if there is no majority on the question—according to the opinion of the presidential member; or
- (b) if the tribunal is constituted under subsection 83 (4)—according to the opinion of the presidential member.

86 Protection of members etc

(1) This section applies to a person who is or has been—

- (a) a member of the tribunal; or
- (b) the registrar or a deputy registrar of the tribunal; or
- (c) a person acting under the tribunal's direction or authority; or
- (d) a participant in a proceeding before the tribunal.

(2) An action or proceeding does not lie against a person to whom this section applies in relation to an act done, or omitted to be done, in good faith in that capacity.

86A Secrecy

(1) In this section—

Mental Health (Treatment and Care) Act 1994

court includes any tribunal, authority or person having power to require the production of documents or the answering of questions.

person to whom this section applies means a person who is or has been—

- (a) a member of the tribunal;
- (b) the registrar or a deputy registrar of the tribunal; or
- (c) authorised to exercise a function or power under this Act in relation to the tribunal.

produce includes permit access to.

protected information means information about a person that is disclosed to, or obtained by, a person to whom this section applies because of the exercise of a function or power under this Act in relation to the tribunal.

- (2) A person to whom this section applies must not—
- (a) make a record of protected information; or
 - (b) directly or indirectly, divulge or communicate to a person protected information about someone else;

unless the record is made, or the information divulged or communicated, in relation to the exercise of a function or power, as a person to whom this section applies, under this Act or another Act.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

- (3) Subsection (2) does not prevent a person to whom this section applies from divulging or communicating protected information to a person about another person with the consent of the other person.

- (4) A person to whom this section applies is not required—
- (a) to divulge or communicate protected information to a court; or
 - (b) to produce a document containing protected information to a court;

unless it is necessary to do so for this Act or another Act.

Division 4—Procedural matters

87 Lodgment of applications

- (1) An application and any accompanying documents shall be lodged with the registrar.

(2) The registrar shall forward copies of any documents lodged under subsection (1) to—

- (a) the president; and
- (b) the community advocate; and
- (c) if the person who is the subject of an application is a child—the C&YP chief executive;

as soon as practicable, and in any event within 24 hours, after lodgment.

88 Sitings

The tribunal is to sit in such places, including places outside the Territory, as the president decides.

89 Appearance, representation and use of interpreters

(1) The following persons are entitled to appear and give evidence at a proceeding:

- (a) the person who is the subject of the proceeding;
- (b) if that person is a child—the person's parents;
- (c) if that person has a guardian—the guardian;
- (d) the applicant (if any);
- (e) the community advocate;
- (f) the chief psychiatrist;
- (g) the chief executive who has control of the administrative unit to which responsibility for the provision, or arranging for the provision, of treatment, care and protection for mentally dysfunctional persons (other than persons who have a mental illness) is allocated;
- (ga) in the case of a Territory authority providing treatment, care and protection for mentally dysfunctional persons (other than persons who have a mental illness)—the person having overall responsibility for the control of the facility in which the treatment, care or protection is given;
- (h) the discrimination commissioner;
- (j) if the person who is the subject of the proceeding is a child—the C&YP chief executive.

(2) Other persons may appear and give evidence at a proceeding only by leave of the tribunal.

Mental Health (Treatment and Care) Act 1994

(3) A person appearing at a proceeding may be represented by an agent or a legal practitioner.

(4) Where—

- (a) the person who is the subject of the proceeding is a child; and
- (b) the child is not separately represented; and
- (c) it appears to the tribunal that the child should be so represented;

the tribunal may, of its own motion or on the application of any person (including the child)—

- (d) adjourn the proceedings in order that the child may obtain representation; and
- (e) give such advice and assistance to the child as may be necessary to enable the child to obtain representation.

(5) Section 63A of the *Evidence Act 1971* applies in relation to the provision of an interpreter for a person appearing or giving evidence before the tribunal.

(6) Nothing in this section shall be taken as preventing a person from making a written submission to the tribunal in respect of a proceeding.

90 Summons to appear in person

(1) Subject to subsection (2), the registrar shall summon the person who is the subject of a proceeding to appear in person at the proceeding if satisfied that it is necessary for the purposes of the proceeding.

(2) The registrar shall not summon a person under subsection (1) if satisfied that the appearance of the person before the tribunal is likely to increase substantially—

- (a) any risk to the person's health or safety; or
- (b) the risk of serious harm to others.

(3) If the registrar does not summon a person for a reason specified in subsection (2), the registrar shall make a notation to that effect on any application lodged under section 87.

(4) Where the registrar has decided not to summon a person, the tribunal may, on its own motion, summon the person to appear in person before it if the tribunal is satisfied that it is necessary for the purposes of the proceeding.

(5) A summons issued under this section shall—

- (a) be in the prescribed form; and

- (b) specify the time and place at which the person being summoned is to appear before the tribunal; and
- (c) contain a statement to the effect that the person being summoned is entitled to be represented before the tribunal by an agent or a legal practitioner and that the person may wish to obtain legal advice in relation to the summons; and
- (ca) contain a statement to the effect that the party being summoned may apply to the tribunal for a direction under subsection 30 (1) of the *Evidence (Miscellaneous Provisions) Act 1991* enabling the party to appear by means of an audiovisual link at a place where such a link is available; and
- (d) be accompanied by a notice in the prescribed form containing information about the functions and powers of the tribunal and of the community advocate; and
- (e) be accompanied by a copy of any relevant order under Part 11A of the Crimes Act or under Chapter 6 (Young offenders), Part 2 (Within the Territory) or Chapter 7 (Children and Young People in need of care and protection), Part 3 (Care and protection orders and emergency action) of the C&YP Act.

91 Person summoned in custody

If a person summoned to appear before the tribunal is in the custody of another person, the tribunal may order that other person to ensure that the person summoned does so appear and attends before the tribunal—

- (a) where section 91A applies—in accordance with that section; or
- (b) in any other case—in person.

91A Appearance by audiovisual or audio links

(1) This section applies where, in relation to a proceeding or a part of a proceeding (in this section referred to as the *relevant proceeding*, the tribunal has given a direction under subsection 18 (1) or 30 (1) of the *Evidence (Miscellaneous Provisions) Act 1991*.

- (2) Where this section applies a person who, in a relevant proceeding—
- (a) is required or entitled to appear personally; or
 - (b) is entitled to appear for another person;

may appear and participate in that proceeding in accordance with the direction.

(3) A person who appears in a relevant proceeding in accordance with this section shall be taken to be before the tribunal.

92 Arrest of persons failing to appear

- (1) If a person who is summoned to appear before the tribunal does not so appear or does not attend before the tribunal as required, the presidential member may, on proof of the service of the summons, issue a warrant for the apprehension of the person.
- (2) A warrant authorises—
 - (a) the apprehension of the person named in the warrant; and
 - (b) the bringing of the person before the tribunal; and
 - (c) the detention of the person at the place specified in the warrant for that purpose until the person is released by order of the tribunal.
- (3) A warrant may be executed by a police officer.
- (4) A police officer executing a warrant—
 - (a) may, with such assistance, and by such force, as is necessary and reasonable, enter any premises for the purpose of apprehending the person named in the warrant; and
 - (b) shall use the minimum amount of force necessary to apprehend that person and remove him or her to the place specified in the warrant; and
 - (c) shall, before removing the person, explain to the person the purpose of the warrant.

93 Directions to registrar

- (1) Subject to subsection (2), after considering an assessment of the person who is the subject of a proceeding but before holding an inquiry or a review, the presidential member may give such directions to the registrar as the presidential member considers appropriate for the purposes of—
 - (a) defining and limiting the matters relevant in the proceeding, including—
 - (i) the alternative treatments, programs and other services that are available and may be appropriate for the person who is the subject of the proceeding; and
 - (ii) the evidence that appears to be relevant to the proper disposition of the matter; and
 - (iii) any unusual or urgent factors requiring special attention; and
 - (b) ensuring all necessary measures are taken to enable the inquiry or review to proceed expeditiously, including—

Mental Health (Treatment and Care) Act 1994

- (i) the provision of all relevant particulars; and
- (ii) the notification of persons who may be entitled to appear and give evidence in the proceeding and the ascertainment of the availability of those persons and of any related factors requiring special attention; and
- (iii) the notification of persons who may wish to apply for leave to appear and give evidence in the proceeding; and
- (iv) giving persons not entitled to appear in the proceeding but who may be interested in making written submissions about the matter an opportunity to do so; and
- (v) the identification of the issues (if any) that may be determined prior to the inquiry or review.

(2) The presidential member is not entitled to give directions under subsection (1) in relation to a proceeding conducted for the purposes of a function described in paragraph 11 (e), (f) or (g).

94 Notice of proceedings

At least 3 days before the tribunal holds an inquiry or review in respect of a matter, the registrar shall give written notice of the proceeding to the following persons:

- (a) if the person who is the subject of the proceeding is not summoned under section 90 for a reason other than a reason specified in subsection 90 (2)—that person;
- (b) the representative of that person (if any);
- (c) if the person who is the subject of the proceeding is a child—the person's parents;
- (d) if the person who is the subject of the proceeding has a guardian—the guardian;
- (e) the applicant (if any);
- (f) the community advocate;
- (g) the chief psychiatrist;
- (h) the chief executive who has control of the administrative unit to which responsibility for providing, or arranging for the provision of, treatment, care and protection for mentally dysfunctional persons (other than persons who have a mental illness) is allocated;

Mental Health (Treatment and Care) Act 1994

- (ha) in the case of a Territory authority providing treatment, care and protection for mentally dysfunctional persons (other than persons who have a mental illness)—the person having overall responsibility for the control of the facility in which the treatment, care or protection is given;
- (j) the discrimination commissioner;
- (k) if the person who is the subject of the proceeding is a child—the C&YP chief executive;
- (m) any other person whom the tribunal or the registrar considers appropriate.

95 Proceedings to be in private

(1) A proceeding in respect of a person (other than a child) shall be held in private unless—

- (a) the person who is the subject of the proceeding requests that the proceeding be held in public; or
- (b) the tribunal orders otherwise.

(2) A proceeding in respect of a child shall be held in private.

(3) A person is not entitled to be present at a proceeding being held in private unless the person is—

- (a) a member of the tribunal; or
- (b) a member of the staff of the tribunal; or
- (c) a person entitled to appear under section 89; or
- (d) a representative of a person entitled to appear under that section; or
- (e) a member of the staff of the community advocate; or
- (f) a person nominated by the discrimination commissioner; or
- (g) giving evidence; or
- (h) present with the leave of the tribunal.

(4) Before making a decision for the purposes of paragraph (3) (h), the tribunal shall endeavour to ascertain the wishes of the person who is the subject of the proceeding.

96 Natural justice

The tribunal is bound by the rules of natural justice.

97 Evidence

- (1) In a proceeding conducted for the purpose of carrying out a function described in paragraph 11 (a) or (b), the tribunal is not bound by the rules of evidence but may inform itself on any matter relevant to a proceeding in such manner as it thinks fit.
- (2) In a proceeding conducted for the purpose of carrying out a function described in paragraph 11 (c), (d), (e), (f), (g) or (h), the tribunal is bound by the rules of evidence.
- (3) Evidence in a proceeding may be given orally or in writing.
- (4) For the purposes of a proceeding, the tribunal may take evidence on oath or affirmation and for that purpose the presidential member may—
- (a) require a person appearing before the tribunal to take an oath or make an affirmation; and
 - (b) administer an oath or affirmation to such a person.
- (5) For the purposes of a proceeding, the presidential member may require a person appearing before the tribunal—
- (a) to answer a question relevant to the proceeding; or
 - (b) to produce a document relevant to the proceeding.

98 Admissibility of evidence in other proceedings

A statement or disclosure made, or a document or other thing produced, by a person in the course of a proceeding, or any information, document or thing obtained as a direct or indirect consequence of the making of the statement or disclosure, or of the production of the firstmentioned document or thing, is not admissible in evidence in any civil or criminal proceeding except—

- (a) a proceeding under this Act; or
- (b) a proceeding under Part 11A of the Crimes Act; or
- (c) a proceeding in respect of an appeal to the Supreme Court under section 141; or
- (d) a proceeding for an offence against this Act.

100 Assistance for tribunal

The tribunal may appoint a legal practitioner, doctor or any other person with appropriate expertise to assist it in relation to a proceeding.

101 Power to obtain information and documents

(1) Where the presidential member is satisfied that a person is capable of providing information or producing a document relevant to a proceeding, the presidential member may, by written notice given to the person, require the person—

- (a) to provide the information to the presidential member in writing signed by the person or, in the case of a body corporate, by an officer of the body corporate; or
- (b) to produce the document to the presidential member.

(2) A notice shall state—

- (a) the place at which the information or document is to be provided or produced to the presidential member; and
- (b) the time at which, or the period within which, the information or document is to be so provided or produced.

(3) Where the presidential member is satisfied that a person has information relevant to a proceeding, the presidential member may, by written notice given to the person, require the person to attend before the tribunal at a time and place specified in the notice and to answer questions relevant to the proceeding.

(4) A person shall not, without reasonable excuse, fail to—

- (a) provide information or produce a document when required to do so under subsection (1); or
- (b) answer a question under subsection (3).

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

102 Retention of documents

Where a document is produced to the presidential member in accordance with a requirement under paragraph 97 (5) (b) or 101 (1) (b), the presidential member—

- (a) may take possession of, and may make a copy of, or take extracts from, the document; and
- (b) may retain possession of the document for such period as is necessary for the purposes of the proceeding; and
- (c) during that period shall permit a person who would be entitled to inspect the document, if it were not in the possession of the president, to inspect the document at any reasonable time.

104 Form of orders

An order of the tribunal—

- (a) shall be in writing signed by the members constituting the tribunal when the order is made; and
- (b) shall specify the persons on whom a copy of the order is to be served.

105 Service of orders

The registrar shall serve a copy of an order of the tribunal on—

- (a) the person in respect of whom the order is made; and
- (b) the representative of that person (if any); and
- (c) the community advocate; and
- (d) if the order is made in respect of a person referred to the tribunal under section 15—the referring officer; and
- (e) if the order is made in respect of a person ordered to submit to the jurisdiction of the tribunal by a court—that court; and
- (f) if the order specifies a facility or an institution to which a person is to be admitted—the person in charge of that facility or institution; and
- (g) any other person who is specified in the order under paragraph 104 (b).

106 Proof of orders

A copy of an order signed in accordance with paragraph 104 (a) is admissible as evidence in any proceedings that such an order was made.

107 Breach of orders

(1) Where the tribunal has reasonable grounds for believing that a person is in breach of an order made by the tribunal, the presidential member may—

- (a) summon the person to appear before the tribunal at the time and place specified in the summons; or
- (b) if satisfied that the person is unlikely to appear in response to a summons—issue a warrant for the apprehension of the person.

(2) Subsection 90 (5) applies in relation to a summons issued under paragraph (1) (a) as if it had been issued under subsection 90 (1).

(3) Subsections 92 (2), (3) and (4) apply in relation to a warrant issued under paragraph (1) (b) as if it had been issued under subsection 92 (1).

(4) In subsection (1)—

order includes a condition imposed under subsection 72 (4).

108 Obtaining reasons for decisions

(1) Where—

- (a) the tribunal makes a decision; and
- (b) a person who is entitled to appeal to the Supreme Court against the decision requests the presidential member, in accordance with subsection (3), for a statement of reasons in respect of the decision;

the presidential member shall give a written statement of those reasons to the person as soon as practicable but, in any case, within 28 days after the day on which the request is received by the presidential member.

(2) A request for a statement of reasons shall be in writing given to the presidential member within 28 days after the day on which the decision was made.

(3) A statement of reasons shall—

- (a) set out the tribunal's findings on material questions of fact; and
- (b) refer to the evidence or other material on which those findings were made; and
- (c) give the tribunal's reasons for the decision.

109 Withdrawal of applications

An applicant is entitled to withdraw the application made by him or her at any time before it is determined.

110 Costs

(1) Where the tribunal is satisfied that—

- (a) an application is frivolous, vexatious or has not been made in good faith; and
- (b) a person other than the applicant has reasonably incurred expenses in relation to the proceeding in respect of the application;

Mental Health (Treatment and Care) Act 1994

the tribunal may order the applicant to pay a specified amount to that person by way of compensation.

(2) The amount specified in the order is a debt due to the person by the applicant.

111 Contempt of tribunal

A person shall not—

- (a) obstruct or hinder the tribunal or a member of the tribunal in the exercise of the functions of the tribunal; or
- (b) disrupt a proceeding.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

PART 10—CHIEF PSYCHIATRIST AND MENTAL HEALTH OFFICERS

112 Chief psychiatrist

- (1) The Minister shall, by instrument, appoint a Chief Psychiatrist.
- (2) The chief psychiatrist is a member of the staff of the Australian Capital Territory Health and Community Care Service.

113 Functions

The chief psychiatrist has the following functions:

- (a) to provide treatment, care, rehabilitation and protection for persons who have a mental illness;
- (f) to make reports and recommendations to the Minister with respect to matters affecting the provision of treatment, care, control, accommodation, maintenance and protection for persons who have a mental illness.

114 Terms of appointment

- (1) Subject to this Act, the chief psychiatrist holds office for the period (not exceeding 5 years) specified in the instrument of appointment but is eligible for reappointment.
- (2) The chief psychiatrist holds office on such terms and conditions (if any) with respect to matters not provided for by this Act as the Minister determines.
- (3) A person is not eligible for appointment as the chief psychiatrist unless he or she is a psychiatrist.

115 Resignation

The chief psychiatrist may resign in writing given to the Minister.

116 Termination of appointment

- (1) The Minister may terminate the appointment of the chief psychiatrist for misbehaviour or physical or mental incapacity.
- (2) The Minister shall terminate the appointment of the chief psychiatrist if the chief psychiatrist ceases to be eligible to hold the office of chief psychiatrist.

117 Acting appointments

(1) The Minister may appoint a person who is eligible to be appointed as the chief psychiatrist to act as the chief psychiatrist—

- (a) during a vacancy in the office of chief psychiatrist, whether or not an appointment has been previously made to the office; or
- (b) during any period, or during all periods, when the chief psychiatrist is or is expected to be absent from duty or from Australia or is, for any reason, unable to perform the duties of the office;

but a person appointed to act during a vacancy shall not continue to act for more than 12 months.

(2) Anything done by or in relation to a person purporting to act as chief psychiatrist is not invalid merely because—

- (a) the occasion for the appointment had not arisen; or
- (b) there was a defect or irregularity in connection with the appointment; or
- (c) the appointment had ceased to have effect; or
- (d) the occasion to act had not arisen or had ceased.

118 Delegation

The chief psychiatrist may, with the approval of the Minister, delegate by instrument any of his or her powers to a psychiatrist who is a public employee or is engaged by the Territory or a Territory authority.

119 Mental health officers

(1) The Minister may, by instrument, appoint persons to be mental health officers for the purposes of this Act.

(2) The Minister shall not appoint a person to be a mental health officer unless satisfied that the person is a mental health nurse, psychologist or social worker.

(3) A mental health officer shall perform such duties for the purposes of this Act as the chief psychiatrist directs.

(4) The Minister shall issue to each mental health officer an identity card that specifies the name and appointment of the person as a mental health officer and on which appears a recent photograph of the officer.

Mental Health (Treatment and Care) Act 1994

(5) A person appointed to be a mental health officer shall not, without reasonable excuse, fail to return his or her identity card to the Minister on ceasing to be a mental health officer.

Maximum penalty (subsection (5)): 1 penalty unit.

120 Information to be included in annual report of chief psychiatrist

A report presented by the chief psychiatrist, or information provided by the chief psychiatrist, under section 8 of the *Annual Reports (Government Agencies) Act 1995* shall include—

- (a) statistics in relation to persons who have a mental illness; and
- (b) details of any arrangements with the State of New South Wales in respect of such persons.

PART 11—OFFICIAL VISITORS

121 Appointment etc

- (1) For the purposes of this Act, the Minister may appoint 1 or more official visitors for an approved mental health facility.
- (2) A person is eligible for appointment as an official visitor if the person—
- (a) is a legal practitioner who has not less than 5 years practising experience; or
 - (b) is a medical practitioner; or
 - (c) has been nominated by a body representing consumers of mental health services; or
 - (d) has experience and skill in the care of persons with a mental dysfunction or mental illness.
- (3) A person shall not be appointed an official visitor if the person—
- (a) is a public servant; or
 - (b) has a direct interest in a contract with an approved mental health facility or a mental health care provider; or
 - (c) has a financial interest in a private hospital (being a private hospital within the meaning of the *Public Health (Private Hospitals) Regulations*).
- (4) A person shall not be appointed as an official visitor unless the Minister is satisfied that the person has appropriate qualifications and experience to perform the duties of an official visitor.
- (5) The Minister may terminate the appointment of an official visitor—
- (a) for misbehaviour; or
 - (b) for physical or mental incapacity; or
 - (c) who is convicted, in Australia or elsewhere, of an offence punishable on conviction by imprisonment for 1 year or longer; or
 - (d) if the person ceases to be a person who is eligible for appointment.

122 Official visitor—functions and duties

- (1) An official visitor—
- (a) shall visit and inspect mental health facilities; and
 - (b) shall inquire into—

Mental Health (Treatment and Care) Act 1994

- (i) the adequacy of services for the assessment and treatment of persons with mental dysfunction or a mental illness; and
 - (ii) the appropriateness and standard of facilities for the recreation, occupation, education, training and rehabilitation of persons receiving treatment or care for mental dysfunction or a mental illness; and
 - (iii) the extent to which people receiving treatment or care for mental dysfunction or a mental illness are being provided the best possible treatment or care appropriate to their needs in the least possible restrictive environment and least possible intrusive manner consistent with the effective giving of that treatment or care; and
 - (iv) any contravention of this Act; and
 - (v) any other matter that an official visitor considers appropriate having regard to the objectives in sections 7 and 8; and
 - (vi) any complaint made to an official visitor by a person receiving treatment or care for mental dysfunction or a mental illness; and
- (c) has such other functions as are conferred on the official visitor by this or another Act.
- (2)** An official visitor—
- (a) may, with or without prior notice given to a responsible person for a mental health facility (within the meaning of Part 6), visit the mental health facility at such times and for such periods as the visitor thinks fit; and
 - (b) shall visit a mental health facility at least once every 3 months.
- (3)** The Minister may, in writing, direct an official visitor to visit a mental health facility at such times as the Minister directs.

122A Official visitor—powers etc

- (1)** An official visitor may, when visiting a mental health facility—
- (a) inspect any part of the facility; and
 - (b) see any person who is receiving treatment or care for mental dysfunction or a mental illness unless the person has asked not to be seen; and

Mental Health (Treatment and Care) Act 1994

- (c) make inquiries relating to the admission, detention, care, treatment and control of persons receiving treatment or care for mental dysfunction or a mental illness; and
- (d) inspect—
 - (i) any document or medical record relating to any person receiving treatment or care for mental dysfunction or a mental illness if he or she has the consent in writing of the person receiving the treatment or care; and
 - (ii) any records required to be kept under this Act.

(2) If an official visitor to a mental health facility wishes to exercise, or is exercising, a function or power under this Act, the person in charge of the facility shall provide, or shall ensure that there is provided, to the official visitor such reasonable assistance as the official visitor requires to exercise the function or power effectively.

(3) A person in charge of a mental health facility shall not, without reasonable excuse—

- (a) refuse or neglect to render assistance when required under subsection (2); or
- (b) fail to answer any question when asked by an official visitor in the exercise of his or her powers under this Act.

Maximum penalty: 50 penalty units.

(4) A person in charge of a mental health facility shall not, without reasonable excuse, obstruct or hinder an official visitor in the exercise of his or her powers under this Act.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

(5) A person in charge of a mental health facility shall keep a record of each visit by an official visitor to the facility.

Maximum penalty: 5 penalty units.

(6) A record kept under subsection (5) shall be in a form approved by the Minister.

122B Reports by official visitors

(1) An official visitor may, of his or her own motion make a report to the Minister relating to the exercise of his or her powers under this Act.

Mental Health (Treatment and Care) Act 1994

- (2) An official visitor shall, when requested to do so by the Minister, report in writing to the Minister in accordance with that request.
- (3) An official visitor shall, after each visit to a mental health facility, report in writing to the Minister and the community advocate in relation to the exercise of his or her functions or powers under section 122 or 122A.
- (4) If, in a report, an official visitor is critical of the services provided by a mental health facility, the official visitor shall advise the person in charge of the facility in writing, within 7 days of making that report.
- (5) A person in charge of a mental health facility shall, within 21 days after receipt of a report of the kind referred to in subsection (4), give to the official visitor and the community advocate a written response to the report, including any action taken, or to be taken, in response to any criticism contained in the report.
- (6) A person may at any reasonable time inspect a copy of a report under this section.
- (7) A person may, on payment of the reasonable copying costs, obtain a copy of a report under this section.

PART 12—PRIVATE PSYCHIATRIC INSTITUTIONS

Division 1—Interpretation

123 Interpretation

In this Part—

licence means a licence issued under this Part.

licensed premises means the premises at which a psychiatric institution is, or is proposed to be, conducted and in respect of which a licence is issued.

licensee means a person to whom a licence is issued under this Part.

psychiatric institution means a hospital or other institution providing treatment, care, rehabilitation or accommodation for persons who have a mental illness other than—

- (a) a recognised hospital within the meaning of the *Health Insurance Act 1973* (Cwlth); or
- (b) an institution conducted by the Territory or a Territory authority.

Division 2—Licences

124 Owner or manager to be licensed

A person shall not conduct a psychiatric institution on his or her own behalf, or on behalf of another person, without a licence.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

125 Issue of licence

- (1) The Minister may, on application, issue a licence to a person in respect of the premises specified in the licence.
- (2) An application shall be in writing and shall be lodged with the Minister together with the determined fee.
- (3) The Minister shall not issue a licence unless satisfied that the applicant is a fit and proper person to hold a licence and that—
 - (a) the structural and sanitary condition and the location of the premises in respect of which the application is made are

Mental Health (Treatment and Care) Act 1994

satisfactory, having regard to the interests of the persons who will receive treatment or reside at the premises; and

- (b) the facilities in case of fire or flood at those premises are adequate; and
 - (c) the cooking and ablution facilities at those premises are adequate; and
 - (d) the accommodation provided for patients, residents and members of staff at those premises are adequate.
- (4) A licence shall be issued subject to conditions as to—
- (a) the maximum number of persons for whom treatment, care, rehabilitation or accommodation may be provided at the licensed premises; and
 - (b) the classes of persons for whom treatment, care, rehabilitation or accommodation may be provided at the licensed premises.
- (5) A licence may be issued subject to such other conditions (if any) as the Minister thinks necessary, including but not limited to conditions as to any of the following:
- (a) the minimum number of staff to be employed at the licensed premises;
 - (b) the qualifications of the staff;
 - (c) the treatment that may be provided at the licensed premises;
 - (d) the measures to be taken to ensure the health and safety of patients, residents and members of staff on the licensed premises;
 - (e) the insurance to be carried by the licensee against any liability arising from the conduct of a psychiatric institution on the licensed premises;
 - (f) the recreational and educational facilities to be provided at the licensed premises for patients and residents;
 - (g) the management of the licensed premises.

126 Term and renewal of licence

(1) A licence remains in force for the period of 12 months commencing on the day on which the licence is issued and may be renewed in accordance with this section.

(2) A licensee may, at any time before the expiration of the period referred to in subsection (1) or the last period of renewal, as the case may be, apply to the Minister for a renewal of the licence.

(3) An application shall be in writing and shall be lodged with the Minister together with the determined fee.

(4) If the Minister is satisfied of the matters referred to in subsection 125 (3), the Minister shall renew the licence for a further period of 12 months commencing on the expiration of the period referred to in subsection (1) or the last period of renewal, as the case requires.

127 Variation and revocation of conditions

(1) On application in writing by the licensee and if satisfied that it is in the best interests of the patients and residents at the licensed premises, the Minister may—

- (a) vary a condition imposed under subsection 125 (4) or (5) in the manner specified in the application; or
- (b) revoke a condition imposed under subsection 125 (5); or
- (c) impose a condition specified in the application.

(2) If satisfied that it is in the best interests of the patients and residents at the licensed premises—

- (a) to vary a condition imposed under subsection 125 (4) or (5); or
- (b) to revoke a condition imposed under subsection 125 (5); or
- (c) to impose a condition;

the Minister may, by notice in writing served on the licensee, require the licensee, within 28 days after the date of the notice, to show cause why that condition should not be varied in the manner specified in the notice or should not be revoked or imposed.

(3) The Minister may, after the expiration of 28 days after the date of the notice, vary in the manner specified in the notice, or revoke or impose, the condition specified in the notice.

(4) A decision of the Minister under subsection (1) or (3) takes effect on the day after the day on which the notice under subsection 137 (1) is given to the licensee or on such later day as may be specified in that notice.

128 Surrender of licence

- (1) A licensee may surrender the licence by notice in writing signed by the licensee and lodged with the Minister together with the licence.
- (2) A surrender takes effect on the date of the notice or on such later day as may be specified in the notice.

129 Cancellation of licence

- (1) If satisfied that a licensee has failed to comply with a condition of the licence, the Minister may, by notice in writing served on the licensee, require the licensee, within 28 days after the date of the notice, to show cause why the licence should not be cancelled.
- (2) The Minister may, after the expiration of 28 days after the date of the notice, cancel the licence.
- (3) The cancellation of a licence under this section takes effect on the day after the day on which the notice under subsection 137 (1) is given to the licensee or on such later day as may be specified in that notice.

130 Emergency cancellation

- (1) Despite section 129, if satisfied that circumstances exist in relation to licensed premises that give rise to an immediate risk of harm to the health or safety of patients or residents on the licensed premises, the Minister may, by notice in writing served on the licensee, cancel the licence.
- (2) A notice under subsection (1) shall set out—
 - (a) the terms of the decision; and
 - (b) the findings on material questions of fact, referring to the evidence or other material on which those findings were made; and
 - (c) the reasons for the decision.
- (3) The cancellation of a licence under this section takes effect on the day after the day on which the notice is served on the licensee.
- (4) Where a licence is cancelled under subsection (1), the former licensee may apply for restoration of the licence on the ground that, because of a specified change in the circumstances referred to in subsection (1) that has occurred since the date of cancellation, the licence should be restored.

(5) The Minister may restore the licence if satisfied that, because of the change specified in the application, it should be restored.

131 Effect of cancellation

Where a licence is cancelled under section 129 or 130, the former licensee shall not—

- (a) admit any person for treatment, care, rehabilitation or accommodation at the premises to which the licence related on or after the day on which the cancellation takes effect; or
- (b) permit treatment, care, rehabilitation or accommodation to be provided on those premises after the expiration of 1 month after that day.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

Division 3—Inspectors

132 Appointment

(1) The Minister may, by instrument, appoint persons to be inspectors for the purposes of this Part.

(2) An inspector shall perform such duties for the purposes of this Part as the chief psychiatrist directs.

133 Identity cards

(1) The Minister shall issue to each inspector an identity card that specifies the name and appointment of the inspector and on which appears a recent photograph of the inspector.

(2) A person appointed to be an inspector shall not, without reasonable excuse, fail to return his or her identity card to the Minister on ceasing to be an inspector.

Maximum penalty (subsection (2)): 1 penalty unit.

134 Powers of inspection

(1) An inspector may, at any time of the day, enter any licensed premises and—

- (a) inspect the premises and any equipment used at the premises in connection with the treatment, care, rehabilitation or accommodation of patients or residents; and
- (b) inspect any books, documents or other records that are in the possession of the occupier of the premises, or to which the

Mental Health (Treatment and Care) Act 1994

occupier has access, relating to the conduct of the psychiatric institution at those premises; and

- (c) require the occupier of the premises to furnish the inspector with any information, books, documents or other records that are in the possession of the occupier, or to which the occupier has access, relating to the conduct of the psychiatric institution at those premises.

(2) An inspector who enters premises under subsection (1) is not authorised to remain on the premises if, when requested to do so by the occupier of the premises, the inspector does not show his or her identity card to the occupier.

(3) A person is not required to furnish material to an inspector under paragraph (1) (c) if, when requested to do so by the person, the inspector does not show his or her identity card to the person.

(4) Where an inspector enters premises under subsection (1), a reference in this section to the occupier of the premises shall include a reference to a person the inspector believes on reasonable grounds to be the occupier, or the person in charge, of those premises.

135 Obstruction of inspectors

A person shall not, without reasonable excuse—

- (a) obstruct or hinder an inspector acting under section 134; or
- (b) fail to comply with a requirement to furnish material under paragraph 134 (1) (c).

Maximum penalty:

- (a) for paragraph (a)—50 penalty units, imprisonment for 6 months or both; or
- (b) for paragraph (b)—50 penalty units.

Division 4—Review of decisions

136 Application for review

Application may be made to the administrative appeals tribunal for review of a decision of the Minister—

- (a) refusing to issue a licence under subsection 125 (1); or
- (b) refusing to renew a licence under subsection 126 (4); or
- (c) refusing to vary a condition under paragraph 127 (1) (a); or

Mental Health (Treatment and Care) Act 1994

- (d) refusing to revoke a condition under paragraph 127 (1) (b); or
- (e) refusing to impose a condition under paragraph 127 (1) (c); or
- (f) varying a condition under subsection 127 (3); or
- (g) revoking a condition under subsection 127 (3); or
- (h) imposing a condition under subsection 127 (3); or
- (j) cancelling a licence under subsection 129 (2); or
- (k) refusing to restore a licence under subsection 130 (5).

137 Notice of decision

(1) Where the Minister makes a decision of a kind referred to in section 136, the Minister shall, within 28 days after the date of the decision, give notice in writing of the decision to the licensee or former licensee, as the case may be.

(2) A notice under subsection (1) shall—

- (a) include a statement to the effect that, subject to the *Administrative Appeals Tribunal Act 1989*, an application may be made to the administrative appeals tribunal for review of the decision to which the notice relates; and
- (b) except where subsection 26 (11) of that Act applies—include a statement to the effect that a person whose interests are affected by the decision may request a statement under section 26 of that Act.

(3) The validity of a decision referred to in subsection (1) is not to be taken to be affected by a failure to comply with subsection (2).

Division 5—Miscellaneous

138 Unauthorised treatment

A licensee is guilty of an offence if the licensee allows treatment for mental illness to be given to a person at the licensed premises after the licensee receives notice that the person is the subject of an order of the tribunal that does not authorise the giving of that treatment to that person at the psychiatric institution conducted at those premises.

Maximum penalty: 50 penalty units, imprisonment for 6 months or both.

139 Service of documents

Where a document is required to be served on a person under this Part, in addition to the modes of service authorised under section 17A of

Mental Health (Treatment and Care) Act 1994

the *Interpretation Act 1967*, the document may be served on the person by leaving it at the last-known place of residence or business of the person with a person apparently over the age of 16 years and apparently resident or employed at that place.

PART 13—MISCELLANEOUS

140 Legal effect of certain sections

Nothing in section 7 or 8 is to be taken to create any legal rights not in existence before the enactment of that section or to affect any legal rights in existence before that enactment or that would, but for that section, have come into existence after that enactment.

141 Appeals from decisions of tribunal

(1) An appeal to the Supreme Court from a decision of the tribunal may be brought by—

- (a) a person in respect of whom the decision was made; or
- (b) a person who appeared, or was entitled to appear under subsection 89 (1), before the tribunal at the proceeding in which the decision was made; or
- (c) the discrimination commissioner; or
- (d) any other person with the leave of the court.

(2) An appeal may be brought as of right.

(3) An appeal may be instituted in accordance with the *Supreme Court Rules*—

- (a) within 28 days after the day on which the decision was made;
- (b) if the appellant requested a statement of reasons under section 108 in respect of the decision—within 28 days after the day on which the appellant receives the statement; or
- (c) within such further time as the Supreme Court (whether before or after the expiration of the period referred to in paragraph (a) or (b)) allows.

(4) The Supreme Court shall hear and determine the appeal and may make such orders as are just, including an order—

- (a) confirming the decision; or
- (b) setting the decision aside and remitting the matter to the tribunal with directions; or
- (c) substituting its own decision.

(5) Subsections 214 (3) and (4) of the *Magistrates Court Act 1930* apply in relation to an appeal under this section as if it were an appeal referred to in subsection 214 (1) of that Act.

142 Relationship with Guardianship and Management of Property Act 1991

(1) Despite anything in the *Guardianship and Management of Property Act 1991* or the order appointing the guardian, a guardian appointed for a person under that Act is not entitled to give for the person any consent required by this Act.

(2) Despite section 70 of the *Guardianship and Management of Property Act 1991*, the guardianship and management of property tribunal is not entitled to make an order in respect of any consent required by this Act.

143 Relationship with Powers of Attorney Act 1956

Despite anything in the *Powers of Attorney Act 1956* or in the instrument creating the power of attorney, an attorney of a person appointed by virtue of a power of attorney under that Act is not entitled to give for the person any consent required by this Act.

144 Relationship with Mental Health Act 1962

(1) A doctor is not entitled to give a certificate in respect of a person for the purposes of the *Mental Health Act 1962* without the consent of the tribunal.

(2) An application for the consent of the tribunal shall be made in writing by the doctor proposing to give the certificate and shall be accompanied by a statutory declaration setting out detailed reasons as to why the doctor believes the certificate should be given.

(3) Divisions 2 and 3 of Part 4 (other than section 36) and Division 2 of Part 9 apply to the tribunal in giving consent under this section as if the tribunal were making a mental health order.

145 Certain rights unaffected

Nothing in this Act shall be taken as preventing a person in respect of whom an order of the tribunal is not in force—

- (a) refusing to receive particular treatment or care at a mental health facility; or
- (b) discharging himself or herself from such a facility.

146 Determined fees

The Minister may, by notice in the Gazette, determine fees for the purposes of this Act.

146A Review of Act

The Minister shall—

- (a) review the operation of this Act as soon as possible after the end of the period of 5 years commencing on the date of commencement of this section; and
- (b) table in the Legislative Assembly a report on the outcome of the review within 6 months after the end of that period of 5 years.

147 Regulations

The Executive may make regulations for the purposes of this Act.

PART 14—SAVINGS AND TRANSITIONAL PROVISIONS

148 Savings and transitional provisions

(1) In subsection (2)—

amended Act means the Principal Act as amended by this Act.

(2) The person who, immediately before the commencement of this Act, held office as the Director of Mental Health Services under the Principal Act holds office as the chief psychiatrist under and subject to the amended Act, for the unexpired period of the person's appointment to that office of director, as if the person had been appointed as chief psychiatrist under section 112 of the amended Act for that period.

(3) A mental health order made under the Principal Act, in force immediately before the commencement of this section, continues in force according to its tenor as if the amendments effected by this Act had not been made.

(4) This section expires 2 years after it commences.

149 Transitional provisions about tribunal members

(1) If a person held appointment as president immediately before the commencement of this section, the person continues, subject to this Act, as president for the remainder of the term for which the person was appointed as president.

(2) If a person held appointment as acting president immediately before the commencement of this section, the person is taken, on the commencement, to have been appointed as a deputy president for a period of 5 years to begin on the commencement.

(3) If a person held appointment as a member of the panel mentioned in paragraph 76 (1) (b) immediately before the commencement of this section, the person is taken, on the commencement, to be appointed as a psychiatrist member for the unexpired part of the term for which the person was appointed as a member of the panel.

(4) If a person held appointment as a member of the panel mentioned in paragraph 76 (1) (c) immediately before the commencement of this section, the person is taken, on the commencement, to be appointed as a psychologist member for the unexpired part of the term for which the person was appointed as a member of the panel.

Mental Health (Treatment and Care) Act 1994

(5) If a person held appointment as a member of the panel mentioned in paragraph 76 (1) (d) immediately before the commencement of this section, the person is taken, on the commencement, to be appointed as a community member for the unexpired part of the term for which the person was appointed as a member of the panel.

(6) If a person held appointment as a member of the panel mentioned in paragraph 76 (1) (e) immediately before the commencement of this section, the person is taken, on the commencement, to be appointed as a mental health services member for the unexpired part of the term for which the person was appointed as a member of the panel.

(7) This section expires 3 months after it commences.

Mental Health (Treatment and Care) Act 1994

ENDNOTES

1 About this republication

This is a republication of the *Mental Health (Treatment and Care) Act 1994* effective from 1 June 2000 to 4 October 2000.

Amending laws are annotated in the table of legislation and table of amendments.

2 Abbreviation key

Key to abbreviations in tables

am = amended	pres = present
amdt = amendment	prev = previous
ch = chapter	(prev...) = previously
cl = clause	prov = provision
def = definition	pt = part
dict = dictionary	r = rule/subrule
div = division	reg = regulation/subregulation
exp = expires/expired	renum = renumbered
Gaz = Gazette	reloc = relocated
hdg = heading	R[X] = Republication No
ins = inserted/added	s = section/subsection
LR = Legislation (Republication) Act 1996	sch = schedule
mod = modified	sdiv = subdivision
No = number	sub = substituted
notfd = notified	SL = Subordinate Law
o = order	sp = spent
om = omitted/repealed	* = SL unless otherwise stated
orig = original	† = Act or Ordinance unless otherwise stated
p = page	
par = paragraph	

Mental Health (Treatment and Care) Act 1994

3 Table of legislation

Act†	Year and number‡	Gazette notification	Commencement	Transitional provisions
<i>Mental Health (Treatment and Care) Act 1994</i>	1994 No 44	7 Sept 1994	ss 1 and 2: 7 Sept 1994 remainder: 6 Feb 1995 (see Gaz 1995 No S33 p 2)	
<i>Annual Reports (Government Agencies) (Consequential Provisions) Act 1995</i>	1995 No 25	5 Sept 1995	5 Sept 1995	—
<i>Health and Community Care Services (Consequential Provisions) Act 1996</i>	1996 No 35	1 July 1996	1 July 1996	—
<i>Legal Practitioners (Consequential Amendments) Act 1997</i>	1997 No 96	1 Dec 1997	ss 1 and 2: 1 Dec 1997 remainder: 1 June 1998 (see s 2 (2))	—
<i>Mental Health (Treatment and Care) (Amendment) Act 1997</i>	1997 No 104	24 Dec 1997	24 Dec 1997	—
<i>Statute Law Revision (Penalties) Act 1998</i>	1998 No 54	27 Nov 1998	ss 1 and 2: 27 Nov 1998 remainder: 9 Dec 1998 (see Gaz 1998 No 49 p 1078)	—
<i>Mental Health (Treatment and Care) (Amendment) Act 1998</i>	1998 No 70	23 Dec 1998	23 Dec 1998	—
<i>Courts and Tribunals (Audio Visual and Audio Linking) Act 1999</i>	1999 No 22	14 Apr 1999	ss 1 and 2: 14 Apr 1999 remainder: 1 Sept 1999 (see Gaz 1999 No 35 p 447)	—
<i>Mental Health (Treatment and Care) (Amendment) Act 1999</i>	1999 No 31	25 June 1999	ss 1-5: 25 June 1999 remainder: 1 Oct 1999 (see s 2 (2))	—
<i>Mental Health (Treatment and Care) Amendment Act (No 2) 1999</i>	1999 No 62	10 Nov 1999	10 Nov 1999	—
<i>Children and Young People (Consequential Amendments) Act 1999</i>	1999 No 64	10 Nov 1999	ss 1 and 2: 10 Nov 1999 remainder: 10 May 2000 (see s 2 (2))	—
<i>Law Reform (Miscellaneous Provisions) Act 1999</i>	1999 No 66	10 Nov 1999	10 Nov 1999	—
<i>Justice and Community Safety Legislation Amendment Act 2000 (No 2)</i>	2000 No 2	9 Mar 2000	9 Mar 2000	—

Mental Health (Treatment and Care) Act 1994

3 Table of legislation—continued

Act†	Year and number†	Gazette notification	Commencement	Transitional provisions
<i>Justice and Community Safety Legislation Amendment Act 2000 (No 3)</i>	2000 No 17	1 June 2000	1 June 2000	—

4 Table of amendments

Provision	How affected†
title	am 1999 No 31 s 4
s 3	sub 1998 No 70 om 1999 No 31 s 5
s 4	am 1996 No 35; 1997 No 96; 1999 No 31 ss 6 and 46 sch 1; 1999 No 62 s 4; 1999 No 64 s 4 sch 2; 1999 No 66 s 6 sch 3; 2000 No 2 s 3 sch
s 7	am 1999 No 31 s 46 sch 1
s 8	am 1996 No 35; 1999 No 31 ss 7 and 46 sch 1
s 9	am 1999 No 31 s 46 sch 1; 2000 No 2 s 3 sch
s 11	am 1999 No 31 s 46 sch 1
s 12	am 2000 No 2 s 3 sch
s 12A.....	ins 1999 No 66 s 6 sch 3 om 2000 No 2 s 3 sch
s 13	am 1999 No 31 s 46 sch 1
s 14	am 1999 No 31 ss 8 and 46 sch 1
s 15	am 1999 No 31 s 46 sch 1; 1999 No 62 s 5
s 16	am 1999 No 31 s 46 sch 1; 1999 No 64 s 4 sch 2
s 16A.....	ins 1999 No 31 s 9
s 17	am 1999 No 31 s 10
ss 19, 20	am 1997 No 96
s 24	am 1999 No 31 s 46 sch 1
s 24A.....	ins 1999 No 31 s 11 am 1999 No 64 s 4 sch 2
s 25	am 1999 No 31 ss 12 and 46 sch 1
ss 26, 27	sub 1999 No 31 s 13
s 28	sub 1999 No 31 s 13 am 1999 No 62 s 6
s 29	sub 1999 No 31 s 13
s 30	am 1999 No 31 ss 14 and 46 sch 1
s 32	am 1999 No 31 ss 15 and 46 sch 1; 1999 No 62 s 7
s 32A.....	ins 1999 No 31 s 16
s 33	am 1999 No 31 s 46 sch 1
s 34	am 1997 No 96; 1999 No 31 s 46 sch 1
s 35	am 1999 No 31 s 46 sch 1
s 36	am 1999 No 31 ss 17 and 46 sch 1
div 4 of pt 4 (ss 36A, 36B)	ins 1999 No 62 s 8
ss 36A, 36B.....	ins 1999 No 62 s 8

Mental Health (Treatment and Care) Act 1994

4 Table of amendments—continued

Provision	How affected†
s 37	am 1999 No 31 s 18
s 38	am 1999 No 31 s 19
s 38A.....	ins 1999 No 31 s 20
s 40	am 1999 No 31 s 21
s 41	am 1999 No 31 s 22; 1999 No 62 s 9
s 41A.....	ins 1999 No 31 s 23
s 42	am 1998 No 54; 1999 No 31 s 24
s 43	am 1999 No 31 s 25; 1999 No 62 s 10
s 44	am 1999 No 31 s 26
s 45	am 1997 No. 96; 1998 No 54
s 46	am 1999 No 31 ss 27 and 46 sch 1
s 47	am 1998 No 54; 1999 No 31 s 28
s 48	am 1999 No 31 s 29
pt VA (ss 48A-48R).....	ins 1997 No 104
s 48A.....	ins 1997 No 104
s 48B.....	ins 1997 No 104
	am 1999 No 31 s 46 sch 1
ss 48C-48M.....	ins 1997 No 104
s 48N.....	ins 1997 No 104
	am 2000 No 2 s 3 sch
ss 48O-48R.....	ins 1997 No 104
hdg to pt 6	am 1999 No 31 s 30
s 49	am 1996 No 35; 1999 No 31 s 46 sch 1
s 51	am 1999 No 31 s 46 sch 1
s 52	am 1999 No 31 s 46 sch 1
s 53	am 1996 No 35; 1998 No 54
s 55	am 1998 No 54; 1999 No 31 ss 31 and 46 sch 1
ss 56-58	am 1998 No 54
s 60	am 1998 No 54; 1999 No 31 s 46 sch 1
ss 61-65	am 1999 No 31 s 46 sch 1
s 66	am 1998 No 54; 1999 No 31 s 46 sch 1
s 67	am 1997 No 96
hdg to pt 8	am 1999 No 64 s 4 sch 2
s 68	am 1997 No 96; 1999 No 31 s 32; 2000 No 2 s 3 sch
s 70	am 1999 No 31 s 46 sch 1; 1999 No 64 s 4 sch 2
s 71	am 1999 No 64 s 4 sch 2
s 72	am 1999 No 31 ss 33 and 46 sch 1
s 75	am 1999 No 31 s 34
div 1 of pt 9 (ss 76-85)	om 2000 No 2 s 3 sch
div 1 of pt 9 (ss 76-81)	ins 2000 No 2 s 3 sch
s 76	am 1997 No 96; 1999 No 31 ss 35 and 46 sch 1
	sub 2000 No 2 s 3 sch
s 77	am 1999 No 31 s 36
	sub 2000 No 2 s 3 sch
ss 78-81	sub 2000 No 2 s 3 sch
div 2 of pt 9 (s 82)	ins 2000 No 2 s 3 sch

Mental Health (Treatment and Care) Act 1994

4 Table of amendments—continued

Provision	How affected†
s 82	sub 2000 No 2 s 3 sch
div 3 of pt 9 (ss 83-86, 86A)	ins 2000 No 2 s 3 sch
ss 83, 84	sub 2000 No 2 s 3 sch
s 85	am 1998 No 54
	sub 2000 No 2 s 3 sch
s 86	om 1995 No 25
	ins 2000 No 2 s 3 sch
s 86A	ins 2000 No 2 s 3 sch
hdg to div 4 of pt 9	(prev div 2 of pt 9) renum 2000 No 2 s 3 sch
s 87	am 1999 No 64 s 4 sch 2
s 88	sub 2000 No 2 s 3 sch
s 89	am 1996 No 35; 1997 No 96; 1999 No 31 s 46 sch 1; 1999 No 64 s 4 sch 2
s 90	am 1997 No 96; 1999 No 22 s 30; No 31 s 46 sch 1; 1999 No 64 s 4 sch 2; 2000 No 17 s 3 sch 1
s 91	am 1999 No 22 s 31
s 91A	ins 1999 No 22 s 32
	am 2000 No 17 s 3 sch 1
ss 92, 93	am 2000 No 2 s 3 sch
s 94	am 1996 No 35; 1999 No 31 s 46 sch 1; 1999 No 64 s 4 sch 2
s 97	am 2000 No 2 s 3 sch
s 99	am 1999 No 31 s 46 sch 1
	om 2000 No 2 s 3 sch
s 100	am 1997 No 96
s 101	am 1998 No 54; 2000 No 2 s 3 sch
s 102	am 2000 No 2 s 3 sch
s 103	om 1999 No 31 s 37
ss 107, 108	am 2000 No 2 s 3 sch
s 111	am 1998 No 54; 2000 No 2 s 3 sch
hdg to pt 10	am 1999 No 31 s 38
s 112	am 1996 No 35; 1999 No 31 s 39
s 113	am 1999 No 31 ss 40 and 46 sch 1
ss 114-117	am 1999 No 31 s 46 sch 1
s 118	am 1996 No 35; 1999 No 31 s 46 sch 1
s 119	am 1999 No 31 ss 41 and 46 sch 1
s 120	sub 1995 No 25; 1999 No 31 s 46 sch 1
pt 11 (ss 121, 122)	om 1999 No 31 s 42
pt 11 (ss 121, 122, 122A, 122B)	ins 1999 No 31 s 42
ss 121, 122	sub 1999 No 31 s 42
ss 122A, 122B	ins 1999 No 31 s 42
	am 2000 No 2 s 3 sch
s 123	am 1996 No 35; 1999 No 31 s 43
s 124	am 1998 No 54
s 130	am 1999 No 31 s 46 sch 1

Mental Health (Treatment and Care) Act 1994

4 Table of amendments—continued

Provision	How affected†
s 131	am 1998 No 54
s 132	am 1999 No 31 s 46 sch 1
s 133	am1998 No 54
s 135	am1998 No 54
s 138	am 1998 No 54; 1999 No 31 s 46 sch 1
s 146A.....	ins 1999 No 31 s 44
pt 14 (s 148).....	ins 1999 No 31 s 45
s 148	ins 1999 No 31 s 45
s 149	ins 2000 No 2 s 3 sch

5 Table of earlier republications

Republication No	Amendments to	Republication date
1	1997 No 104	1 June 1998
2	Act 1999 No 66	10 November 1999

6 Penalties in this republication

The penalties in this republication have been revised in accordance with the *Interpretation Act 1967*, s 63. The value of a penalty unit for an offence against this Act at the date of publication is, therefore—

- (a) if the person charged is an individual—\$100; or
- (b) if the person charged is a corporation—\$500.

See *Interpretation Act 1967*, s 33AA for additional information.