

CHECKLIST FOR COMMUNITY TREATMENT ORDERS (MRMHA-H1)

1a. Affix patient identification label in this box

Hospital:

UR No:

Surname:

Given Name:

Second Given Name:

D.O.B: Sex:

Mental Health Act 2009

2. LEVEL 1 COMMUNITY TREATMENT ORDER

2a. Making the order

- Order has been made / form MRMHA-A completed.
- Person has been given a copy of the form A order and the statement of rights #3.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the form A order and statement of rights #3.
- Copy of form A has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au).

2b. Reviewing the order (with 24 hours or as soon as practicable)

- Order has been reviewed: confirmed or revoked / form MRMHA-C completed.
- Person has been given a copy of the form C revocation.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the form C revocation.
- If order confirmed a statement of reasons has been made / form MRMHA-E completed.
- Copy of form C has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au).

2c. Treatment and care plan (for a confirmed order)

- Psychiatrist endorsed treatment and care plan has been made / form G completed.
- Mental Health Care Plan (CBIS or EPAS or paper-based) has been updated or made.

2d. Subsequent revocation (of a confirmed order)

- Confirmed order has been revoked / additional form MRMHA-C completed.
- Person has been given a copy of the subsequent form C revocation.
- (If appropriate) guardian, substitute decision maker (medical agent), relative, carer or friend has been given a copy of the subsequent form C revocation.
- Copy of subsequent form C has been sent to the LHN Compliance Officer (who will then send to the OCP: 8115 5551 / HealthOCPMHLO@sa.gov.au).
- All relevant steps above are documented in medical records / casenotes.

3. LEVEL 2 COMMUNITY TREATMENT ORDER

- Application made to SACAT: 1800 723 767 / www.sacat.sa.gov.au , including *Medical Report for Mental Health Applications* (SACAT website), treatment and care plan (form G and Mental Health Care Plan document), and discharge summaries.
- Ensure psychiatrist endorsed treatment and care plan / form G is updated (as required).
- Ensure Mental Health Care Plan (CBIS or EPAS or paper-based) is updated.
- Letter requesting revocation sent to SACAT: 1800 723 767 / www.sacat.sa.gov.au .
- All relevant steps above are documented in medical records / casenotes.

Office of the Chief Psychiatrist	Inquiries: (08) 8226 1091	Act Forms Fax: (08) 8115 5551
Internet: www.chiefpsychiatrist.sa.gov.au	Act Forms Email: HealthOCPMHLO@sa.gov.au	