

Draft Mental Health Act

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Long title

Preamble.

Short title

Long Title

An Act to protect and promote the rights of persons with mental disorders; to provide for the promotion of mental health and for a diverse, accessible and rights-based system of mental health care including assessment, treatment, continuing care, rehabilitation and recovery; to establish the National Mental Health Advisory Council, the National Mental Health Regulatory Council, the Regulatory Council Executive Secretariat, Provincial Mental Health Act Committees and Provincial Mental Health Review Boards; to repeal the Mental Diseases Ordinance (Chapter 559) and section 69 of the Prisons Ordinance (Chapter 54); and to provide for matters connected therewith or incidental thereto.

Preamble

Recognising that the Constitution of the Democratic Socialist Republic of Sri Lanka (1978) provides for freedom from degrading treatment and discrimination, equality before the law, and protection of its citizens in Article 11, and provides for the advancement of the welfare of persons with mental disorders in Article 12, it is expedient to repeal the Mental Diseases Ordinance and enact a new Act to ensure proper care and protection of the rights and property of persons with mental disorders, as well as prevent their abuse or exploitation.

This Act also provides for supported treatment of persons with mental disorders.

Short Title

1. This Act may be cited as the **Mental Health Act, No. ... of**
2. The provisions of this Act shall come into operation on such date or dates as the Minister may appoint by Order published in the Gazette.

PART I

OBJECTIVES, GUIDING PRINCIPLES, AND LEGAL FRAMEWORK OF THE MENTAL HEALTH ACT

1.1 Objectives of the Mental Health Act

This Act has the following objectives:

1. To establish a legal framework with appropriate safeguards and oversight mechanisms to protect the rights, dignity, and autonomy of persons with mental disorders.
2. To promote the Guiding Principles set out in section 1.2,
3. To ensure proper and comprehensive mental health care including assessment, treatment, continuing care, rehabilitation, and recovery of persons with mental disorders, including those subjects to criminal justice processes or detention under any written law.
4. To establish, develop and maintain mental health services and facilities that are accessible and uphold the highest standards of quality and safety.
5. To provide for supported treatment where necessary.
6. To establish and regulate Authorised Mental Health Facilities.
7. To establish the National Mental Health Advisory Council and the National Mental Health Regulatory Council.
8. To establish the Regulatory Council Executive Secretariat.
9. To establish Provincial Mental Health Act Committees.
10. To establish Provincial Mental Health Review Boards.

1.2 Guiding Principles

All persons exercising powers or performing functions under this Act shall have due regard to the following guiding principles—

1. **Respect for dignity and autonomy** – Respect for dignity and autonomy – Recognise the inherent dignity, autonomy, and equality of every person with a mental disorder and respect their lived experiences.

2. **Participation and supported decision-making** – Ensure persons with a mental disorder are supported, as far as practicable, to participate in decisions affecting their mental health care, including assessment, treatment, continuing care, rehabilitation, and recovery.
3. **Least restrictive care** – Provide care in the least restrictive manner consistent with safety, avoiding coercion wherever possible.
4. **Freedom from maltreatment** – Safeguard persons with mental disorders from torture, cruel, inhuman or degrading treatment or punishment, exploitation, neglect, and unlawful deprivation of liberty.
5. **Non-discrimination and equality** – Ensure all persons receive care without discrimination based on age, disability, sex, gender, sexual orientation, race, ethnicity, language, religion, socioeconomic status, class, geographical location, political or ideological views, legal status or other status.
6. **Cultural, social, and ethical respect** – Provide care in a manner that is culturally sensitive, culturally diverse, socially appropriate, and consistent with recognized ethical standards, while upholding the legal rights of persons with mental disorders.
7. **Access to legal representation and advocacy** – Guarantee access to legal aid, advocacy, and representation in all proceedings affecting rights, treatment, or liberty.
8. **Evidence-based and diverse care** – Promote treatment and rehabilitation practices based on scientific evidence and accessible in community settings whenever appropriate.
9. **Community-based care** – Promote the provision of mental health services in community settings wherever possible and support the integration of persons with mental disorders into family and community life.
10. **Respect for positive risk** – Recognise the right of persons with mental disorders to take reasonable risks as part of recovery and personal development, while ensuring appropriate safeguards for safety.
11. **Wellbeing and best interests of children** – Ensure that the mental health, wellbeing, and protection of children are prioritised, and that decisions affecting them are made in their best interests, taking into account their views, age, maturity, and developmental needs.
12. **Family and carer participation** – Recognise the role of families and carers in the care and recovery of persons with mental disorders, and actively involve them in decision-making,

treatment planning, and support, consistent with the rights and preferences of the person receiving care.

Application of Other Written Laws

1. The provisions of this Act shall be read and construed subject to the Constitution of the Democratic Socialist Republic of Sri Lanka.
2. This Act shall be in addition to and not in derogation of any other written law, unless expressly provided otherwise.

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PART II

2. VOLUNTARY PATIENTS

2.1 Adult as Voluntary Patient

Any person aged eighteen (18) years and above who has Treatment Consent Capacity and provides informed consent shall be assessed or treated as a voluntary patient.

Such a person may seek voluntary assessment or treatment and receive care either in the community or at any Mental Health Facility.

2.2 Voluntary Patient Who Is a Child

2.2.1. A child aged 14 years up to but not including 18 years (i.e., 14 to 17 years), who has Treatment Consent Capacity and provides informed consent, shall be treated as a voluntary patient notwithstanding the absence of consent of a parent, guardian, or carer with parental responsibility.

2.2.2 Where a child in this age group lacks Treatment Consent Capacity, such care may be provided with informed consent of a parent, guardian, or carer with parental responsibility.

2.2.3 A child below 14 years shall be presumed to lack Treatment Consent Capacity. Voluntary assessment or treatment shall only occur with informed consent of a parent, guardian, or carer with parental responsibility.

2.2.4 Where a child lacks Treatment Consent Capacity, voluntary assessment or treatment shall be provided only if:

- (a) It is in the best interests of the child; and
- (b) The views of the child are considered as far as practicable, taking into account the child's age and maturity.

2.3 Rights of Voluntary Patients

Every voluntary patient shall, in addition to the rights provided elsewhere in this Act, have the following rights:

2.5.1 To be informed, in a language and manner that the patient can understand, of the nature and purpose of assessment or treatment.

2.5.2 To participate in decisions relating to their care including assessment, treatment, continuing care, rehabilitation and recovery.

2.5.3 To communicate with family members, legal representatives, and others, subject to reasonable safety limitations.

2.5.4 To receive care in a safe, respectful and humane environment.

2.5.5 To leave the Mental Health Facility at any time unless lawfully detained under this Act.

2.4 Withdrawal of Consent

2.4.1 A voluntary patient may withdraw consent at any time.

2.4.2 Upon withdrawal, the patient shall be discharged without delay, unless:

- (a) The statutory criteria for Supported Patient under this Act are satisfied; and
- (b) Procedures for treatment for Supported Patients are duly followed.

2.5 Transition from Voluntary to Supported Patient Status

2.5.1 Where a voluntary patient:

- (a) Loses Treatment Consent Capacity; or
- (b) Withdraws consent; and
- (c) Meets the statutory criteria for a Supported Patient,

the patient may be assessed and managed in accordance with the procedures set out in Part III or Part IV of this Act, as applicable.

2.5.2 No person shall be treated as a Supported Patient unless all requirements prescribed under Part III or Part IV of this Act are fully complied with.

2.6 Prohibition of Unlawful Detention

2.6.1 No voluntary patient shall be detained except in accordance with the provisions of this Act.

2.6.2 A Voluntary patient shall be treated either in the community or in any Mental Health Facility.

PART III

3. SUPPORTED PATIENTS

3.0 Criteria for a Supported Patient

For the purposes of this Act, a *Supported Patient* means any person who meets all of the criteria set out in *Group A* **and** at least one of the criteria set out in *Group B*.

Group A

1. The person has a mental disorder.
2. The person is likely to benefit from treatment.
3. The treatment cannot be adequately provided in a manner that would involve in a less restrictive manner.

Group B

4. By reason of the mental disorder, the person does not have Treatment Consent Capacity to make informed decisions regarding the treatment he or she should receive.
5. By reason of the mental disorder, the person is at substantial risk of serious deterioration of his or her mental and/or physical health.
6. By reason of the mental disorder, the person poses an imminent and/or substantial risk of harm to himself or herself or to others.
7. By reason of the mental disorder, the person is at substantial risk of gross personal neglect or deprivation.

3.1 Supported Treatment

Supported Patients shall receive treatment either:

- (a) In an Authorised Mental Health Facility (Supported Inpatient Treatment, Supported Inpatient Treatment for Prisoners) or
- (b) In the Community (Supported Outpatient Treatment).

3.2 Supported Inpatient Treatment (SIT)

3.2.0. **Supported Inpatient Treatment (SIT)** means an admission of a Supported Patient to an Authorised Mental Health Facility for treatment, in accordance with the criteria for a Supported Patient under this Act.

3.2.1 Objects of Supported Inpatient Treatment

The objects of Supported Inpatient Treatment are to—

- (a) provide safe, effective, and continuous treatment in an inpatient setting;
- (b) prevent relapse, clinical deterioration, and harm to the patient or others;
- (c) protect the health and safety of the patient and of others;
- (d) promote rehabilitation, recovery, and eventual reintegration into the community;
- (e) ensure that inpatient treatment is provided only where necessary, proportionate, and for a therapeutic purpose; and
- (f) uphold the patient's human rights, dignity, and autonomy to the greatest extent practicable.

3.2.2 Treatment Principles

All decisions regarding Supported Inpatient Treatment shall be guided by the following principles, in addition to the Guiding Principles set out in Part I of this Act.

- (a) **Least Restrictive Alternative** – inpatient admission shall only occur when treatment cannot be safely or effectively provided in the community;
- (b) **Proportionality** – the degree of restriction must be proportionate to the clinical need, risk of harm, and severity of the disorder;
- (c) **Therapeutic Purpose** – powers under this Part shall be exercised solely for therapeutic and protective purposes, not for convenience, punishment, or social control;
- (d) **Non-criminalisation** – failure to comply with inpatient treatment shall not constitute a criminal offence;
- (e) **Participation** – the patient shall, as far as practicable, be involved in decisions about their treatment;
- (f) **Accountability and Review** – all decisions shall be recorded, subject to periodic review, and open to oversight by the Provincial Mental Health Review Board;
- (g) **Respect for Human Rights and Dignity** – all interventions shall uphold the inherent dignity

and fundamental rights of the patient, be conducted lawfully, ethically, and without discrimination, and, where possible, respect the patient's autonomy.

3.2.3 Procedure for Supported Inpatient Treatment (SIT)

3.2.3.1 Initial Authorisation by Medical Officer

1. Where a person appears to fulfil the criteria for a Supported Patient and requires admission to, and treatment in, an Authorised Mental Health Facility, a medical officer of a hospital shall authorise the person to be admitted as a Supported Inpatient by completing Form SIT-1a.
2. The process for authorisation under this Part may be initiated—
 - (a) de novo upon clinical assessment by a medical officer; or
 - (b) upon receipt of a written application made in accordance with subsection 3.2.3.2.
3. A medical officer who makes initial authorisation shall carry out such assessment and treatment as is reasonably necessary to ensure the care of the patient or the safety of the patient or others pending and during the transfer of the patient to an Authorised Mental Health Facility.
4. Any intervention under this subsection shall be limited to what is proportionate and strictly required for therapeutic and protective purposes.
5. The initial authorisation shall permit the Supported Patient to be transported to an Authorised Mental Health Facility where the hospital at which the initial authorisation is made does not have an Authorised Mental Health Facility.

3.2.3.2 Receipt of Written Applications

1. An Authorised Psychiatrist or a Medical Officer of a Hospital may receive a written application in Form SIT-1 requesting that a person be assessed for Supported Inpatient Treatment. Such applications shall be considered in determining whether the person fulfils the statutory criteria for supported treatment under this Act.
2. A written application may be made by one or more of the following persons:
 - (a) A Medical Officer of any health facility;
 - (b) A guardian, nearest relative, or any person with a close and continuing caregiving relationship to the patient;

- (c) A Clinical Psychologist;
 - (d) A Community Mental Health Worker,
 - (e) A Primary Health Care Worker,
 - (f) A Grama Niladari;
 - (g) A Government Field Officer;
 - (h) A Police Officer.
3. The existence or absence of a written application shall not preclude an Authorised Psychiatrist or Medical Officer from initiating Supported Inpatient Treatment where the statutory criteria are otherwise satisfied.

3.2.3.3 Transfer of a Patient for Supported Inpatient Treatment

1. Upon authorisation under subsection 3.2.3.1, the medical officer shall notify the Head of the Hospital by forwarding a copy of the prescribed Form SIT- 1a of such authorisation.
2. The Head of the Hospital shall arrange the transfer of the Supported Patient to an Authorised Mental Health Facility as soon as practicable and, in any event, within forty-eight (48) hours of authorisation.
3. Where transfer is not practicable within forty-eight (48) hours, the Head of the Hospital may extend the authorisation for a further period not exceeding twenty-four (24) hours by completing Form SIT-1b, stating the reasons for such extension.

3.2.3.4 Admission to an Authorised Mental Health Facility

1. An Authorised Medical Officer of an Authorised Mental Health Facility shall admit a person who appears to fulfil the statutory criteria for a Supported Patient(section 3.0) by completing Form SIT-2a.
2. Such authorisation for Supported Inpatient Treatment shall be valid for a maximum period of seventy-two (72) hours from the time of authorisation by the Authorised Medical Officer.
3. Where a person is admitted to an Authorised Mental Health Facility pursuant to a variation of Supported Outpatient Treatment under section 3.4.10—
 - (a) the Authorised Medical Officer shall complete Form SIT-2a indicating that the admission arises from such variation;

- (b) the prescribed Form SOT-5a documenting the variation shall be attached to the relevant SIT forms and form part of the clinical record; and
- (c) all subsequent procedures under this Part shall apply mutatis mutandis.

3.2.3.5 Authorisation by Authorised Psychiatrist

1. An Authorised Psychiatrist shall assess the Supported Patient as soon as practicable, but not later than seventy-two (72) hours from the time of admission to the Authorised Mental Health Facility.
2. On examination, the Authorised Psychiatrist shall either confirm or revoke Supported Inpatient Treatment by completing Form SIT -2b.
3. In the case of a patient admitted pursuant to section 3.4.10, the Authorised Psychiatrist shall take into account the contents of the Form SOT-5a
4. The decision shall be recorded in writing with reasons and shall take effect from the date of the decision.
5. The Supported Patient shall be informed of the reasons for the authorisation and any rights available under this Act.
6. The Authorised Psychiatrist shall ensure that the Supported Patient, guardian or nearest relative, any other person who has a close and continuing caregiving relationship with the patient, and any prescribed persons are notified in the manner prescribed by regulations, and that such notification is recorded in the patient's Bed Head Ticket.
7. The Authorised Psychiatrist shall notify the Head of the Hospital by forwarding a copy of Form SIT -2b.
8. An Authorised Psychiatrist shall authorise Supported Inpatient Treatment de novo where the statutory criteria set out in section 3.0 are fulfilled without acting under sections 3.2.3.1 or 3.2.3.4

3.2.3.6 Initiation of Authorisation for Supported Inpatient Treatment (SIT) at the Patient's Residence

1. Where a written application has been made under subsection 3.2.3.3, a medical officer of a Government Mental Health Facility may conduct a domiciliary assessment to determine whether the person appears to fulfil the statutory criteria for Supported Inpatient Treatment.

2. Prior to undertaking such assessment, the Head of the Hospital shall be notified by completing Form SIT-1c. Upon receipt of such notification, the Head of the Hospital shall provide the necessary support and facilities to enable the domiciliary visit in order to conduct the assessment.
3. A designated mental health team of the facility may visit the person at his or her residence for the purposes of assessment.
4. Where, upon assessment, the medical officer attached to the team is satisfied that the statutory criteria for a Supported Patient appear to be fulfilled and that admission to an Authorised Mental Health Facility is necessary in accordance with the guiding principles of this Part, the medical officer may initiate authorisation of Supported Inpatient Treatment by completing Form SIT-1a. Such authorisation shall have the same legal effect as an authorisation made under subsection 3.2.3.2.
5. The medical officer may carry out such assessment and treatment at the residence as is reasonably necessary and proportionate to ensure the safety of the patient or others. Where clinically indicated and justified under the legal principle of necessity, medication, including parenteral medication, may be administered.
6. An authorisation under this subsection shall permit the transport of the Supported Patient to an Authorised Mental Health Facility as follows:
 - (a) Where parenteral medication has been administered, transport shall be effected by ambulance or other authorised emergency medical transport;
 - (b) Where no parenteral medication has been administered and the patient is clinically stable, transport may be effected by other appropriate and safe means;
 - (c) The mode, standards, and conditions of transport shall be subject to regulations made by the Minister under this Act.
7. Where the patient is violent, or there is a reasonable risk of violence to others, the medical officer shall seek the assistance of the Police by completing the prescribed form (Form SIT-1d).
8. The Officer in Charge of Police shall act in support of the medical officer and shall not exercise independent clinical decision-making powers under this Part.
9. The Officer in Charge of Police shall ensure that the patient is transported to the specified Authorised Mental Health Facility as soon as practicable in accordance with this Part.

10. Upon arrival at the Authorised Mental Health Facility, the patient shall be managed in accordance with subsections 3.2.3.4 and 3.2.3.5 of this Part.
11. An authorisation made under this section shall remain valid only for the purpose of transport and admission and shall lapse upon arrival at the Authorised Mental Health Facility unless confirmed under section 3.2.3.5

3.2.4 Duration and Extension of Supported Inpatient Treatment

3.2.4.1 Maximum Duration of Initial Admission

1. A person admitted for Supported Inpatient Treatment under this Act shall remain subject to Supported Inpatient Treatment for a maximum period of three (3) months from the date of authorisation by the Authorised Psychiatrist.
2. An Authorised Psychiatrist shall revoke the Supported Inpatient Treatment at any time where the patient no longer meets the statutory criteria for such treatment.
3. Upon such revocation, the patient shall either be treated as a voluntary patient in accordance with part II or discharged in accordance with this Act.

3.2.4.2 Extension of Supported Inpatient Treatment up to Six (6) Months

1. Extension of Supported Inpatient Treatment beyond three (3) months and up to a further maximum period of three (3) months shall require the authorisation of a Second-Opinion Psychiatrist.
2. Where the Authorised Psychiatrist considers that an extension may be required, he or she shall notify the Head of the Hospital, who shall complete Form SIT-2c and make arrangements for the assessment of the Second-Opinion Psychiatrist.
3. The assessment by the Second-Opinion Psychiatrist shall, where practicable, be conducted in person and, where this is not practicable, may be conducted via contemporaneous video link.
4. The decision of the Second-Opinion Psychiatrist shall be recorded in Form SIT-2d.
5. If the Second-Opinion Psychiatrist independently determines that the patient still meets the statutory criteria for supported inpatient treatment, he or she shall authorise the extension of hospitalisation under Supported Inpatient Treatment by for a further period not exceeding three (3) months.

6. Where the Second-Opinion Psychiatrist determines that the statutory criteria are no longer fulfilled, he or she shall revoke the Supported Inpatient Treatment.
7. In the event the Second-Opinion Psychiatrist revokes Supported Inpatient Treatment the Authorised Psychiatrist shall determine the appropriate course of action for the patient, which may include placing the patient on Supported Outpatient Treatment in accordance with section 3.4.5, where the statutory criteria for such treatment are satisfied, continuing treatment as a voluntary patient, or discharging the patient from the facility.

3.2.5 Extension of Supported Inpatient Treatment Beyond Six Months

3.2.5.1 Requirement for Provincial Mental Health Board Authorisation

1. Extension of Supported Inpatient Treatment (SIT) beyond six (6) months shall require prior authorisation by the Provincial Mental Health Review Board.
2. The Authorised Psychiatrist responsible for the implementation of the SIT shall, before the expiry of the current six-month period, inform the Head of the Hospital in writing of the clinical grounds and reasons for the proposed extension by completing Form SIT-2e
3. Upon receipt of such information, the Head of the Hospital shall make a formal application, in the prescribed Form SIT-2f, to the Provincial Mental Health Review Board, seeking authorisation for the extension.
4. The Head of the Hospital shall forward particulars of all patients whose Supported Inpatient Treatment exceeds six (6) months to the Director-General of Health Services.
5. The patient and, where applicable, the guardian or nearest relative of the patient, or any other person who has a close and continuing caregiving relationship with the patient shall be informed of the application for extension and their rights under this Act.

3.2.5.2 Review Procedure by the Provincial Mental Health Review Board

1. The Provincial Mental Health Review Board shall, upon receipt of the application, arrange and conduct a review hearing to examine the lawfulness, necessity, proportionality, and implementation of the SIT.
2. The following persons shall be entitled and required, where applicable, to attend the review hearing:
 - (a) the patient and/or his or her legal representative;

- (b) a carer nominated by the patient;
 - (c) a guardian or nearest relative of the patient, or any other person who has a close and continuing caregiving relationship with the patient;
 - (d) the Authorised Psychiatrist responsible for implementation of the SIT.
3. The Board may permit the attendance of any other person whose presence it considers necessary for the just and proper determination of the review.

3.2.5.3 Determinations of the Board

1. Upon conclusion of the review hearing, the Provincial Mental Health Review Board may determine to—
- (a) authorise the extension of SIT for a further period not exceeding six (6) months;
 - (b) vary the SIT, including by modifying conditions or vary to Supported Outpatient Treatment, where clinically indicated and proportionate; or
 - (c) revoke SIT, where the statutory criteria for Supported Inpatient Treatment are no longer met, or continuation is not necessary or proportionate.
2. Any determination by the Board that the statutory criteria for SIT are no longer met shall be treated as a revocation of the SIT.

3.2.5.4 Communication of the Determination

1. The determination of the Board shall be recorded in writing, together with reasons.
2. The Chairperson of the Board shall communicate the determination to all concerned parties, including—
- (a) the patient and/or legal representative;
 - (b) a carer nominated by the patient;
 - (c) a guardian or nearest relative, or any other person with a close and continuing caregiving relationship with the patient;
 - (d) the Authorised Psychiatrist responsible for implementation; and
 - (e) the Head of the Hospital—by completing and issuing the prescribed Form SIT-3a.

3.2.5.5 Subsequent Reviews of Supported Inpatient Treatment

1. The second review shall occur six (6) months after the first review conducted by the Provincial Mental Health Review Board
2. Following the second review, the Board shall conduct annual reviews to assess the continued necessity of Supported Inpatient Treatment.

3.2.6 Discharge of a Supported Patient

1. A Supported Patient shall be discharged by an Authorised Psychiatrist where inpatient treatment is no longer required, by completing Form SIT-4a.
2. The Head of the Hospital of an Authorised Mental Health Facility shall be notified of the discharge of a supported inpatient within 24 hours of such a discharge. The Authorised Psychiatrist shall specify the particulars of conveyance of the patient to his/her place of residence or any suitable place as may be required in accordance with the regulations of the Act.

3.2.7 Transfer of a Supported Inpatient Between Authorised Mental Health Facilities

3.2.7.1 Application for Transfer

1. An Authorised Psychiatrist may transfer a supported inpatient to another Authorised Mental Health Facility upon consideration of a written application made in Form SIT-5 by one or more of the following persons:
 - ((a) upon a request made by the patient; or
 - (b) upon a request made by the patient's guardian, nearest relative, or any other adult who has a close and continuing caregiving relationship with the patient,

3.2.7.2 Initiation of Transfer by Authorised Psychiatrist

1. The Authorised Psychiatrist responsible for the care of a supported inpatient shall determine the need for transfer either—
 - (a) upon receipt of an application made in Form SIT-5; or
 - (b) on his or her own clinical initiative.

2. Where an application is received under paragraph (1)(a), the Authorised Psychiatrist shall assess the request and determine, having regard to clinical, psychosocial, administrative, legal, and patient-centered considerations, whether transfer is necessary and appropriate.
3. Notwithstanding section 3.2.7.1, an Authorised Psychiatrist may independently initiate a transfer where, in his or her clinical judgment, such transfer is necessary for the patient's assessment, treatment, safety, welfare, or in the best interests of the patient.
4. In all cases, the views of the patient shall be sought and documented, to the extent practicable, taking into account the patient's age, maturity, and capacity to understand the purpose and implications of the proposed transfer.
5. The Authorised Psychiatrist shall complete Form SIT-5a in all cases, to inform the Head of the Hospital and obtain approval prior to the transfer.
6. **Emergency Transfers**
 - a) In circumstances where delay would place the patient or others at imminent risk, an emergency transfer may be initiated immediately by an Authorised Psychiatrist without prior approval of the Head of Hospital.
 - b) The Authorised Psychiatrist shall complete Form SIT-5a as soon as practicable, documenting the clinical and safety rationale for the emergency transfer.
 - c) The Head of Hospital shall review and ratify the emergency transfer promptly thereafter.
 - d) in emergency cases, prompt communication to the Head of Hospital and completion of Form SIT-5a within 24 hours.

3.2.7.3 Approval and Notification

1. Upon approval of the transfer by the Head of the Hospital, the patient shall be discharged from the originating Authorised Mental Health Facility and prepared for transfer with all relevant clinical records, treatment plans, risk assessments, and related documentation transmitted securely to the receiving facility.
2. The Head of the originating Hospital shall notify the Head of the receiving Hospital of the approved transfer in the prescribed Form SIT-5b.
3. In the case of emergency transfers, the Authorised Psychiatrist initiating the transfer shall complete Form SIT-5a, and the Head of Hospital shall review and ratify the transfer as soon as practicable.

3.2.7.4 Admission and Review at the Receiving Facility

1. Upon arrival at the receiving Authorised Mental Health Facility, the patient shall be admitted by an Authorised Medical Officer and initial documentation completed in Form SIT-2a.
2. The Authorised Psychiatrist at the receiving facility shall review the patient within seventy-two (72) hours of admission, and shall either continue authorisation, vary, or revoke Supported Inpatient Treatment in accordance with this Act, completing Form SIT-2b.

3.2.7.5 Continuity of Care

1. The transfer shall not interrupt or invalidate the existing authorisation for supported inpatient treatment.
2. The receiving Authorised Psychiatrist shall ensure continuity of treatment, adherence to care plans, and assessment of clinical needs in accordance with the objectives of this Act.
3. For the purposes of duration, extension, and review, the time period of Supported Inpatient Treatment shall be calculated from the date of initial authorisation by the original Authorised Psychiatrist at the originating facility.

3.2.7.6 Record-Keeping and Reporting

1. Both the originating and receiving Hospitals shall record the transfer in writing, including the reasons for transfer, the effective date, and the details of the responsible Authorised Psychiatrists.

3.2.7.7 Cross-Provincial Transfer of Supported Inpatient Treatment

1. Where a patient subject to Supported Inpatient Treatment (SIT) is transferred to an Authorised Mental Health Facility in another province, the procedure set out in section 3.2.7 shall apply, subject to the additional requirements specified in this section.

The Head of the receiving Hospital shall, at the time the patient is admitted or as soon as practicable thereafter, notify the Provincial Mental Health Review Board of the receiving province in accordance with the provisions of section 3.2.5.

3.3 Supported Inpatient Treatment for Children

3.3.0 Application of General Adult Procedures to Children

1. Except as expressly modified in this Part, all procedures, forms, authorisation steps, review processes, transfer mechanisms, and record-keeping requirements set forth in Section 3.2 (Supported Inpatient Treatment for Adults) shall apply mutatis mutandis to children under this Part.
2. All relevant forms prescribed for adult procedures under Section 3.2, and related operational processes, shall be used for children unless otherwise specifically modified for this Part.
3. Any reference in Section 3.2 to the patient, guardian, authorised psychiatrist, or Head of Hospital shall, for the purposes of this Part, include the child's parent, guardian, or Responsible Adult where applicable.
4. In the event of any conflict between the provisions of this Part and Section 3.2, the provisions of this Part shall prevail.

3.3.1 Criteria for Supported Inpatient Treatment of Children

3.3.1.1 Age and Statutory Criteria

1. For the purposes of this Act, a child who has not attained the age of eighteen (18) years shall be admitted or treated as a supported inpatient only where the statutory criteria for supported treatment set out in section 3.0 are satisfied.

3.3.1.2 Circumstances Requiring Treatment

1. Without prejudice to subsection (1), circumstances in which supported inpatient treatment may arise include situations where—
 - (a) the child has Treatment Consent Capacity and refuses consent; or
 - (b) the child lacks Treatment Consent Capacity and informed consent is refused, unavailable, or cannot reasonably be obtained from a parent, guardian, or carer with parental responsibility.

3.3.1.3 Mandatory Management under Supported Inpatient Provisions

1. Notwithstanding the provisions of section 2.2, where the statutory criteria for supported treatment under section 3.0 are satisfied, the child shall be managed under the supported

inpatient provisions of this Part, and voluntary status shall not be used as a substitute for such treatment.

3.3.1.4 Authorisation Requirements

1. Supported inpatient treatment of a child shall be authorised and continued only where it is—
 - (a) lawful;
 - (b) necessary;
 - (c) proportionate to the risk presented; and
 - (d) in the best interests of the child.

3.3.2 Admission Locations and Initial Authorisation

3.3.2.1 Designated Facilities

1. Admission under this section shall be to—
 - (a) an Authorised Mental Health Facility; or
 - (b) where available,
 - (i) an Authorised Mental Health Facility designated for Adolescents (a child who has attained the age of fourteen (14) years but has not attained the age of eighteen (18) years) or
 - (ii) an Authorised Mental Health Facility designated for Children (child who has not attained the age of fourteen (14) years)

Forms Required: SIT-2a and SIT-2b shall be completed to document formal admission and psychiatrist authorisation for supported inpatient treatment.

3.3.2.2 Temporary Admission

1. Where an appropriate Authorised Mental Health Facility is not immediately available, the child may be admitted on a temporary basis for the purpose of assessment and stabilisation only—
 - (a) in the case of a child aged fourteen (14) years or above, to the nearest appropriate medical ward; or
 - (b) in the case of a child below fourteen (14) years, to the nearest appropriate paediatric ward.

2. Such temporary admission shall not exceed seventy-two (72) hours, within which time arrangements shall be made to transfer the child to an appropriate Authorised Mental Health Facility, unless clinically contraindicated and documented.

Forms Required: SIT-1a shall be completed by the Medical Officer to record initial authorisation, and SIT-1b shall be completed by the Head of the Hospital for extension.

3.3.2.3 Application of Adult Procedures

1. The procedures set out in section 3.2 shall apply, unless otherwise expressly provided.
2. Initial authorisation shall be valid for a period not exceeding twenty-eight (28) days.

3.3.2.4 Continuation of Treatment

1. Where continuation beyond twenty-eight (28) days is required—
 - (a) a Second-Opinion Psychiatrist shall review and authorise continued treatment for a further period not exceeding twenty-eight (28) days; and
 - (b) where reasonably available, such Second-Opinion Psychiatrist shall be a specialist in child and adolescent psychiatry.

Forms Required: SIT-2c and SIT-2d shall be completed to record the second-opinion assessment and decision.

2. Any continuation beyond fifty-six (56) days shall require further authorisation by the Provincial Mental Health Review Board, following review of clinical documentation, second opinions, and all relevant circumstances. The Board may authorise extension for a further period not exceeding six (6) months or revoke the supported inpatient treatment.

Forms Required: SIT-2e and SIT-2f shall be completed to apply for extension beyond 56 days and for subsequent six-monthly extensions.

3. The Provincial Mental Health Review Board shall review the need for continued supported inpatient treatment at intervals not exceeding six (6) months.

Forms Required: SIT-3a shall be completed to record the Board's determination.

3.3.3 Admission of a child where consent is refused or unavailable

3.3.3.1 Authorisation

1. Where a child requires supported inpatient treatment and—

- (a) the child has capacity and refuses consent, and
- (b) a parent or guardian or carer with parental responsibility refuses consent or is unavailable, an Authorised Psychiatrist shall authorise admission in the child's best interests if the statutory criteria for supported treatment under section 3.0 are satisfied.

Forms Required: SIT-2b shall be completed to record psychiatrist authorisation of admission under these circumstances.

3.3.3.2 Documentation by Authorised Psychiatrist

1. The Authorised Psychiatrist shall document—
 - (a) the basis on which the statutory criteria under section 3.0 are satisfied;
 - (b) the reasons why consent could not be obtained, where applicable;
 - (c) the clinical justification for admission; and
 - (d) the steps taken, where practicable, to involve a parent, guardian, or carer with parental responsibility in the decision-making process.
2. The refusal of a parent, guardian, or person with parental responsibility to provide informed consent shall not, by itself, preclude them from remaining with, supporting, or otherwise participating in the care of the child, subject to clinical considerations and the safety of the child.
3. Where the Authorised Psychiatrist reasonably suspects that the circumstances of refusal, absence, or conduct of a parent, guardian, or carer with parental responsibility may give rise to concerns of neglect, abandonment, or abuse within the meaning of the Children and Young Persons Ordinance (Sri Lanka) or any other applicable written law, the matter shall be referred to the appropriate child protection authority or law enforcement agency.

3.3.3.3 Responsible Adult Supervision

1. Where a parent, guardian, or carer with parental responsibility is unavailable or unwilling to be present, the child shall be admitted under the supervision of a Responsible Adult, designated by the Authorised Psychiatrist.

Forms Required: A SIT-C1 form shall be completed to document the designation of a Responsible Adult.

2. A Responsible Adult—
 - (a) shall be a person assessed as suitable to ensure the child’s safety and support during admission;
 - (b) may include
 - (i) A healthcare professional,
 - (ii) Child Probation Officers or a person nominated by a Child Probation Officer;
 - (iii) Police Officers from the Child and Women Bureau of the Sri Lanka Police, or other law enforcement officers, including prison officers, where the child is referred via the criminal justice system or is in their custody;
 - (iv) Staff or Carers from registered children’s homes;
 - (v) Other caregivers, including extended family members, deemed safe and suitable by the Authorised Psychiatrist.
 - (c) shall not exercise clinical decision-making authority; and
 - (d) shall not, by virtue of such designation, assume legal custody or parental rights in respect of the child, unless otherwise provided by law.
3. The Provincial Mental Health Review Board shall be notified within 24 hours of all such admissions by completing Form SIT-C2. Notification is for oversight and monitoring purposes and does not constitute formal authorisation for continued treatment.
Forms Required: SIT-C1 shall be completed to notify the Board for oversight and monitoring purposes.
(See Annexure four: Regulation One Appointment and Role of Responsible Adult in Supported Inpatient Treatment of Children).

3.3.4 General Safeguards Applicable to All Children

1. In determining whether supported inpatient treatment is in the best interests of the child, due regard shall be had to—
 - (a) the least restrictive alternative consistent with the child’s safety and therapeutic needs;
 - (b) the child’s age, maturity, and evolving capacity;
 - (c) the child’s views and wishes, so far as practicable;
 - (d) the importance of maintaining family relationships where compatible with the child’s welfare and safety; and

(e) while it is best practice to involve parents or guardians and keep them informed, the ultimate determination of what constitutes the child's best interests rests with the Authorised Psychiatrist. The Authorised Psychiatrist shall document the reasons for their decisions and communicate these to the Provincial Mental Health Review Board via the form SIT -C2;

(f) where an Authorised Psychiatrist reasonably suspects that the behaviour of a parent or guardian or carer with parental responsibility may constitute child abuse, the matter shall be referred through the appropriate criminal justice pathway;

(g) where a parent or guardian or carer with parental responsibility believes that an Authorised Psychiatrist is not acting in the best interests of the child, they may submit their concerns to the Provincial Mental Health Review Board, or, where appropriate, pursue legal remedies through appropriate legal pathways.

2. A child admitted under this Part shall—
 - (a) be provided with information regarding the admission and treatment in language appropriate to the child's age and understanding;
 - (b) have the right to communicate with a parent, guardian, or other appropriate adult, subject only to clinically justified restrictions;
 - (c) have access to legal representation for the purposes of review proceedings; (*See Annexure three: Legal Representation and Appointment of a Representative for the Child*)
3. Supported inpatient treatment shall be subject to regular clinical review, and in any event not less frequently than every seven (7) days.

3.4 Supported Outpatient Treatment (SOT)

3.4.0 Definitions

3.4.0.1 Supported outpatient treatment

Supported outpatient treatment (hereinafter referred to as SOT) means the treatment of a patient who satisfies the statutory criteria for a Supported Patient in section 3.0 and whose treatment can be undertaken in the community setting in terms of the principle of least restriction.

3.4.1 Objects of Supported Outpatient Treatment

The objects of Supported Outpatient Treatment are to—

- (a) provide effective and continuous treatment in the community;

- (b) prevent relapse, clinical deterioration, and recurrent admissions;
- (c) protect the health and safety of the patient and of others;
- (d) promote recovery, autonomy, and social inclusion;
- (e) ensure that supported treatment is provided only when necessary, proportionate, and for a therapeutic purpose; and
- (f) uphold the patient's human rights, dignity, and autonomy to the greatest extent practicable.

3.4.2 Treatment Principles

All decisions regarding Supported Outpatient Treatment shall be guided by the following principles, in addition to the Guiding Principles set out in Part I of this Act.

- (a) **Least Restrictive Alternative** – any intervention shall impose the minimum restriction necessary upon the rights and freedoms of the person concerned;
- (b) **Proportionality** – any restriction shall be proportionate to the nature and degree of the mental disorder, the clinical need, and the identified risk;
- (c) **Therapeutic Purpose** – statutory powers under this Part shall be exercised solely for therapeutic and protective purposes and shall not be used for convenience, punishment, deterrence, or social control;
- (d) **Non-criminalisation** – non-compliance with a Supported Outpatient Treatment Order shall not constitute a criminal offence and shall be managed in accordance with clinical procedures under this Act;
- (e) **Participation** – the patient shall, as far as practicable, be involved in decisions affecting his or her treatment;
- (f) **Accountability and Review** – all decisions shall be recorded in writing, subject to periodic review, and open to oversight under this Act;
- (g) **Respect for Human Rights and Dignity** – all interventions shall uphold the inherent dignity and fundamental rights of the patient, be conducted lawfully, ethically, and without discrimination, and, where possible, respect the patient's autonomy.

3.4.3 Community Treatment Criteria (CTC)

A supported outpatient treatment order shall not be made unless, in addition to meeting the statutory criteria for a Supported Patient under section 3.0, all of the following Community Treatment Criteria (CTC) are satisfied:

1. History or Risk of Non-Compliance

- a) Has a documented history of treatment failure due to non-compliance with treatment leading to relapse, repeated admission, or significant deterioration; **or**
- b) Presents a substantial and demonstrable risk of non-compliance with the proposed treatment plan.

2. Benefit Over Restriction

- a) The likely therapeutic and protective benefits of SOT clearly outweigh any restriction of the patient's rights and freedoms.

3. No Adequate Less Restrictive Alternative

- (a) All reasonably available less restrictive alternatives, including voluntary community-based treatment, have been considered and found to be inadequate.

4. Availability of Practicable Treatment Plan

- (a) A clinically appropriate, practicable, and monitorable treatment plan is available and capable of implementation in the community with available resources.

5. Community Residence

- (a) The patient has an identifiable place of residence or alternative community arrangement that enables lawful monitoring, follow-up, and delivery of treatment.

3.4.4 Procedure for Supported Outpatient Treatment

3.4.4.1 Modes of Authorisation of Supported Outpatient Treatment

1. Supported Outpatient Treatment may be authorised—

- (a) as a direct Supported Outpatient Treatment Order in respect of a person who meets the statutory criteria for a Supported Patient (see Section 3.0) and the Community Treatment Criteria under this Act; or
- (b) by variation of an existing Supported Inpatient Treatment to Supported Outpatient Treatment in accordance with this Act.

2. Supported Outpatient Treatment shall commence on:
 - (a) the date of conclusion of the Case Conference; or
 - (b) where the Initiating Authorised Psychiatrist and the Implementing Authorised Psychiatrist are different persons, on the date of countersigning by the Implementing Authorised Psychiatrist.

3.4.4.2 Application for Supported Outpatient Treatment

1. An Authorised Psychiatrist may receive a written application in Form SOT-1 requesting that a person be assessed for Supported Outpatient Treatment. Such applications shall be considered in determining whether the person fulfils the statutory criteria for supported treatment under this Act.
2. A written application may be made by one or more of the following persons:
 - (a) A Medical Officer of any health facility;
 - (b) A guardian, nearest relative, or any person with a close and continuing caregiving relationship to the patient;
 - (c) A Clinical Psychologist;
 - (d) A Community Mental Health Worker,
 - (e) A Primary Health Care Worker,
 - (f) A Grama Niladari;
 - (g) A Government Field Officer;
 - (h) A Police Officer.
3. The existence or absence of a written application shall not preclude an Authorised Psychiatrist from initiating Supported Outpatient Treatment where the statutory criteria are otherwise satisfied.

3.4.4.3 Notification and Convening of Case Conference

1. Where an Authorised Psychiatrist proposes to initiate Supported Outpatient Treatment, he or she shall notify the Head of the Hospital in the prescribed form SOT-1a.
2. Upon receipt of such notification, the Head of the Hospital shall convene a Case Conference as soon as practicable, and in any event, not later than seven (7) days from the date of such notification.

3. A Case Conference may be conducted—
 - (a) in person; or
 - (b) by means of a contemporaneous audio-visual link.

3.4.4.4 Composition of Case Conference

1. The following persons shall attend the Case Conference, as applicable—
 - (a) the patient;
 - (b) the patient’s legal representative, if any;
 - (c) a carer nominated by the patient;
 - (d) a guardian, nearest relative, or any other person who has a close and continuing caregiving relationship with the patient;
 - (e) the Initiating Authorised Psychiatrist and members of his or her Multidisciplinary Mental Health Team;
 - (f) the Implementing Authorised Psychiatrist, where different, and members of his or her Multidisciplinary Mental Health Team;
 - (g) the Head of the Hospital or a nominated senior officer.
2. The Case Conference shall be chaired by the Initiating Authorised Psychiatrist.
3. The quorum for a Case Conference shall include—
 - (a) the Initiating Authorised Psychiatrist;
 - (b) at least one additional member of the Multidisciplinary Mental Health Team involved in the care of the patient;
 - (c) one administrative representative nominated by the Head of the Hospital; and
 - (d) the patient; or, if the patient is not present, at least one of the following persons, where applicable: the patient’s legal representative, guardian or nearest relative, or any other adult who has a close and continuing caregiving relationship with the patient.
4. Failure of the patient to attend shall not invalidate the proceedings, provided that reasonable efforts have been made to notify and facilitate the participation of the patient.

3.4.4.5 Determinations of the Case Conference

The Case Conference shall determine, formulate, and record in writing the following matters:

1. Treatment Plan

- (a) A comprehensive and individualised treatment plan to be implemented under Supported Outpatient Treatment;
- (b) The clinical objectives and therapeutic interventions proposed;
- (c) The names and addresses of the clinics or facilities the patient is required to attend;
- (d) The frequency of attendance and monitoring arrangements;
- (e) The responsible clinician or delegated member(s) of the Multidisciplinary Mental Health Team.

2. Monitoring and Implementation

- (a) Monitoring arrangements and their frequency;
- (b) The roles and responsibilities of authorised mental health personnel;
- (c) Any lawful delegation of powers and duties by the Authorised Psychiatrist to other authorised mental health professionals under this Act.

3. Procedures in the Event of Non-Compliance

- (a) The method and form of warning to be issued to the patient in the event of non-adherence with treatment or clinic attendance;
- (b) The procedure to be followed in the event of non-attendance at scheduled clinics;
- (c) The procedure to be followed in the event of relapse or clinical deterioration of the mental disorder.

4. Review, Variation, and Discharge

- (a) The conditions and circumstances under which the Supported Outpatient Treatment may be varied;
- (b) The conditions and circumstances for revocation of the Supported Outpatient Treatment;
- (c) The conditions and circumstances for discharge of the patient from Supported Outpatient Treatment.

3.4.4.6 Countersigning and Notification

1. Where the Initiating Authorised Psychiatrist and the Implementing Authorised Psychiatrist are different persons, the Implementing Authorised Psychiatrist shall countersign the prescribed form SOT-1b within seventy-two (72) hours of the conclusion of the Case

Conference. Supported Outpatient Treatment shall be deemed to commence on the date of countersigning.

2. The Implementing Authorised Psychiatrist, or where both roles are performed by a single Authorised Psychiatrist, the sole Authorised Psychiatrist, shall notify the Head of the Hospital in the prescribed form SOT-1b.
3. The Head of the Hospital shall notify the Provincial Mental Health Review Board in the prescribed form SOT-1c as soon as practicable, and in any event, not later than seventy-two (72) hours from receipt of such information.

3.4.5 Procedure for Variation of Supported Inpatient Treatment to Supported Outpatient Treatment

1. An Authorised Psychiatrist of an Authorised Mental Health Facility shall vary a Supported Inpatient Treatment to Supported Outpatient Treatment where—
 - (a) the Supported Patient no longer requires inpatient treatment; and
 - (b) the patient continues to require supported treatment in the community;and such variation shall be made only following a duly convened Case Conference in accordance with the provisions of this Act.
2. The Authorised Psychiatrist effecting such variation shall complete the prescribed Form SOT-1a.
3. Where the Authorised Psychiatrist effecting the variation is different from the Authorised Psychiatrist who is to be responsible for implementing the Implementing Authorised Psychiatrist the Supported Outpatient Treatment in the community, such variation shall require the concurrence of the implementing Authorised Psychiatrist.
4. The concurrence referred to in subsection (3) shall be signified by countersigning the prescribed Form SOT-1b as soon as practicable after the conclusion of the Case Conference, and in any event not later than seventy-two (72) hours from the conclusion thereof.
5. Supported Outpatient Treatment shall be deemed to commence on the date of such countersigning.
6. Responsibility for the implementation, supervision, and monitoring of the Supported Outpatient Treatment shall vest in the Authorised Psychiatrist who has countersigned Form SOT-1b.

7. The Authorised Psychiatrist responsible for implementation shall inform the Head of the Hospital in the prescribed form SOT-1b for the purpose of enabling notification to the Provincial Mental Health Review Board of every Supported Outpatient Treatment so varied.
8. The Head of the Hospital shall notify in the prescribed form SOT-1c Provincial Mental Health Review Board as soon as practicable and, in any event, not later than seventy-two (72) hours from receipt of such information

3.4.6 Review and Oversight of Supported Outpatient Treatment (SOT)

1. All Supported Outpatient Treatments, whether made directly under this Act or arising by variation from Supported Inpatient Treatment, shall be reviewed by the Provincial Mental Health Review Board as soon as practicable, and in any event, not later than one month from the date of commencement of such Supported Outpatient Treatment.
2. For the purpose of such review, the Provincial Mental Health Review Board shall arrange and conduct a hearing to examine the lawfulness, necessity, proportionality, and implementation of the Supported Outpatient Treatment.
3. The following persons shall be entitled and required, where applicable, to attend the hearing—
 - (a) the patient and/or his or her legal representative;
 - (b) a carer nominated by the patient;
 - (c) a guardian or nearest relative of the patient, or any other adult who has a close and continuing caregiving relationship with the patient;
 - (d) the implementing Authorised Psychiatrist and/or a Medical Officer nominated by the Implementing Authorised Psychiatrist for such purpose.
 - (e) The patient shall be afforded reasonable opportunity and assistance to participate in the hearing, including support to understand the process and present their views.
4. The Provincial Mental Health Review Board may permit the attendance of any other person whose presence it considers necessary for the just and proper determination of the review.
5. Failure of any person entitled or required to attend shall not invalidate the proceedings, provided that reasonable steps have been taken to notify such person.

6. Appeal rights: Any person aggrieved by the decision of the Provincial Mental Health Review Board under this section may exercise the rights of appeal as set out in Part VI – Appeals of this Act.

3.4.6.1 Determination of the Provincial Mental Health Review Board

1. Upon conclusion of the review hearing, the Provincial Mental Health Review Board shall determine whether to—
 - (a) confirm;
 - (b) vary; or
 - (c) revoke,the Supported Outpatient Treatment.
2. The Provincial Mental Health Review Board shall confirm the Supported Outpatient Treatment only where it is satisfied, on the basis of all relevant material placed before it, that the patient continues to meet—
 - (a) the statutory criteria for a Supported Patient under this Act; and
 - (b) the Community Treatment Criteria applicable to Supported Outpatient Treatment.
3. The Provincial Mental Health Review Board may vary the Supported Outpatient Treatment to Supported Inpatient Treatment where it is satisfied that inpatient treatment in an Authorised Mental Health Facility is necessary for the protection of the health or safety of the patient or of others, and that supported treatment cannot be safely or effectively implemented in the community.
4. The Provincial Mental Health Review Board shall revoke the Supported Outpatient Treatment where it is satisfied that—
 - (a) the patient no longer meets the statutory criteria for a Supported Patient; or
 - (b) the statutory requirements for Supported Outpatient Treatment are no longer fulfilled; or
 - (c) continuation of the Supported Outpatient Treatment is not necessary, proportionate, or in accordance with this Act.

Note: Any determination by the Board that the statutory criteria for Supported Outpatient Treatment are not met, or that continuation is not justified, shall be treated as a revocation of the order, including cases where the Board would otherwise have “refused” the Order.

5. In cases where the Board revokes the Supported Outpatient Treatment, it may also consider recommending alternative treatment pathways, including voluntary community-based treatment where clinically indicated and proportionate to risk.

3.4.6.2 Communication of the Determination

3. The determination of the Board shall be **recorded in writing**, together with reasons.
4. The Chairperson of the Provincial Mental Health Review Board shall communicate the determination of the Board by completing the prescribed **form SOT-3a** and causing notice thereof to be served upon—
 - (a) the patient and/or his or her legal representative;
 - (b) a carer nominated by the patient;
 - (c) a guardian or nearest relative of the patient, or any other adult who has a close and continuing caregiving relationship with the patient;
 - (d) the Authorised Psychiatrist responsible for implementation; and
 - (e) the Head of the Hospital.

3.4.7 Duration and Extension of Supported Outpatient Treatment

1. Authorisation of a Supported Outpatient Treatment (SOT) by the Provincial Mental Health Review Board shall be valid for a period of **one (1) year** at a time. The necessity for continuation of such Supported Outpatient Treatment shall be reviewed annually by the Provincial Mental Health Review Board in accordance with this Act.
2. Where the Authorised Psychiatrist responsible for the implementation of the Supported Outpatient Treatment is of the opinion that it is necessary to extend the Supported Outpatient Treatment beyond the period of one (1) year, he or she shall, prior to the expiry of the existing authorisation, inform the Head of the Hospital in writing, setting out the clinical grounds and reasons for such extension in the prescribed **form SOT-2a**.
3. Upon receipt of such information, the Head of the Hospital shall make a formal application, in the prescribed **form SOT-2b**, to the Provincial Mental Health Review Board seeking authorisation for the extension of the Supported Outpatient Treatment.

4. The Provincial Mental Health Review Board shall:
 - (a) conduct a review hearing in accordance with the procedure set out in section 3.4.6.1; and
 - (b) communicate its determination in accordance with section 3.4.6.2.

3.4.8 Transfer of Supported Outpatient Treatment

3.4.8.1 Application

1. An Authorised Psychiatrist responsible for the implementation of a Supported Outpatient Treatment (SOT) may transfer the clinical responsibility for a patient subject to such SOT to another Authorised Psychiatrist upon consideration of a written application made in Form **SOT-4** by one or more of the following persons:
 - (a) upon a request made by the patient; or
 - (b) upon a request made by the patient's guardian, nearest relative, or any other adult who has a close and continuing caregiving relationship with the patient,

3.4.8.2 Initiation of Transfer by Authorised Psychiatrist

2. The Authorised Psychiatrist responsible for the care of a supported inpatient shall determine the need for transfer either—
 - (a) upon receipt of an application made in Form SOT-4; or
 - (b) on his or her own clinical initiative.
3. Where an application is received under section 3.4.8.1 the Authorised Psychiatrist shall assess the request and determine, having regard to clinical, psychosocial, administrative, legal, and patient-centered considerations, whether transfer is necessary and appropriate.
4. Notwithstanding section 3.4.8.1, an Authorised Psychiatrist may independently initiate a transfer where, in his or her clinical judgment, such transfer is necessary for the patient's assessment, treatment, safety, welfare, or in the best interests of the patient.
5. In all cases, the views of the patient shall be sought and documented, to the extent practicable, taking into account the patient's age, maturity, and capacity to understand the purpose and implications of the proposed transfer.
6. The Authorised Psychiatrist shall complete Form SOT-4a in all cases, to inform the Head of the Hospital and obtain approval prior to the transfer.

3.4.8.3 Approval and Notification

1. Upon receipt of such notification, the Head of the originating Hospital shall notify the Head of the receiving Hospital in the prescribed form SOT-4b and request confirmation of acceptance of clinical responsibility.
2. The transferring Authorised Psychiatrist shall ensure that all relevant clinical records, treatment plans, risk assessments, and related documentation are transmitted securely and without delay to the receiving Authorised Psychiatrist.
3. The Head of the receiving Hospital shall consult the proposed receiving Authorised Psychiatrist and obtain his or her written concurrence in the prescribed form SOT-4c to assume responsibility for the implementation of the Supported Outpatient Treatment.
4. Upon obtaining such concurrence, the Head of the receiving Hospital shall inform the Head of the originating Hospital in the prescribed form SOT- 4c of the acceptance of transfer.
5. The transferring Authorised Psychiatrist shall record in writing the reasons for the transfer and the date on which responsibility is to be transferred.
6. The transfer of clinical responsibility shall take effect on the date of written acceptance by the receiving Authorised Psychiatrist.
7. Upon completion of the transfer, the Head of the originating Hospital shall notify the Provincial Mental Health Review Board, in the prescribed form SOT-4d and as soon as practicable, of the transfer of Supported Outpatient Treatment, specifying—
 - a) the name of the patient;
 - b) the name of the transferring Authorised Psychiatrist;
 - c) the name of the receiving Authorised Psychiatrist; and
 - d) the effective date of transfer.
8. The transfer of clinical responsibility shall not affect the validity, duration, or conditions of the Supported Outpatient Treatment, which shall continue in force subject to this Act.

3.4.9 Cross-Provincial Transfer of Supported Outpatient Treatment

2. Where a patient subject to a Supported Outpatient Treatment (SOT) proposes to relocate to another province, the procedure set out in section 3.4.8 shall apply, except that the Head of the receiving Hospital shall additionally notify the Provincial Mental Health Review Board of the receiving province.

3. The transferring Authorised Psychiatrist shall:
 - a) notify the Head of the originating Hospital in the prescribed form SOT-4a;
 - b) ensure that all relevant clinical records, treatment plans, and risk assessments are transmitted securely to the receiving Authorised Psychiatrist;
4. The Head of the originating Hospital, notify the Head of the receiving Hospital in the prescribed form SOT-4b, requesting acceptance of clinical responsibility;
 - a) obtain written concurrence from the receiving Authorised Psychiatrist through the Head of the receiving Hospital, as recorded in form SOT-4c;
 - b) notify the Provincial Mental Health Review Board of the originating province in the prescribed form SOT-4d, specifying the proposed transfer and effective date.
4. The Head of the receiving Hospital shall:
 - a) notify the Provincial Mental Health Review Board of the receiving province in the prescribed form SOT-4e;
 - b) clearly specify the effective date of transfer and the duration for which the receiving province will oversee the SOT;
 - c) confirm acceptance of clinical responsibility for the patient.
5. The transfer of clinical responsibility shall take effect on the date of written acceptance by the receiving Authorised Psychiatrist and shall not affect the validity, duration, or conditions of the Supported Outpatient Treatment, which shall continue in force subject to this Act.

3.4.10 Variation of Supported Outpatient Treatment to Supported Inpatient Treatment

1. An Authorised Psychiatrist responsible for the implementation of a Supported Outpatient Treatment (SOT) shall vary such Supported Outpatient Treatment to Supported Inpatient Treatment (SIT) where—
 - a) the patient requires admission to an Authorised Mental Health Facility for inpatient assessment, care, or treatment; and
 - b) the Authorised Psychiatrist is satisfied that supported treatment cannot be safely or effectively implemented in the community.
2. A variation under subsection (1) shall be based on a clinical assessment conducted by the Authorised Psychiatrist, and the reasons for such variation shall be recorded in writing.

3. The Authorised Psychiatrist effecting the variation shall complete the prescribed Form SOT-5a documenting the clinical assessment, reasons for variation, and relevant treatment information.
4. The variation shall be effected in accordance with the provisions of section 3.2.3, including all applicable procedural requirements for admission, clinical documentation, and notification of relevant authorities. The prescribed Form SOT-5a shall accompany and be attached to the relevant SIT forms and form part of the patient's clinical record.

3.4.11 Procedure for Discharge from Supported Outpatient Treatment

1. An Authorised Psychiatrist responsible for the implementation of a Supported Outpatient Treatment (SOT) shall discharge a patient from SOT where he or she is satisfied, upon clinical assessment, that—
 - (a) the patient no longer meets the statutory criteria for a Supported Patient under this Act; and
 - (b) the Community Treatment Criteria are no longer satisfied; or
 - (c) the objectives of the Supported Outpatient Treatment have been achieved and continued supported treatment is no longer necessary; or
 - (d) less restrictive alternatives are available and adequate to meet the patient's clinical and safety needs.
2. A decision to discharge a patient from SOT shall—
 - (a) be based on a current clinical assessment;
 - (b) include consideration of the patient's mental state, insight, adherence to treatment, risk of relapse, and risk to the health or safety of the patient or others; and
 - (c) be recorded in writing together with detailed reasons for such discharge.
3. Prior to effecting discharge, the Authorised Psychiatrist shall, where practicable—
 - (a) consult the Multidisciplinary Mental Health Team involved in the patient's care;
 - (b) afford the patient an opportunity to be heard; and
 - (c) consult, where appropriate, the patient's guardian, nearest relative, or any other adult who has a close and continuing caregiving relationship with the patient.
4. The Authorised Psychiatrist shall complete the prescribed form for discharge from SOT-6a Supported Outpatient Treatment and shall specify—

- (a) the effective date of discharge;
 - (b) any recommendations for voluntary follow-up or community-based treatment; and
 - (c) arrangements for continuity of care, where applicable.
5. The discharge shall take effect on the date specified in the prescribed form.
 6. The Authorised Psychiatrist shall notify the Head of the Hospital of the discharge in the prescribed form SOT-6a,
 7. A discharge from Supported Outpatient Treatment shall not prevent the making of a fresh application for Supported Inpatient Treatment or Supported Outpatient Treatment in accordance with this Act, where the statutory criteria are subsequently met.

3.4.12 Discharge of Non-Traceable Patients

1. Where a patient under Supported Outpatient Treatment cannot be located despite reasonable efforts, the Authorised Psychiatrist shall—
 - (a) document in writing all attempts made to contact or locate the patient, including consultation with family, caregivers, community mental health workers, and any relevant authorities;
 - (b) notify the Head of the Hospital in the prescribed Form SOT-7a of the patient's non-traceable status as soon as practicable;
 - (c) temporarily suspend obligations under the Supported Outpatient Treatment until the patient is located; and
 - (d) may request the assistance of the Officer-in-Charge of the Police Station in the area where the patient resides in the prescribed Form SOT – 7b, strictly in accordance with the powers and duties of the Police under this Act, for the purpose of locating the patient or ensuring safe conveyance to a health facility. Police involvement shall remain supportive, non-punitive, and limited to these purposes.
2. Where the patient remains untraceable for a clinically significant period, the Authorised Psychiatrist may discharge the patient from Supported Outpatient Treatment, provided that—
 - (a) a written record is maintained of all clinical decisions, attempts to trace the patient, and the rationale for discharge;
 - (b) discharge does not prejudice the patient's rights to re-initiation of Supported Inpatient or Outpatient Treatment if the patient is subsequently located and meets the statutory criteria;

and

(c) any relevant agencies (e.g., police, social services) are informed to assist in future follow-up if the patient is found.

3. Discharge of a non-traceable patient shall be subject to the same notification and reporting requirements as other discharges under this Act, including—

(a) notifying the Head of the Hospital in the prescribed Form SOT-7c;

3.4.13 Powers, Duties, and Obligations under SOT

3.4.13.1 Powers and Duties of the Authorised Psychiatrist under Supported Outpatient Treatment

1. An Authorised Psychiatrist exercising functions under a Supported Outpatient Treatment Order shall act in accordance with the principles of necessity, proportionality, therapeutic purpose, and least restrictive alternative.
2. Subject to subsection (1), the Authorised Psychiatrist may—
 - (a) formulate, implement, and periodically review the individualised treatment plan;
 - (b) require the patient to attend specified clinics, hospitals, or community-based services for assessment, treatment, or monitoring;
 - (c) authorise home visits by Multidisciplinary Mental Health Team for purposes connected with the implementation or monitoring of the treatment plan;
 - (d) authorise the administration of prescribed medication in the community, including at the patient's place of residence, where clinically indicated and specified in the treatment plan;
 - (e) issue written warnings in the prescribed form SOT -8a in the event of non-adherence with the treatment plan;
 - (f) determine reasonable monitoring arrangements, including frequency and mode of review;
 - (g) communicate, where clinically appropriate and consistent with confidentiality obligations under this Act, with a guardian, nearest relative, or any other adult who has a close and continuing caregiving relationship with the patient;
 - (h) shall assign duties where required to members of the primary mental health centers or any other mental health team members attached to government hospitals, including authorising them to visit the patient's residence or administer prescribed medication where clinically

indicated, provided such duties are included within the content of the Supported Outpatient Treatment.

(i) notify the Officer-in-Charge of the Police Station of the area where the patient resides, only as a measure of last resort, for the limited purpose of assisting in locating the patient or ensuring safe conveyance to a health facility;

(j) recommend the variation, continuation, or revocation of the Supported Outpatient Treatment Order in accordance with this Act.

3. An Authorised Psychiatrist shall not impose any restriction on the residence of a patient unless—

(a) such restriction is strictly necessary for the protection of the health or safety of the patient or of others;

(b) the restriction is proportionate to the identified clinical need or risk;

(c) the restriction is limited in duration;

(d) the reasons for such restriction are recorded in writing; and

(e) the restriction is subject to review in accordance with this Act

3.4.13.2 Powers, Duties and Obligations of the Police under Supported Outpatient Treatment

1. Police involvement under a Supported Outpatient Treatment Order shall—

(a) be supportive in nature and shall not be punitive;

(b) be limited to locating the patient, facilitating lawful conveyance to a health facility, or providing assistance to authorised mental health personnel;

(c) occur only upon a written or contemporaneously recorded request made by an Authorised Psychiatrist; and

(d) be carried out in a manner that respects the dignity, rights, and privacy of the patient.

2. Police officers acting under this section shall not exercise powers of arrest solely on the ground of non-adherence to a Supported Outpatient Treatment Order, unless otherwise authorised under any other written law.

3. Subject to the provisions of this section, police officers shall retain and may exercise any powers conferred under Part IX (General Provisions) of this Act, where applicable.

3.4.13.3 Patient Obligations under Supported Outpatient Treatment

1. A patient subject to a Supported Outpatient Treatment Order shall—
 - (a) comply with the individualised treatment plan formulated under this Act;
 - (b) attend scheduled appointments or clinics as specified in the treatment plan;
 - (c) cooperate with lawful monitoring arrangements, including authorised home visits;
 - (d) notify the Authorised Psychiatrist of any change of address or residence as soon as practicable;
 - (e) reside at the declared address, unless otherwise authorised in writing by the Authorised Psychiatrist.
2. Non-adherence to a Supported Outpatient Treatment Order per se shall not constitute a criminal offence
3. Any non-adherence shall be managed in accordance with the clinical procedures provided under this Act, including review, variation, revocation, or transition to Supported Inpatient Treatment where necessary.

3.5 Restraint and Seclusion of Patients under Supported Inpatient Treatment

1. Patients receiving Supported Inpatient Treatment may be subjected to restraint and/or seclusion only where necessary to:
 - (a) prevent imminent harm to the patient; or
 - (b) prevent imminent harm to others.
2. The use of restraint or seclusion shall be carried out in accordance with procedures prescribed under regulations made pursuant to this Act (*See Annexure one*).
3. All instances of restraint or seclusion shall be:
 - (a) documented in the patient's clinical record;
 - (b) subject to periodic review; and
 - (c) conducted in a manner that respects the dignity and rights of the patient.

3.6 Leave

1. Patients under Supported Inpatient Treatment may be granted leave from the Authorised Mental Health Facility in accordance with regulations prescribed under this Act.

2. Leave shall be:
 - (a) approved in advance by the Authorised Psychiatrist or other designated authority;
 - (b) documented, including duration and conditions of leave; and
 - (c) revocable where there is a risk to the patient or others.
3. The procedures for granting, documenting, and revoking leave shall be conducted in accordance with regulations made pursuant to this Act (*see Annexure two*).

3.7 Absence Without Leave

1. A patient under Supported Inpatient Treatment who is absent from the Authorised Mental Health Facility without prior approved leave shall be dealt with in accordance with the regulations prescribed under this Act.
2. The Authorised Psychiatrist or Head of the Hospital may take appropriate action to ensure the patient's safety and return to the facility, consistent with the principles of least restriction, proportionality, and therapeutic purpose.

3.8 Rights of Supported Patients

1. Every Supported Patient shall have the right—
 - (a) to be informed promptly, in a language and manner that he or she understands, of—
 - (i) the reasons for the supported assessment or treatment; and
 - (ii) the legal basis for such intervention;
 - (b) to communicate with a nearest relative, guardian, legal representative, or any other person of his or her choice, subject to reasonable limitations necessary for the safety of the patient or others;
 - (c) to humane treatment and to be treated with dignity and respect at all times;
 - (d) to have his or her views and preferences taken into account, as far as practicable, in decisions relating to assessment, treatment, care, and discharge;
 - (e) to participate, where practicable, in the development, review, and variation of treatment plans;
 - (f) to be informed of the rights available under this Act, including the right to legal representation, advocacy, review, and appeal;

(g) to receive treatment in the least restrictive environment consistent with clinical needs and the safety of the patient or others.

(h) to be supported in necessary legal representation, in addition to the rights provided under this Act, including those set out in Part VII.

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PART IV

PRISONERS WITH MENTAL DISORDERS

4.1 Voluntary Treatment of Prisoners

4.1.1 A prisoner who has Treatment Consent Capacity and freely consents to assessment or treatment for a mental disorder shall be treated as a voluntary patient under this Act.

4.1.2 A prisoner receiving voluntary treatment may receive such treatment within a prison health facility or in an authorised Mental Health Facility in accordance with section 69(2), (3), (4), (5) and (6) of the Prisons Ordinance.

4.1.3 The voluntary status of a prisoner under this Act shall not confer any right to release from lawful custody.

4.1.4 Where a prisoner withdraws consent to treatment—

- (a) voluntary treatment shall cease;
- (b) the prisoner shall remain subject to lawful custody; and
- (c) supported inpatient treatment for prisoners (SITP) may be initiated only if the statutory criteria under section 3.0 are satisfied and the procedures under this Part are followed.

4.2 Prohibition of Supported Treatment within Prison Premises

4.2.1 No prisoner shall receive supported treatment within prison premises.

4.2.2 Supported treatment for a prisoner shall only occur in—

- (a) an Authorised Mental Health Facility; or
- (b) an Authorised Forensic Mental Health Facility.

4.3 Supported Inpatient Treatment for Prisoners (SITP)

A prisoner may be subject to Supported Inpatient Treatment for Prisoners (SITP) if he or she satisfies the statutory criteria for a Supported Patient under section 3.0

4.3.1 Initiation of Supported Inpatient Treatment for Prisoner (SITP)

1. Where a prisoner appears to fulfil the Supported Patient criteria set out in section 3.0 and requires admission to and treatment in an Authorised Mental Health Facility, a Medical Officer of the prison shall make an Initiation Order by completing Form P1A.
2. In making an Initiation Order for a prisoner, a Medical Officer of the prison shall consider a written application in Form P1 made by one or more of the following persons:
 - i. A Medical Officer;
 - ii. A member of the prison medical team;
 - iii. A member of the Prison allied health team;
 - iv. A prison officer (including a jailor, prison guard, welfare officer, or other officer defined under the Prisons Ordinance);
 - v. A nearest relative, guardian, or person with a close and continuing caregiving relationship with the prisoner.
3. An Initiation Order made under this section shall not authorise the prisoner to be assessed, examined, detained, or treated under supported treatment within the prison or any prison health facility.
4. An Initiation Order may be made de novo, whether or not a prior application has been made under subsection (2), where the Medical Officer of the prison is independently satisfied that the prisoner appears to fulfil the Supported Patient criteria set out in section 3.0.

4.3.2 Production before Authorized Psychiatrist

1. The Medical Officer of the Prison shall notify the Superintendent of Prison of the Initiation Order as soon as practicable and, in any event, within twenty-four (24) hours of the Order being made, by serving a copy of the Initiation Order together with a Notice of Production in Form P1B.
2. The Superintendent of Prison shall arrange for the prisoner subject to the Initiation Order to be produced before an Authorised Psychiatrist as soon as practicable and, in any event, within five (5) days from the date of the Initiation Order.
3. Where the prisoner cannot be produced before an Authorised Psychiatrist within five (5) days, the Superintendent of Prison shall record the reasons in writing and obtain an extension

of time by completing Form P1C, and shall arrange for the prisoner to be produced within a further period not exceeding forty-eight (48) hours.

4. Where a total period of seven (7) days from the date of the original Initiation Order has elapsed without the prisoner being produced before an Authorised Psychiatrist, the Initiation Order shall lapse. No further action shall be taken under that Order unless a fresh Initiation Order is made by the Prison Medical Officer, where the prisoner continues to meet the statutory criteria for Supported Inpatient Treatment for Prisoner (SITP).

4.3.3 Authorisation of Supported Inpatient Treatment for Prisoner (SITP)

1. The Authorised Psychiatrist shall examine the prisoner who is subject to an Initiation Order and, if satisfied that the prisoner fulfils the prescribed criteria under section 3.1.1 and requires admission to an Authorised Mental Health Facility for supported inpatient psychiatric treatment, shall authorise such treatment (SITP) and complete Form P2A. after this authorisation the prisoner goes back to prison as it takes time to arrange the security measures by prison, so this authorisation is two steps, Form P2A and Form P2D)
2. The Authorised Psychiatrist who authorises SITP shall notify the Head of the relevant Authorised Mental Health Facility within twenty-four (24) hours of such authorisation by completing Form P2B.
3. The Head of the Authorised Mental Health Facility shall notify the Superintendent of the relevant Prison within twenty-four (24) hours that the prisoner has been authorised for SITP, by completing Form P2C.
4. Upon receipt of the notification of SITP authorisation (Form P2C) from the Head of the Authorised Mental Health Facility, the Superintendent of the relevant Prison shall arrange the transfer of the prisoner to the Authorised Mental Health Facility within fourteen (14) days from the date of receipt of the notification.
5. If the transfer is not completed within fourteen (14) days, a fresh Initiation Order shall be required before any further action.

4.3.4 Admission Procedure

1. An Authorised Medical Officer of an Authorised Mental Health Facility shall review the prisoner who has been authorised for Supported Inpatient Treatment for Prisoner (SITP) by

an Authorised Psychiatrist within twenty-four (24) hours of admission to the facility. The medical officer may initiate assessment, examination, and provisional treatment as necessary and shall complete Part I of Form P2D documenting findings, provisional management, and clinical observations.

2. An Authorised Psychiatrist shall review the prisoner within seventy-two (72) hours of the review conducted by the Authorised Medical Officer. Upon such review, the Authorised Psychiatrist shall confirm, or revoke the authorisation (done on form P2A) for SITP by completing part II of the Form P2D. Treatment initiated by the medical officer before this review shall be considered provisional.
3. The authorisation for SITP shall be valid for a period of three (3) months from the date of confirmation by the Authorised Psychiatrist, unless revoked earlier in accordance with this Act.

Note:

The production and authorisation of Supported Inpatient Treatment for Prisoner (SITP), as set out in sections 4.5 and 4.6, may occur either at an Authorised Mental Health Facility or at a psychiatric clinic conducted within a prison by an Authorised Psychiatrist, or may be authorised by an Authorised Forensic Psychiatrist. Notwithstanding the location of the authorisation or the authorising officer, the prisoner shall be admitted to an Authorised Mental Health Facility. Where the prisoner requires treatment at an Authorised Forensic Mental Health Facility, the procedures prescribed in section 4.3.7 (Transfer from an Authorised Mental Health Facility to an Authorised Forensic Mental Health Facility) shall apply.

4.3.5 Duration of Hospitalisation and Extension of Supported Inpatient Treatment for Prisoners (SITP)

1. A prisoner admitted to an Authorised Mental Health Facility or an Authorised Forensic Mental Health Facility under Supported Inpatient Treatment for Prisoner (SITP) by an Authorised Psychiatrist shall be hospitalised under this Act for a maximum period of three (3) months from the date on which the Authorised Psychiatrist confirms SITP in accordance with section 4.3.4.

2. Extension of hospitalisation under SITP beyond three (3) months, for a further maximum period of three (3) months, shall require the authorisation of a second opinion psychiatrist.
3. The Authorised Psychiatrist seeking such extension shall notify the Head of the Hospital by completing Form P3A. The Head of the Hospital shall thereafter complete Form P3B and make arrangements for the assessment of the prisoner by a second opinion psychiatrist.
4. The assessment by the second opinion psychiatrist shall preferably be conducted in person. Where an in-person assessment is not practicable, the assessment may be conducted through a contemporaneous video link. The second opinion psychiatrist shall provide authorisation or revoke SITP by completing Form P3C.
5. If the second opinion psychiatrist determines that the prisoner continues to meet the statutory criteria for SITP, he or she shall authorise the extension of hospitalisation for a further three (3) months. If the second opinion psychiatrist determines that the prisoner no longer meets the statutory criteria for SITP, he or she shall revoke the authorisation.
6. Extension of SITP beyond six (6) months shall require the authorisation of the Provincial Mental Health Review Board.
7. Where an Authorised Psychiatrist considers that extension of SITP beyond six (6) months is necessary, he or she shall notify the Head of the Hospital by completing Form P3D. The Head of the Hospital shall thereafter submit an application to the Provincial Mental Health Review Board by completing Form P3E.
8. The Provincial Mental Health Review Board shall determine whether SITP shall be extended, revoked, or varied. For the purposes of variation:
 - (a) A prisoner admitted to an Authorised Mental Health Facility may have SITP varied to an Authorised Forensic Mental Health Facility;
 - (b) A prisoner admitted to an Authorised Forensic Mental Health Facility may have SITP varied to an Authorised Mental Health Facility.
 - (c) Where the Board determines that SITP shall be extended or varied, the Board shall issue an order as follows:
 - i. The Chairperson of the Board shall communicate the decision to the Head of the Hospital and the Superintendent of the relevant Prison by completing Form P3F;

- ii. The order shall specify whether a transfer to another facility is required and, if so, identify the designated Authorised Mental Health Facility or Authorised Forensic Mental Health Facility;
 - iii. Where a transfer is required, the Superintendent of the Prison shall make all necessary arrangements to effect the transfer of the prisoner to the designated facility in accordance with the order; Upon receipt of this notification, the Superintendent of the Prison shall arrange the transfer of the prisoner to the Authorised Forensic Mental Health Facility within 14 days.
 - iv. The Head of the originating facility shall notify the Head of the receiving facility of any transfer required under the Board's order. The originating facility shall transmit all relevant clinical records, treatment plans, risk assessments, and legal authorisation documents to ensure continuity of care. Form P3G shall be completed by the Head of the originating facility to confirm that the receiving facility has been informed and is prepared for the prisoner's admission. The notification and admission procedures shall follow the relevant provisions in section 4.3.7.5 (for transfers to Authorised Forensic Mental Health Facilities) or section 4.3.8.5 (for lateral or step-down transfers to Authorised Mental Health Facilities).
9. The Provincial Mental Health Review Board shall extend SITP only if it determines that the prisoner continues to meet the statutory criteria for supported inpatient treatment. Thereafter, the Board shall review the need for continuation of SITP at intervals of six (6) months.
 10. The Provincial Mental Health Review Board shall revoke SITP if it determines that the prisoner no longer meets the statutory criteria for supported inpatient treatment.

4.3.6 Transfers of Prisoners under Supported Inpatient Treatment for Prisoner (SITP)

4.3.6.1 General Principles for Transfer

1. Transfers of prisoners under SITP shall occur when clinical, risk management, security, or treatment-related considerations indicate that the current facility is no longer appropriate for ongoing care.
2. Where feasible, the prisoner's preferences and, where appropriate, the views of family or other significant caregivers shall be documented and considered, provided that these do not conflict with clinical, safety, or security requirements.

4.3.6.2 Criteria to Consider for Transfer

Transfers shall be considered in accordance with the following criteria:

1. **Clinical need:** The prisoner requires interventions, monitoring, or therapies not available at the current facility.
 2. **Risk to self or others:** The prisoner's condition presents a risk that cannot be safely managed in the present facility.
 3. **Security requirements:** Custodial or forensic security measures exceed the capacity of the current facility.
 4. **Specialist care:** The prisoner requires psychiatric or forensic expertise available only at the receiving facility.
 5. **Capacity for treatment:** The current facility lacks infrastructure, staffing, or therapeutic resources required for ongoing care.
 6. **Prisoner and family preferences:** Where clinically and safely possible, the views of the prisoner and, where appropriate, family or caregivers, shall be documented and considered.
- Note:** Transfers do not automatically extend the SITP authorisation period; duration and extensions are governed under section 4.3.4.

4.3.7 Transfer from Authorised Mental Health Facility to Authorised Forensic Mental Health Facility (step-up transfers)

4.3.7.1 Eligibility for Transfer

1. A prisoner shall be considered for transfer from an Authorised Mental Health Facility to an Authorised Forensic Mental Health Facility when, the prisoner's clinical condition, risk management needs, or security considerations render treatment at the current facility inappropriate
2. **Additional factors specific to step-up transfers include:**
 - (a) Security and forensic requirements that cannot be safely managed at the current facility.
 - (b) Need for specialist forensic psychiatric expertise available only at a forensic facility.
 - (c) Views of the prisoner and family/caregivers should be documented and considered, provided they do not compromise safety or security.

4.3.7.2 Initiation of Transfer Request

1. The Authorised Psychiatrist at the current facility shall complete Form P4A to initiate the transfer request. If, upon assessment, the prisoner continues to meet the statutory criteria for Supported Inpatient Treatment (SITP) and requires transfer, the Authorised Psychiatrist shall notify the Head of the Hospital by submitting Form P4A.

4.3.7.3 Notification to Receiving Facility

1. The Head of the Hospital shall inform the Head of the Authorised Forensic Mental Health Facility within 18 hours of receiving the notification by completing Form P4B Part II. Upon receipt, the Head of the Authorised Forensic Mental Health Facility shall notify the Authorised Forensic Psychiatrist within 48 hours by completing Form P4B Part III.

4.3.7.4 Review and Decision

1. The Authorised Forensic Psychiatrist shall review the proposed transfer and provide concurrence or rejection within 5 days of receiving the notification by completing Form P4B Part IV. The Head of the Authorised Forensic Mental Health Facility shall forward the decision to the Head of the originating hospital within 48 hours.

4.3.7.5 Notification to Prison Authorities

1. If approved, the Head of the originating institution shall notify the Superintendent of the relevant Prison within 24 hours by completing Form P4C.
2. Upon receipt of this notification, the Superintendent of the Prison shall arrange the transfer of the prisoner to the Authorised Forensic Mental Health Facility within 14 days.

4.3.7.6 Admission and Initial Review at Receiving Facility

1. Upon admission, an Authorised Medical Officer of the Authorised Forensic Mental Health Facility shall review the prisoner within 24 hours and may initiate assessment, examination, and treatment.
2. An Authorised Forensic Psychiatrist shall review the prisoner within 72 hours of the medical officer's review and, upon such review, shall confirm or revoke the authorisation for SITP.

3. Note: Admission procedures mirror section 4.3.4. The transfer does not automatically extend the duration of SITP; extensions are governed under section 4.3.4.

4.3.8 Transfers Between Facilities of the Same Type (lateral) and Step-Down Transfers

1. This section covers:
 - (a) Transfers between facilities of the same type (lateral)
 - (b) Step-down transfers from Authorised Forensic Mental Health Facility to Authorised Mental Health Facility

4.3.8.1 Eligibility for Transfer

1. A prisoner shall be considered for transfer when the current facility is no longer the most appropriate for ongoing care due to clinical, risk management, or treatment considerations.
2. Additional factors for lateral/step-down transfers include:
 - (a) Clinical need for interventions, monitoring, or therapies not available at the receiving facility.
 - (b) Risk management that can be more effectively addressed at the receiving facility.
 - (c) Specialist expertise required at the receiving facility.
 - (d) Continuity of care and therapeutic convenience, including step-down to lower-intensity settings or lateral matching to equivalent facilities.
 - (e) Views of the prisoner and family/caregivers shall be documented and considered.

Note: Security considerations are generally less determinative in lateral/step-down transfers compared to step-up transfers (section 4.3.7).

4.3.8.2 Initiation of Transfer Request

1. The Authorised Psychiatrist at the current facility shall complete Form P5A to initiate the transfer request.

If satisfied that the prisoner continues to meet the statutory criteria for Supported Inpatient Treatment (SITP) and requires transfer, the Authorised Psychiatrist shall notify the Head of the Hospital within twenty-four (24) hours by Form P5A.

4.3.8.3 Notification to Receiving Facility

1. The Head of the Hospital shall inform the Head of the receiving facility within eighteen (18) hours of receiving the notification by completing Form P5B Part I.

Upon receipt, the Head of the receiving facility shall notify the receiving Authorised Psychiatrist within forty-eight (48) hours by completing Form P5B Part II.

4.3.8.4 Review and Decision

1. The receiving Authorised Psychiatrist shall review the proposed transfer and provide concurrence or rejection within five (5) days of receiving the notification by completing Form P5B Part III.
2. The Head of the receiving facility shall forward the decision to the Head of the originating hospital within forty-eight (48) hours.

4.3.8.5 Notification to Prison Authorities

1. If approved, the Head of the originating hospital shall notify the Superintendent of the relevant Prison within twenty-four (24) hours by completing Form P5C.

Upon receipt of this notification, the Superintendent of the Prison shall arrange the transfer of the prisoner to the receiving facility within fourteen (14) days.

4.3.8.6 Admission and Initial Review at Receiving Facility

1. Upon admission, an Authorised Medical Officer of the receiving facility shall review the prisoner within twenty-four (24) hours and may initiate assessment, examination, and treatment.
2. An Authorised Psychiatrist shall review the prisoner within seventy-two (72) hours of the medical officer's review and, upon such review, shall confirm or revoke the authorisation for SITP.

Note: Admission procedures mirror section 4.3.4. Transfers do not automatically extend the duration of SITP; duration and extensions are governed under section 4.3.4.

4.3.9 Revocation of Supported Inpatient Treatment for Prisoner (SITP)

4.3.8.3 Authority to Revoke

1. An authorisation for Supported Inpatient Treatment for Prisoner (SITP) may be revoked:
 - a. at any time, by an Authorised Psychiatrist;
 - b. at any time, by an Authorised Forensic Psychiatrist;
 - c. by a Second Opinion Psychiatrist when acting pursuant to a referral under section 4.3.5; or
 - d. by the Provincial Mental Health Review Board at a duly constituted review hearing under section 4.3.5.

4.3.9.2 Grounds for Revocation

1. SITP shall be revoked where the decision-maker determines that:
 - a. the prisoner no longer fulfils the statutory criteria for supported inpatient treatment under section 3.0; or
 - b. continued detention or treatment under SITP is unlawful; or
 - c. continued detention or treatment under SITP is no longer clinically justified; or
 - d. a material procedural defect renders the authorisation invalid.

All decision-makers exercising powers under section 4.3.8.3 shall apply the same statutory criteria.

4.3.9.3 Procedural Requirements

1. A decision to revoke SITP shall:
 - a. be made in writing using the prescribed Form P6, which shall constitute the formal legal record of revocation in all cases;
 - b. where the decision to revoke is made in the course of:
 - i. a post-admission assessment by an Authorised Psychiatrist (Form P2A);
 - ii. a second opinion assessment (Form P3C); or
 - iii. a review hearing of the Provincial Mental Health Review Board (Form P3F);the decision shall be recorded in those forms, and Form P6 shall additionally be completed by the Authorised Psychiatrist to formalise the revocation;
 - c. state clearly the clinical and legal reasons for revocation;
 - d. be entered into the prisoner's medical record;

- e. be communicated to the Head of the Authorised Mental Health Facility or Authorised Forensic Mental Health Facility forthwith;
- f. be notified in writing to the Superintendent of the relevant Prison within twenty-four (24) hours.

4.3.9.4 Effect of Revocation

- 2. Upon revocation of SITP:
 - a. The authority to detain and treat the prisoner under supported inpatient treatment shall cease immediately;
 - b. The prisoner shall be returned to lawful prison custody without delay, unless lawfully detained under another provision of this Act;
 - c. Treatment may continue only:
 - i. with the informed consent of the prisoner as a voluntary patient; and
 - ii. with the agreement of the relevant prison authorities; or
 - iii. pursuant to a fresh lawful order made under this Act;
 - d. Where the prisoner elects to remain in hospital as a voluntary patient, such admission shall comply with Part 2 of this Act and shall not constitute continued detention under SITP;
 - e. Revocation shall not prevent a fresh Initiation Order being made under section 4.3.1 where the statutory criteria are subsequently satisfied.

4.3.9.5 Transfer and Custodial Responsibility

- 1. Upon revocation:
 - a. The Superintendent of the relevant Prison shall remain responsible for the prisoner's lawful custody;
 - b. Arrangements for transfer from hospital to prison shall be made without undue delay;
 - c. A brief clinical handover summary shall be provided to the Prison Medical Officer to ensure continuity of care.

4.3.10 Transition of Supported Inpatient Treatment for Prisoner (SITP) Upon Release

4.3.10.1 Application

1. When a prisoner subject to Supported Inpatient Treatment for Prisoner (SITP) is due for release—whether by completion of sentence, grant of bail, court order, or other lawful discharge—and appears to continue to meet the statutory criteria for SITP under section 3.0, the provisions of this section shall apply.
2. Upon lawful release, the authorisation for SITP as a prisoner shall cease. Any continued inpatient care shall occur solely under Part III of this Act.
3. The date of SITP authorisation shall correspond to the date recorded in the post-admission Form P2D signed by the Authorised Psychiatrist.

4.3.10.2 Transition by Authorised Psychiatrist

1. Prior to, or at the time of, release, an Authorised Psychiatrist or Authorised Forensic Psychiatrist shall:
 - a. Review the person's clinical status.
 - b. If satisfied that the statutory criteria for SITP continue to be met, authorise continued supported inpatient treatment under Part III of this Act by completing the prescribed Transition Form (Form P7).
 - c. Ensure that the person ceases to be treated as a prisoner and is thereafter admitted solely as a Supported Patient under Part III.
 - d. Notify the relevant prison authorities in writing, using Form P7, that custody under the Prisons Ordinance has ceased and that the person is now admitted under Part III.

4.3.10.3 Temporary Authorisation Where No Authorised Psychiatrist is Available

1. Where, at the time of release, an Authorised Psychiatrist or Authorised Forensic Psychiatrist is not reasonably available, and the person appears to fulfil the statutory criteria under section 3.0:
 - a. An Authorised Medical Officer of the hospital may initiate temporary supported inpatient treatment under Part III using the temporary authorisation field in Form P7.
 - b. Such temporary authorisation shall be valid for a period not exceeding seventy-two (72) hours from the time of completion.

- c. An Authorised Psychiatrist shall examine the person within that seventy-two (72) hour period and either confirm or revoke the temporary authorisation in accordance with Part III.
- d. Where confirmation is not made within seventy-two (72) hours, the temporary authorisation made by the Medical Officer shall lapse automatically.

4.3.10.4 Legal Status After Transition

- 1. Upon transition under this section:
 - a. The person shall no longer be treated as a prisoner.
 - b. Admission and care shall be governed exclusively under Part III of this Act.
 - c. Duration, review, and clinical oversight shall follow the procedures applicable to Supported Patients under Part III, and not under section 4.3.5.

4.3.10.5 Discharge Where Criteria Not Met

- 1. Where, upon review prior to or at the time of release, it is determined that the statutory criteria for supported inpatient treatment are not satisfied:
 - a. SITP shall be revoked in accordance with section 4.3.9;
 - b. The person shall be discharged from hospital upon lawful release from prison custody and shall not be detained under this Act unless a fresh authorisation is made in accordance with Part III.

4.4 Rights of Supported Patients in Custody

- 1. A person who is a prisoner or otherwise lawfully detained and who becomes a Supported Patient under this Act shall retain the rights provided under this section, subject only to lawful limitations necessary for the security and good order of the place of detention.
- 2. Such persons shall have access, as far as practicable, to mental health care, legal representation, advocacy services, and review mechanisms equivalent to those available to other Supported Patients.
- 3. Mental health assessment and treatment of prisoners shall, where practicable, be provided in appropriate health facilities or specialised units rather than ordinary custodial settings.

4. Nothing in this Act shall prevent the transfer of a prisoner with a mental disorder to an Authorised Mental Health Facility where clinically necessary and in accordance with applicable law.

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PART V

ADMINISTRATION OF ELECTRO CONVULSIVE THERAPY

5.0 Applicability

This Part applies to all voluntary patients and Supported Patients.

5.1 General Safeguards

1. Electroconvulsive therapy (ECT) shall be administered solely for therapeutic purposes and shall not be used as a means of punishment, coercion, discipline, or convenience.
2. Electroconvulsive therapy shall be administered only—
 - (a) in an accredited health facility;
 - (b) under the supervision of a Psychiatrist or an Authorised Psychiatrist; and
 - (c) in accordance with recognised professional standards.
3. Electroconvulsive therapy shall not be administered without appropriate anaesthesia and a muscle relaxant, except where regulations made under this Act expressly permit otherwise in strictly defined emergency circumstances.
4. The Authorised Psychiatrist shall ensure that the clinical indication, treatment plan, and monitoring arrangements for electroconvulsive therapy are properly recorded in the patient's clinical record.

5.2 Administration of Electroconvulsive Therapy with Informed Consent

1. A course of electroconvulsive therapy may be administered to a voluntary patient or a Supported Patient who possesses treatment consent capacity.
 - a) Where a patient has treatment consent capacity—
the Authorised Medical Officer shall obtain the patient's informed consent in the prescribed form, Form ECT-1; and
 - b) the Authorised Psychiatrist shall prescribe the course of electroconvulsive therapy and document such prescription in Form ECT-1.

5.3 Administration of Electroconvulsive Therapy Without Consent

5.3.1 Patients Lacking Treatment Consent Capacity

1. Electroconvulsive therapy may be administered to a voluntary patient or a Supported Patient who lacks treatment consent capacity only where, by reason of a mental disorder—
 - a) the person is at substantial risk of serious deterioration of his or her mental or physical health; or
 - b) the person poses an imminent or substantial risk of harm to himself or herself; or the person is at substantial risk of gross personal neglect or deprivation.

5.3.2 Supported Patients with Capacity Who Refuse Consent

1. Where a Supported Patient has treatment consent capacity but refuses to consent to electroconvulsive therapy, such treatment may nevertheless be administered only if the criteria set out in section 5.3.1 (a)–(c) are satisfied.

5.3.3 Voluntary Patients with Capacity Who Refuse Consent

1. Where a voluntary patient has treatment consent capacity and refuses electroconvulsive therapy, such treatment shall not be administered while the patient remains under voluntary status.

5.3.4 Authorisation in Urgent Circumstances

1. In circumstances falling under sections 5.3.1 or 5.3.2, the Authorised Psychiatrist may authorise electroconvulsive therapy only if satisfied that the treatment is urgently necessary in the interests of the patient's health or safety.
2. Such authorisation shall—
 - a) be limited to not more than seven (7) individual electroconvulsive treatments; and
 - b) be recorded by the Authorised Psychiatrist in Form ECT-2.

5.4 Requirement for Second Opinion

1. If further ECT is needed beyond 7 treatments authorised under 5.3.4, the Authorised Psychiatrist must obtain a second opinion.
2. The Authorised Psychiatrist shall notify the Head of Hospital using Form ECT-3A –

3. The Head of Hospital shall arrange for an independent assessment by a Second Opinion Psychiatrist using Form ECT-3B
4. The Second Opinion Psychiatrist shall:
 - a) Independently assess the patient;
 - b) Provide a written recommendation using Form ECT-3C; and
 - c) Complete this assessment within 7 days of the request.
5. Assessment may be conducted in person or via contemporaneous audio-visual communication.
6. If the Second Opinion Psychiatrist approves continuation, the Authorised Psychiatrist may administer up to 7 additional ECT treatments, recorded in Form ECT-2.

5.5 Review by the Provincial Mental Health Review Board

1. Where electroconvulsive therapy (ECT) is proposed to exceed fourteen (14) treatments in total, the Authorised Psychiatrist shall submit a request for review, using Form ECT-4a, to the Head of the Hospital.
2. The Head of the Hospital shall forward the request to the Provincial Mental Health Review Board using Form ECT-4b, ensuring that the patient's clinical details and justification for additional treatment are provided.
3. The Provincial Mental Health Review Board shall conduct an independent assessment of the patient, either in person or via contemporaneous audio-visual communication, as appropriate.
4. Following assessment, the Board shall issue its determination in Form ECT-4c, which may:
 - a. Authorise continuation of electroconvulsive therapy for a specified number of additional treatments; or
 - b. Direct that the treatment be discontinued.
5. The decision of the Review Board constitutes the formal record of authorisation or discontinuation, and the clinical and legal responsibility for compliance rests with the treating Authorised Psychiatrist and hospital administration.

5.6 Discontinuation of Electroconvulsive Therapy

1. The Authorised Psychiatrist shall discontinue electroconvulsive therapy where
 - a) electroconvulsive therapy is no longer required; or

- b) the Second Opinion Psychiatrist recommends discontinuation; or
- c) the Provincial Mental Health Review Board directs that the treatment be discontinued.

5.7 Electroconvulsive Therapy for Children

1. ECT may be administered to a voluntary or Supported Patient under eighteen (18) years of age only in accordance with this section. All administration of ECT to children must comply with the principles of least restrictive intervention, clinical necessity, and independent review where appropriate. ECT shall only be administered in authorised Child and Adolescent Psychiatry Units of government hospitals.

Note: For provisions relating to the number of treatments, second opinions, and review, refer to Sections 5.3–5.6, which shall apply mutatis mutandis unless otherwise provided. Relevant forms include Form C-ECT-1 to C-ECT-4c.

5.7.1 Child with Treatment Consent Capacity

1. Where a child has treatment consent capacity:
 - a) The informed consent of the child shall be obtained by completing the Form C-ECT-1.
 - b) The informed consent of the parent or legal guardian shall also be obtained using Form C-ECT-1.
2. Where the parent or legal guardian refuses consent or is unavailable or cannot reasonably be contacted, ECT may only be administered if all of the following conditions are met:
 - a) The child is assessed by the Authorised Psychiatrist and a Second Opinion Psychiatrist, who shall be independent of the treating team and, where reasonably available, a Consultant Child and Adolescent Psychiatrist.(Form C-ECT-3B and C-ECT-3C).
 - b) The Second Opinion Psychiatrist certifies that the treatment is clinically necessary and that, by reason of a mental disorder:
 - i. the child is at substantial risk of serious deterioration of mental or physical health; or
 - ii. the child poses an imminent or substantial risk of harm; or
 - iii. the child is at substantial risk of gross personal neglect or deprivation.
 - c) The reasons for administering ECT without parental consent shall be fully documented in the clinical record.(Form C-ECT-2).

- d) Where the situation is non-emergency, the matter shall be referred to the Provincial Mental Health Review Board for approval prior to treatment (Forms C-ECT-4a, C-ECT-4b, C-ECT-4c).
- e) Where the situation is an emergency posing imminent risk, ECT may be administered immediately on the recommendation of the Authorised Psychiatrist and Second Opinion Psychiatrist (Form C-ECT-2), and shall be reviewed by the Provincial Mental Health Review Board as soon as practicable (Form C-ECT-4c).

5.7.2 Child Lacking Treatment Consent Capacity

1. Where a child lacks treatment consent capacity, ECT may only be administered if:
 - a) By reason of the mental disorder:
 - i. the child is at substantial risk of serious deterioration of mental or physical health; or
 - ii. the child poses an imminent or substantial risk of harm to himself or herself; or
 - iii. the child is at substantial risk of gross personal neglect or deprivation.
 - b) The child is independently assessed by two psychiatrists, at least one being a board-certified Consultant Child and Adolescent Psychiatrist where available (Forms C-ECT-3B and C-ECT-3C).
 - c) Consent of the parent or legal guardian has been obtained (Form C-ECT-1).
2. If the parent or legal guardian refuses consent or is unavailable, ECT may only be administered:
 - a) In emergencies where the child faces imminent risk, with dual psychiatric authorisation (Form C-ECT-2).
 - b) Where the situation is non-emergency, the matter shall be referred to the Provincial Mental Health Review Board for approval prior to treatment (Forms C-ECT-4a, C-ECT-4b, C-ECT-4c).
 - c) Where the situation is an emergency posing imminent risk, ECT may be administered immediately on the recommendation of the Authorised Psychiatrist (Form C-ECT-2) and Second Opinion Psychiatrist, and shall be reviewed by the Provincial Mental Health Review Board as soon as practicable (Form C-ECT-4c).
 - d) All steps, assessments, and risk justifications must be fully documented in the clinical record.

5.7.3 Child with Capacity Who Refuses Treatment

1. Where a child has treatment consent capacity but refuses ECT:
 - a) If the child is a Supported Patient, ECT may be administered only if:
 - i. by reason of a mental disorder, the child meets the risk criteria set out in section 5.7.2(1)(a);
 - ii. the child is assessed by the Authorised Psychiatrist and a Second Opinion Psychiatrist, who shall be independent of the treating team and, where reasonably available, a Consultant Child and Adolescent Psychiatrist(Forms C-ECT-3B and C-ECT-3C);
 - iii. the consent of the parent or legal guardian has been obtained where available (Form C-ECT-1).
2. Where the parent or legal guardian refuses consent or is unavailable, ECT may only be administered:
 - a) In an emergency, on the recommendation of the Authorised Psychiatrist and Second Opinion Psychiatrist(Form C-ECT-2); or
 - b) In non-emergency situations, only after approval by the Provincial Mental Health Review Board(Forms C-ECT-4a, C-ECT-4b, C-ECT-4c).
3. Where the child is a Voluntary Patient, ECT shall not be administered against the child's refusal, unless authorised under emergency provisions or by a court of competent jurisdiction.

5.7.4 Documentation and Safeguards

1. All administration of ECT to children, including in emergency situations, shall be fully documented in the clinical record, including:
 - a) Clinical indication
 - b) Risk assessment
 - c) Opinions of the Authorised Psychiatrist and Second Opinion Psychiatrist
 - d) Consent status of the child and parent or legal guardian
 - e) Provincial Mental Health Review Board approvals or emergency justifications
 - f) Number of treatments in accordance with Sections 5.3–5.6

2. All decisions shall adhere to the principles of least restrictive intervention, clinical necessity, and the best interests of the child.

5.8 Continuation and Maintenance Electroconvulsive Therapy

1. Where a voluntary or Supported Patient has shown clinical improvement following a course of electroconvulsive therapy, the Authorised Psychiatrist may prescribe continuation or maintenance electroconvulsive therapy for the purpose of preventing relapse or recurrence of the patient's mental disorder.
2. Continuation or maintenance electroconvulsive therapy shall be administered no more frequently than once per week.
3. The Authorised Psychiatrist shall specify in the patient's clinical record—
 - a) the clinical justification for continuation or maintenance treatment; and
 - b) the proposed frequency and duration of treatment.
4. Where the patient has the capacity to give informed consent, continuation or maintenance electroconvulsive therapy may be administered only with the patient's informed consent in the prescribed form ECT 5.
5. Where the patient lacks capacity to give informed consent, continuation or maintenance ECT shall be administered with the approval of a Second Opinion Psychiatrist for a maximum period of three (3) months using prescribed forms ECT 6a, ECT 6b and ECT 6c.
6. To extend continuation or maintenance ECT beyond three (3) months, the Authorised Psychiatrist shall obtain the approval of another Second Opinion Psychiatrist ECT 6a, ECT 6b and ECT 6c.
7. Where continuation or maintenance ECT exceeds six (6) months, the Authorised Psychiatrist shall obtain the approval of the Provincial Mental Health Review Board using prescribed from ECT 7a, ECT 7b and ECT 7c.

PART VI

APPEALS

6.0 Right to Representation

Any person appealing under this Part shall be entitled to be represented by a legal representative or any other person authorised under this Act.

6.1 Appeals Against Decisions of Authorised Psychiatrist or Second Opinion Psychiatrist

1. Any person aggrieved by a decision made under this Act by an Authorised Psychiatrist (AP) or a Second Opinion Psychiatrist (SOP), including a decision to authorise, confirm, extend, vary, transition, or revoke—
 - (a) Supported Inpatient Treatment (SIT);
 - (b) Supported Outpatient Treatment (SOT);
 - (c) Supported Inpatient Treatment for Prisoners (SITP); or
 - (d) Electroconvulsive Therapy (ECT),may appeal to the Provincial Mental Health Review Board using Form Appeal-1.
2. The following persons shall be entitled to appeal under this section:
 - (a) the patient;
 - (b) a guardian, nearest relative, or any person with a close and continuing caregiving relationship to the patient;
 - (c) a person nominated by the patient; or
 - (d) a legal representative.
3. An appeal under this section may be made once in respect of each decision, but shall not prevent an appeal in respect of any subsequent decision.
4. Upon receipt of an appeal, the Provincial Mental Health Review Board shall:
 - (a) conduct a hearing as soon as practicable and, in any event, within a period not exceeding three (3) weeks from the date of receipt of the appeal, unless exceptional circumstances justify a longer period;

- (b) issue a written decision, with reasons, within one (1) week of the conclusion of the hearing; and
- (c) notify all relevant parties of its determination.

6.2 Appeals Against Decisions of the Provincial Mental Health Review Board

1. Any person aggrieved by a decision of the Provincial Mental Health Review Board may appeal against such decision to a differently constituted panel of the Provincial Mental Health Review Board using Form Appeal-2.
2. Upon such appeal occasion, a differently constituted panel of the Provincial Mental Health Review Board shall be appointed.
3. The panel hearing the appeal shall be independent of, and shall not include, any member who participated in the original decision, in order to ensure impartiality.
4. An appeal under this section may be made once in respect of each decision, but shall not prevent an appeal in respect of any subsequent decision.

6.3 Appeals to the District Court

1. Any person aggrieved by a decision of an Authorised Psychiatrist (AP), a Second Opinion Psychiatrist (SOP), or the Provincial Mental Health Review Board may appeal to the District Court, in accordance with the procedures prescribed under this Act or any rules made thereunder using Form Appeal-3.
2. The District Court shall have the power to confirm, vary, or revoke the decision under appeal.
3. An appeal to the District Court shall relate to one decision only, but shall not preclude the right to appeal any subsequent decision made under this Act.

6.4 Appeals for Children Receiving Supported Inpatient Treatment

1. A child patient, acting through a legal representative or any person authorised under this Act, may appeal any decision relating to—
 - (a) Supported Inpatient Treatment (SIT);
 - (b) Supported Inpatient Treatment for Prisoners (SITP); or

- (c) Electroconvulsive Therapy (ECT),
to the Provincial Mental Health Review Board using Form Appeal-4.
2. A parent, guardian, or any person with a close and continuing caregiving relationship to the child may also initiate an appeal on behalf of the child.
 3. An appeal under this section may be made once in respect of each decision, but shall not prevent an appeal in respect of any subsequent decision.
 4. Upon receipt of an appeal, the Provincial Mental Health Review Board shall:
 - (a) conduct a hearing as soon as practicable and, in any event, within a period not exceeding three (3) weeks from the date of receipt of the appeal, unless exceptional circumstances justify a longer period;
 - (b) issue a written decision, with reasons, within one (1) week of the conclusion of the hearing; and
 - (c) notify—
 - (i) the child (through his or her representative);
 - (ii) the parent, guardian, or carer;
 - (iii) the Authorised Psychiatrist responsible for the original decision; and
 - (iv) any other person prescribed by regulation.
 5. A decision of the Provincial Mental Health Review Board under this section may be further appealed to:
 - (a) a differently constituted panel of the Provincial Mental Health Review Board, in accordance with section 6.2 using Form Appeal-2; and
 - (b) the District Court, in accordance with section 6.3 using Form Appeal-3.
 6. All appeals concerning a child shall be determined with primary regard to the best interests of the child, and shall include—
 - (a) consideration of the views and wishes of the child, having regard to age and maturity; and
 - (b) procedures that ensure timely determination and notification to all relevant parties.

PART VII

ESTABLISHMENT OF COUNCILS, COMMITTEES AND BOARDS

7.1 NATIONAL MENTAL HEALTH ADVISORY COUNCIL

7.1.1 There shall be established a body to be known as the National Mental Health Advisory Council (hereinafter referred to as “the Council”), which shall be the principal advisory body responsible for the implementation of the National Mental Health Policy and the Mental Health Act.

7.1.1 Composition

1. The Council shall be chaired by the Secretary, Ministry of Health.
2. The Council shall comprise the following members, appointed by the Secretary, Ministry of Health:
 1. Secretary, Ministry of Health (Chairperson)
 2. Secretary, Judicial Services
 3. Secretary, Social Services
 4. Secretary, Education
 5. Additional Secretary/Medical Services
 6. Additional Secretary/Public Health Services
 7. Director General of Health Services
 8. Chief Finance Officer, Ministry of Health
 9. Deputy Director General/Non-Communicable Diseases
 10. Deputy Director General/Medical Services I
 11. Deputy Director General/Medical Services II
 12. Deputy Director General/Public Health Services I
 13. Deputy Director General/Public Health Services II
 14. Deputy Director General/Education, Training & Research
 15. Director/Mental Health (Secretary to the Council)
 16. Chief Legal Officer, Ministry of Health
 17. Provincial Consultant Psychiatrists representing each Provincial Mental Health Committee (PMHC)

18. Provincial Directors of Health Services
19. President and Secretary, Sri Lanka College of Psychiatrists
20. President, College of Child and Adolescent Psychiatrists
21. Representatives of psychiatry subspecialties, including forensic psychiatry, old age psychiatry, and addiction psychiatry
22. A nominee representing University Psychiatry Units
23. Chief Judicial Medical Officer, Judicial Medical Officer's Office, Colombo
24. President, College of Community Physicians of Sri Lanka
25. Director, National Institute of Mental Health
26. Director Nursing (Medical Services)
27. Director Nursing (Public Health Services)
28. Two representatives from consumer and carer groups
29. Two representatives from private health services
30. Two representatives from registered Non-Governmental Organizations (NGOs) providing mental health care
31. Observers: World Health Organization, UNICEF, and World Bank

7.1.2 Appointment

1. Members of the Council shall be appointed for a term of three (3) years.
2. Appointments shall be made by the Secretary, Ministry of Health.
3. A member's position shall become vacant in the event of resignation, removal on disciplinary grounds, death, or incapacitation.

7.1.3 Powers and Duties

The Council shall have the following powers and duties:

1. Monitor the implementation and functioning of the Mental Health Act.
2. Advise the Minister of Health on all matters relating to mental health, including acting on the recommendations of the National Mental Health Regulatory Council.

7.1.4 Meetings

1. The Council shall meet at least once every six (6) months.
2. The quorum for any meeting shall be twelve (12) members.

7.2 NATIONAL MENTAL HEALTH REGULATORY COUNCIL

7.2.1 Establishment and Corporate Status

1. There shall be established under the National Mental Health Advisory Council a Regulatory Council, hereinafter referred to as *the Regulatory Council*.
2. The Regulatory Council shall be a body corporate, with perpetual succession and a common seal, and shall have the power to sue and be sued in its corporate name, acquire, hold, and dispose of property, and perform all acts necessary for carrying out its functions under this Act.
3. The Regulatory Council shall exercise regulatory, oversight, and advisory authority to ensure compliance with the provisions of this Act in relation to mental health services.

7.2.2 Composition of the Regulatory Council

1. The Regulatory Council shall be chaired by the Secretary, Ministry of Health, and shall comprise the following members, appointed by the Secretary:
 1. Secretary, Ministry of Health or nominee
 2. Director/Mental Health (Secretary of the Regulatory Council)
 3. Director General of Health Services
 4. Deputy Director General – Non-Communicable Diseases (Convener)
 5. Chief Legal Officer, Ministry of Health
 6. Provincial Directors of Health Services– ensuring provincial representation
 7. Director, National Institute of Mental Health
 8. Provincial Consultant Psychiatrists – at least one from each province
 9. Consultant Forensic Psychiatrist
 10. Consultant Child and Adolescent Psychiatrist
 11. Consultant Old Age Psychiatrist
 12. President or representative of the Sri Lanka College of Psychiatrists

7.2.3 Appointment and Tenure

1. Members of the Regulatory Council shall be appointed for a term of three (3) years.
2. Appointments shall be made by the Secretary, Ministry of Health.

3. Membership shall become vacant in the event of resignation, disciplinary removal, death, or incapacitation.

7.2.4 Funds

1. The Regulatory Council shall be funded through the national health budget or any other sources approved by the Ministry of Health.

7.2.5 Powers and Duties

7.2.5.1 Regulatory and Rule-Making Authority

1. The Regulatory Council shall draft, review, and recommend rules and regulations for the implementation of this Act.
2. The Regulatory Council may recommend amendments to regulations to address emerging clinical, ethical, administrative and legal issues.
3. All rules and regulations shall be submitted to the National Mental Health Advisory Council and the Ministry of Health for approval and gazette notification.
4. The Regulatory Council shall ensure alignment with international standards and best practices, including WHO guidelines, while adapting to the local context.

7.2.5.2 Licensing and Accreditation of Facilities

1. The Regulatory Council shall grant licenses to government and private mental health facilities to operate as Authorised Mental Health Facilities (AMHF).
2. The Regulatory Council shall establish minimum standards for infrastructure, staffing, and clinical protocols.
3. Periodic inspections shall be conducted to ensure compliance.
4. The Regulatory Council may suspend, revoke, or modify licenses where facilities fail to meet standards or violate patient rights.

7.2.5.3 Monitoring and Oversight

1. The Regulatory Council shall monitor all AMHFs to ensure adherence to:
 - a. Clinical treatment standards
 - b. Patient safety protocols

- c. Record-keeping and reporting requirements, including the submission of periodic and annual returns to the National Mental Health Regulatory Council
 - d. Any other prescribed standards or regulatory requirements under this Act
2. It shall develop audit systems, reporting mechanisms, and key performance indicators.
3. Site visits and audits shall be conducted to verify compliance and quality of care.
4. Periodic reports on compliance and performance shall be submitted to the National Mental Health Advisory Council.

7.2.5.4 Investigation of Complaints and Conduct of Inquiries

1. Power to Receive and Investigate Complaints

The Regulatory Council shall have the power to receive, examine and investigate complaints or alleged breaches arising under this Act, including—

- a. Complaints made by a patient, the patient's legal representative, nearest relative, guardian, or any person having a close and continuing caregiving relationship with the patient, relating to maltreatment, neglect, unlawful detention, violation of rights, or non-compliance with the provisions of this Act;
- b. Allegations of misconduct, professional negligence, breach of statutory duty, or violation of prescribed standards by any officer, employee, or staff member serving in an Authorised Mental Health Facility or acting under the supervision of the Regulatory Council.

2. Authority to Conduct Inquiries

For the purpose of carrying out its functions under this section, the Regulatory Council may—

- a. Conduct an inquiry directly through the Council;
- b. Appoint a committee consisting of members of the Regulatory Council to conduct such inquiry; or
- c. Delegate the conduct of any inquiry or related function to—
 - i. An officer of the Ministry of Health, including a Provincial Director of Health Services or other authorised provincial health authority;
 - ii. A suitably qualified officer designated within an Authorised Mental Health Facility;or

- iii. A special committee appointed by the Regulatory Council for that purpose.
- iv. Any inquiry conducted under delegated authority shall be subject to the general direction, supervision, and control of the Regulatory Council.

3. Administrative Inquiries

Where a complaint relates to compliance with this Act, patient care, admission, discharge, treatment, management of a facility, or protection of patient rights, the Regulatory Council shall conduct or cause to be conducted an administrative inquiry of a regulatory and fact-finding nature.

An administrative inquiry may include—

- a. Examination of clinical records, registers, and relevant documentation
- b. Interviews with patients, staff members, and other relevant persons;
- c. Inspection or visitation of the facility concerned; and
- d. Assessment of compliance with prescribed standards and regulations.

Upon completion of such inquiry, the Regulatory Council may—

- i. Issue directives requiring corrective or remedial action;
- ii. Make recommendations to the appropriate authority for administrative or disciplinary measures;
- iii. Suspend, modify, or revoke a licence in accordance with this Act; or
- iv. Refer the matter to the relevant authority where criminal conduct or gross professional misconduct is suspected.

An administrative inquiry conducted under this Act shall not, of itself, constitute a disciplinary proceeding under the Establishments Code.

4. Disciplinary Proceedings Relating to Public Officer

Where an allegation arising from an inquiry under this Act concerns *a public officer*, any disciplinary proceedings shall be instituted and conducted strictly in accordance with the Establishments Code and applicable public service regulations.

- a. The Regulatory Council may, upon conclusion of an administrative inquiry, recommend to the relevant appointing or disciplinary authority that proceedings be instituted under the Establishments Code.

b. The conduct of disciplinary proceedings, the imposition of penalties, and all matters relating to the service conditions of public officers shall remain within the jurisdiction of the appointing or disciplinary authority in terms of the Establishments Code.

5. Principles Governing Inquiries

All inquiries conducted under this section shall be carried out—

- a. In accordance with the principles of natural justice, including the right to be heard (*audi alteram partem*) and the rule against bias (*nemo iudex in causa sua*);
- b. With procedural fairness, ensuring that any person against whom an adverse finding may be made is given adequate notice of the allegations, access to relevant material, and a reasonable opportunity to respond;
- c. With due regard to the confidentiality and privacy of patient information, subject to any lawful disclosure requirements;
- d. In compliance with the Constitution, applicable written law, subordinate legislation, and recognised professional ethical standards; and
- e. Within a reasonable and proportionate timeframe, ensuring expeditious resolution without compromising fairness.

7.2.5.5 Advisory and Policy Functions

1. The Regulatory Council shall advise the National Mental Health Advisory Council and the Ministry of Health on:
 - a. Workforce development and training for mental health professionals
 - b. Infrastructure, equipment, and funding requirements
 - c. Integration of mental health services into broader public health programs
2. The Regulatory Council may perform any other advisory functions necessary for the effective implementation of this Act.

7.2.5.6 Standards and Best Practices

1. The Regulatory Council shall establish and update clinical care standards for inpatient and outpatient mental health treatment.
2. Guidelines shall be developed for special populations, including children, older adults, forensic patients, and those with complex comorbidities.

3. All standards shall comply with the Act, international human rights norms, and ethical guidelines.

7.2.5.7 Research and Data Collection

1. The Regulatory Council shall support or conduct research on mental health services, patient outcomes, and Act implementation.
2. It shall maintain a centralized database of facilities, anonymized patient demographics, and treatment outcomes.
3. Data shall be used to guide policy, improve services, and inform future amendments to the Act.
4. The Regulatory Council shall receive, collect, compile, and maintain data submitted by Authorised Mental Health Facilities in accordance with this Act, including annual returns relating to admissions, treatment, authorisations, variations, revocations, transfers, discharges, and the use of specific interventions.
5. The Regulatory Council shall analyse such data for the purposes of monitoring compliance, safeguarding patient rights, service planning, and policy development.
6. Data shall be used to guide policy, improve services, and inform future amendments to the Act.

7.2.5.8 Coordination and Liaison

1. The Regulatory Council shall coordinate with provincial authorities, professional councils, regulatory bodies, and NGOs to ensure effective implementation of the Act.
2. It shall serve as a liaison between government, private sector, and civil society, ensuring transparency and accountability.

7.2.5.9 Reporting

1. The Regulatory Council shall submit quarterly and annual reports to the National Mental Health Advisory Council detailing:
 - a. Activities of the Regulatory Council
 - b. Licensing status and compliance
 - c. Complaints received and actions taken
 - d. Policy or legislative recommendations

7.2.5.10 Delegation of Functions

1. The Regulatory Council may, where it considers necessary, delegate the performance or discharge of any duty or function under this Act to:
 - a. Any member or members of the Regulatory Council, or
 - b. A Committee consisting of members of the Regulatory Council.
 - c. Provincial subcommittee
2. Any delegated duty or function shall be performed subject to the general direction, supervision, and control of the Regulatory Council.
3. Nothing in this section shall limit or affect the specific delegation powers conferred under 7.2.5.4 in relation to the conduct of inquiries and investigations, including administrative or Establishments Code inquiries.

7.2.5.11 Powers of Inspection

1. The Regulatory Council may enter and inspect any Mental Health Facility, whether government or private, to ensure compliance with this Act, licensing conditions, and applicable standards.
2. Such inspections shall be conducted periodically or as deemed necessary by the Regulatory Council.

7.2.6 Meetings

1. The Regulatory Council shall meet at least once every three (3) months.
2. The quorum for any meeting shall be seven (7) members.
3. Members of the Executive Secretariat may attend meetings of the Regulatory Council for the purpose of providing technical or administrative support, but shall not have voting rights

7.3 REGULATORY COUNCIL EXECUTIVE SECRETARIAT

7.3.1 Establishment of the Regulatory Council Executive Secretariat

There shall be established an office to be known as Regulatory Council Executive Secretariat (hereinafter referred to as “the Executive Secretariat”) as the permanent administrative and technical arm of the National Mental Health Regulatory Council. The Executive Secretariat shall function as the administrative and operational office of the Regulatory Council.

1. The Executive Secretariat shall carry out the functions of the Council and shall act under the general direction and control of the Council in implementing, administering, and executing all decisions and actions required under this Act.
2. For the purposes of administrative support, staffing, accommodation, and budgeting, the Executive Secretariat shall coordinate with the Directorate of Mental Health. The Executive Secretariat shall remain operationally accountable to the Regulatory Council while being administratively supported by the Directorate of Mental Health.
3. The Executive Secretariat shall also operate under the technical and clinical guidance of the Director, Mental Health, or designated senior mental health professionals, to ensure compliance with professional and clinical standards.

7.3.2 Funding

1. The expenditure of the Executive Secretariat shall be met from funds allocated under the National Health Budget, or any other funds approved by the Ministry of Health for this purpose.

7.3.3 Accommodation

1. The Ministry of Health shall provide suitable office premises and facilities for the Executive Secretariat, sufficient for the effective discharge of its functions in support of the Regulatory Council.

7.3.4 Functions and Liaison

1. The Executive Secretariat shall—
 - a. implement all operational decisions and actions of the Regulatory Council;

- b. provide administrative, technical, and data support to the Regulatory Council and any other bodies established under this Act;
- c. coordinate with provincial mental health authorities, other government agencies, and relevant stakeholders; and
- d. perform any other functions assigned by the Regulatory Council.

7.3.5 Composition of the Executive Secretariat

1. The Executive Secretariat shall consist of the following permanent staff:
 - a. Three (3) Consultant Psychiatrists, appointed by the Secretary, Ministry of Health, following a public call for applications, for a term of four (4) years;
 - b. Clerical and administrative staff, including an Administrative Officer;
 - c. Data Analyst; and
 - d. Co-opted staff, including a Legal Officer, an Accountant, and a Community Physician attached to the Director of MH, for a term of four (4) years.

7.3.6 Appointment and Conditions of Service

1. The appointment, remuneration, and conditions of service of staff of the Executive Secretariat shall be determined in accordance with applicable public service regulations and any guidelines approved by the Minister of Health.

7.3.7 Regulations

1. The Minister may make regulations for the purpose of giving effect to the provisions of this section, including regulations relating to—
 - a. the staff cadre, structure, and composition of the Executive Secretariat;
 - b. duties and responsibilities of staff;
 - c. internal organization, reporting lines, and delegation of authority;
 - d. coordination with provincial and other authorities; and
 - e. financial and administrative procedures.

7.3.8 Powers and Duties of the Executive Secretariat

The Executive Secretariat shall have the following powers and duties:

1. **Implementation:** Implement all operational decisions and actions of the Regulatory Council.
2. **Financial Management:** Manage finances allocated for the purposes of the Act, including budgeting, accounting, and reporting.
3. **Coordination:** Coordinate with Provincial Mental Health Committees and other relevant authorities to ensure smooth implementation of the Act.
4. **Execution of the Regulatory Council Decisions:** Conduct any activities or functions as directed by the Regulatory Council.

7.4 PROVINCIAL MENTAL HEALTH ACT COMMITTEE

7.4.1 Establishment

1. There shall be established in each Province a committee to be known as the **Provincial Mental Health Act Committee** (hereinafter referred to as “the Provincial Committee”).

7.4.2 Composition

1. The Provincial Committee shall consist of the following members:
 1. The Provincial Secretary of Health – Chairperson;
 2. The Provincial Director of Health Services;
 3. The Regional Directors of Health Services within the Province;
 4. A Consultant Psychiatrist;
 5. A Consultant Child and Adolescent Psychiatrist;
 6. District Consultant Psychiatrists within the Province;
 7. A Consultant Forensic Psychiatrist;
 8. A Consultant in Old Age Psychiatrist;
 9. A Consultant Community Physician;
 10. The Provincial Director of Social Services;
 11. A Legal Officer nominated by the Provincial Ministry of Health;
 12. The Superintendent of Prisons of the Province, nominated by the Commissioner-General of Prisons;
 13. A Consultant Forensic Pathologist from a National Hospital, Teaching Hospital, or Provincial General Hospital within the Province; and
 14. The Provincial Commissioner of Probation and Child Care Services.

2. Members shall be appointed by the Secretary of the Provincial Ministry of Health.

7.4.3 Tenure of Office

1. Members of the Provincial Committee shall hold office for a term of three (3) years.
2. A member may resign by written notice addressed to the Secretary of the Provincial Ministry of Health.
3. The office of a member shall become vacant upon resignation, removal on disciplinary grounds, death, or incapacity.

7.4.4 Powers and Duties

The Provincial Committee shall—

1. Inspect, monitor, and supervise all licensed mental health facilities within the Province, including government, provincial, and private sector facilities, to ensure compliance with prescribed licensing standards and regulatory requirements;
2. Inspect and monitor mental health services provided in prisons, remand centres, and forensic psychiatric units within the Province;
3. Make recommendations to mental health facilities and relevant authorities for the improvement of infrastructure, clinical standards, patient safety, and service delivery;
4. Perform such functions as may be assigned by the National Mental Health Regulatory Council or other body established under this Act;
5. Coordinate with the National Mental Health Regulatory Council and any national-level committees established under this Act to ensure uniform implementation of the Act across Provinces.

7.4.5 Meetings

1. The Provincial Committee shall meet at least once every three (3) months and may meet more frequently as necessary.
2. Written notice of meetings shall be given in advance to all members.
3. The quorum for a meeting shall be seven (7) members.

7.5 PROVINCIAL MENTAL HEALTH REVIEW BOARD

7.5.1 Establishment

1. There shall be established in each Province a body to be called the **Provincial Mental Health Review Board** (hereinafter referred to as “the Review Board”).
2. The Review Board shall be an independent quasi-judicial body exercising its powers impartially and free from direction or control of any person or authority, save as provided by law.
3. The Review Board shall perform its functions in accordance with the Constitution of the Democratic Socialist Republic of Sri Lanka and in a manner consistent with Sri Lanka’s international human rights obligations, including principles of equality before the law, non-discrimination, proportionality, and respect for inherent dignity.

7.5.2 Composition

1. Each sitting of the Review Board shall consist of three members, namely—
 - a. an Attorney-at-Law of not less than ten (10) years’ standing, who shall be the Chairperson;
 - b. a psychiatrist registered under the Medical Ordinance as a specialist in psychiatry; and
 - c. a lay member of good standing and integrity possessing experience or knowledge in social services, disability rights, human rights, or community welfare.
2. A member shall not participate in proceedings in which he or she has treated the person concerned or has any direct or indirect personal or pecuniary interest.
3. The quorum for any sitting shall be three members.
4. Decisions shall be made by majority vote; in the event of equality, the Chairperson shall have a casting vote.

7.5.3 Appointment, Tenure and Administration

1. Members shall be appointed by the Provincial Health Secretary.
2. Members shall hold office for a term of three (3) years and shall be eligible for reappointment.
3. A member may be removed for incapacity, misconduct, or persistent failure to discharge duties, after being afforded an opportunity of being heard.

4. The Provincial Ministry of Health shall provide adequate administrative staff, facilities, and budgetary allocations for the effective discharge of the functions of the Review Board.
5. Members shall be entitled to such remuneration and allowances as may be determined in consultation with the Provincial Ministry of Finance.

7.5.4 Administration of the Board

1. There shall be appointed, by the Provincial Health Secretary, a **Secretary to the Board**, who shall be responsible for the administrative management of the Board and shall act under the general direction of the Chairperson.
2. The Secretary shall—
 - a. maintain a registry of all appeals, applications, reviews, and determinations of the Board;
 - b. receive and record all documents filed before the Board;
 - c. cause notices of hearing to be issued and served;
 - d. maintain records of proceedings and decisions;
 - e. ensure communication of determinations to relevant parties;
 - f. perform such other administrative duties as may be necessary for the efficient functioning of the Board.
5. The Provincial Ministry of Health shall provide the Board with—
 - a. adequate office accommodation and facilities;
 - b. administrative and clerical staff;
 - c. secure systems for record-keeping and data protection;
 - d. budgetary allocations sufficient for the proper discharge of its statutory functions.
6. The Board may, subject to the approval of the Provincial Health Secretary, appoint such officers or obtain such expert assistance as may be necessary for the performance of its functions.
7. The Board shall ensure that its administrative arrangements facilitate—
 - a. timely hearings;
 - b. accessibility for persons with disabilities;
 - c. provision of interpreters where required;
 - d. confidentiality and protection of personal information.

8. The Board shall submit an annual report of its activities, including anonymised statistical data and observations relating to systemic issues, to the Provincial Minister of Health, who shall cause such report to be laid before the Provincial Council.

7.5.5 Jurisdiction and Functions

The Review Board shall—

1. hear and determine appeals relating to Supported Inpatient Treatment, Supported Outpatient Treatment, and Supported Inpatient Treatment for Prisoners;
2. conduct mandatory periodic reviews of Supported Inpatient Treatment, Supported Outpatient Treatment, and Supported Inpatient Treatment for Prisoners;
3. review and approve applications for electroconvulsive therapy exceeding twenty-four (24) sessions for a person subject to Supported Inpatient Treatment and Supported Inpatient Treatment for Prisoners;
4. inquire into alleged infringements of rights recognised under this Act;
5. monitor implementation of Supported Inpatient Treatment, Supported Outpatient Treatment, and Supported Inpatient Treatment for Prisoners to ensure compliance with statutory safeguards;
6. make such orders as are necessary to give effect to its determinations under this Act.

7.5.6 General Principles Governing Proceedings

1. In exercising its jurisdiction, the Review Board shall be guided by—
 - a. respect for inherent dignity and equality before the law;
 - b. the presumption of legal capacity;
 - c. the least restrictive alternative consistent with therapeutic benefit and safety;
 - d. proportionality between the limitation imposed and the legitimate objective pursued;
 - e. non-discrimination on the basis of disability;
 - f. due regard to the expressed views of the person concerned.
2. No person shall be deprived of liberty solely on the basis of disability.

7.5.7 Commencement of Proceedings

1. Proceedings shall be commenced by—

- a. an appeal lodged under this Act;
 - b. a mandatory review required by law;
 - c. an application for approval of specified treatment; or
 - d. a complaint alleging infringement of rights.
2. Upon receipt of an appeal or application, the Secretary to the Review Board shall register the matter and fix a hearing within fourteen (14) days, unless exceptional circumstances justify otherwise.

7.5.8 Notice, Disclosure and Preparation

1. The person subject to review shall be served, in a language understood by him or her, with—
 - a. notice of the hearing;
 - b. reasons for the Order;
 - c. relevant medical reports and treatment plans relied upon;
 - d. information concerning rights of representation and advocacy.
2. Disclosure shall be made sufficiently in advance to enable meaningful preparation.
3. Limited non-disclosure may be permitted only where strictly necessary to prevent serious harm, and reasons shall be recorded in writing.

7.5.9 Right to Participation and Representation

1. The person concerned shall have the right—
 - a. to attend and participate in the hearing;
 - b. to present evidence and call witnesses;
 - c. to question witnesses;
 - d. to be represented by an Attorney-at-Law;
 - e. to be assisted by a support person of his or her choice.
2. The Review Board shall take reasonable measures to facilitate effective participation, including interpreters, communication aids, simplified explanations, and adjournment where necessary.
3. Where the person is unable to secure representation, the Board shall facilitate access to legal aid in accordance with applicable law.

7.5.10 Conduct of Hearings

1. Proceedings shall be conducted with minimal formality consistent with natural justice.
2. The Board shall not be bound by strict rules of evidence but shall observe procedural fairness.
3. Hearings shall be held in private unless the person requests otherwise and the Board determines such request appropriate.
4. Hearings may be conducted at an Authorised Mental Health Facility, at a designated public office, or by secure electronic communication.
5. The Board may adjourn proceedings to obtain additional evidence or independent expert opinion.

7.5.11 Evidentiary Standard and Review Criteria

1. The burden of establishing that statutory criteria are satisfied shall lie upon the Authorised Psychiatrist or treating authority.
2. The standard of proof shall be on **clear and convincing evidence**.

7.5.12 Periodic and Automatic Reviews

1. Every Supported Inpatient Treatment, Supported Outpatient Treatment, and Supported Inpatient Treatment for Prisoners shall be automatically reviewed as per this Act.
2. Failure to conduct a review within the prescribed period shall render the Order invalid unless extended by the Board for good cause shown.

7.5.13 Determinations and Orders

1. Upon conclusion of proceedings, the Board may—
 - a. confirm the Order;
 - b. vary conditions;
 - c. revoke the Order and order discharge;
 - d. substitute Supported Outpatient Treatment;
 - e. impose additional safeguards consistent with least restriction.

2. Every decision shall be accompanied by written reasons addressing statutory criteria, evidence relied upon, consideration of the person's expressed views, and reasons for rejecting less restrictive alternatives.
3. Decisions shall be communicated in clear and accessible language.

7.5.14 Appeals

1. A person subject to Supported Inpatient or Supported Outpatient Treatment, or supported inpatient treatment for prisoner his or her nearest relative, guardian, or an adult having a close or continuing caregiving relationship, and legal representative may appeal once during each period of an Order, unless new circumstances arise.
2. A person aggrieved by a determination of the Review Board may appeal to the District Court within thirty (30) days on a question of law or procedural fairness.
3. A further appeal shall lie to the Court of Appeal in accordance with written law.

7.5.15 Records and Reporting

1. The Review Board shall maintain secure records of proceedings.
2. An annual report containing anonymised statistical data, systemic observations, and recommendations shall be submitted to the Provincial Minister of Health and laid before the Provincial Council.

PART VII

RIGHTS, LEGAL CAPACITY AND ENTITLEMENTS OF PERSONS WITH MENTAL DISORDERS

8.1 Foundational Principles

1. Every person with a mental disorder is a rights-holder and shall be recognised as a person before the law with full legal personality.
2. This Part shall be interpreted consistently with—
 - (a) Articles 10, 11, 12, 13 and 14 of the Constitution of Sri Lanka; and
 - (b) Sri Lanka’s obligations under the Convention on the Rights of Persons with Disabilities, particularly the principles of dignity, autonomy, non-discrimination, participation, and inclusion in society.
3. The existence of a mental disorder shall not, of itself, justify deprivation of liberty, restriction of legal capacity, or removal of decision-making authority.

8.2. Equal Recognition before the Law

1. A person with a mental disorder shall enjoy legal capacity on an equal basis with others in all aspects of life.
2. Legal capacity includes both—
 - (a) the capacity to hold rights; and
 - (b) the capacity to exercise those rights.
3. No person shall be deemed incapable solely by reason of diagnosis, disability, or receipt of mental health treatment.

8.3. Supported Decision-Making

1. A person with a mental disorder is entitled to access support necessary to exercise legal capacity.
2. Support may include—

- (a) assistance in understanding information;
 - (b) assistance in communicating decisions;
 - (c) assistance in weighing options;
 - (d) involvement of trusted persons;
 - (e) use of interpreters or communication aids.
3. Support shall respect the person's will and preferences and shall not substitute the decision of the supporter for that of the person.
 4. Any person providing support shall—
 - (a) act in good faith;
 - (b) respect confidentiality;
 - (c) avoid conflicts of interest;
 - (d) refrain from undue influence or coercion.
 5. A person may refuse support unless otherwise lawfully restricted under this Act.

8.4. Limits on Substitute Decision-Making

1. Substitute decision-making shall be a measure of last resort.
2. It may occur only where—
 - (a) all practicable steps to provide decision-making support have been taken;
 - (b) the person is unable, at the relevant time, to make a specific decision even with support;
 - (c) the decision is urgent or necessary to prevent serious harm or protect significant interests.
3. Any substitute decision shall—
 - (a) be limited to the specific matter in question;
 - (b) be time-limited;
 - (c) be proportionate;
 - (d) be subject to independent review;
 - (e) give primary consideration to the person's known will and preferences.
4. Substitute decision-making shall not result in blanket or indefinite removal of legal capacity.
5. Plenary guardianship orders shall not be made solely by reason of mental disorder.

8.5. Protection of Property and Financial Affairs

1. A person with a mental disorder retains the right to own, acquire, manage and dispose of movable and immovable property.
2. Where assistance in property management is necessary, supported arrangements shall be preferred over curatorship or guardianship.
3. Resort to court-appointed management under the Civil Procedure Code or the Judicature Act shall—
 - (a) be limited to specific financial matters;
 - (b) be proportionate;
 - (c) be subject to periodic judicial review.
4. Any person managing property on behalf of another shall act in accordance with fiduciary duties and be accountable under civil and criminal law.

8.6. Equality and Non-Discrimination

1. A person with a mental disorder shall be entitled to equality before the law and equal protection of the law.
2. Discrimination on the basis of present, past or perceived mental disorder is prohibited.
3. Denial of reasonable accommodation constitutes discrimination.

8.7. Freedom from Arbitrary Detention and Ill-Treatment

1. No person shall be deprived of liberty except in accordance with law and subject to independent review.
2. No person shall be subjected to torture or cruel, inhuman or degrading treatment or punishment.
3. Restraint, seclusion, or involuntary treatment shall—
 - (a) be used only as a last resort;
 - (b) be necessary to prevent imminent and serious harm;
 - (c) be proportionate;
 - (d) be for the shortest possible duration;
 - (e) be documented and reviewable.

8.8. Right to Dignity, Privacy and Confidentiality

1. Every person shall be treated with dignity and respect.
2. Medical and personal information shall be kept confidential except as authorised by law or necessary to prevent serious harm.
3. Examinations and treatment shall be conducted in conditions that preserve privacy.

8.9. Right to Information and Participation

1. A person shall be informed, in an accessible manner, of—
 - (a) diagnosis and treatment options;
 - (b) risks and benefits;
 - (c) rights of review;
 - (d) complaint mechanisms.
2. The person shall be given reasonable opportunity to participate in all decisions affecting his or her rights.
3. Communication barriers shall be addressed through reasonable accommodation.

8.10. Community Inclusion and Independent Living

1. Persons with mental disorders have the right to live independently and be included in the community.
2. Institutionalisation shall not occur solely on the basis of disability.
3. The State shall take reasonable measures to promote community-based services and social inclusion.

8.11. Access to Health, Employment and Social Protection

1. No person shall be denied healthcare, employment, education, housing, insurance, or social benefits solely on the ground of mental disorder.
2. Persons who have recovered shall not be disadvantaged because of prior treatment.
3. Reasonable accommodation shall be provided in employment and education where necessary.

8.11.1 Access to Insurance and Social Benefits

1. A person with a mental disorder shall enjoy equal rights as any person with a medical illness under any insurance scheme, whether public or private, subject to the lawful terms and conditions of such schemes.
2. No person shall be denied insurance coverage, benefits, or claims solely on the basis of the existence of a mental disorder.
3. Persons who have previously received treatment for a mental disorder shall not be discriminated against in access to insurance schemes, social protection programmes, or other benefits.

8.11.2 Right to Transport for Mental Health Care

1. Persons with mental disorders shall be entitled to transport facilities equivalent to those provided for other patients for the purpose of accessing healthcare services.
2. Relevant authorities, including government institutions and authorised private hospitals, shall make appropriate arrangements for the safe transport of a person with a mental disorder where necessary for assessment, treatment, or transfer between facilities.
3. Such transport may include transportation—
 - (a) from a person’s residence to a health facility; or
 - (b) from one health facility to another.
4. Transport may be provided through private vehicles, public transport, government ambulance services, or designated emergency ambulance services including the “Suwasariya” ambulance service.
5. Where clinically necessary, such transport may be accompanied by trained medical or mental health personnel.

8.11.1 Professional Participation in Legal Proceedings

1. Members of a multidisciplinary mental health team may, where appropriate and in accordance with procedural law, provide professional evidence or appear before courts or tribunals in matters concerning the care, treatment, or rights of a person with a mental disorder.

8.12. Access to Justice

1. A person with a mental disorder has the right to access courts and tribunals on an equal basis with others.
2. Procedural and age-appropriate accommodation shall be provided to ensure effective participation.
3. A qualified mental health professional may provide communication support or professional evidence in accordance with procedural law.

8.13. Right to Complaint and Independent Review

1. Any person receiving mental health services may lodge a complaint regarding treatment, detention, or rights violations.
2. Complaints shall be investigated promptly and impartially.
3. No person shall suffer retaliation for making a complaint.

8.14. Non-Derogation Clause

Nothing in this Act shall be interpreted as limiting any greater protection available under the Constitution or other written law.

PART IX

GENERAL PROVISIONS

9.1 Powers and Duties of the Police

9.1.1 Guiding Principles

- (1) All powers exercised by the police under this Act shall be guided by—
- (a) respect for the inherent dignity of the person;
 - (b) protection of life and safety;
 - (c) non-discrimination and equality before the law;
 - (d) proportionality;
 - (e) least restrictive intervention;
 - (f) diversion from the criminal justice system wherever appropriate.
- (2) Police intervention under this Act shall be protective and facilitative in nature and shall not be punitive.

9.1.2 Emergency Apprehension and Conveyance

- (1) Where a police officer has reasonable grounds to believe that a person—
- (a) appears to have a mental disorder; and
 - (b) is acting in a manner that poses an imminent and serious risk of harm to self or others; and
 - (c) requires urgent examination,
- the officer may apprehend such person solely for the purpose of conveying the person to a Government Hospital.
- (2) The person shall be taken—
- (a) to the nearest Government Hospital where there is an Authorised Mental Health Facility; or
 - (b) where none exists, to the nearest Government Hospital for transfer to an Authorised Mental Health Facility within forty-eight hours.
- (3) A person shall not be detained in a police cell except where immediate safety concerns make temporary holding unavoidable, and even then only for the shortest practicable duration.
- (4) The period of police custody shall not exceed the time reasonably necessary to effect safe transfer.

9.1.3 Documentation and Oversight

- (1) Every intervention under this section shall be recorded in writing, including—
- (a) the grounds for intervention;
 - (b) time and place;
 - (c) use of force, if any;
 - (d) any injury sustained.
- (2) Such record shall accompany the person to the hospital and shall be available for review by the Mental Health Review Board.
- (3) Any use of force shall be strictly necessary, proportionate, and recorded.

9.1.4 Prohibition on Criminalisation of Mental Health Crisis

- (1) A person shall not be arrested, detained, or charged solely by reason of behaviour arising from a mental disorder which does not constitute a criminal offence.
- (2) Departmental orders relating to nuisance or vagrancy shall not be used as substitutes for mental health intervention.
- (3) Diversion to health services shall be prioritised in appropriate cases.

9.1.5 Assistance in Assessment and Community Orders

Police shall provide reasonable assistance upon written request of an Authorised Psychiatrist or Medical Officer to escort a person for assessment or to safely implement a Supported Outpatient Treatment Order, subject to lawful limits and without exceeding powers expressly granted under this Act.

9.1.6 Training

The Inspector-General of Police shall ensure periodic training of officers in mental health crisis response, de-escalation, trauma-informed approaches, and human rights standards.

9.2 Notice of Serious Injury, Death, or Critical Incident

- (1) Where a person in an Authorised Mental Health Facility—
- (a) sustains serious injury;
 - (b) attempts suicide;

- (c) dies;
 - (d) is subjected to prolonged restraint or seclusion,
- the Authorised Psychiatrist shall notify in writing within twenty-four hours—
- (i) the Director General of Health Services; and
 - (ii) the nearest relative or caregiving adult, unless inconsistent with the person’s expressed wishes and not otherwise required by law.
- (2) A detailed report shall follow within seventy-two hours.
- (3) Such incidents shall be subject to mandatory internal review and may be referred for independent investigation.

9.3 Annual Reporting to the National Mental Health Regulatory Council

9.3.1 Duty to Submit Annual Returns

Every Head of the Hospital where functions under this Act are carried out shall, in respect of each calendar year, submit to the National Mental Health Regulatory Council an annual return containing prescribed information relating to the operation of this Act within such facility.

9.3.2 Scope of Information

The annual return shall include, but not be limited to, details of all persons assessed, admitted, treated, or managed under this Act, disaggregated as appropriate, including—

- (a) all admissions, disaggregated as voluntary and supported admissions;
- (b) all persons subject to Supported Inpatient Treatment (SIT);
- (c) all persons subject to Supported Outpatient Treatment (SOT);
- (d) all children assessed or treated under any provision of this Act;
- (e) all prisoners assessed or treated for a mental disorder under this Act;
- (f) all authorisations granted under this Act, including initial authorisations and renewals;
- (g) all variations and revocations of such authorisations;
- (h) all transfers of patients between Authorised Mental Health Facilities and between custodial and health institutions;
- (i) all discharges, including the nature, basis, and legal status at discharge;
- (j) the administration of electroconvulsive therapy (ECT), including indications and safeguards applied;

- (k) the use of seclusion;
- (l) the use of physical or mechanical restraint; and
- (m) such other clinical, administrative, or statistical information as may be prescribed.

9.3.3 Form and Manner

The information required under this section shall be submitted in such form, manner, and within such time period as may be prescribed by regulations or directed by the Council.

9.34 Duty of Accuracy

The Head of the Hospital shall ensure that all information submitted is complete, accurate, and compiled in accordance with any standards or guidelines issued by the Council.

9.4 Powers of the Minister

- (1) The Minister may issue general policy directions to the National Mental Health Advisory Council.
- (2) No direction shall interfere with individual clinical decisions or with proceedings before the Mental Health Review Board.
- (3) All directions shall be published in the Gazette and laid before Parliament.

9.5 Regulations and Rules

The Minister may make regulations and the National Mental Health Advisory Council may make rules, consistent with this Act, including matters relating to procedural safeguards, standards of care, reporting, restraint and seclusion protocols, and review mechanisms. All regulations shall be published in the Gazette and laid before Parliament.

9.6 Repeal

The Mental Diseases Ordinance (Chapter 559) is hereby repealed.

9.7 Transitional Safeguards

All existing detention orders shall be reviewed under this Act within a prescribed period. No person shall remain detained solely by reason of administrative delay.

9.8 Sinhala Text to Prevail

In the event of inconsistency, the Sinhala text shall prevail.

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PART X

INTERPRETATIONS

In this Act, unless the context otherwise requires –

Absence Without Leave

Means absence from any Authorised Mental Health Facility where a patient is undergoing supported inpatient treatment without prior approval.

Administrative Representative

Means a senior officer of the hospital, nominated by the Head of the Hospital, who represents the administrative authority of the hospital.

Alternative Community Arrangement

Means a living or care arrangement in the community, other than the patient's usual place of residence, that is suitable and available to support the delivery, supervision, and monitoring of treatment, including arrangements such as placement with relatives, foster care, supervised accommodation, or a registered care facility.

Assessment

Means a structured clinical process undertaken by a qualified mental health professional to evaluate a person's mental state, including history, mental status examination, risk assessment, relevant psychosocial factors, and, where necessary, appropriate clinical investigations, for the purpose of determining diagnosis, need for care, and appropriate interventions.

Authorisation

Means the formal approval granted under this Act by the designated authority to permit a specified act, decision, or status, subject to such conditions and safeguards as may be prescribed.

Authorised Emergency Medical Transport

Means any vehicle or service formally designated or approved under this Act for the urgent transfer of a patient requiring immediate medical or mental health care, and includes, but is not limited to, Suwaseriya ambulances, hospital ambulances, private emergency ambulances, and other government-operated or contracted ambulance services.

Authorised Forensic Psychiatry Unit

Means an inpatient psychiatry unit that is established for the admission of suspects with mental disorders and those who received a verdict of not guilty by reason of mental impairment (or for those who are admitted via chapter XXXI of the Criminal Procedure Code of Sri Lanka).

Authorised Medical Officer

Means a Medical Officer authorised under this Act to initiate supported inpatient treatment at an Authorised Mental Health Facility.

Authorised Mental Health Facility

Means an inpatient psychiatry ward in a government or private hospital which has been authorised to admit patients under supported patient status under this Act.

Authorised Mental Health Facility Assigned for Adolescents

Means any government or private hospital with inpatient beds assigned for adolescents between the ages of fourteen and eighteen years and authorised to admit any person between the ages of fourteen to eighteen under this Act.

Authorised Mental Health Facility Assigned for Children

Means any government or private hospital with inpatient beds assigned for children under the age of fourteen and authorised to admit any person under the age of fourteen under this Act.

Authorised Private Hospital

Means a private hospital registered under the Private Health Services Regulatory Council (PHSRC) Act, with an authorised Mental Health Facility, which has been recognised by the

National Mental Health Regulatory Council according to the standards to admit supported patients.

Authorised Psychiatrist

Means a psychiatrist practising in an Authorised Mental Health Facility.

Autonomy of Person

Means the right of an individual to make informed decisions regarding their care, treatment, and personal life, free from coercion, with due regard to their preferences and capacities, and where decision-making is impaired, to receive appropriate support in accordance with the principles of necessity, proportionality, and minimal restriction of rights.

Best Interests of the Child

Means the primary consideration in all decisions affecting a child, taking into account the child's safety, well-being, developmental needs, views, and rights, in accordance with applicable law and international standards.

Capacity

Means the presence of mental ability to make decisions or to engage in a particular course of action.

Carer

Means a person who has a close and continuing relationship with the patient and who provides, or intends to provide, ongoing care, support, or assistance to the patient, whether formally or informally, and may include a family member or other significant person.

Carer with Parental Responsibility

Means a person who provides, or intends to provide, ongoing care and support to a child, and who is recognised under applicable law as having authority to make decisions relating to the child's care, welfare, and treatment, in a manner that promotes the child's best interests and respects the child's evolving capacities.

Carer Nominated by the Patient

Means a person identified and formally nominated by a patient by completing a prescribed form, to provide support, assistance, or representation in matters relating to the patient's care, treatment, and welfare.

Case Conference

Means a structured clinical meeting convened under this Act by an Authorised Psychiatrist for the purpose of assessing the patient, reviewing relevant clinical and social information, and determining the appropriate treatment plan, including the need for Supported Outpatient Treatment, and which shall, where practicable, involve the patient and relevant members of the multidisciplinary team.

Child

Means a person under the age of eighteen (18) years.

Child Probation Officers

Means officers authorised by the Department of Probation & Child Care Services.

Child and Adolescent Psychiatrist

Means a psychiatrist who has been board certified as a specialist in child and adolescent psychiatry, by the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka, or has been appointed by Ministry of Health or attached to university psychiatry units of Sri Lanka.

Clinical Psychologist

Means a person who is formally trained and qualified in clinical psychology and registered with the Sri Lanka Medical Council (SLMC).

Community Mental Health Worker

Means a person trained and authorised under this Act or employed by the Ministry of Health to provide mental health support, promotion, prevention, and basic psychosocial interventions

within the community, and includes a Psychiatric Social Worker, Community Psychiatric Nurse, Occupational Therapist, or Community Support Assistant.

Community Psychiatry Nurse (CPN)

Means a team member of a Multidisciplinary Mental Health Team in a government hospital assigned by the Ministry of Health as Community Psychiatry Nurse.

Community Setting

Means any setting outside an inpatient facility where treatment may be delivered, including the patient's residence, outpatient clinics, community mental health services, or other approved locations.

Contemporaneous Audio-Visual Link

Means a real-time communication system that enables simultaneous two-way audio and visual interaction between participants in different locations, such that each participant is able to see, hear, and be seen and heard by all other participants throughout the proceedings.

Continuing Care

Means the ongoing provision of mental health services following initial treatment, including monitoring, relapse prevention, support, and coordination across service providers aimed at maintaining clinical stability and functional improvement.

Domiciliary Assessment

Means a clinical evaluation conducted at a patient's residence by a medical officer or a multidisciplinary mental health team authorised under this Act to determine the patient's mental health status, care needs, and eligibility for Supported Inpatient or Outpatient Treatment.

Forensic Psychiatrist

Means a psychiatrist who has been board certified as a specialist in forensic psychiatry, by the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka, or has been appointed by the Ministry of Health or attached to university psychiatry units of Sri Lanka.

Government Field Officer

Means an officer employed by a government department to carry out field-level duties, including monitoring, outreach, data collection, and community engagement. For the purposes of this Act, the following officers shall be considered Government Field Officers:

1. Probation and Child Care Officers – Department of Probation & Child Care Services
2. Samurdhi Officers – Department of Samurdhi Development
3. Divisional Secretariat Field Officers
4. Social Services Officers – Ministry of Social Services or Provincial Social Services Departments
5. Community Corrections Officers – Department of Community-Based Corrections
6. Agrarian Field Officers – Department of Agrarian Development
7. Livestock Development Officers
8. Estate Superintendents / Welfare Officers – for estate communities
9. School Welfare Officers / Education Field Officers – Ministry of Education
10. Rural Development Officers – Ministry of Rural Economic Affairs or Provincial Departments
11. Any other government officers performing community-based welfare, health, or field functions as may be prescribed by regulations

Government Mental Health Facility

Means any institution, unit, or service operated or maintained by the Government that provides assessment, treatment, care, or rehabilitation for persons with mental disorders.

Grama Niladhari

Means a public officer appointed under the Grama Seva Niladhari (Change of Designation) Act, No. 2 of 1993, serving as the head of a village administrative division.

Guardian

Means a person who has been lawfully appointed under any written law or by a court of competent jurisdiction to have the care of the person, or the management of the affairs, of another person, and includes a guardian of the person, a guardian of property, or both.

Head of the Hospital

Means the person for the time being in charge of the administration and overall management of a hospital, by whatever designation called, and includes a Director, Medical Superintendent, or any other officer duly authorised to perform such functions.

Healthcare Professional

Means a doctor, nurse, or allied health staff employed within a health facility.

Health Facility

Means any institution, whether public or private, that provides health services, including hospitals, clinics, units, or centres, whether for inpatient, outpatient, preventive, or rehabilitative care.

Hospital

Means any institution, whether public or private, that is established, maintained, or authorised under any written law to provide medical, surgical, or psychiatric care and treatment for persons requiring inpatient or outpatient services.

Imminent Harm

Means a clear and immediate risk of serious injury or death to the patient or to others, arising from the patient's current behaviour, mental state, or actions, such that intervention cannot be safely delayed.

Implementing Authorised Psychiatrist

Means the Authorised Psychiatrist who accepts responsibility for the implementation, supervision, and periodic review of the Supported Outpatient Treatment Order, including ensuring that the treatment plan is carried out and appropriately monitored in the community.

Informed Consent

Means a voluntary agreement to a proposed intervention by a person with treatment consent capacity, based on adequate information about the nature, purpose, benefits, risks, and

alternatives of the intervention, communicated in a form and language that the person can understand, and given without coercion, threat, or undue influence.

Initial Authorisation

Means as defined in this Act

Initiating Authorised Psychiatrist

Means the Authorised Psychiatrist who conducts the assessment of the patient and determines that the statutory criteria for Supported Outpatient Treatment are satisfied, and who initiates the process for making a Supported Outpatient Treatment Order under this Act.

Initiation Order

Means a written order made by a duly authorised Medical Officer, including a Medical Officer of a prison, in the prescribed form, authorising the commencement of the statutory process for assessment and admission of a person for supported inpatient treatment under this Act, subject to the limitations and procedures set out herein, and which shall not, by itself, confer authority to detain or treat a person except in accordance with subsequent provisions of this Act.

Lay Person of Good Standing

Means a fit and proper person who has served in a recognised profession for a period not less than twenty years, other than medical practitioners and attorneys at law.

Law Enforcement Officer

Means any officer empowered under Sri Lankan law, including police officers and prison officers.

Least Restrictive Manner

Means the provision of care and treatment in a way that imposes the minimum necessary limitation on a person's rights, freedom, and autonomy, consistent with the safe and effective management of the person and the protection of others.

Leave

Means as per regulations in this Act.

Legal Custody

Means custody or detention under any written law, including custody in a prison, police station, remand facility, or other place of lawful detention.

Legal Representative

Means a person authorised under any written law or by a court of competent jurisdiction to act on behalf of a patient in legal, administrative, or decision-making matters, and includes an attorney-at-law, guardian, or any other person so authorised.

Licensed Mental Health Facility

Means residential mental health care facility registered under the Health Ministry/provincial health ministry.

Mechanical Means of Restraint

Means restraint of a person by the application of a device or bodily garments to the person's body, or a limb of the person, for the purpose of preventing or limiting the free movement of a patient's body.

Medical Ward

Means a designated inpatient unit within a hospital that provides assessment, monitoring, and treatment for patients under the name "Medical Ward."

Mental Health

Means a state of well-being in which an individual realises his or her own potential, is able to cope with normal stresses of life, can work productively and fruitfully, adapt to change, have fulfilling relationships with other people, and is able to contribute to his/her community.

Medical Officer

Means a Medical Practitioner who is registered with the Sri Lanka Medical Council (SLMC) and registered under the Medical Ordinance.

Mental Health Facility

Means any institution, unit, or service, whether public or private, that provides assessment, treatment, continuing care, rehabilitation, or recovery for persons with mental disorders.

Mental Health Services

Means all services provided by the government, non-governmental, or private sector that are intended to promote and protect mental health, prevent mental disorders, provide care, treatment, continuing care, or rehabilitation and palliation to persons with mental disorders.

Mental Disorder

Means a disorder of mind characterised by a significant disturbance of mood, perception, thought, intellect, behaviour, or cognition, as recognised in standard international classification of mental and behavioural disorders.

Minister

Means the Minister in charge of the Ministry of Health.

Multidisciplinary Mental Health Team

Means a formally authorised team of mental health professionals who work collaboratively to assess, plan, and provide care, treatment, or rehabilitation to persons with mental disorders under this Act, and shall include at minimum:

1. Psychiatrists
2. Medical Officers
3. Psychologists
4. Psychiatric Social Workers
5. Community Psychiatry Nurse
6. Nursing Officer
7. Occupational Therapists
8. Community Support Assistant

National Mental Health Advisory Council

Means the principal advisory body established under this Act at the national level, consisting of members appointed from relevant government ministries, professional bodies, and stakeholder groups, empowered to advise the Minister of Health on policy, monitor the implementation of the Mental Health Act, and perform such powers and functions as are conferred under this Act.

National Mental Health Regulatory Council

Means the regulatory authority established under this Act, consisting of members appointed from government health services, professional psychiatric bodies, and expert representatives, empowered to exercise regulatory, licensing, oversight, and advisory functions to ensure compliance with the provisions of this Act, and to perform such powers and functions as are conferred under this Act.

Nearest Relative

Means the person recognised under law or by custom as the closest adult family member to a patient, who may be consulted regarding the patient's care, treatment, or admission, and who may exercise certain rights or responsibilities under this Act.

Where more than one person qualifies as a nearest relative, priority shall be determined according to the following order of relationship:

1. Husband, wife, or spouse
2. Son or daughter
3. Father or mother
4. Brother or sister
5. Grandparent
6. Grandchild
7. Uncle or aunt
8. Nephew or niece

Non-Compliance

Means failure, whether intentional or due to incapacity, to adhere to a prescribed treatment plan, including refusal of treatment, repeated failure to attend follow-up, or inability to engage with services, as documented by the treating team.

Old Age Psychiatrist

Means a psychiatrist who has been board certified as a specialist in old age psychiatry, by the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka, or has been appointed by Ministry of Health or attached to university psychiatry units of Sri Lanka.

On-Call Medical Officer

Means a medical officer of an Authorised Mental Health Facility covering for the authorised medical officer and responsible for the care and treatment of the patient after 4pm on weekdays and during weekends and public holidays.

On-call Psychiatrist

Means a psychiatrist of an Authorised Mental Health Facility covering up for authorised psychiatrist and responsible for the care and treatment of the patient after 4pm on weekdays and during weekends and public holidays.

Paediatric Ward

Means a designated inpatient unit within a hospital that provides assessment, monitoring, and treatment specifically for children (persons under eighteen [18] years of age) under the name “Paediatric Ward.”

Parenteral Medication

Means drugs administered by injection or infusion (intravenous, intramuscular, subcutaneous, or intradermal), thereby bypassing the digestive system.

Patient

Means a person with a mental disorder.

Patient’s Residence

Means any location where a patient ordinarily resides, including the patient’s home, a relative’s home, or any other place where the patient has established a living arrangement, whether permanent or temporary, and where the patient may receive assessment, care, or treatment under this Act.

Person with Close and Continuing Caregiving Relationship to the Patient

Means an individual who provides, or intends to provide, ongoing care, support, or assistance to the patient, whether formally or informally, including family members, in-laws, or other significant persons, and who has established a meaningful, sustained relationship that enables involvement in the patient's care, treatment, or welfare decisions.

Police Officer

Means a member of an established police force in Sri Lanka and includes reservists, and any person lawfully appointed or enlisted under the Police Ordinance or other written law to exercise the powers, duties, and responsibilities of a police officer.

Positive Risk

Means the recognition that enabling a person to take reasonable and proportionate risks is an essential component of recovery, dignity, and autonomy, provided that such risks are assessed, managed, and undertaken through shared decision-making to ensure safety.

Practicable Treatment Plan

Means a clinically appropriate treatment plan that is feasible to implement in the community setting, having regard to the availability of services, personnel, and resources, and which is capable of being delivered, coordinated, and monitored effectively in relation to the patient's condition and circumstances.

Primary Health Care Worker

Means a person who is trained and employed by the Ministry of Health to provide basic health services, health promotion, disease prevention, and referral within the primary health care system, and includes a Public Health Nursing Sister, Public Health Nursing Officer, Supervising Public Health Inspector, Supervising Public Health Midwife, Public Health Inspector, or Public Health Midwife.

Prison Medical Team

Prison medical team refers to healthcare professionals providing medical services within the prison system under the authority of the Ministry of Health or the Department of Prisons, and includes psychiatrists, medical officers, and nursing officers involved in the assessment, diagnosis, and management of physical or mental health conditions of prisoners.

Prison Allied Health Team

Prison allied health team refers to non-medical healthcare professionals who provide therapeutic, rehabilitative, or psychosocial support services within the prison setting, and includes psychologists, occupational therapists, social workers, counsellors, and other recognised allied health professionals involved in the care and rehabilitation of prisoners.

Prisoner

Means any person lawfully detained in custody under the Prisons Ordinance or any other written law, whether on remand, convicted, or otherwise deprived of liberty in a prison or place of detention recognised by law.

Provincial Mental Health Act Committee

Means a committee established under this Act in each Province, consisting of appointed provincial and district health authorities, psychiatrists, social service officers, legal representatives, and other relevant officials, empowered to supervise, monitor, and coordinate mental health services within the Province, and to perform such powers and functions as are conferred under this Act.

Provincial Mental Health Review Board

Means a body established under this Act at the provincial level, consisting of persons appointed in accordance with prescribed criteria, and empowered to review and decide on matters relating to the admission, treatment, care, and rights of patients, and to exercise such powers and perform such functions as are conferred under this Act.

Psychiatric Social Worker (PSW)

Means a team member of a Multidisciplinary Mental Health Team in a government hospital assigned by the Ministry of Health as Psychiatric Social Worker.

Psychiatrist

Means a medical officer having the necessary qualifications and certified by the Board of Study in Psychiatry of the Post Graduate Institute of Medicine, University of Colombo, Sri Lanka; or an acting Psychiatrist appointed by the Ministry of Health, Sri Lanka; or persons who meet the above criteria attached to university psychiatry units of Sri Lanka.

Recovery

Means a process through which a person with a mental disorder is supported to achieve the highest attainable level of health, autonomy, and social functioning, as defined by the individual, whether or not symptoms persist.

Registered Children's Home

Means a residential facility for children formally registered under the Orphanages Ordinance or any other applicable law in Sri Lanka, authorised to provide care, protection, and accommodation.

Registered Nurse

Means a nurse registered at SLMC or Sri Lanka Nursing Council or registered at PHSRC.

Regulatory Council Executive Secretariat

Means the permanent administrative and technical arm of the National Mental Health Regulatory Council, consisting of appointed professional, administrative, and co-opted staff, empowered to implement decisions, provide technical and administrative support, coordinate with provincial and national authorities, and perform such powers and functions as are conferred under this Act.

Rehabilitation

Means a coordinated set of interventions designed to restore or improve a person's functional abilities, independence, and social participation following or during the course of a mental disorder.

Responsible Adult

Means a person appointed under Section 3.3.1 to supervise a child admitted for supported inpatient treatment when parents, guardians, or persons with parental responsibility are unavailable or unwilling. They ensure the child's safety, provide support, and facilitate adherence to treatment, but do not make clinical decisions.

Restraint

Means any intervention, whether physical, mechanical, or chemical, used to restrict the free movement of a patient's body or limbs for the purpose of preventing imminent harm to the patient or others, and does not include actions taken solely for routine medical treatment, hygiene, or protective positioning.

Second-Opinion Psychiatrist

Means a psychiatrist who is independent of the treating team and authorised under this Act to provide an impartial opinion regarding matters arising under this Act, where such opinion is required as a safeguard.

Seclusion

Means the confinement of a patient alone in a specifically designated room or area from which the patient is physically prevented from leaving, carried out only to prevent imminent harm to the patient or others, and conducted in accordance with procedures under this Act.

Secure

Means guarded twenty-four (24) hours per day, every day of the year.

Sri Lanka Medical Council (SLMC)

Means the council registered under the Sri Lanka Medical Ordinance.

Substantial and Demonstrable Risk

Means a real, significant, and evidence-based likelihood of harm or clinical deterioration, which is supported by objective indicators including the patient's history, current presentation, or other relevant clinical information, and which is not merely speculative or remote.

Supported Inpatient Treatment

Means as defined in this Act

Supported Outpatient Treatment (SOT)

Means as defined in this Act.

Supported Patient

Means as defined in this Act

Treatment

Means any lawful intervention, whether pharmacological, psychological, or social, provided for the purpose of alleviating symptoms of a mental disorder, reducing distress, or preventing deterioration, and shall include care provided in both inpatient and outpatient settings, and, in the context of a Supported Patient, includes all measures lawfully necessary for the assessment, care, supervision, protection, and management of the person.

Treatment Consent Capacity

Means the ability of a person to understand the nature, purpose, and consequences of a proposed treatment, to appreciate the reasonably foreseeable benefits and risks, to retain and weigh that information, and to communicate a decision regarding such treatment.

Voluntary Patient

Means a person receiving treatment with informed consent under this Act.

Voluntary Admission

Means as defined in this Act.

PART XI

ANNEXURES

ANNEXURE 1: REGULATIONS ON RESTRAINTS & SECLUSION

DEFINITIONS

Seclusion

Seclusion refers to confinement by placing or leaving the person in any room, at any time of the day or night, alone in a room or area from which the exit door is locked or fastened or held in such a way as to prevent the person from leaving.

Mechanical means of restraint

Mechanical means of restraint refers to restraint of a person by the application of a device or bodily garments to the person's body, or a limb of the person, for the purpose of preventing or limiting the free movement of a patient's body.

PRINCIPLES

1. These interventions are used in rare and exceptional circumstances and only in the best interests of the patient when he or she poses an immediate threat of serious harm to self or others.
2. All other alternative interventions to manage a patient's behaviour to be considered before deciding to use these interventions.
3. These interventions are not prolonged beyond the period which is strictly necessary to prevent immediate and serious harm to the patient or others.
4. These interventions are used only after a thorough risk assessment and to be based on best available evidence and the accepted practice within ethical and legal framework.
5. Cultural awareness and gender sensitivity are considered in the use of interventions.
6. Consideration must be given on a case-by-case basis as to which approach best meets the needs of a particular patient.

PROCEDURE OF SECLUSION AND MECHANICAL MEANS OF RESTRAINT

Initiation of seclusion and mechanical means of restraint

1. An authorized medical officer or on-call medical officer or registered nurses of the authorized mental health facility shall initiate the seclusion or mechanical means of restraint of a patient following an assessment that includes risk assessment.
2. An authorized medical officer or on-call medical officer or a registered nurse initiated the seclusion or mechanical means of restraint shall notify the authorized psychiatrist responsible for the care and treatment of the patient or the on-call psychiatrist as soon as is practicable.

Medical review after initiation of seclusion and mechanical means of restraints

1. An authorized medical officer or on-call medical officer shall do a medical review during initiation or as soon as practicable but not later than 4 hours after the initiation of session of seclusion or mechanical means of restraint by a registered nurse.
2. An authorized medical officer or on-call medical officer of the Authorized Mental Health Facility after the medical review shall make an order of seclusion / mechanical means of restriction to be continued or discontinued after discussing with the registered nurse initiated the respective procedures.
3. An authorized medical officer or on-call medical officer shall order the continued use of
 - a. seclusion, for a duration not exceeding 8 hours.
 - b. mechanical means of restraints for a duration not exceeding 3 hours.

Supervision of seclusion and mechanical means of restraint

Authorized psychiatrist responsible for the care and treatment of the patient or the on-call psychiatrist shall be responsible for supervising each seclusion orders and make the relevant documentation in the seclusion register as soon as practicable within a period of 24 hours.

Information on seclusion and mechanical means of restraint

1. The staff initiating the seclusion shall inform the patient reasons for, likely duration of, and the circumstances which will lead to the discontinuation of seclusion, unless the provision of such information is not detrimental patient's mental health, well-being, or emotional condition.

2. The staff of the authorized mental health facility shall inform the nearest relative of the patient or the guardian or the adult who has a close and continuing caregiving relationship with the patient as soon as is practicable, and with the patient's consent or where the patient lacks capacity and cannot consent.
3. All communications to the patient and reasons for not able to make the communication to be recorded in the patient's clinical record and the seclusion register.

Monitoring of seclusion and mechanical means of restraint

1. A patient placed in seclusion/restraint must be kept under direct observation by a registered nurse for the first hour following initiation of a seclusion episode.
2. A written record of the patient that includes patient's level of distress and his/her behaviour must be maintained by a registered nurse at least every 15 minutes within first hour.
2. Following the risk assessment, a nursing review by minimum of two should take place every 2 hours, unless to do so would place the patient or staff at a high risk of injury.
4. A medical review must be carried out every 4 hours unless the patient is sleeping.

Extension of seclusion and mechanical means of bodily restraint

1. An authorized medical officer or on-call medical officer shall extend the duration of seclusion under the supervision of the authorized psychiatrist responsible for the care and treatment of the patient or on call psychiatrist following an examination, for a further period not exceeding
 - a. 8 hours to a maximum of 2 renewals (24 hours) of continuous seclusion.
 - b. 4 hours to a maximum of 5 renewals (24 hours) of continuous use of mechanical means of restraints.
2. Authorized psychiatrist responsible for the care and treatment of the patient or the on-call psychiatrist must examine the patient if a patient's seclusion order is to be renewed after 24 hours for continuous seclusion or mechanical means of restraints.
3. Authorized psychiatrist responsible for the care and treatment of the patient or the on-call psychiatrist must examine the patient before deciding to continue seclusion or mechanical means of restraints for a total period not exceeding 72 hours.

Ending of seclusion and mechanical means of bodily restraint

1. An authorized medical officer or on-call medical officer or registered nurse in consultation with the authorized medical officer or on-call medical officer shall end seclusion at any time following discussion with the relevant nursing staff.
2. The authorized medical officer or on-call medical officer or registered nurse shall inform authorized psychiatrist or on call psychiatrist about the ending of a session of seclusion.
3. The reason for ending seclusion must be recorded in the patients' clinical record and the seclusion register.

DOCUMENTATION

All the details about the sessions of seclusions and mechanical means of restraints must be clearly recorded in the patient's clinical record and the seclusion register.

ANNEXURE 2: REGULATIONS ON LEAVE

An authorised psychiatrist of an Authorised Mental Health Facility shall grant leave to a patient under supported inpatient treatment.

The leaves thus granted can be either escorted leave or unescorted leave.

Escorted leave

1. Escorted leave is granted for a maximum period of 12 hours during the day.
2. Community Psychiatry Nurse or psychiatric social worker or a staff authorised by authorised psychiatrist shall escort the patient.
3. Authorised psychiatrist or nominee shall inform the leave of the patient to the Director / Medical Superintendent.

Unescorted leave

1. Unescorted leave shall be granted for a maximum of up to two weeks to stay at home.
2. Unescorted leave shall be granted on a written request by the relations of the patient receiving supported inpatient treatment.
3. The relations take the responsibility of bringing patient back to Authorised Mental Health Facility at the end of leave.
4. Relations shall inform the Authorised Mental Health Facility if the patient refuse to return after a leave.
5. The Director / Medical Superintendent of the Authorised Mental Health Facility will inform the relative, guardian or mental health team member to bring back the patient back to the Authorised Mental Health Facility if he/she fails to return or absent without leave. If this fails, Director/ Medical Superintendent will request officer in charge of area police to initiate process of admitting patient back to the Authorised Mental Health Facility.
6. When the patient is brought back to local hospital or Authorised Mental Health Facility necessary forms shall be filled (1a, 1b, 2a, 2b).

ANNEXURE 3: REGULATIONS ON LEGAL REPRESENTATION AND APPOINTMENT OF A REPRESENTATIVE FOR THE CHILD

1. Right to Legal Representation

A child subject to supported inpatient treatment shall have the right to legal representation in any proceedings before the Provincial Mental Health Review Board or the District Court.

2. Representation Through a Parent or guardian or carer with parental responsibility

Where a parent or legal guardian is available and acting in the best interests of the child, such parent or guardian or carer with parental responsibility may represent the child in proceedings under this Part.

3. Appointment of an Independent Representative

Where—

- (a) a parent or guardian or carer with parental responsibility is unavailable;
- (b) a parent or guardian or carer with parental responsibility refuses to act on behalf of the child;
- (c) a conflict of interest exists between the child and the parent or guardian or carer with parental responsibility ; or
- (d) the Court considers that independent representation is necessary for the protection of the child's interests,

the District Court may appoint a suitable person to act as representative for the child for the purposes of the proceedings.

4. Eligible Representatives

A representative appointed under subsection (3) may include—

- (a) an attorney-at-law;
- (b) an officer of the National Child Protection Authority;
- (c) a probation officer or child protection officer; or
- (d) any other person the Court considers appropriate and capable of acting in the best interests of the child.

5. Role of the Representative

The representative shall—

- (a) act in the best interests of the child;
- (b) ensure that the views of the child are placed before the Court where appropriate having regard to the child's age and maturity; and

(c) assist the Court in determining the matter in a manner consistent with the welfare and rights of the child.

6. Costs of Representation

Where the child or family lacks sufficient means, the Court may direct that legal representation be provided through the Legal Aid Commission or any other mechanism prescribed by regulation.

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ANNEXURE 4: REGULATIONS ON APPOINTMENT AND ROLE OF RESPONSIBLE ADULT IN SUPPORTED INPATIENT TREATMENT OF CHILDREN

Purpose:

To provide clear procedures for designating a responsible adult for children admitted for supported inpatient treatment under the Mental Health Act, where parental consent is unavailable or refused.

1. Designation of Responsible Adult

1.1 Where a child is admitted under Section 3.3.1(4) of the Act, and a parent or guardian or carer with parental responsibility is unavailable or refuses consent, the Authorised Psychiatrist shall designate a responsible adult to supervise the child.

1.2 The responsible adult may include:

- (a) Healthcare professionals within the admitting facility, including nurses, social workers, or psychiatric staff trained in child mental health.
- (b) Probation officers or law enforcement officers, in cases where the child is referred via the criminal justice system.
- (c) Social workers or child protection officers authorised by the Ministry of Women, Child Affairs, or equivalent child welfare authority.
- (d) Other authorised caregivers, including extended family members or guardians deemed safe and suitable by the Authorised Psychiatrist.

2. Criteria for Responsible Adult

2.1 The responsible adult must:

- (a) Be of legal age and mentally and physically able to provide supervision.
- (b) Be free of any conflicts of interest that may affect the child's safety or welfare.
- (c) Be assessed and approved by the Authorised Psychiatrist or the facility's Child Protection Committee.

2.2 The responsible adult **must not make clinical decisions**, including assessment, treatment planning, or medication administration, unless formally authorised under separate regulations.

3. Process for Appointment

3.1 If a parent or guardian or carer with parental responsibility is unavailable, the Authorised Psychiatrist shall first attempt to identify a suitable family member or legal guardian.

3.2 If no suitable family member is available:

(a) The facility shall assign a healthcare professional or social worker from the admitting facility as temporary responsible adult.

(b) If the child is referred via the criminal justice system, a probation or law enforcement officer may act as the temporary responsible adult.

3.3 The responsible adult shall be formally documented in the child's medical record, including:

(a) Name, designation, and contact details.

(b) Duration of supervision.

(c) Limitations of authority and responsibilities.

4. Duties of the Responsible Adult

4.1 Ensure the child's safety and welfare during admission.

4.2 Support the child in daily activities and facilitate communication with family, legal representatives, and staff.

4.3 Monitor adherence to treatment plans as instructed by the Authorised Psychiatrist.

4.4 Report any concerns regarding the child's welfare, abuse, or neglect to the Authorised Psychiatrist immediately.

5. Duration and Review

5.1 Temporary supervision by the responsible adult shall be **reviewed at each clinical review**, not less than every seven (7) days.

5.2 The designation may continue until:

(a) The parent or guardian or carer with parental responsibility becomes available and assumes responsibility.

(b) Another authorised caregiver is identified.

(c) The child is discharged or transferred from the facility.

5.3 All changes in responsible adult designation shall be documented and reported to the **Provincial Mental Health Review Board**.

6. Oversight and Compliance

6.1 The Provincial Mental Health Review Board shall monitor compliance with this regulation.

6.2 Failure to designate or properly supervise a responsible adult shall be reported to the Board and may result in corrective actions under the Act.

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ANNEXURE 5: FORMS

Form SIT-1: Application for Assessment for Supported Inpatient Treatment (Adults and Children)

To: Authorised Psychiatrist / Medical Officer

Facility: _____

1. Applicant Details

- Name: _____
- Address: _____
- Contact: _____

Role:

- Medical Officer Guardian / Relative Psychologist CMHW PHC Worker
 Grama Niladari Government Officer Police Other: _____
-

2. Patient / Child Details

- Name: _____
- Age / DOB: _____
- Type: Adult Child <14 Child 14–17
- Address: _____
- Diagnosis (if known): _____

For Children:

- Parent / Guardian Contact: _____
 - Consent: Given Refused Unavailable
-

3. Observations / Concerns

Child (if applicable):

- Impact on development / schooling
 Safeguarding concerns
-

4. Social / Care Context

5. Supporting Documents

- Clinical notes Risk assessments Other: _____

Child (if applicable):

- Protection reports School reports
-

6. Declaration

Information is true; this is a request for assessment only.

Signature: _____

Date: _____

Official Use

- Received by: _____
- Date: _____
- Notes: _____

Child (if applicable):

- Responsible Adult designated
 - Board notified
-

Form SIT-1a: Initial Authorisation for Supported Inpatient Treatment**Facility:** _____**Patient ID:** _____

1. Patient Details

- Name: _____
- Age / DOB: _____
- Type: Adult Child <14 Child 14–17
- Address: _____

For Children:

- Parent / Guardian: _____
 - Consent: Given Refused Unavailable
-

2. Authorising Officer

- Name: _____
 - Designation: _____
 - Contact: _____
-

3. Assessment Location

- Facility Domiciliary Temporary (Child)
-

4. Assessment

- Supported treatment criteria met / appear to be met

Child (if applicable):

- Consent refused / unavailable
 - Safeguarding concerns addressed
-

5. Clinical Justification

6. Decision

SIT AUTHORISED

Transfer required

7. Declaration

Authorisation is necessary and least restrictive.

Signature: _____

Date & Time: _____

Form SIT-1b: Extension of Authorisation for Transfer

Facility: _____

Patient ID: _____

1. Patient Details

- Name: _____
 - Age / DOB: _____
 - Type: Adult Child
-

2. Original Authorisation

- By: _____
 - Date: _____
-

3. Reason for Extension

Transfer not practicable

Details: _____

Child (if applicable):

Placement / safeguarding delay

4. Extension Details

- Duration: Up to 24 hours
 - Transport: Ambulance Hospital Police Other
-

5. Declaration

Extension necessary and least restrictive.

Name: _____

Signature: _____

Date & Time: _____

Form SIT-1c: Notification for Domiciliary Assessment

Facility: _____

Patient ID: _____

1. Patient Details

- Name: _____
 - Age / DOB: _____
 - Type: Adult Child
 - Address: _____
-

2. Requesting Officer

- Name: _____
 - Designation: _____
 - Contact: _____
-

3. Purpose

Domiciliary assessment for SIT

Child (if applicable):

Safeguarding / parental involvement required

4. Support Required

Staff Transport Equipment Other: _____

5. Declaration

Hospital notified to provide support.

Signature: _____

Date & Time: _____

Acknowledged (Head of Hospital):

Signature: _____

Form SIT-1d: Police Assistance for Domiciliary Assessment and Transport

Facility / Jurisdiction: _____

Patient ID: _____

1. Patient Details

- Name: _____
 - Age / DOB: _____
 - Type: Adult Child
 - Address: _____
-

2. Requesting Officer

- Name: _____

- Designation: _____
 - Contact: _____
-

3. Request

- Safety / risk concerns
- Transport assistance

Child (if applicable):

- Safeguarding support required
-

4. Transport

- Ambulance Police Other
-

5. Declaration

Police support requested for safety only; no clinical decision-making.

Name & Signature: _____

Date & Time: _____

Police Officer:

Name & Signature: _____

Date & Time: _____

Form SIT-2a: Admission as a Supported Inpatient (Authorised Medical Officer)

Facility: _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

- Full Name: _____
 - Age / DOB: _____
 - Patient Type: Adult Child <14 Child 14–17
 - Address / Location: _____
 - Known Diagnosis (if any): _____
 - Parent / Guardian Contact (if child): _____
 - Consent Status (Child): Given Refused Unavailable
-

2. Basis for Admission

- Form SIT-1a
- De novo authorisation
- Transfer (Form SIT-5b)
- Variation from SOT (Form SOT-5a attached)
- Other: _____

If transfer:

- Originating Facility: _____
 - Original SIT Date: _____
-

3. Criteria Assessment

- Supported Patient criteria met
- Supported Patient criteria appear to be met (transfer/continuation)

Child-specific:

- Best interests require admission
 - Safeguarding concerns identified
-

4. Clinical Summary

5. Decision

- Admission as Supported Inpatient authorised
 - Date & Time: _____
-

6. Consultation

- Patient consulted Not possible
 - Family / caregiver consulted Not possible
-

7. Authorised Medical Officer

- Name: _____
 - Designation: _____
 - Signature: _____
 - Date & Time: _____
-

Form SIT-2b: Psychiatrist Authorisation / Confirmation

Facility: _____

Hospital Patient ID: _____

1. Patient / Child Details

- Full Name: _____
 - Age / DOB: _____
 - Patient Type: Adult Child <14 Child 14–17
 - Parent / Guardian Contact (if child): _____
-

2. Basis

- SIT-2a admission
 - De novo psychiatric assessment
 - Transfer review
 - SOT variation (Form SOT-5a)
-

3. Criteria Assessment

- Supported Patient criteria met
 - Supported Patient criteria continue to be met
-

4. Child-Specific (if applicable)

- Consent: Given Refused Unavailable
 - Best interests satisfied
 - Responsible Adult required (specify): _____
 - Safeguarding concerns addressed
-

5. Decision

- SIT Confirmed
- SIT Revoked
- Varied

Reason:

6. Notification

- Patient informed
 - Family informed
-

7. Authorised Psychiatrist

- Name: _____
 - Signature: _____
 - Date & Time: _____
-

Form SIT-2c: Notification for Second-Opinion Psychiatrist Assessment (Adults and Children)

Facility: _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

- Full Name: _____
 - Age / DOB: _____
 - Patient Type: Adult Child < 14 years Child 14–17 years
 - Address / Location: _____
 - Current Diagnosis / Notes: _____
 - Parent / Guardian / Carer Contact (if child): _____
-

2. Current Authorised Psychiatrist

- Name: _____
 - Designation: _____
 - Contact Number: _____
-

3. Reason for Second-Opinion Assessment

- Extension of Supported Inpatient Treatment beyond statutory period
 - Mandatory review (child – prior to expiry of 28-day period)
 - Other: _____
-

4. Current SIT Status

- Date of Current SIT Authorisation: _____
 - Current Expiry Date: _____
 - Supported Patient criteria continue to be met (*treating psychiatrist's view*)
-

5. Clinical Summary (Brief)

Child-Specific (if applicable):

- Best interests considered
 - Safeguarding concerns identified / addressed
-

6. Request

I request assessment by a Second-Opinion Psychiatrist to determine whether Supported Inpatient Treatment should continue.

Child-Specific Addition:

This request is made with consideration of the child's best interests, consent status, and safeguarding needs.

7. Authorised Psychiatrist

- Name: _____
 - Signature: _____
 - Date & Time: _____
-

8. Head of Hospital Acknowledgement

- Name: _____
 - Designation: _____
 - Signature: _____
 - Date & Time: _____
-

Form SIT-2d: Second-Opinion Psychiatrist Decision

Facility: _____

Hospital Patient ID: _____

1. Patient / Child Details

• Full Name: _____

• Age / DOB: _____

• Patient Type: Adult Child

2. Criteria Assessment

Supported Patient criteria continue to be met

Supported Patient criteria not met

3. Clinical Summary

Child-specific:

Best interests considered

Family views considered

Safeguarding reviewed

4. Decision

Continue SIT (within statutory limits)

Revoke SIT

5. Declaration

• Name: _____

• Signature: _____

• Date & Time: _____

Form SIT-2e: Notification of Proposed Extension

Facility: _____

Hospital Patient ID: _____

1. Patient Details

• Full Name: _____

• Age / DOB: _____

• Current SIT Start Date: _____

2. Purpose

Notification of proposed extension requiring PMHRB approval.

3. Clinical Summary

4. Criteria Status

Supported Patient criteria continue to be met

Child-specific:

Best interests considered

Safeguarding assessed

5. Authorised Psychiatrist

• Name: _____

• Signature: _____

• Date: _____

6. Head of Hospital

• Name: _____

• Signature: _____

• Date: _____

**Form SIT-2f: Application to Provincial Mental Health Review Board for SIT Extension
(Adults & Children)**

Facility: _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

• Full Name: _____

• Age / DOB: _____

• Patient Type: Adult Child < 14 years Child 14–17 years

• Address / Location: _____

• Current Diagnosis / Notes: _____

• Parent / Guardian / Carer Contact (if child): _____

2. Head of Hospital / Director Details

• Name: _____

• Designation: _____

• Contact Number: _____

3. Current SIT Details

Adult:

• SIT Commencement Date: _____

• Current Expiry Date: _____

Child / Adolescent:

• SIT Commencement Date: _____

- Current Expiry Date: _____
- Remaining Duration Before Mandatory Review: _____

4. Summary of Clinical Grounds for Extension

(Brief summary: mental disorder, ongoing treatment needs, risks, reasons for continued SIT)

Child-Specific:

- Family/guardian support considered
 - Risk to education or caregiver stress considered
 - Safeguarding concerns assessed
 - Views of child considered (age/maturity permitting)
-

5. Review Documentation / Second Opinions

- Authorised Psychiatrist SIT-2e Form attached
 - Second-Opinion Psychiatrist Assessment attached Not Applicable
 - Additional relevant circumstances: _____
-

6. Declaration & Request

I declare that the information above is accurate and request the **Provincial Mental Health Review Board** to authorise extension of Supported Inpatient Treatment for this patient.

- Signature (Head of Hospital / Director): _____
 - Name & Designation: _____
 - Date & Time: _____
-

7. Notification of Patient & Caregivers

- Patient notified on: _____
- Guardian / nearest relative / caregiver notified on: _____

Child-Specific:

- Parent / Guardian informed of decision and reasons
 - Responsible Adult informed (if designated)
-

Form SIT-3a: Determination by Provincial Mental Health Review Board (Adults & Children)

Facility / Hospital: _____

Patient Name: _____

Age / DOB: _____

Hospital Patient ID / Record Number: _____

1. Review Hearing Details

- Date: _____
- Location / Mode: In Person Video Link

- Board Chairperson: _____
 - Board Members Present: _____
-

2. Attendees

- Patient
- Legal Representative
- Carer nominated by Patient
- Guardian / Nearest Relative / Primary Caregiver
- Authorised Psychiatrist Responsible for SIT
- Other: _____

Child-Specific:

- Parent / Guardian / Carer attended
 - Social Worker / Child Protection Officer attended
-

3. Basis of Review

(Brief summary of purpose and context)

Child-Specific:

- Impact on schooling, family, and caregiving environment assessed
 - Safeguarding concerns reviewed
-

4. Board Determination

- Extension of SIT** – Adults: ≤6 months | Children: ≤56 / 28 days

Reason / Clinical Justification:

- Variation of SIT** – Modify conditions / convert to SOT

Details:

- Revocation of SIT** – Criteria no longer met

Reason / Clinical Justification:

Child-Specific:

- Best interests of child considered
 - Views of child / parent / guardian considered
 - Educational impact and safeguarding addressed
-

5. Declaration by the Board

We confirm the above determination follows the Mental Health Act and statutory provisions.

Chairperson Name & Signature: _____

Date & Time: _____

Board Members Signatures:

1. _____
2. _____
3. _____

6. Communication of Determination

- Patient / Legal Representative: Yes No
- Carer nominated by Patient: Yes No
- Guardian / Nearest Relative / Primary Caregiver: Yes No
- Authorised Psychiatrist Responsible for SIT: Yes No
- Head of Hospital: Yes No
- Other: _____

Name & Signature of Officer Communicating Determination: _____

Date & Time: _____

Form SIT-4a: Discharge of a Supported Patient (Adults & Children)

Facility / Hospital: _____

Patient Name: _____

Age / DOB: _____

Hospital Patient ID / Record Number: _____

1. Authorising Psychiatrist

- Name: _____
- Designation: _____
- Contact Number: _____

2. Patient / Child Details

- Full Name: _____
- Address / Location for Discharge: _____
- Date of Admission: _____
- Reason for Admission: _____
- Patient Type: Adult Child <14 Child 14–17
- Parent / Guardian / Carer Contact (if child): _____

3. Clinical Reason for Discharge

(Why inpatient treatment is no longer required)

Child-Specific:

- Best interests of child considered
- Views of child / parent / guardian considered
- Safeguarding concerns assessed

4. Discharge Plan

- Transport: Ambulance Hospital Vehicle Police Other: _____
- Accompanying Staff: _____
- Follow-up / Support Services: _____

Child-Specific:

- Safe discharge to caregiver confirmed
 - School / educational reintegration plan considered
 - Social services / child protection referral made
 - Follow-up with child mental health services arranged
-

5. Declaration

I confirm inpatient treatment is no longer required and discharge is necessary, proportionate, and in accordance with the Mental Health Act.

- Signature of Authorised Psychiatrist: _____
 - Date & Time: _____
-

6. Notification to Head of Hospital

I acknowledge receipt of the discharge notification.

- Name / Signature: _____
 - Date & Time: _____
-

7. Notification of Patient & Caregivers

- Patient notified on: _____
- Guardian / caregiver notified on: _____

Child-Specific:

- Parent / Guardian informed and explained
 - Child informed (age-appropriate)
-

Form SIT-5: Application for Transfer of a Supported Inpatient (Adults & Children)

Facility (Originating Hospital): _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

- Full Name: _____
- Age / DOB: _____
- Patient Type: Adult Child <14 Child 14–17
- Current Location (Ward / Unit): _____
- Current Diagnosis: _____
- Parent / Guardian / Carer Contact (if child): _____

2. Applicant Details

- Name: _____
- Relationship to Patient: Patient Guardian Nearest Relative Primary Caregiver

- Contact Details: _____
- If patient is applicant: Independently With assistance: _____

3. Proposed Receiving Facility

- Name: _____
- Reason for Selection: _____

4. Reasons for Transfer

- Clinical / social / logistical justification: _____
-

Child-Specific:

- Proximity to family/caregiver considered
- Impact on schooling/education considered
- Continuity of caregiving considered
- Safeguarding concerns addressed

5. Patient / Representative Views

- Patient informed Agrees Disagrees Unable to express

Child-Specific:

- Views of child considered Views of parent/guardian considered

6. Declaration by Applicant

I declare that the information is accurate and in the best interests of the patient.

- Signature: _____
- Date: _____

7. Acknowledgement of Receipt (Hospital)

- Name & Designation: _____
 - Signature: _____
 - Date & Time: _____
-

Form SIT-5a: Application / Notification for Transfer (Adults & Children)

Originating Facility: _____

Patient Name: _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

- Full Name: _____
- Age / DOB: _____
- Patient Type: Adult Child <14 Child 14–17
- Current Location: _____
- Current Diagnosis: _____
- Parent / Guardian / Carer Contact (if child): _____

2. Applicant / Authorised Psychiatrist

- Name / Designation / Contact: _____
- Role: Authorised Psychiatrist Acting on application from Guardian Relative Caregiver

3. Reason for Transfer

Clinical:

- Specialised treatment unavailable
- Higher/lower level care needed
- Safety concerns
- Continuity of care closer to residence
- Other: _____

Non-Clinical:

- Administrative Legal compliance Psychosocial factors Risk management

Child-Specific:

- Proximity to caregiver considered
- Education considered
- Continuity of caregiving confirmed
- Safeguarding assessed

4. Emergency Transfer

- Yes No (Explain): _____

5. Patient / Representative Consultation

- Patient views sought: Yes No N/A

Child-Specific: Views of child considered Views of parent/guardian considered

6. Declaration of Authorised Psychiatrist

Transfer is necessary, proportionate, and least restrictive.

- Signature: _____
- Date & Time: _____

7. Decision by Head of Hospital

- Approved: Yes No
 - Emergency Transfer Ratified: Yes No
 - Signature / Name & Designation: _____
 - Date & Time: _____
-

Form SIT-5b: Notification of Approved Transfer (Adults & Children)

Originating Facility: _____

Receiving Facility: _____

1. Patient / Child Details

- Full Name: _____
- DOB / Age: _____
- Patient Type: Adult Child <14 Child 14–17
- Patient ID: _____
- Parent / Guardian / Carer Contact (if child): _____

2. Originating Hospital

- Head Name / Designation / Contact: _____

3. Authorised Psychiatrist

• Name / Designation / Contact: _____

4. Receiving Facility Contact

• Head / Contact Number: _____

5. Transfer Details

• Effective Date: _____

• Type: Routine Emergency

Child-Specific:

Proximity to caregiver considered

Education continuity considered

Caregiving continuity confirmed

Safeguarding communicated

6. Documentation Sent

Clinical Records Treatment Plans Risk Assessments Medications Other:

Child-Specific: Education / Social Work Reports

7. Declaration by Head of Originating Hospital

I notify the receiving facility of the approved transfer and confirm secure transmission of all documentation.

• Signature / Name & Designation: _____

• Date & Time: _____

Form SIT-C1: Designation of Responsible Adult for Admission of a Child (Consent Refused / Unavailable)

Facility / Hospital: _____

Hospital Patient ID / Record Number: _____

1. Child Details

• Name / Age / DOB: _____

• Address / Current Location: _____

2. Authorised Psychiatrist

• Name / Designation / Contact: _____

3. Basis for Admission Without Consent

Child refuses Parent / Guardian refuses Parent / Guardian unavailable

4. Designation of Responsible Adult

• Name / Designation / Relationship: _____

• Contact: _____

Category: Healthcare professional Probation Officer Police Registered children's home staff Family / Other caregiver

5. Suitability Assessment

Suitable for safety & support

Informed of role & limitations

No clinical decision-making authority

No legal custody / parental rights

6. Safeguarding Considerations

None Referred to authority (details): _____

7. Declaration

I designate the above Responsible Adult for supervision during admission.

• Signature / Date: _____

Form SIT-C2: Notification to Provincial Mental Health Review Board – Child Admission Without Consent

Facility / Hospital: _____

Hospital Patient ID / Record Number: _____

1. Child Details

• Name / Age / DOB / Address: _____

• Date & Time of Admission: _____

2. Authorised Psychiatrist

• Name / Designation / Contact: _____

3. Legal Basis for Admission

Child refuses Parent / Guardian refuses Parent / Guardian unavailable

4. Assessment Against Supported Patient Criteria

Group A (all): Mental disorder Likely to benefit Less restrictive care unavailable

Group B (≥ 1): Lack of consent capacity Risk of deterioration Risk of harm Risk of neglect

5. Clinical Justification

6. Consent / Parent Involvement

• Reason consent not obtained: _____

Steps taken to involve parent/guardian

Parent/guardian informed (if practicable)

7. Responsible Adult

• Designated: Yes No

• Name / Relationship: _____

8. Safeguarding / Legal Considerations

None Referred (details): _____

9. Best Interests & Child-Specific Considerations

Child's best interests considered

Views of child considered

Family relationships maintained

Least restrictive alternative

10. Rights of the Child

- Informed in age-appropriate manner
- Right to communicate with parent / adult
- Right to legal representation

11. Declaration

I declare the admission without consent is necessary, proportionate, and statutory requirements met.

• Signature / Date: _____

12. Notification to PMHRB

Submitted within 24 hours for oversight.

• Date & Time: _____

Form SOT-1: Application for Assessment for Supported Outpatient Treatment (Adults & Children)

To: The Authorised Psychiatrist / Medical Officer of the Hospital

Facility: _____

1. Applicant Details

- Name: _____
- Address: _____
- Contact Number: _____
- Role / Relationship to Patient (tick one):
 - Medical Officer of Health Facility
 - Guardian / Nearest Relative / Person with a close and continuing caregiving relationship
 - Clinical Psychologist
 - Community Mental Health Worker
 - Primary Health Care Worker
 - Grama Niladari
 - Government Field Officer
 - Police Officer
 - Other Responsible Adult [Child-Specific]

2. Patient / Child Details

- Full Name: _____
- Age / Date of Birth: _____
- Child Status: Child < 14 years Child 14–17 years [Child-Specific]
- Community Residence: Stable Unstable / uncertain Not known
 - Address / Arrangement: _____
- Known Diagnosis (if any): _____
- Parent / Guardian / Carer Contact: _____ [Child-Specific]
 - Availability / Consent Status: Consent Given Consent Refused Consent Unavailable [Child-Specific]

3. Observations and Concerns

Child-Specific: Include impact on schooling, social development, family relationships, neglect, or abuse.

4. Relevant Social / Environmental Context

Child-Specific: Specify responsible adult arrangements and support network.

5. Supporting Documentation

Child-Specific: Attach child protection reports, school reports, or educational assessments.

6. Declaration by Applicant

I declare that the information above is true. Submission is a request for assessment only.

Child-Specific: Acknowledgement that a Responsible Adult may be designated if parent/guardian unavailable.

- Signature: _____
- Date: _____

Official Use Only

- Received by: _____
- Date: _____
- Initial Action / Notes: _____

Child-Specific: Responsible Adult Designated / Notification to PMHRB completed.

Form SOT-1a: Notification to Head of Hospital and Request to Convene Case Conference

A. Patient Particulars

- Full Name: _____
- ID No: _____
- Address: _____

B. Initiating Authorised Psychiatrist

- Name: _____
- Designation: _____
- Institution: _____

C. Basis for Notification

- Application received in Form SOT-1
- Variation from Supported Inpatient Treatment
- Other: _____

D. Clinical Justification

The patient satisfies statutory criteria for Supported Outpatient Treatment:

- Does not require inpatient treatment
- Requires ongoing treatment and supervision in the community

E. Request

Request to convene Case Conference in accordance with the Act.

- Signature: _____
- Name: _____
- Date: _____

F. Acknowledgment (Head of Hospital)

- Received by: _____
 - Date: _____
 Case Conference scheduled
 - Date of Conference: _____
 - Signature: _____
-

Form SOT-1b: Record of Case Conference and Authorisation of Supported Outpatient Treatment

A. Patient Particulars

- Full Name: _____
- ID No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]

B. Case Conference Details

- Date: _____
- Mode: In-person Audio-visual
- Venue / Platform: _____

C. Attendance

- Patient Legal Representative Carer Guardian / Nearest Relative Initiating AP Implementing AP Multidisciplinary Team Head of Hospital Representative
- Quorum requirements satisfied

D. Determination of Statutory Criteria

Supported Patient Criteria

Group A – all must be ticked:

- Mental disorder Likely to benefit from treatment No less restrictive alternative

Group B – at least one:

- Lacks treatment consent capacity Substantial risk of deterioration Risk of harm to self/others Risk of neglect / deprivation

Community Treatment Criteria

- History of treatment failure
- Benefits outweigh rights restriction
- No less restrictive alternative
- Clinically appropriate treatment plan available
- Place of residence or community arrangement identified

E. Certification by Initiating AP

I certify the patient meets statutory criteria and community treatment criteria; SOT is least restrictive.

- Signature: _____
- Name: _____
- Date: _____

F. Countersignature by Implementing AP (if applicable)

I concur and accept responsibility for implementation.

- Signature: _____
- Name: _____
- Date: _____
- Commencement Date of SOT: _____
- Notification to Head of Hospital: Date / Signature: _____

Child-Specific: Parent / Guardian informed; Responsible Adult designated if required.

Form SOT-1c: Application to Provincial Mental Health Review Board

(SOT Initiation / Variation from Inpatient Treatment)

1. Patient Particulars

- Full Name: _____
- ID No: _____
- DOB / Age: _____

2. Nature of Supported Outpatient Treatment

New SOT Order

Variation from Supported Inpatient Treatment

- Originating Facility: _____
- Date of discharge / variation: _____

3. Authorised Psychiatrists

- Initiating AP: Name / Institution: _____
- Implementing AP: Name / Institution: _____

4. Case Conference Details

- Date: _____
- Mode: In-person Audio-visual

5. Confirmation of Statutory Compliance

Case Conference convened

Patient meets criteria for Supported Patient

Community Treatment Criteria fulfilled

SOT Plan formulated

6. Commencement of SOT

- Date of countersignature (SOT-1b): _____
- Date of commencement: _____

7. Treatment Implementation Details

- Primary facility / clinic: _____
- Responsible clinician: _____

8. Review Documentation

SOT-1b attached

Additional circumstances: _____

9. Declaration & Request

I declare the information is accurate and request PMHRB authorisation for SOT.

- Signature of Head of Hospital / Director: _____

- Name & Designation: _____
- Date & Time: _____

10. Notification of Patient & Caregivers

- Patient notified: _____
- Guardian / nearest relative notified: _____

Child-Specific: Parent / Guardian informed; Responsible Adult informed if designated.

FORM SOT-2a: Notification of Need for Extension of Supported Outpatient Treatment (Adults and Children)

Facility: _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

- Full Name: _____
- Age / Date of Birth: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Current Community Residence: Stable Unstable / Uncertain Not known
 - Address / Arrangement: _____
- Current Diagnosis / Clinical Notes: _____
- Parent / Guardian / Carer Contact (for children): _____ [Child-Specific]

2. Implementing Authorised Psychiatrist Details

- Name: _____
- Designation: _____
- Contact Number: _____

3. Current SOT Details

- Date of Commencement of Current SOT: _____
- Current Expiry Date: _____
- Remaining Duration Before Mandatory Review: _____

4. Clinical Grounds for Extension

- Patient continues to meet statutory criteria for Supported Patient
- Community Treatment Criteria remain fulfilled
- Treatment remains necessary, proportionate, and in patient’s best interest
- Less restrictive alternatives have been considered and deemed inadequate
- Additional risk factors considered (e.g., self-harm, deterioration, caregiver stress)

Child-Specific Additions:

- Family / guardian support and caregiving environment assessed
- Risk of educational disruption or caregiver stress considered
- Safeguarding concerns reviewed
- Views of child considered where age/maturity permit

Supporting Documentation Attached: Yes No

- SOT-3a Form (Implementing Psychiatrist Assessment)
- Risk Assessment

- Clinical Notes / Reports

5. Declaration

I declare that the information provided above is accurate to the best of my knowledge. I request the Head of Hospital to initiate formal application to the Provincial Mental Health Review Board for the extension of Supported Outpatient Treatment in accordance with the Mental Health Act.

- Signature of Implementing Authorised Psychiatrist: _____
- Name & Designation: _____
- Date & Time: _____

6. Acknowledgment by Head of Hospital

- Received by: _____
- Date: _____
- Request for Review and Extension noted
- Application to Provincial Mental Health Review Board (Form SOT-2b) to be submitted

FORM SOT-2b: Application to Provincial Mental Health Review Board for Extension of SOT

Facility: _____

Hospital Patient ID / Record Number: _____

1. Patient / Child Details

- Full Name: _____
- Age / Date of Birth: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Community Residence: Stable residence available Unstable / uncertain accommodation Not known
 - Address / Arrangement: _____
- Current Diagnosis / Notes: _____
- Parent / Guardian / Carer Contact (for children): _____ [Child-Specific]

2. Head of Hospital / Director Details

- Name: _____
- Designation: _____
- Contact Number: _____

3. Current SOT Details

- Date of Current SOT Commencement (previous Review Board hearing): _____
- Current Expiry Date: _____
- Time Remaining Before Mandatory Review: _____
- Implementing Authorised Psychiatrist / Medical Officer Responsible for SOT: _____

4. Summary of Clinical Grounds for Extension

(Include information received from Implementing Authorised Psychiatrist via Form SOT-3a)

Child-Specific Considerations:

- Family / guardian support and caregiving environment considered
- Risk of educational disruption
- Safeguarding concerns assessed
- Views of child (where age and maturity permit) considered

5. Review Documentation

- Implementing Authorised Psychiatrist SOT-3a Form attached
- Additional relevant circumstances considered:

6. Declaration & Request

I declare that the information provided above is true and accurate. I request that the Provincial Mental Health Review Board authorise the extension of Supported Outpatient Treatment for the above patient, in accordance with the Mental Health Act.

- Signature of Head of Hospital / Director: _____
- Name & Designation: _____
- Date & Time: _____

7. Notification of Patient & Caregivers

- Patient notified on: _____
- Guardian / nearest relative / Person with close and continuing caregiving relationship notified on:

Child-Specific Additions:

- Parent / Guardian informed of decision and reasons [Child-Specific]
- Responsible Adult informed (if designated) [Child-Specific]

FORM SOT-3a: Provincial Mental Health Review Board Determination of SOT

Patient / Child Details

- Full Name: _____
- Identification No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]

1. Review Hearing Details

- Date of Hearing: _____
- Mode: In-person Audio-visual
- Venue / Platform: _____
- Board Members Present: _____

2. Attendance (tick as applicable)

- Patient
- Legal Representative
- Carer nominated by patient
- Guardian / Nearest Relative / Responsible Adult [Child-Specific]
- Implementing Authorised Psychiatrist / Nominated Medical Officer

Other Persons Permitted by Board: _____

Quorum requirements satisfied

3. Determination of the Board

Decision (tick one):

Confirm SOT – patient continues to meet statutory and community criteria

Vary SOT – change to Supported Inpatient Treatment required

Revoke SOT – criteria no longer met or continuation not justified

Board Considerations / Reasons:

- Statutory Criteria for Supported Patient: Met Not Met
- Community Treatment Criteria: Met Not Met
- Risk Assessment & Safety Considerations: _____
- Clinical Necessity & Proportionality: _____
- Less Restrictive Alternatives Considered: Yes No

Child-Specific Additions:

Safeguarding / Caregiving environment reviewed

Educational / Developmental impact assessed

Views of child considered

4. Board Recommendations

Continue SOT as currently authorised

Amend / Vary SOT (details): _____

Revoke SOT; consider voluntary or alternative community treatment (details):

5. Communication of Determination

Date Determination Communicated: _____

Served to:

Patient / Legal Representative

Carer nominated by patient

Guardian / Nearest Relative / Responsible Adult [Child-Specific]

Implementing Authorised Psychiatrist / Medical Officer

Head of Hospital

6. Declaration

I declare that the determination above is a true record of the review hearing conducted by the Provincial Mental Health Review Board under the Mental Health Act.

- Signature of Chairperson: _____
- Name & Designation: _____
- Date & Time: _____

FORM SOT-4: Application for Transfer of Supported Outpatient Treatment

1. Patient Details

- Full Name: _____
- Identification No / Clinic Number: _____

- Age / Date of Birth: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]

2. Applicant Details

- Name: _____
- Relationship to Patient: Patient Guardian Nearest Relative Person with a close and continuing caregiving relationship
- Contact Details: _____
- If Patient is Applicant:
 - Application made independently
 - Application made with assistance (specify): _____

3. Current Treating Details

- Current Authorised Psychiatrist: _____
- Current Hospital / Clinic: _____

4. Proposed Receiving Arrangements

- Proposed Receiving Authorised Psychiatrist (if known): _____
- Proposed Hospital / Clinic: _____
- Reason for Selection (if applicable): _____

5. Reasons for Transfer Request

Child-Specific Additions:

- Proximity to family / caregivers considered
- Impact on schooling / education considered
- Continuity of caregiving arrangements considered
- Safeguarding concerns identified

6. Patient / Representative Views

- Patient is the applicant
- Patient agrees
- Patient does not agree
- Patient unable to express views

Details:

7. Declaration by Applicant

I declare that the information provided above is accurate to the best of my knowledge and that this request is made in the best interests of the patient.

Where the applicant is the patient, this request reflects my informed preference.

- Signature: _____
- Date: _____

8. Acknowledgement of Receipt

- Name: _____

- Designation: _____
- Signature: _____
- Date: _____

FORM SOT-4a: Notification to Head of Originating Hospital of Proposed Transfer of SOT

Patient / Child Details

- Full Name: _____
- Identification No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Current Residence: _____

B. Details of Current SOT

- Date of Commencement: _____
- Implementing Authorised Psychiatrist: _____

C. Reasons for Proposed Transfer

- Request by patient
- Request by guardian / nearest relative / adult carer
- Clinical needs require transfer (e.g., more suitable setting)
- Other: _____

D. Proposed Receiving Authorised Psychiatrist / Facility

- Name: _____
- Hospital / Facility: _____

E. Declaration by Transferring Authorised Psychiatrist

I certify that:

1. The proposed transfer is clinically appropriate and necessary in the interests of the patient.
2. Continuity of care, accessibility of services, and patient safety have been considered.

- Signature: _____
- Name: _____
- Date: _____

FORM SOT-4b: Notification to Receiving Hospital by Head of Originating Hospital

A. Particulars of Patient / Child and Current SOT

- Full Name: _____
- Identification No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Current Residence: _____
- Current Implementing Authorised Psychiatrist: _____

B. Details of Proposed Transfer

- Proposed Receiving Authorised Psychiatrist: _____
- Reason for Transfer: _____

C. Request for Acceptance of Clinical Responsibility

- Clinical records, treatment plans, and risk assessments have been transmitted securely.

D. Declaration by Head of Originating Hospital

I hereby request that the Head of the receiving Hospital consult with the proposed receiving Authorised Psychiatrist and provide written concurrence for the transfer of clinical responsibility.

- Signature: _____
- Name: _____
- Date: _____

FORM SOT-4c: Concurrence of Receiving Authorised Psychiatrist

A. Particulars of Patient / Child and Proposed Transfer

- Full Name: _____
- Identification No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Current Residence: _____
- Current Implementing Authorised Psychiatrist: _____

B. Declaration of Acceptance of Clinical Responsibility

I, the receiving Authorised Psychiatrist, having reviewed all relevant clinical records, treatment plans, and risk assessments, hereby:

- Accept clinical responsibility for the implementation of the Supported Outpatient Treatment.
- Confirm that I have been provided adequate information and support for safe transfer.

C. Effective Date of Transfer

- Effective Date: _____
- Signature: _____
- Name: _____
- Date: _____

FORM SOT-4d: Notification to Provincial Mental Health Review Board of Originating Province

A. Particulars of Patient / Child and Transfer

- Full Name: _____
- Identification No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Transferring Authorised Psychiatrist: _____
- Receiving Authorised Psychiatrist: _____
- Originating Hospital: _____
- Receiving Hospital: _____

B. Transfer Details

- Proposed Effective Date: _____
- Reason(s) for Transfer: _____

C. Declaration by Head of Originating Hospital

I hereby notify the Provincial Mental Health Review Board of the originating province of the proposed transfer of clinical responsibility.

- Signature: _____
- Name: _____
- Date: _____

FORM SOT-4e: Notification to Provincial Mental Health Review Board of Receiving Province

A. Particulars of Patient / Child and Transfer

- Full Name: _____
- Identification No: _____
- Age / DOB: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]
- Receiving Hospital: _____
- Receiving Authorised Psychiatrist: _____

B. Details of Transfer

- Effective Date of Transfer: _____
- Duration for which Receiving Province will oversee SOT: _____
- Originating Hospital and Authorised Psychiatrist: _____

C. Declaration by Head of Receiving Hospital

I hereby:

1. Confirm acceptance of clinical responsibility for the patient.
2. Notify the Provincial Mental Health Review Board of the receiving province of the transfer, its effective date, and duration under our oversight.
3. Confirm that all relevant clinical records, treatment plans, and risk assessments have been received and reviewed.

- Signature: _____
 - Name: _____
 - Date: _____
-

FORM SOT-5a – Variation of Supported Outpatient Treatment to Supported Inpatient Treatment

A. Patient Particulars

- Full Name: _____
- Identification No / Clinic Number: _____
- Age / Date of Birth: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]

B. Current Supported Outpatient Treatment Details

- Date of Initial SOT Authorisation: _____
- Current Authorised Psychiatrist (SOT): _____
- Current Treating Facility / Clinic: _____

C. Clinical Grounds for Variation

- Requirement for inpatient assessment
- Requirement for inpatient treatment

- Deterioration in mental state
- Risk to self
- Risk to others
- Non-engagement / non-compliance with SOT
- Inadequate response to community-based treatment
- Other (specify): _____

Clinical Summary and Justification:

I confirm that supported outpatient treatment cannot be safely or effectively implemented in the community.

D. Proposed Receiving Facility (SIT)

- Name of Authorised Mental Health Facility: _____
- Proposed Receiving Authorised Psychiatrist: _____

E. Pre-Variation Consultation

I confirm that I have discussed the proposed variation with the receiving Authorised Psychiatrist.

Date of Discussion: _____

F. Declaration by Transferring Authorised Psychiatrist

I certify that:

1. I have conducted a clinical assessment of the patient;
2. The criteria under section 3.4.10 are satisfied;
3. The proposed variation is necessary and proportionate; and
4. The reasons for variation have been recorded in writing.

- Name: _____
- Signature: _____
- Date: _____

G. Concurrence by Receiving Authorised Psychiatrist

I hereby:

1. Confirm my agreement to the variation;
 2. Accept clinical responsibility for the patient upon admission; and
 3. Confirm that appropriate arrangements have been made for admission and care.
- Name: _____
 - Facility: _____
 - Signature: _____
 - Date (Effective Date of SIT Commencement): _____

H. Child-Specific Safeguards (if applicable)

- Views of child considered (where age and maturity permit)
- Parent / guardian informed and views considered
- Safeguarding concerns identified and addressed
- Impact on education considered

FORM SOT-6a – Discharge from Supported Outpatient Treatment

A. Patient Particulars

- Full Name: _____
- Identification No / Clinic Number: _____
- Age / Date of Birth: _____
- Patient Type: Adult Child < 14 years Child 14–17 years [Child-Specific]

B. Current Supported Outpatient Treatment Details

- Date of Initial SOT Authorisation: _____
- Current Authorised Psychiatrist: _____
- Treating Facility / Clinic: _____

C. Basis for Discharge

- Patient no longer meets criteria for a Supported Patient
- Community Treatment Criteria no longer satisfied
- Objectives of Supported Outpatient Treatment achieved
- Less restrictive alternatives available and adequate

D. Clinical Assessment Summary

Mandatory Considerations:

- Mental state assessed
- Insight considered
- Adherence to treatment reviewed
- Risk of relapse assessed
- Risk to patient or others assessed

E. Consultation Prior to Discharge

- Multidisciplinary Mental Health Team consulted
- Patient given opportunity to be heard
- Guardian / nearest relative / caregiver consulted (if applicable)

Details (if any):

F. Discharge Details

- Effective Date of Discharge: _____

G. Post-Discharge Plan and Recommendations

- Voluntary follow-up recommended
- Referral to community mental health services
- GP / primary care follow-up
- Psychosocial / rehabilitation services
- Other (specify): _____

Continuity of Care Arrangements:

H. Child-Specific Safeguards (if applicable)

- Views of child considered (where appropriate)
- Parent / guardian informed and involved
- Education / schooling arrangements considered
- Safeguarding issues addressed

I. Declaration by Authorised Psychiatrist

I certify that:

1. I have conducted a current clinical assessment of the patient;
 2. The criteria for discharge under section 3.4.10 are satisfied;
 3. The reasons for discharge have been recorded in writing; and
 4. Appropriate arrangements for continuity of care have been considered.
- Name: _____
 - Signature: _____
 - Date: _____

FORM SOT-7 – Warning for Non-Adherence

Patient Details

- Full Name: _____
- Age / DOB: _____
- SOT Case Number: _____
- Address / Contact: _____

Authorised Psychiatrist Issuing Warning

- Name: _____
- Contact / Department: _____
- Date of Warning: _____

Reason for Warning

Required Actions / Instructions for Patient

Consequences of Continued Non-Adherence

Acknowledgement by Patient

- Patient received and understands this warning
- Patient unable to acknowledge (reason): _____
 - Signature / Thumbprint: _____
 - Date: _____

Authorised Psychiatrist Certification

I certify this warning is issued in accordance with the SOT Order principles.

- Signature: _____
 - Date: _____
-

FORM SOT-7a – Notification of Non-Traceable Patient

A. Patient Particulars

- Full Name: _____
- Identification No / Clinic Number: _____
- Age / Date of Birth: _____

B. Supported Outpatient Treatment Details

- Authorised Psychiatrist: _____
- Treating Facility / Clinic: _____
- Date of Initial SOT Authorisation: _____

C. Date Patient Became Non-Traceable

- Last Known Contact Date: _____
- Date Declared Non-Traceable: _____

D. Efforts Made to Trace the Patient

- Contacted patient via telephone / electronic means
- Home visits conducted
- Family / caregivers contacted
- Community mental health workers consulted
- Other agencies contacted (specify): _____

Details of Attempts (dates, outcomes):

E. Current Clinical Concerns

- Risk to self
- Risk to others
- Vulnerability concerns
- Unknown

Details:

F. Declaration by Authorised Psychiatrist

I certify that:

1. Reasonable efforts have been made to locate the patient;
 2. The patient is currently non-traceable; and
 3. This notification is made in accordance with section 3.4.10.1.
- Name: _____
 - Signature: _____
 - Date: _____

FORM SOT-7b – Request for Police Assistance to Locate Patient

A. Patient Particulars

- Full Name: _____
- Identification No (if available): _____
- Age / Date of Birth: _____

B. Last Known Details

- Last Known Address: _____

- Last Known Location: _____
- Date Last Seen / Contacted: _____

C. Clinical Context

- Treating Authorised Psychiatrist: _____
- Treating Facility / Clinic: _____
- Patient subject to SOT
- Patient currently non-traceable

D. Purpose of Request

- To assist in locating the patient
- To facilitate safe conveyance to a health facility (if located)

E. Risk and Safety Information

- Risk to self
- Risk to others
- Vulnerable adult / child
- Medical / psychiatric concerns

F. Legal Safeguards

Request is made solely for supportive and non-punitive purposes under the Act.

G. Declaration by Authorised Psychiatrist

- Name: _____
- Signature: _____
- Date: _____

FORM SOT-7c – Notification of Discharge of Non-Traceable Patient

A. Patient Particulars

- Full Name: _____
- Identification No / Clinic Number: _____

B. SOT Details

- Authorised Psychiatrist: _____
- Treating Facility / Clinic: _____
- Date of Initial SOT Authorisation: _____

C. Non-Traceable Status

- Date First Declared Non-Traceable: _____
- Duration Non-Traceable: _____

D. Summary of Efforts to Trace Patient

E. Decision to Discharge

- Patient remains non-traceable for a clinically significant period
- Discharge considered appropriate

Rationale for Discharge:

F. Declaration by Authorised Psychiatrist

I certify that:

1. All reasonable efforts to locate the patient have been undertaken;

- 2. The patient remains non-traceable; and
 - 3. Discharge is clinically justified and in accordance with section 3.4.10.1.
 - Name: _____
 - Signature: _____
 - Date: _____
-

Form P1 – Application for Assessment for Supported Inpatient Treatment for Prisoners (SITP)

To: Authorised Psychiatrist / Medical Officer, Authorised Mental Health Facility

Prison Facility: _____

1. Applicant Details

- Name: _____
- Role: Medical Officer Prison Medical Team Allied Health Prison Officer Other: _____
- Contact / Extension: _____
- Relationship to Prisoner: Clinical / Custodial Family / Guardian Other: _____

2. Prisoner Details

- Full Name: _____
- Prisoner ID / Record Number: _____
- Age / DOB: _____
- Status: Adult Juvenile (under 18)
- Cell / Block / Wing: _____
- Known Diagnosis (if any): _____

3. Observations / Justification

- Supported treatment criteria met / appear to be met
 - Optional free-text details: _____
-
-

4. Social / Custodial Context (brief summary)

5. Supporting Documentation (if any)

6. Declaration by Applicant

I declare that the information provided is accurate and that this is a request for assessment only. The Authorised Psychiatrist / Medical Officer will determine whether supported treatment criteria are met.

- Signature of Applicant: _____
- Date: _____

Official Use Only

- Received by: _____
- Date Received: _____
- Initial Notes: _____

- Juvenile-specific: Responsible Adult Designated: _____
-

Form P1A – Initiation of Supported Inpatient Treatment for Prisoners (SITP)

Prisoner Particulars

- Name: _____
- ID / Registration Number: _____
- Age / DOB: _____
- Gender: Male Female Other
- Prison: _____
- Custody: Remand Convicted Other: _____

Basis for Initiation

- Date of Initial Assessment / Referral: _____
- Initiating Officer: _____
- Written Application Considered (Form P1): Yes No

Mode of Initiation

- Based on Form P1 De novo by Medical Officer
- If de novo, reason (brief): _____

Assessment / Justification

- Supported treatment criteria met / appear to be met
 - Optional summary of clinical rationale: _____
-
-

Proposed Receiving Facility

- Facility: _____
- Authorised Psychiatrist: _____
- Expected Transfer Date: _____

Declaration by Prison Medical Officer

I certify that this initiation is necessary, proportionate, and least restrictive, based on clinical assessment, and that supported treatment criteria appear to be met.

- Name: _____
- Designation: _____
- Signature: _____
- Date & Time: _____

Notifications / Copies

- Original – Prison Medical Record
- Copy – Receiving Facility
- Copy – Prison Superintendent

Juvenile-specific (if applicable)

- Views of child considered
 - Parent / Guardian informed
 - Safeguarding issues addressed
-

Form P1B – Notice of Production for Supported Inpatient Treatment (Prisoners)

To: Superintendent of Prison

From: Medical Officer of the Prison

Date of Notice: _____

Reference: Initiation Order Form P1A, dated _____

Prisoner Details

- Name: _____
- ID / Record Number: _____
- Age / DOB: _____
- Cell / Block: _____

Reference to Initiation Order

- Initiation Order Form P1A issued by: _____
- Date of Initiation Order: _____
- Clinical Grounds: Supported treatment criteria met / appear to be met

Instruction to Superintendent

1. Produce the prisoner before an Authorised Psychiatrist for assessment under SITP.
2. Timeframe: Within 5 days from Initiation Order.
3. If production not possible, complete Form P1C (max 48-hour extension).
4. If 7 days elapse, the order lapses unless a fresh Form P1A is issued.

Acknowledgement of Receipt

- Superintendent / Officer Name: _____
- Designation: _____
- Date & Time: _____
- Signature: _____

Form P1C – Extension of Time for Production of Prisoner

To: Authorised Psychiatrist / Prison Authority

From: Superintendent of Prison

Date of Request: _____

Reference: Initiation Order Form P1A, dated _____

Prisoner Details

- Name: _____
- ID / Record Number: _____
- Age / DOB: _____
- Cell / Block: _____

Reference to Initiation Order

- Original Form P1A issued by: _____
- Original Notice of Production Form P1B issued on: _____

Reason for Extension (brief free-text)

Requested Extension

- Additional Period: _____ (max 48 hours)
- Reason: _____

Superintendent Certification

I certify that all reasonable efforts have been made to produce the prisoner within the original timeframe.

- Name: _____
- Designation: _____
- Signature: _____
- Date & Time: _____

Form P2A – Authorisation of Supported Inpatient Treatment for Prisoner (SITP)

Facility / Hospital: _____

Prisoner ID / Record Number: _____

1. Prisoner Details

- Name: _____
- ID / Registration Number: _____
- Age / DOB: _____
- Gender: Male Female Other
- Current Prison: _____
- Custody: Remand Convicted Other: _____

2. Basis for Assessment

- Initiation Order received (Form P1A)
- Re-assessment de novo by Authorised Psychiatrist
- Transfer / continuation from prior SITP authorisation
 - Originating Prison / Facility: _____
 - Original Initiation Order Date: _____

3. Psychiatric Assessment

- Supported treatment criteria met / appear to be met
- Child-specific (if applicable):
 - Parent / Guardian / Responsible Adult consulted
 - Best interests considered
 - Safeguarding issues addressed

4. Clinical Grounds for SITP (tick all relevant)

- Requirement for inpatient assessment / treatment
- Risk to self or others
- Deterioration in mental state
- Non-engagement / refusal of voluntary treatment
- Inadequate response to prison-based management
- Other: _____

5. Psychiatric Authorisation

- SITP CONFIRMED – prisoner requires admission
- SITP NOT CONFIRMED – statutory criteria not met (revocation via Form P6)

Reason / Clinical Justification: _____

Authorised Psychiatrist

- Name: _____
- Designation: _____
- Signature: _____
- Date & Time: _____

Form P2B – Notification to Head of Authorised Mental Health Facility

To: Head of Facility

From: Authorised Psychiatrist

Facility / Hospital: _____

1. Prisoner Details

- Name: _____
- ID / Registration Number: _____
- Age / DOB: _____
- Gender: Male Female Other
- Current Prison: _____
- Custody: Remand Convicted Other: _____

2. SITP Authorisation Details

- Form P2A Reference: _____
- Date & Time of Authorisation: _____
- Duration: Adult: up to 3 months Child: up to 28 days

3. Authorisation Summary

- SITP CONFIRMED – prisoner requires supported inpatient admission
- SITP REVOKED – reason: _____

4. Notes (Clinical / Administrative)

Authorised Psychiatrist

- Name: _____
- Designation: _____
- Signature: _____
- Date & Time: _____

Official Use – Head of Facility

- Notification received
- Admission planned / scheduled
 - Date & Time: _____
 - Responsible Staff: _____

Form P2C – Notification to Superintendent of Prison (SITP – Transfer Required)

To: Superintendent of Prison

From: Head of Authorised Mental Health Facility

Facility / Hospital: _____

1. Prisoner Details

- Name: _____
- ID / Registration Number: _____
- Age / DOB: _____
- Gender: Male Female Other
- Current Prison: _____
- Custody: Remand Convicted Other: _____

2. SITP Authorisation Details

- Form P2A Reference: _____
- Date & Time of Psychiatric Authorisation: _____
- Authorised Psychiatrist: _____

3. Notification of Authorisation

- The above prisoner has been authorised for SITP and requires admission to an Authorised Mental Health Facility.

4. Direction to Arrange Transfer

- Arrange transfer within 14 days of receipt.
- If transfer not completed, the Initiation Order and authorisation lapse; fresh Form P1A required.

5. Receiving Facility

- Name: _____
- Unit / Ward (if known): _____
- Contact Person / Unit: _____
- Contact Number: _____

6. Notes (optional)

Head of Authorised Mental Health Facility

- Name: _____
- Designation: _____
- Signature: _____
- Date & Time: _____

Official Use – Prison

- Notification received
- Transfer arrangements initiated
- Transfer completed
 - Date & Time of Receipt: _____
 - Date of Transfer: _____
 - Responsible Officer: _____

FORM P2D – Confirmation or Revocation of Supported Inpatient Treatment for Prisoner (SITP)

Part I – To be completed by Authorised Medical Officer (within 24 hours of admission)

A. Facility and Record Details

- Authorised Mental Health Facility: _____
- Hospital Patient ID: _____
- Date & Time of Admission: _____

B. Prisoner Particulars

- Full Name: _____
- Prisoner ID / Registration Number: _____
- Date of Birth / Age: _____
- Transferring Prison: _____

C. Legal Reference

- Initiation Order (Form P1A) Date: _____
- Initial Authorisation (Form P2A) Date: _____
- Notification to Prison (Form P2C) Date: _____

D. Admission Review by Authorised Medical Officer

- Name: _____
- Date & Time of Review: _____

Findings and Provisional Management

 Provisional assessment and treatment initiated

Part II – To be completed by Authorised Psychiatrist (within 72 hours)

E. Review by Authorised Psychiatrist

- Name: _____
- Date & Time of Review: _____

F. Clinical Assessment

(Diagnosis, mental state, risk profile, response to provisional care)

G. Reassessment of Statutory Criteria

- Supported treatment criteria met / appear to be met

Child-specific / juvenile considerations (if applicable):

- Parent / Guardian / Responsible Adult consulted
- Best interests considered
- Safeguarding issues addressed

H. Decision on Authorisation (Form P2A)

- SITP CONFIRMED
- SITP REVOKED

I. Reasons for Decision

- If Revoked (tick all that apply):
 - Statutory criteria not met
 - Clinical improvement
 - Suitable for management within prison
 - Suitable for less restrictive care within mental health services
 - Other: _____

Detailed Justification:

J. Legal Effect of Decision

- If Confirmed:
 - SITP is confirmed and valid for three (3) months unless revoked earlier.
- If Revoked:
 - Prisoner returned to prison custody as soon as practicable
 - Prisoner may remain on voluntary basis in facility, as clinically appropriate

K. Notifications

- Head of Hospital
- Superintendent of Prison
- Prison Medical Officer
- Other: _____

L. Declaration by Authorised Psychiatrist

I certify that this decision follows personal examination of the prisoner and statutory criteria and procedures under the Act.

- Name: _____
- Designation: _____
- Signature: _____
- Date & Time: _____

Form P3A: Application for Extension of Supported Inpatient Treatment for Prisoner (SITP)

To: Head of Authorised Mental Health Facility

From: Authorised Psychiatrist

Facility: _____

1. Prisoner Details

- Name: _____
- Age / DOB: _____
- Prisoner ID: _____
- Current Prison: _____
- Admission Facility: _____

2. Current SITP Status

- Initial Confirmation (Form P2D): _____
- Expiry Date: _____
- Total Duration: _____

3. Clinical Summary

4. Assessment

- Supported treatment criteria met / appear to be met

5. Clinical Grounds

- Ongoing need for inpatient treatment
- Persistent / escalating risk
- Incomplete stabilisation
- Inadequate prison-based management
- Other: _____

6. Least Restrictive Alternative

7. Proposed Extension

- Up to 1 month Up to 2 months Up to 3 months

8. Declaration

I certify extension is necessary, proportionate, and least restrictive.

- Name: _____
 - Signature: _____
 - Date: _____
-

Form P3B – Hospital Arrangements for Second Opinion Assessment (SITP Extension)

To: Head of Facility

From: Hospital Administration

Date Received: _____

1. Prisoner Details

- Name: _____
- Prisoner ID: _____
- Age / DOB: _____
- Ward: _____

2. Extension Request Reference

- Form P3A received: Yes
- Date: _____

3. Second Opinion Arrangement

- Psychiatrist: _____
- Date: _____
- Mode: In-person Video
- Notes: _____

4. Notifications

- Prison Superintendent: Yes No
- Prison Medical Officer: Yes No
- Other: _____

5. Administrative Details

- Responsible Officer: _____
- Contact: _____
- Completion Date: _____
- Signature: _____

Form P3C – Second Opinion Psychiatrist Assessment for SITP Extension (Prisoners)

To: Head of Facility

From: Second Opinion Psychiatrist

Date: _____

1. Prisoner Details

- Name: _____
- Prisoner ID: _____
- Age / DOB: _____
- Ward: _____
- Current Expiry Date: _____

2. Reference

- Requesting Psychiatrist: _____
- Date: _____

3. Clinical Assessment

4. Assessment of Criteria

- Supported treatment criteria met / appear to be met

5. Recommendation

- Authorise Extension (up to 3 months)
- Revoke SITP

If Revoked (tick):

Criteria not met Clinical improvement Suitable for prison Less restrictive care Other:

Justification:

6. Declaration

- Name: _____
- Signature: _____
- Date & Time: _____

Form P3D – Notification to Head of Hospital for SITP Extension Beyond Six Months (Prisoners)

To: Head of Facility

From: Authorised Psychiatrist

Date: _____

1. Prisoner Details

- Name: _____
- Prisoner ID: _____
- Ward: _____
- Current Expiry: _____

2. Clinical Summary

- Initial SITP Date: _____
- Prior Extensions: Yes No

3. Justification

- Supported treatment criteria met / appear to be met
- Ongoing need for inpatient care / risk / complexity
- Details: _____

4. Declaration

I confirm extension beyond six months is necessary.

- Name: _____
- Signature: _____
- Date & Time: _____

5. Action Requested

- Submit to Review Board (Form P3E)
- Maintain SITP pending decision

Form P3E – Application to Provincial Mental Health Review Board for SITP Extension Beyond Six Months (Prisoners)

To: Chairperson, Provincial Mental Health Review Board

From: Head of Facility

Date: _____

1. Prisoner Details

- Name: _____
- Prisoner ID: _____
- Age / DOB: _____
- Prison: _____
- Custody: Remand Convicted Other
- Ward: _____

2. Authorisation History

- Initial SITP (P2D): _____
- Extensions (P3C): _____
- Notification (P3D): _____

3. Clinical Summary

- Diagnosis / Mental State: _____
- Treatment & Response: _____
- Risks: _____

4. Justification

- Supported treatment criteria met / appear to be met
- Ongoing need / risk / complexity

5. Declaration

I certify extension is necessary and proportionate.

- Name: _____
- Signature: _____
- Date & Time: _____

6. Requested Action

Extend SITP Revoke Vary

Details: _____

Form P3F: Determination by Provincial Mental Health Review Board for Prisoners (SITP)

Facility: _____

Prisoner Name: _____

Prisoner ID: _____

1. Hearing Details

- Date: _____
- Mode: In Person Video
- Chairperson: _____

2. Attendees

Prisoner Legal Representative Psychiatrist Other

3. Basis of Review

4. Determination

- Extend SITP (up to 6 months)
- Vary SITP
- Revoke SITP

Reason / Justification:

Transfer Required: Yes No

- Facility: _____
- Date: _____

5. Declaration (Board)

- Chairperson Signature: _____
- Date & Time: _____

Form P3G: Notification of Receiving Facility for Prisoner Transfer under SITP

Originating Facility: _____

Receiving Facility: _____

Prisoner Details

- Name: _____
- Prisoner ID: _____
- Age / DOB: _____

1. Transfer Details

- Authorisation / Decision Date: _____
- Type: Extension Variation Revocation
- Transfer Required: Yes No

2. Reason for Transfer

3. Notification

Receiving facility informed with:

Clinical records Risk assessments Treatment plan Legal documents

Mode: In Person Email Other

4. Declaration

- Head of Originating Facility: _____
- Signature: _____
- Date & Time: _____

Acknowledgement (Receiving Facility)

Notification received Ready for admission

- Name: _____
 - Signature: _____
 - Date & Time: _____
-

Form P4A: Transfer Request – Step-Up Transfer (Prisoner under SITP)

Purpose: To initiate transfer of a prisoner under SITP to an Authorised Forensic Mental Health Facility

Originating Facility: _____

Receiving Facility (Proposed): _____

Prisoner Details

- Name: _____
- Age / DOB: _____
- Patient ID: _____
- Prisoner ID: _____

1. Request Details

- Date: _____
- Authorised Psychiatrist: _____
- Contact: _____

2. Current SITP Status

- Date Initiated: _____
- Expiry Date: _____

- Current Facility Type: AMHF AFMHF

3. Reason for Transfer

- Specialist treatment required
- Risk / security needs exceed current facility
- Forensic expertise required
- Other: _____

Clinical Justification:

4. Considerations

- Prisoner views considered: Yes No
- Family views considered (if applicable): Yes No

5. Declaration (Authorised Psychiatrist)

- Supported treatment criteria met / appear to be met
- Transfer is necessary and appropriate

Name & Signature: _____

Date & Time: _____

6. Head of Hospital (Originating Facility)

- Received by: _____
- Date: _____
- Action: Forward More info Reject
- Comments: _____

Signature: _____

Form P4B: Transfer Notification and Review (Prisoners under SITP)

Part I: Notification to Receiving Facility

To: Head of Receiving Facility

From: Head of Originating Hospital

Date / Time: _____

Prisoner Details

- Name: _____
- Age / DOB: _____
- Patient ID: _____
- Current Facility: _____

Proposed Receiving Facility: _____

Documents Sent:

- Form P4A
- Supporting documents

Required Action:

- Acknowledge within 48 hours

Acknowledgment:

Name & Signature: _____

Date & Time: _____

Part II: Notification to Receiving Authorised Psychiatrist

To: Receiving Authorised Psychiatrist

From: Head of Receiving Facility

Date / Time: _____

Prisoner Details

- Name: _____
- Age / DOB: _____
- Patient ID: _____

Purpose: Review transfer

Required Action:

- Review and respond within 5 days

Acknowledgment:

Name & Signature: _____

Date & Time: _____

Part III: Decision by Receiving Authorised Psychiatrist

Prisoner Details

- Name: _____
- Patient ID: _____

Decision

Concur Reject

Justification:

Declaration

Name & Signature: _____

Date & Time: _____

Forwarded to Originating Hospital: Yes No

Head of Receiving Facility Signature: _____

Form P4C – Notification to Prison Authorities for Transfer under SITP

Purpose: To notify prison authorities of approved transfer under SITP

1. Originating Facility

- Name: _____
 - Head of Hospital: _____
 - Contact: _____
-

2. Prisoner Details

- Name: _____
- Age / DOB: _____

- Patient ID: _____
 - Prisoner ID: _____
 - Current Ward: _____
-

3. Transfer Details

- Receiving Facility: _____
 - Receiving Psychiatrist: _____
 - Reason: _____
 - Expected Date: _____
 - Remaining SITP Duration: _____
-

4. Prison Notification

- Superintendent Name: _____
- Prison: _____
- Contact: _____

Notification of transfer under SITP provided

5. Declaration (Head of Originating Facility)

Transfer approved and documentation will be provided.

Name & Signature: _____

Date & Time: _____

6. Acknowledgment (Prison Superintendent)

Transfer will be arranged within required timeframe.

Name & Signature: _____

Date & Time: _____

Form P5A – Initiation of Transfer Request under SITP (Lateral / Step-Down Transfers)

Purpose: To initiate transfer between same-type facilities or step-down from forensic to mental health facility

1. Originating Facility

- Facility: _____
 - Head of Hospital: _____
 - Contact: _____
-

2. Prisoner Details

- Name: _____
 - Age / DOB: _____
 - Patient ID: _____
 - Prisoner ID: _____
 - Ward: _____
-

3. Clinical and Transfer Considerations

- Clinical Status / Diagnosis: _____

Reason for Transfer:

- Treatment not available
- Risk better managed at receiving facility
- Specialist expertise required
- Continuity of care
- Other: _____
 - Prisoner views: _____
 - Family views (if applicable): _____

4. Receiving Facility

- Facility: _____
- Receiving Psychiatrist: _____
- Type: AMHF AFMHF

5. Declaration (Authorised Psychiatrist)

- Supported treatment criteria met / appear to be met
- Transfer clinically appropriate

Name & Signature: _____

Date & Time: _____

6. Acknowledgment (Head of Hospital)

- Notified of proposed transfer

Name & Signature: _____

Date & Time: _____

Form P5B – Notification and Review of Lateral / Step-Down Transfer under SITP

Part I – Notification to Receiving Facility

- Originating Facility: _____
- Head of Hospital: _____
- Prisoner Name: _____
- Prisoner / Patient ID: _____
- Receiving Facility: _____
- Receiving Psychiatrist: _____

Reason:

- Clinical Risk Specialist Continuity Other: _____
- Form P5A and supporting documents sent

Declaration

Name & Signature: _____

Date & Time: _____

Part II – Acknowledgment (Receiving Psychiatrist)

- Facility: _____
- Psychiatrist: _____
- Prisoner Name: _____
- ID: _____
- Date Received: _____

Acknowledgment

Name & Signature: _____

Date & Time: _____

Part III – Review and Decision

Concur Reject

Justification:

Declaration

Name & Signature: _____

Date & Time: _____

Forwarded to Originating Hospital: Yes No

Head of Receiving Facility Signature: _____

Form P5C – Notification to Prison Authorities for Lateral / Step-Down Transfer under SITP

Purpose: To notify prison authorities of approved transfer

Prison Notification (Originating Hospital)

- Facility: _____
- Head of Hospital: _____
- Prisoner Name: _____
- Prisoner / Patient ID: _____
- Receiving Facility: _____
- Receiving Psychiatrist: _____
- Decision Date: _____

Reason:

Clinical Risk Specialist Continuity Other: _____

Declaration

Transfer approved and records transmitted.

Name & Signature: _____

Date & Time: _____

Acknowledgment (Prison Superintendent)

- Prison: _____
- Name: _____
- Date Received: _____

Declaration

Transfer will be arranged within required timeframe.

Name & Signature: _____

Date & Time: _____

Form P6 – Revocation of Supported Inpatient Treatment for Prisoner (SITP)

Purpose: To record revocation of SITP and required actions

A. Prisoner Details

- Name: _____
- Age / DOB: _____
- Prisoner ID: _____
- Patient ID: _____
- Facility / Ward: _____

B. Revocation Details

- Date & Time: _____

Decision Source:

- Authorised Psychiatrist
- Forensic Psychiatrist
- Post-admission review (P2A)
- Second Opinion (P3C)
- Review Board (P3F)

Name / Designation: _____

C. Grounds for Revocation

- Criteria no longer met
- No longer clinically justified
- Unlawful continuation
- Procedural defect
- Other: _____

Reasons (mandatory):

D. Formal Record and Declaration

- Supported treatment criteria no longer met / no longer appear to be met

Revocation recorded and implemented in accordance with law.

- Name: _____
- Signature: _____
- Designation: _____
- Date & Time: _____

E. Notifications

Head of Hospital

Notified

- Date & Time: _____

Prison Superintendent

Notified

- Prison: _____
- Date & Time: _____

F. Post-Revocation Arrangements

Custody Status:

Return to prison

Remain voluntary patient

Other lawful basis: _____

Transfer Details:

- Date: _____
- Responsible Authority: _____

Clinical Handover:

Completed Pending

Summary:

Form P7 – Transition of Supported Inpatient Treatment (SITP) Upon Release from Prison

Applicable when a prisoner under SITP transitions to civil patient status under Part III of the Act

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Person Details

- Name: _____
- Prison Number: _____
- Age / DOB: _____
- Gender: Male Female Other
- Current Ward / Facility: _____

2. Release Details

- Expected Release Date: _____
- Reason: Sentence complete Bail Court Order Other: _____

3. Clinical Review

- Reviewed by: Authorised Psychiatrist Forensic Psychiatrist
- Date & Time: _____

Clinical Summary:

-
- Supported treatment criteria met / appear to be met
-

4. Transition Authorisation

- Part III Status: Confirmed Not confirmed / revoked

Clinical Justification:

-
- Temporary Authorisation (if applicable): Yes No
 - Expiry: _____
-

5. Administrative Actions

Notification to Prison Authorities

Superintendent notified of cessation of custody

- Date & Time: _____

Commencement of Part III

Patient admitted under Part III

- Date & Time: _____
 - Ward / Facility: _____
-

6. Declaration

I confirm transition from prisoner under SITP to civil patient under Part III.

- Name: _____
 - Signature: _____
 - Date & Time: _____
-

Form ECT-1 – Electroconvulsive Therapy (ECT) Consent and Prescription

For Voluntary Patients and Supported Patients with Treatment Consent Capacity

Facility / Hospital: _____

Patient Name: _____

Patient ID / Record Number: _____

DOB / Age: _____

Gender: Male Female Other

Ward / Unit: _____

1. Clinical Indication

Diagnosis / Reason for ECT: _____

Justification / Rationale: _____

2. Psychiatrist Prescription

Authorised Psychiatrist: _____

Reg. / License No.: _____

Date & Time: _____

ECT Course:

- Sessions: _____
- Frequency: Daily Alternate Other: _____
- Anaesthesia: Yes No | Muscle Relaxant: Yes No

Additional Notes / Monitoring: _____

Declaration: I confirm the ECT is clinically indicated, prescribed to professional standards, and safeguards under the Mental Health Act will be followed.

Signature: _____

3. Patient Informed Consent

I have been informed of the nature, purpose, benefits, and risks of ECT and understand I may withdraw consent at any time.

I consent to receive ECT as prescribed. I do not consent.

Discussion / Questions: _____

Patient Signature: _____ **Date & Time:** _____

4. Witness / Medical Officer

I certify that I witnessed the patient's informed consent and that they had capacity.

Name & Designation: _____

Signature: _____ **Date & Time:** _____

Form ECT-2 – Authorisation of Electroconvulsive Therapy Without Consent

Facility / Hospital: _____

Patient Name: _____

Patient ID / Record Number: _____

DOB / Age: _____

Gender: Male Female Other

Ward / Facility: _____

Status: Voluntary Patient Supported Patient

1. Reason for Non-Consent

Lacks treatment consent capacity

Has capacity but refuses

Clinical Summary / Justification:

2. Urgency / Risk Assessment

ECT authorised only if one or more risks are present:

Substantial risk of serious mental/physical deterioration

Imminent/substantial risk of self-harm

Substantial risk of gross neglect or deprivation

Clinical Notes:

3. Authorisation

Number of Sessions (≤ 7): 1 2 3 4 5 6 7

Schedule / Duration: _____

Authorised Psychiatrist: _____

Signature: _____ Date & Time: _____

4. Declaration

I authorise ECT for the above patient in accordance with statutory and professional standards. I confirm the treatment is necessary, urgent, and limited to the authorised sessions. Clinical and legal responsibility rests with me.

Confirmed by Authorised Psychiatrist

Name: _____ Signature: _____ Date & Time: _____

Form ECT-3A – Notification to Head of Hospital for Second Opinion

Purpose: Notify that a Second Opinion Psychiatrist assessment is required for continuation of ECT beyond 7 treatments.

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

• Name: _____

• DOB / Age: _____

• Gender: M F Other

• Ward / Facility: _____

2. Current ECT Course

• Treatments completed: _____

• Clinical status summary: _____

3. Reason for Notification

• Further ECT needed beyond 7 treatments

• Clinical rationale: _____

• Risk if delayed: _____

4. Authorisation

• Authorised Psychiatrist: _____

• Signature: _____ Date & Time: _____

Form ECT-3B – Request for Second Opinion Assessment

Purpose: Request independent assessment for further ECT.

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

• Name: _____

• DOB / Age: _____

- Gender: M F Other
- Ward / Facility: _____

2. Request Details

- Requesting Psychiatrist: _____
- Date & Time: _____
- ECT sessions completed: _____
- Reason for additional treatment: _____

3. Assessment Required

- Evaluate clinical necessity for further ECT
- Address: mental/physical health, risk if not continued, alternatives considered

4. Completion

- To be completed within 7 days
- Mode: In person Audio-visual

5. Authorisation

- Head of Hospital / Responsible Official: _____
- Signature: _____ Date & Time: _____

Form ECT-3C – Second Opinion Assessment for ECT

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

- Name: _____
- DOB / Age: _____
- Gender: M F Other
- Ward / Facility: _____
- Status: Voluntary Supported

2. Reason for Second Opinion

- Continuation of ECT beyond 7 treatments (urgent)
- Other: _____

Clinical summary / justification: _____

3. Urgency / Risk Assessment

ECT recommended only if one or more risks present:

- Substantial risk of serious deterioration
- Imminent/substantial risk of self-harm
- Substantial risk of neglect or deprivation

Clinical notes: _____

4. Recommendation

- Number of additional sessions (≤ 7): 1 2 3 4 5 6 7
- Duration / Schedule: _____
- Second Opinion Psychiatrist: _____
- Signature: _____ Date & Time: _____

5. Declaration

I confirm the patient's clinical status has been reviewed, treatment is necessary, urgent, and limited to

authorised sessions. Clinical/legal responsibility rests with me.

Confirmed by Second Opinion Psychiatrist

Name: _____ Signature: _____ Date & Time: _____

Form ECT-4a – Request from Authorised Psychiatrist to Head of Hospital for Review Board Assessment

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

- Name: _____
- DOB / Age: _____
- Gender: M F Other
- Ward / Facility: _____
- Status: Voluntary Supported

2. Clinical Justification

- ECT treatments already administered: _____
- Proposed additional treatments: _____
- Reason / urgency / clinical necessity: _____

3. Declaration

I request the Head of Hospital submit this patient for review by the Provincial Mental Health Review Board. I confirm:

- Clinical status personally reviewed
- Proposed ECT is necessary and urgent
- Clinical/legal responsibility rests with me

Authorised Psychiatrist: _____

Signature: _____ Date & Time: _____

Form ECT-4b – Head of Hospital Forwarding Request to Review Board

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

- Name: _____
- DOB / Age: _____
- Gender: M F Other
- Ward / Facility: _____

2. Forwarding Details

- Request received from Authorised Psychiatrist (ECT-4a): Yes
- Date & Time Received: _____
- Patient details & clinical summary confirmed: Yes
- Forwarded to Provincial Mental Health Review Board: Yes
- Date & Time of Forwarding: _____

3. Declaration

I forward this request to the Provincial Mental Health Review Board for independent review.

Head of Hospital: _____
Signature: _____ **Date & Time:** _____

Form ECT-4c – Provincial Mental Health Review Board Decision

Review Board Case Number: _____

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

- Name: _____
- DOB / Age: _____
- Gender: M F Other
- Ward / Facility: _____
- Status: Voluntary Supported

2. Board Assessment

- Date & Time: _____
- Assessment Method: In-person Audio-visual
- Clinical Summary / Findings: _____

3. Decision

- Authorise continuation of ECT
 - Additional treatments authorised: _____
 - Duration / Schedule: _____
 - Direct treatment to be discontinued
 - Reason / Clinical & Legal Basis: _____

4. Declaration

We record the decision of the Provincial Mental Health Review Board regarding ECT for this patient.

Chairperson: _____

Signature: _____ **Date & Time:** _____

Members Present: _____

Form C-ECT-1 – ECT Consent and Prescription for Children

Facility / Hospital: _____

Patient Name: _____

Patient ID / Record Number: _____

DOB / Age: _____

Gender: M F Other

Ward / Unit: _____

Parent / Guardian Name & Relationship: _____

Contact: _____

1. Capacity Assessment

- Child has treatment consent capacity
- Child lacks treatment consent capacity

2. Clinical Indication

- Diagnosis / Reason for ECT: _____
- Clinical Justification / Rationale: _____

3. Psychiatrist Prescription

- Authorised Psychiatrist: _____
- Registration / License Number: _____
- Date & Time: _____
- Proposed ECT Course:
 - Number of Sessions: _____
 - Frequency: Daily Alternate Days Other: _____
 - Anaesthesia: Yes No
 - Muscle Relaxant: Yes No
 - Additional Notes / Monitoring: _____

4. Consent

- Child Consent (if capable): Given Refused
- Parent / Guardian Consent: Given Refused Not available
- Discussion Summary / Questions: _____

Declaration by Psychiatrist:

I confirm this ECT course is clinically indicated, prescribed according to standards, and safeguards under the Mental Health Act and child-specific guidelines are followed.

Signature: _____ Date & Time: _____

5. Witness / Medical Officer

I certify that I witnessed the child's consent (if capable).

Name & Designation: _____

Signature: _____ Date & Time: _____

Form C-ECT-2 – ECT Authorisation Without Consent (Children)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

- Name: _____
- DOB / Age: _____
- Gender: M F Other
- Ward / Facility: _____
- Status: Voluntary Supported

2. Reason for Non-Consent

- Lacks consent capacity Has capacity but refuses

Clinical Summary / Justification: _____

3. Urgency & Risk Assessment

ECT authorised if one or more risks present:

- Serious deterioration risk Risk of self-harm Risk of neglect/deprivation

Clinical Notes: _____

4. Psychiatric Assessment

Authorised Psychiatrist: _____

Second Opinion Psychiatrist: _____

Date & Time: _____

Findings / Recommendation: _____

5. Authorisation

Number of treatments authorised (≤ 7): 1 2 3 4 5 6 7

Schedule / Duration: _____

Prescribing Psychiatrist: _____

Signature: _____ Date & Time: _____

Declaration: I confirm this ECT is necessary, urgent, and in accordance with statutory and child-specific safeguards.

Form C-ECT-3A – Notification to Head of Hospital (Children)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____

DOB / Age: _____

Gender: M F Other

Ward / Facility: _____

Parent / Guardian: _____

2. Current ECT Course

Number of treatments completed: _____

Clinical Summary: _____

3. Reason for Notification

Need for further ECT beyond 7 treatments or non-consent situation.

Clinical Rationale: _____

Risk if delayed: _____

4. Authorisation

Authorised Psychiatrist: _____

Signature: _____ Date & Time: _____

Form C-ECT-3B – Request for Second Opinion (Children)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____

DOB / Age: _____

Gender: M F Other

Ward / Facility: _____

Parent / Guardian: _____

2. Request Details

Requesting Psychiatrist: _____

Date & Time: _____

ECT sessions completed: _____

Reason for additional treatment: _____

3. Assessment Required

Independent evaluation for continuation of ECT beyond 7 sessions:

- Child's current mental & physical health
- Risks if treatment not continued
- Alternative treatments considered
- Capacity & consent status
- Parental involvement

4. Completion & Authorisation

Requested completion: within 7 days

Mode: In-person Audio-visual

Head of Hospital / Official: _____

Signature: _____ Date & Time: _____

Form C-ECT-3C – Second Opinion Assessment (Children)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____

DOB / Age: _____

Gender: M F Other

Ward / Facility: _____

Status: Voluntary Supported

Parent / Guardian: _____

2. Reason for Second Opinion

Continuation beyond 7 ECT sessions Other: _____

Clinical Summary / Justification: _____

3. Urgency & Risk Assessment

Serious deterioration Risk of self-harm Risk of neglect/deprivation

Clinical Notes: _____

4. Recommendation for Continuation

Number of additional treatments authorised (≤ 7): 1 2 3 4 5 6 7

Duration / Schedule: _____

Second Opinion Psychiatrist: _____

Signature: _____ Date & Time: _____

Declaration: Independent assessment confirms treatment is necessary, urgent, and limited to authorised sessions.

Form C-ECT-4a – Request to Head of Hospital for Review Board (Children)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____

DOB / Age: _____

Gender: M F Other

Ward / Facility: _____

Status: Voluntary Supported

Parent / Guardian: _____

2. Clinical Justification

ECT already administered: _____

Proposed additional treatments: _____

Reason / urgency / risk if not treated: _____

3. Declaration by Authorised Psychiatrist

Request submission for PMHRB independent review.

Name: _____ Signature: _____ Date & Time: _____

Form C-ECT-4b – Head of Hospital Forwarding Request (Children)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____

DOB / Age: _____

Gender: M F Other

Ward / Facility: _____

Parent / Guardian: _____

2. Forwarding Declaration

Request received from C-ECT-4a and forwarded to PMHRB.

Head of Hospital: _____ Signature: _____ Date & Time: _____

Form C-ECT-4c – PMHRB Decision (Children)

Review Board Case Number: _____

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____

DOB / Age: _____

Gender: M F Other

Ward / Facility: _____

Status: Voluntary Supported

Parent / Guardian: _____

2. Board Assessment & Decision

Date & Time: _____

Method: In-person Audio-visual

Clinical Summary / Findings: _____

Authorise continuation of ECT – Additional treatments: _____

Discontinue treatment – Reason: _____

3. Declaration

Chairperson: _____ Signature: _____ Members Present:

_____ Date & Time: _____

Form ECT-5 – Continuation / Maintenance ECT Prescription (Adults & Adolescents with Capacity)

Facility / Hospital: _____

Patient Name: _____

Patient ID / Record Number: _____

DOB / Age: _____

Gender: M F Other

Ward / Unit: _____

1. Clinical Justification

• Summary of improvement following acute ECT: _____

• Rationale for continuation / maintenance ECT: _____

2. Prescription Details

• Proposed frequency: Weekly Other: _____

• Proposed duration / number of sessions: _____

• Anaesthesia: Yes No

• Muscle Relaxant: Yes No

• Additional monitoring / safeguards: _____

3. Patient Consent

I consent to continuation / maintenance ECT

I do not consent

Patient Signature: _____ Date & Time: _____

Witness / Medical Officer: _____ Signature: _____

Declaration by Authorised Psychiatrist: I confirm continuation / maintenance ECT is clinically justified and consented.

Signature: _____ Date & Time: _____

Form ECT-6a – Notification to Head of Hospital (Second Opinion Required)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____ DOB / Age: _____ Gender: M F Other

Ward / Facility: _____

2. Current ECT Course

Treatments completed: _____

Duration to date: _____

Clinical summary: _____

3. Reason for Notification

Patient lacks treatment consent capacity (Section 5.8(5))

Extension beyond three months (Section 5.8(6))

Clinical rationale: _____

Risk if delayed: _____

4. Authorisation

Authorised Psychiatrist: _____

Signature: _____ Date & Time: _____

Form ECT-6b – Request for Second Opinion Assessment

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____ DOB / Age: _____ Gender: M F Other

Ward / Facility: _____

2. Request Details

Requesting Psychiatrist: _____

Date & Time of Request: _____

3. Reason for Request

Patient lacks consent capacity

Extension beyond 3 months

Clinical rationale: _____

4. Assessment Required

• Evaluate clinical necessity of continuation / maintenance ECT

• Address: mental/physical health, risks if treatment not continued, alternatives, capacity status

5. Completion & Authorisation

Requested within 7 days, mode: In-person Audio-visual

Head of Hospital / Official: _____

Signature: _____ Date & Time: _____

Form ECT-6c – Second Opinion Assessment

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____ DOB / Age: _____ Gender: M F Other

Ward / Facility: _____ Status: Voluntary Supported

2. Reason for Second Opinion

Lack of consent capacity Extension beyond 3 months Other: _____

Clinical justification: _____

3. Clinical Assessment

• Current mental / physical status: _____

• Risks if ECT not continued: _____

• Alternatives considered: _____

4. Recommendation

Approved Not Approved

Duration authorised (max 3 months): _____

Proposed frequency (≤ 1 /week): _____

Second Opinion Psychiatrist: _____ Signature: _____

Declaration: Independent assessment confirms clinical necessity.

Form ECT-7a – Request for PMHRB Approval (Beyond 6 Months)

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____ DOB / Age: _____ Gender: M F Other

Ward / Facility: _____ Status: Voluntary Supported

2. Current ECT Course

Total duration: _____ Sessions administered: _____

Clinical summary: _____

3. Clinical Justification

Reason for continuation beyond 6 months: _____

Risk if discontinued: _____

Alternatives considered: _____

4. Proposed Treatment Plan

Frequency (≤ 1 /week): _____

Proposed duration: _____

5. Declaration by Authorised Psychiatrist

Request PMHRB approval in accordance with Section 5.8(7).

Name: _____ Signature: _____ Date & Time: _____

Form ECT-7b – Head of Hospital Forwarding to PMHRB

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____ DOB / Age: _____

Ward / Facility: _____

2. Forwarding Declaration

Request received from ECT-7a: Yes

Reviewed patient details: Yes

Forwarded to PMHRB: Yes

Date & Time: _____

Head of Hospital: _____ Signature: _____

Form ECT-7c – PMHRB Decision (Beyond 6 Months)

Review Board Case No.: _____

Facility / Hospital: _____

Patient ID / Record Number: _____

1. Patient Details

Name: _____ DOB / Age: _____ Gender: M F Other

Ward / Facility: _____ Status: Voluntary Supported

2. Board Assessment

Date & Time: _____ Method: In-person Audio-visual

Clinical findings: _____

3. Decision

Authorise continuation

Do not authorise

If authorised: Duration: _____ Frequency: $\leq 1/\text{week}$

Conditions / recommendations: _____

4. Declaration

Chairperson: _____ Signature: _____

Members Present: _____ Date & Time: _____

Form Appeal-1 – Appeal Against Decisions of Authorised Psychiatrist (AP) or Second Opinion Psychiatrist (SOP)

Case / Appeal Number: _____

Facility / Hospital: _____

Patient Name: _____

Patient ID / Record Number: _____

Decision Being Appealed: SIT SOT SITP ECT

Date of Original Decision: _____

1. Appellant Details

• Name: _____

• Relationship: Patient Guardian Nearest Relative Legal Representative Other: _____

• Contact: _____

2. Basis for Appeal

• Reason(s): _____

• Supporting documents attached: Yes No

3. Declaration

I declare the information provided is true and accurate.

Signature of Appellant / Representative: _____
Date: _____

Form Appeal-2 – Appeal Against Decisions of the Provincial Mental Health Review Board (PMHRB)

Original PMHRB Case Number: _____

New Appeal Number: _____

Patient Name: _____

Patient ID / Record Number: _____

1. Appellant Details

- Name: _____
- Relationship: _____
- Contact: _____

2. Basis for Appeal

- Reason(s): _____
- Supporting documents attached: Yes No

3. Declaration

I declare this appeal is made in good faith and accurately reflects the grounds for appeal.

Signature of Appellant / Representative: _____

Date: _____

Form Appeal-3 – Appeal to the District Court

Original Decision Being Appealed: AP SOP PMHRB

Decision Date: _____

Patient Name: _____

Patient ID / Record Number: _____

District Court Case Number: _____

1. Appellant Details

- Name: _____
- Relationship: _____
- Contact: _____

2. Grounds for Appeal

- Reason(s): _____
- Supporting documents attached: Yes No

3. Declaration

I declare this appeal is submitted in accordance with the applicable procedures under the Act.

Signature of Appellant / Representative: _____

Date: _____

Form Appeal-4 – Appeals for Children Receiving Supported Inpatient Treatment (Child-Specific)

PMHRB Case / Appeal Number: _____

Facility / Hospital: _____

Child Patient Name: _____

Child Patient ID / Record Number: _____

Decision Being Appealed: SIT SITP ECT

Date of Original Decision: _____

1. Appellant / Representative Details

• Name: _____

• Relationship: Parent Guardian Carer Legal Representative

• Contact: _____

2. Basis for Appeal

• Reason(s):

• Supporting documents attached: Yes No

3. Child's Views (if applicable)

• Views obtained: Yes No

• Summary: _____

4. Declaration

I declare this appeal is made in the best interests of the child and information is accurate.

Signature of Appellant / Representative: _____

Date: _____

DRAFT

ANNEXURE 6: SECLUSION REGISTER

PART A

Patient's personal details

1. Name:
2. Address:
3. Age:
4. Sex: Male Female

Location

5. Name of the authorised mental health facility:
6. Ward No:
7. Seclusion Room No:

Seclusion details

8. Seclusion Type: First Seclusion Order Renewal Order
(If renewal order please complete sections 9 –12 and Part B only)
9. Reason(s) for seclusion (mark all relevant)

Threat to patients/staff/others

Self-harm/Risk to self

Assault on patients/staff/others

Any others (specify).....
.....

Details if any:
.....

10. Alternatives attempts made before seclusion considered: (Mark all that's appropriate)

Verbal Intervention

De-escalation techniques

Medication offered/administered

Physical Restraint

Others (Please specify):
.....

11. Information about session of seclusion to immediate relations of the patient: Yes No

12. Use of restraint: Mechanical means of bodily restraint Physical restraint

(Complete the relevant section for mechanical means of bodily restraint (Part C).

PART B

1. Initiation of seclusion

I,.....(Name
of the staff) have assessed/examined

.....(Name of the patient) on(date) at(time) and I initiated the use of seclusion from(date)(time).

Signature:

Date:

2. Order for seclusion

I, Dr.(Name of authorised medical officer / on call medical officer) have examined.....
.....(Name of the patient) on(date) at(time) and have authorised / not authorised seclusion order for this patient.

Signature: Date:

3. Supervision of seclusion order

I, Dr.(Name of authorised psychiatrist / on call psychiatrist) certify that the above seclusion has carried out under my supervision.

Signature: Date:

4. Ending / Extension of seclusion order

I, Dr.(Name of authorised medical officer / on call medical officer) have examined.....
.....(Name of the patient) on(date) at(time) and have authorised to end / extend the seclusion for this patient from(date) at(time).

Signature: Date:

PART C (MECHANICAL MEANS OF BODILY RESTRAINT DETAILS)

1. Type of mechanical restraint used
2. Reasons for use of mechanical means of restraint
Threat to patients/staff/others

- Self-harm/Risk to self
- Assault on residents/staff/others
- Transfer to Seclusion
- Escort from authorised mental health facility to elsewhere
- Others (specify)

3. Alternative means attempted before restraint:
4. Information to nearest relative or guardian or the adult who has a close and continuing caregiving relationship with the person about the restraint: Yes No

5. Initiation of restraint

I,(Name of the staff) have assessed/examined (Name of the patient) on(date) at(time) and I initiated the use of mechanical restraint from(date).....(time) with the support of the following staff.

Signature: Date:

Name & Signature of staff assisted

Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:

6. Order of restraint

I, Dr.(Name of authorised medical officer / on call medical officer) have examined..... (Name of the patient) on(date) at(time) and have authorised / not authorised mechanical means of restraint for this patient.

Signature: Date:

7. Supervision of restraint

I, Dr.(Name of authorised psychiatrist / on call psychiatrist) certify that the above restraint is under my supervision.

Signature: Date:

8. Ending of restraint

I, Dr.(Name of authorised medical officer / on call medical officer) have examined.....
.....(Name of the patient) on(date) at(time) and have authorised to end the restrain for this patient from(date) at(time).

Signature: Date:

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