

# 2 | Mental Health (Compulsory Assessment and Treatment) Act 1992

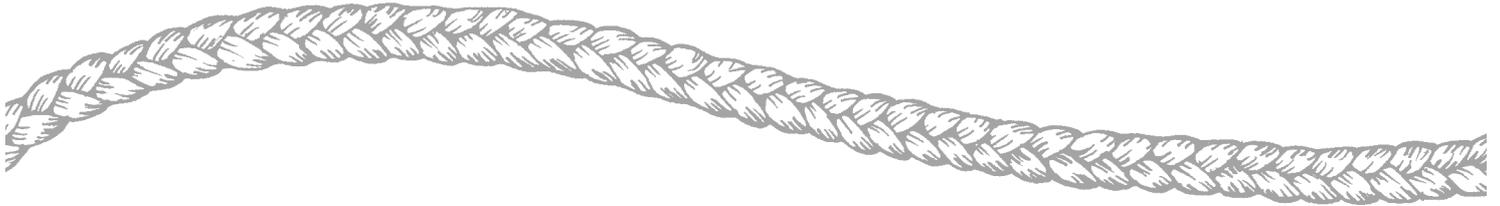
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*He p̄ai te Mental Health  
(Compulsory Assessment and Treatment) Act 1992  
hei tauira mou. I konei ka taea te kitea mehemea  
he p̄ai, kare ranei, mena he Rangatahi koe.*

*Ka manaaki tonu hia Koe i runga  
tenei ahuatanga.*

*Ka noho tapu tonu aau  
ake tikanga i runga i nga mahi arotake  
a tenei Ture (Act).*



## PART 1 Terms and definitions

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## 1 | What is this chapter about?

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This chapter is about the Mental Health (Compulsory Assessment and Treatment) Act 1992. (In this book this Act will be called the Mental Health Act). The Mental Health Act is an important law for people who experience mental illness.

This chapter has been divided into four parts.

- **This part** sets out the basic principles of the Mental Health Act and explains what several important terms and definitions used in the Act mean.
- **Part 2** explains the processes and procedures for compulsory assessment and treatment under the Mental Health Act.
- **Part 3** gives information about your rights if you are receiving compulsory assessment and treatment under the Mental Health Act. These rights are called **patient rights**.
- **Part 4** gives information about the special protections for young people under the Mental Health Act.

## 2 | Why is the Mental Health Act important?

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Mostly, when you receive treatment for your mental illness you are a **voluntary patient**. Being a voluntary patient means you agree to have treatment for your illness, you have the right to suspend that treatment, and, if you are being treated in hospital, you have the right to leave at any time. Voluntary patients are sometimes called **informal** patients.

The Mental Health Act covers those situations when it is considered you need treatment for your mental illness, but you do not consent or agree to this. It sets out the circumstances in which you can be treated for a

mental illness without your consent and your rights if you are under compulsory assessment or treatment.

**Note**

Sometimes people are told that if they don't agree to receive treatment for their mental illness an application will be made to have them placed under the Act. If this happens to you, remember that you have a choice. You have the right to refuse the treatment and leave the hospital. However, you could find that an application will be made to have you assessed under the Act anyway (see p 42).

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### 3 | What are the main principles of the Mental Health Act?

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- The Mental Health Act defines the limited circumstances in which compulsory assessment and treatment can happen, in other words, the circumstances in which you can be assessed or made to receive treatment without your consent.
- The Mental Health Act emphasises community-based care, with hospitalisation only when necessary and in the least restrictive environment possible. This means, for example, that you should not be kept in hospital if you could be treated at home or with family or friends or in supported accommodation.
- Respect for different cultural values and beliefs is an important part of your assessment and treatment under the Act.
- The Act sets out special rights to protect you if you are being assessed or treated. These are called **patient rights**.

## 4 | Understanding the Mental Health Act

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The Mental Health Act contains many different terms and definitions. These words are also used by health professionals and in documents you may be given when you are being assessed or treated. The next part of this chapter explains what some of these terms and definitions mean.

### WHAT IS A MENTAL DISORDER?

The Mental Health Act defines **mental disorder** as:

- an abnormal state of mind shown by **delusions or disorders** of mood, perception, volition or cognition; *and*
- this abnormal state of mind means that either:
  - there is a **serious danger** to your health and safety, or the health and safety of another person; or
  - **your ability to care for yourself** is seriously reduced.

This definition is very important because it is used to decide whether you have a mental illness that could require you to be treated without your consent. This definition is based on the symptoms you are experiencing rather than the clinical diagnosis you have been given.

If these conditions are not met, you do not have a mental disorder and you cannot be subject to compulsory assessment or treatment under the Mental Health Act.

### *What are delusions and disorders?*

These words are legal terms used to describe specific symptoms. **Delusions** include holding false beliefs, for example, believing that you are related to royalty when you are not. **Disorders** include:

- disorders of mood, for example, being very depressed or on a “high”;
- disorders of perception, for example, hearing voices or seeing things that no-one else is able to hear or see;
- disorders of volition, for example, being unable to freely exercise will or control impulses; or

- disorders of cognition, for example, thinking processes such as memory or judgement being disturbed.

The abnormal state of mind can be **intermittent** (your symptoms come and go) or **continuous** (there all the time).

***What is a serious danger?***

**Serious danger** has a wide meaning and includes danger to your physical or mental health or safety, or danger to the physical or mental health or safety of any other person.

***Example***

John experiences mental illness. Recently he stopped taking the medication prescribed by his doctor because of the unpleasant side effects. He has told two of his close friends he is going to commit suicide. The psychiatrist who has assessed John considers he is a serious danger to himself because of his suicidal thoughts.

***When are you considered unable to care for yourself?***

The test is whether your mental illness is stopping you from looking after yourself to the extent that your health or safety is at risk.

***Example***

Rana experiences mental illness and also suffers from diabetes. Because of his mental illness Rana frequently forgets to take his medication for his diabetes. If this keeps happening Rana could die. The psychiatrist who is assessing Rana considers he is unable to care for himself.

***Can you have a mental illness but not have a mental disorder?***

Yes. If you have been diagnosed with a mental illness your symptoms might fit the definition of abnormal state of mind. But if your illness is not putting you or any other person at risk, or preventing you from looking after yourself, you do not have a mental disorder. This means you could not be made to receive treatment for your mental illness without your consent.

***Are there some things that can never be called a mental disorder?***

You cannot be considered to have a mental disorder just because of your:

- political, religious or cultural beliefs;
- sexual preference (for example, being gay or straight);
- criminal behaviour;
- substance abuse (this includes drug or alcohol abuse);
- intellectual disability.

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## 5 | Other important terms and definitions

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### **FIT TO BE RELEASED FROM COMPULSORY STATUS**

This is a term used when a decision is being made about whether or not your compulsory treatment order should end. You will be **fit to be released from compulsory status** if you no longer meet the definition of mental disorder.

### **PROPOSED PATIENT**

You become a **proposed patient** when an application is made to have you assessed under the Mental Health Act. For information about when an application for assessment can be made see p 42.

## PATIENT

If, after you have been assessed, the psychiatrist believes you have a mental disorder, you become a **patient** under the Mental Health Act. For information about assessments see p 42.

## RESPONSIBLE CLINICIAN

If your assessment says that there are reasonable grounds for believing you have a mental disorder, you will be assigned a **responsible clinician**. This person, usually a psychiatrist, will be responsible for your treatment while you are under the Act.

## PRINCIPAL CAREGIVER

This is the person who is, or appears to be, most directly concerned with your care. This person could be a friend, partner or a member of your **family or whanau** (see below). The Ministry of Health Guidelines (*Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992, 1 April 2000*) say you can choose who your principal caregiver will be. If you are not well enough to nominate someone or there is some disagreement about who that person should be, then the **Director of Area Mental Health Services** (see p 36) should decide. Not everyone has a principal caregiver, but if you do, this person will be sent information about your legal status – whether you are under compulsory assessment or treatment (meaning that you must receive treatment) or not (meaning that you are free to go).

## FAMILY OR WHANAU

The Mental Health Act says that your responsible clinician must consult with your family or whanau during the compulsory assessment and treatment process unless:

- this is not reasonably practicable;
- this is not in your best interests (see next page).

There are many different definitions and concepts of family, but the Ministry of Health guidelines (see previous page) recommend this definition: “Your family or whanau is the group of people that you consider to be your family.” This is not limited just to blood relationships and could include, for example, friends, people in your support network or other people who are an important part of your life.

If you are not well enough to define who your family is, the Director of Area Mental Health Services can make this decision after consulting with your responsible clinician or key worker. If you are Maori, the Director must take advice from Maori health workers and cultural support staff.

***Does your responsible clinician have to get your consent before consulting with your family or whanau?***

Your responsible clinician must consult with you before consulting with your family and whanau. If you do not want your family or whanau to be consulted you should tell your responsible clinician this. However, even if you do not consent to this, your responsible clinician can still consult with your family or whanau if they believe this would be in your best interests.

***What information will your family or whanau be given?***

The Ministry of Health guidelines (referred to on the previous page) recommend that your family or whanau be consulted when significant decisions are made about your treatment and at each step of the compulsory assessment and treatment process (see Part Two Compulsory Assessment and Treatment). This means your family or whanau will be given some personal information about your health. Even though this information must usually be kept confidential and not disclosed to other people, because you are under the provisions of the Mental Health Act this is not a breach of your rights under the Privacy Act or the Health Information Privacy Code (see Chapter 5 Privacy of your Health Information). Your responsible clinician is allowed to disclose information to your family or whanau during consultation under the Mental Health Act.

***Are there any situations where your family or whanau will not be consulted?***

Your family or whanau will not be consulted if:

- this is not reasonably practicable, for example, your family cannot be contacted; or
- your responsible clinician decides it would not be in your best interests.

It is not always appropriate for your family or whanau to be consulted. For example, you may not have anything to do with your family, or your family situation may in some way have caused or contributed to your illness. If this applies to you, you need to clearly explain this to your responsible clinician and say why you do not want your family consulted.

***Example***

Hohepa has come to the city from Gisborne and has become mentally unwell. He has had very little contact with his family apart from his mother who is elderly and frail. She is not in a position to offer him support while he is ill. In fact, knowing about his illness would cause her a great deal of stress. Hohepa explains this to his responsible clinician, who agrees not to contact his mother.

**DIRECTOR OF AREA MENTAL HEALTH SERVICES**

**Directors of Area Mental Health Services** (called DAMHS) are appointed by District Health Boards and are responsible for the Mental Health Act in their area. If someone believes you have a mental disorder they can apply to the DAMHS to have you assessed (see p 42). The DAMHS or a **duly authorised officer** (see next page) will then arrange an assessment examination.

DAMHS are also responsible for assigning you a responsible clinician (see p 34).

## DULY AUTHORISED OFFICERS

**Duly authorised officers** (usually called DAOs) are health professionals with special responsibilities under the Mental Health Act. For example, DAOs can:

- give advice about mental health services and how the Mental Health Act works;
- help with the assessment of proposed patients.

District Health Boards must keep a list of telephone numbers of DAOs that you or your family or whanau can ring if you need help or advice.

## DISTRICT INSPECTORS

**District inspectors** are lawyers with special responsibilities for safeguarding the rights of people under the Mental Health Act. For example, district inspectors can:

- give you information about the compulsory assessment and treatment process and your legal rights;
- arrange for a lawyer to represent you at a hearing;
- investigate complaints about breaches of your rights. For example, if you are under a compulsory treatment order you have a right to information about any treatment you receive. If you are not told about the likely side effects of your medication you could make a complaint to a district inspector. For more information about patient rights see p 63;
- inquire more generally into any other aspect of patient care and treatment or the management of hospitals or services;
- visit and inspect hospitals and other services, including checking the registers recording the use of seclusion, restraint and force.

For information about how to contact district inspectors see p 79.

# PART 2 Compulsory Assessment and Treatment

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# 1 | What is this part about?

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If you experience mental illness you usually get to make your own decisions about your treatment. You can choose the kind of treatment you want to have, have some say about which health professionals will carry out your treatment and stop your treatment at any time.

If you become a patient under the Mental Health Act you do not have these rights. Instead:

- you do not have the right to refuse treatment;
- you do not get to choose who the person in charge of your treatment will be; and
- if you refuse to attend treatment, steps can be taken to take you to treatment;
- you can be made to stay in hospital.

This can be a frightening and disempowering experience. This chapter aims to inform you of the different stages of the compulsory assessment and treatment process. It tells you what will happen at each stage, what information you must be given and in what circumstances you can either be released from treatment or be required to continue to receive compulsory treatment.

## **Note**

This chapter uses several important terms and definitions from the Mental Health Act, for example, **mental disorder** and **fit to be released from compulsory status**. An explanation of what these terms mean can be found in Part One. You may find it helpful to read that chapter first.

## 2 | Compulsory assessment process

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### STEP ONE: THE APPLICATION PROCESS

#### *Who can make an application to have you assessed?*

Any person over 18 years can make an application to have you assessed to see whether you meet the definition of **mental disorder** (see p 31) under the Mental Health Act. For example, a member of your family or whanau, a friend, your GP or your mental health worker or a duly authorised officer (DAO) can make an application. The application is made to the **Director of Area Mental Health Services (DAMHS)**.

#### *What must the application say?*

The application to have you assessed must be in writing and include this information:

- why the person making the application thinks you have a mental disorder;
- what their relationship to you is, for example, friend or GP;
- a statement that they have seen you in the last three days;
- a medical certificate from a doctor who has examined you in the last three days. The medical certificate must say there are reasonable grounds for believing you have a mental disorder.

At this point a DAO can arrange for you to be examined by a doctor. If the DAO believes you need to be examined urgently and you do not co-operate, they can ask the police to help. The police can take you to a doctor and hold you there (for up to six hours) while you are examined.

#### *What are your rights after an application is made?*

Once an application is made to have you assessed, you become a **proposed patient** under the Mental Health Act. This means the **patient rights** set out in the Mental Health Act will apply to you. For example, you have the right to a second opinion from an independent psychiatrist and to talk to a lawyer. For more information about patient rights see p 63.

***Can you be made to accept treatment at this stage?***

No. But the doctor who issues the medical certificate can give you a sedative without your consent if they believe that:

- you are a significant danger to yourself or other people; *and*
- it would be in your best interests to be sedated.

If you are given a sedative without your consent, the doctor must tell the DAMHS in writing. If you think you shouldn't have been sedated you can make a complaint to a district inspector (see p 79).

**STEP TWO: THE ASSESSMENT EXAMINATION**

***What happens after an application is made to have you assessed?***

After an application to have you assessed has been made, the DAMHS or a DAO must arrange an **assessment examination**. The purpose of this assessment is to find out if you have a mental disorder. The DAMHS or DAO must also find a doctor to do the assessment. This doctor should be a psychiatrist or a doctor with mental health experience.

***What information must you be given about the assessment examination?***

Before the assessment you must be given this information:

- when and where the examination will be;
- a written notice telling you that you must attend the examination and what the examination is for;
- the name of the doctor who will examine you.

The DAMHS or DAO must make sure this information is explained to you in the presence of one of your support people and make sure you are able to get to the examination.

***Do you have to go to the assessment examination?***

Yes. You do not have the right to refuse to go to the assessment. If you do refuse, the DAO can ask the police to take you to the assessment and hold you there while the doctor examines you.

***How long do you have to wait for an assessment examination?***

The DAMHS or DAO must arrange an assessment examination as soon as possible after the application to have you assessed is made. This should happen on the day the application is made, usually within a couple of hours. If the DAO believes you need an urgent assessment, for example, if they believe there is a serious risk of suicide, they can arrange for a doctor to examine you immediately. Even in an emergency you should still be given as much information about the assessment as possible.

**STEP THREE: FOLLOWING THE ASSESSMENT EXAMINATION**

***What happens after the assessment examination?***

After the assessment examination, the doctor who assessed you must issue a certificate saying whether or not there are reasonable grounds to believe you have a mental disorder. This is called the **certificate of preliminary assessment**.

If the doctor thinks there are reasonable grounds for believing you have a mental disorder, you will be required to receive treatment for up to *five days* (see Step Four on the next page). You will be given a copy of the certificate of preliminary assessment and a notice explaining this. A copy of the certificate and the notice must also be sent to:

- the person who made the application to have you assessed;
- your principal caregiver (see p 34), if you have one;
- your GP;
- your welfare guardian, if you have one (see p 99).

***What happens if the doctor doesn't think you have a mental disorder?***

If the doctor doesn't think you have a mental disorder, you do not have to receive any further assessment or treatment (but you can continue treatment if you want to).

You can only be made to receive further assessment or treatment under the Mental Health Act if there are reasonable grounds for believing that you have a mental disorder.

## STEP FOUR: THE FIRST PERIOD OF ASSESSMENT AND TREATMENT

### *What are your rights during this period?*

If your certificate of preliminary assessment says you have a mental disorder (see above) you have to receive treatment for a period of up to *five days*. *You do not have the right to refuse this treatment*, but you do have the right to ask a judge to review the doctor's decision that you have a mental disorder. See p 70 for information about how to do this.

You are now legally defined as a patient (see p 34) under the Mental Health Act. This means the **patient rights** set out in that Act apply to you, and you can make a complaint if any of these rights are breached (see p 68). You will also be assigned a responsible clinician (see p 34), the person who will be in charge of your treatment. You do not get to choose who this person will be.

### *Will you have to stay in hospital?*

Your notice will say whether you will be treated *in the community* or whether you will be admitted and treated in a hospital.

*If you are being treated in the community* your notice will tell you where your treatment will take place, for example, at home or at a community mental health service. If you refuse to attend treatment a DAO can take you there, with police help if necessary, or you can be transferred to hospital.

*If you are being treated in hospital* you may not have to stay in hospital for the whole five days. Your responsible clinician can give you "leave" for some of the time, or they might decide part way through the five days that you can be treated in the community. If you leave hospital without permission your responsible clinician can take steps to have you brought back, including asking the police to help them (see p 74).

### *What happens if your condition changes during these five days?*

If at any stage during this period your responsible clinician decides that you are **fit to be released from compulsory status** you cannot be made to

receive any more treatment. Fit to be released from compulsory status means that you no longer have a mental disorder.

## STEP FIVE: CERTIFICATE OF FURTHER ASSESSMENT

### *What happens after the first period of assessment?*

Before the end of the five-day period your responsible clinician must examine you and issue a certificate saying whether or not they believe you still have a mental disorder and, if you do, whether you need further assessment or treatment. This certificate is called the **certificate of further assessment**.

If your responsible clinician believes you still have a mental disorder and need further treatment, you will be kept under compulsory assessment for up to another *14 days*. This is called the **second period of assessment and treatment** (see Step Six). You will be given a copy of the certificate and a notice explaining this. A copy of the certificate and the notice must also be sent to:

- the person who applied to have you assessed;
- your principal caregiver, if you have one;
- your GP;
- your welfare guardian if you have one;
- a district inspector.

When the district inspector receives a copy of the certificate they will contact you (either in person, by telephone or in writing) and give you information about your legal rights and your right to have a judge review the decision to keep you under compulsory assessment. If you (or any of the people who were sent a copy of the certificate) want a review, the district inspector can help you apply. See p 70 for more information about how to apply for a review.

### *What happens if the certificate of further assessment says you no longer have a mental disorder?*

If your responsible clinician believes you no longer have a mental disorder, you must be released from compulsory status. This means you can no longer

be made to receive assessment or treatment, and, if you are in a hospital, you are free to leave.

## STEP SIX: THE SECOND PERIOD OF ASSESSMENT AND TREATMENT

### *What are your rights during this second period of treatment?*

Your rights during the **second period of assessment and treatment** are the same as the first (see Step Four). For example:

- you do not have the right to refuse treatment but you can apply to have your condition reviewed (see p 70);
- you can be given leave if you are being treated in hospital;
- you must be released from compulsory treatment if at any stage you are no longer considered to have a mental disorder;
- the **patient rights** set out in the Mental Health Act apply to you (see p 63);

If you refuse to receive or attend treatment, or leave hospital without permission, your responsible clinician can take steps to detain you (including asking the police for help).

## STEP SEVEN: THE CERTIFICATE OF FINAL ASSESSMENT

During the second period of assessment (see Step Six) your responsible clinician must examine you again and issue a certificate saying whether or not they believe you are fit to be released from compulsory status (see p 33). This certificate is called a **certificate of final assessment**.

*This is a very important decision.* If your responsible clinician decides you are fit to be released you will not have to receive any further treatment under the Mental Health Act. If your responsible clinician decides you are not fit to be released, they must apply for a **compulsory treatment order**.

## 3 | Compulsory treatment orders

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### ***What is a compulsory treatment order***

A **compulsory treatment order** is a court order made by a judge. You will have to receive treatment for up to six months if a compulsory treatment order is made. This treatment will be set by your responsible clinician and does not mean drug treatment only. You could also be made to attend counselling, group therapy and education programmes.

### ***How can you be placed under a compulsory treatment order?***

*Applying for a compulsory treatment order is a very serious step. There is a strict legal process that must be followed. This process is explained below.*

### **STEP ONE: APPLYING FOR A COMPULSORY TREATMENT ORDER**

#### ***When can a compulsory treatment order be applied for?***

During your second period of assessment your responsible clinician must decide whether you are fit to be released from compulsory status (see Step Seven p 47). If your responsible clinician decides you are not fit to be released, they must apply for a compulsory treatment order. *This is the only way you can be made to continue to receive treatment.* If your responsible clinician doesn't apply for a compulsory treatment order before the end of this 14 day period you will not have to receive any further treatment.

#### ***What information do you have to be given about the application?***

After your responsible clinician applies for a compulsory treatment order you must be sent this information:

- a copy of the certificate of final assessment (see p 47);
- a notice telling you that you will be examined by a judge (see Step Two);
- a notice telling you about the application and the hearing.

A copy of this information will also be sent to:

- the person who applied to have you assessed;
- your principal caregiver, if you have one;
- your GP;
- your welfare guardian, if you have one;
- a district inspector; and
- the Director of Area Mental Health Services.

The district inspector must visit you, if possible, or telephone or write to you and give you information about the hearing and your rights.

***What happens to you after an application for a compulsory treatment order is made?***

Once your responsible clinician applies for a compulsory treatment order, you will be required to receive assessment and treatment for up to another 14 days. (These 14 days start straight after the second period of assessment). Your responsible clinician will decide whether this treatment will happen in hospital or in the community.

This second 14 day period can be extended for up to another month if, for example, your lawyer needs more time to prepare your case for the hearing, or your responsible clinician thinks there is a chance your condition will improve in this time (if your condition improves there may be no need to make a compulsory treatment order).

During this period you are still a patient under the Mental Health Act and all the **patient rights** (see p 63) still apply to you.

**STEP TWO: THE HEARING**

After your responsible clinician has applied for a compulsory treatment order, there will be a hearing before a Family Court (or District Court) Judge to decide whether you should be under a compulsory treatment order or not.

You need to decide whether you will represent yourself at the hearing or whether you want a lawyer to represent you. Even if you have a lawyer, you will still have the opportunity to speak at your hearing.

If you do not have a lawyer, a district inspector or staff at the hospital can help you find one. If you can, find a lawyer who has mental health experience. If you cannot afford to pay for a lawyer you are likely to be eligible for legal aid (see p 17).

It is important you talk to your lawyer *before the hearing* about what you want to happen. For example, do you think a compulsory treatment order is necessary? Do you think you need treatment for your mental illness? Do you want to leave the hospital?

Your lawyer will also need information about:

- where you might live if you are discharged from hospital;
- what support you would have from friends or family – they can come to the hearing and tell the judge how they can help you;
- what support services are available in your area, for example, drop-in centres, day services, community mental health services.

If you decide to represent yourself at the hearing, you will still need this information. Staff at the hospital, community mental health service or local mental health consumer group (see p 20) may be able to help you.

### ***Where will the hearing be held?***

If you are in hospital, the hearing will probably be held there. If you are not in hospital (because you are being treated in the community) the hearing will probably be held at the hospital nearest to where you live.

### ***Do you have a right to go to the hearing?***

Yes. You have a right to go to, and to speak at, the hearing. However, there are three exceptions to this rule. You can be excluded from the hearing if:

- the judge who met with you thinks it would be in your best interests not to be at the hearing; or
- you are completely unable to understand what the hearing is about; or
- being at the hearing would cause you serious mental, physical or emotional harm. (You could also be made to leave the

hearing at any stage if you become very disruptive. The hearing would then proceed without you).

***Who else can go to the hearing?***

The hearing will not be open to the public. Only these people can attend:

- the judge;
- your lawyer (if you have one);
- your interpreter (if you need one, see p 64);
- your responsible clinician and any other health professionals involved with your treatment;
- any of the people who were sent a copy of your certificate of final assessment (see Step One: Applying for a compulsory treatment order). If you do not want any of these people to be at the hearing you need to talk to your lawyer or the judge. In exceptional circumstances, the judge can exclude people from the hearing.

***Example***

Marama's parents made the initial application to have her assessed. Marama has been very upset by this and does not want her parents at the hearing. The judge decides that Marama's parents will be excluded from the hearing. The disadvantages to Marama of having her parents at the hearing outweigh any advantages.

***What will happen at the hearing?***

*If you do not object to the compulsory treatment order being made*, the hearing will be very short and probably last less than 15 minutes.

*If you do object to the compulsory treatment order being made*, the hearing will take longer. It may be put off for another day so there will be more time.

The judge will ask your responsible clinician why they think a compulsory treatment order is needed. Other people involved with your treatment and care may also be asked to give evidence about your condition. You (or your lawyer) can ask the responsible clinician and any other witnesses questions about what they have said. You will also have the opportunity to tell the judge what you would like to happen and to call your own witnesses. For example, your friends, family or whanau could give evidence about how they can help you and what support systems you have in the community.

### STEP THREE: THE JUDGE'S DECISION

#### *What decisions will the judge make?*

At the end of the hearing the judge will make two decisions:

- whether or not a compulsory treatment order is necessary, and if so;
- whether the order will be a **community treatment order** or an **inpatient order**.

Alternatively, the judge might decide to adjourn the hearing, for example, to see whether your condition improves with medication. If so, it might not be necessary to make a compulsory treatment order.

#### *How does the judge decide whether or not to make a compulsory treatment order?*

The Mental Health Act says that a judge can only make a compulsory treatment order if:

- you have a mental disorder; and
- a compulsory treatment order is needed to make you receive treatment for the disorder.

If you have a mental disorder but the judge believes you will agree to follow your treatment, or that you have somebody to help you manage your care, a compulsory treatment order may not be needed.

### ***Example***

Shannon's responsible clinician applies for a compulsory treatment order. Before the hearing Shannon agreed she would receive treatment for her mental illness, and Shannon's GP and partner drew up a plan to support Shannon. The judge decided that a compulsory treatment order was not necessary.

### ***What kinds of compulsory treatment orders are there?***

There are two kinds of compulsory treatment orders:

- **community treatment orders.** Under a community treatment order you live in the community, for example, at home or in supported accommodation, and you are also treated in the community, for example, at a community mental health service;
- **inpatient orders.** An inpatient order requires you to stay in hospital for treatment (although you can be given leave).

### ***How does the judge decide what kind of order to make?***

Community-based care is an important part of the Mental Health Act. The Act says you should be placed under a community treatment order unless there are good reasons for you not being treated in the community. Before making a community treatment order, the judge must be satisfied there are enough resources and support available to you.

## **WHAT DOES IT MEAN TO BE UNDER A COMPULSORY TREATMENT ORDER?**

If you are placed under a compulsory treatment order, you will have to receive treatment for the *first month* of the order. This means that you can be treated without your consent. You do not get to decide whether or not you want to receive treatment. And if, for example, you refuse to have treatment or refuse to go to a place for treatment, reasonable force can be used to give you the treatment or take you to the place where you

are meant to be. DAOs and responsible clinicians can even ask the police to help.

If force is used:

- this must be recorded; and
- a copy sent to the Director of Area Mental Health Services.

If you are unhappy about the way you have been treated you can make a complaint to:

- a district inspector (see p 79); and
- if the police were involved, to the **Police Complaints Authority** (see p 82).

Treatment does not just include medication but can also cover rehabilitation programmes, education programmes, counselling and discussion groups.

***Two important points about compulsory treatment***

- During the first month of the order, health professionals should still try and get your consent for treatment. This includes explaining the benefits and any side-effects of your treatment.
- You can only be made to receive treatment for your *mental illness*. You cannot be treated for a *physical illness* without your consent.

After the first month of your compulsory treatment order, you do not have to receive treatment unless:

- you consent to it in writing; or
- the treatment is considered to be “in your best interests” (this will be decided by an independent psychiatrist appointed by the **Review Tribunal** (see p 71); or
- you need emergency treatment and it is not possible to get your consent.

***Will you lose your driver's licence if you are under a compulsory treatment order?***

If you are under an inpatient compulsory treatment order (or if you are a **special patient** see p 89) you will lose your driver's licence. However, if you are given leave and your responsible clinician believes you are fit to drive, your licence can be returned.

When you are discharged from your compulsory treatment order your licence will be returned to you unless your responsible clinician believes you are still unfit to drive. If you are unhappy with this decision you can apply to the Land Transport Safety Authority for a review. Contact your lawyer or local Community Law Centre for advice (see p 21).

If you are under a community treatment order you will not automatically lose your licence, but it can be suspended if your responsible clinician considers you are unfit to drive.

***Can you be made to have electro-convulsive therapy or brain surgery under a compulsory treatment order?***

Special rules apply to the use of electro-convulsive therapy (ECT).

You cannot be required to undergo ECT unless:

- having had the treatment explained to you, you consent to it in writing (consent can be withdrawn at any time); or
- the treatment is considered to be in your interests by an independent psychiatrist appointed by the Review Tribunal.

Brain surgery is rarely performed today. There are special requirements because this treatment is so intrusive and irreversible.

You cannot be made to undergo brain surgery unless:

- you have consented to it in writing (consent can be withdrawn at any time); and
- the Review Tribunal has looked at the case and is satisfied that you gave the consent freely and understood the purpose and likely effect of the surgery; and
- the surgery is considered to be in your best interests by your responsible clinician and an independent psychiatrist

appointed by the Review Tribunal, who has consulted at least two other health professionals concerned with your care.

Brain surgery can never be performed on a person under 17 years.

***What other rights do you have if you are under a compulsory treatment order?***

If you are under a compulsory treatment order, you are a patient under the Mental Health Act. This means that all the **patient rights** set out in the Act will apply to you and you can make a complaint if any of these rights are breached (see p 68).

***How long does a compulsory treatment order last?***

Compulsory treatment orders (both community and inpatient orders) last for up to six months but they can *end earlier* or they can be *extended* for a further six months.

*A compulsory treatment order can end earlier* if at any time during the six months your responsible clinician (or the Review Tribunal see p 71) decides you are fit to be released from compulsory status. If this happens, the compulsory treatment order stops immediately and you can no longer be made to receive treatment under the Mental Health Act.

*A compulsory treatment order can be extended* if at the end of the six months you are still not fit to be released from compulsory status. In the last 14 days of the six months your responsible clinician must review your case and decide if you are fit to be released. If you are not fit to be released your responsible clinician can apply to the Family Court to have the compulsory treatment order extended for a further six months. There will be another hearing and the judge will decide whether the order should end or be extended.

The judge can only extend the compulsory treatment order if:

- you still have a mental disorder; and
- the order is still necessary. In other words, without the order it is likely that you will not continue with your treatment and without the treatment you will become unwell.

### ***What happens if a compulsory treatment order is extended?***

If a compulsory treatment order is extended for a second six month period, the order becomes indefinite. *This does not mean the order will last forever.* The order must be reviewed regularly. These are called **clinical reviews** and must take place three months after your compulsory treatment order is made and then every six months.

Before a clinical review your responsible clinician will send you a notice telling you when and where the review will take place. *You must attend the review.* If you refuse, a DAO can ask the police for help. At the review your responsible clinician will talk to you and health professionals involved with your care.

### ***What happens after a clinical review?***

After a clinical review your responsible clinician must issue a certificate saying whether or not you are fit to be released from compulsory status. This is called a **certificate of clinical review**.

If your responsible clinician thinks you are fit to be released, the compulsory treatment order will end immediately and you will not have to accept any more treatment.

If your responsible clinician thinks you are not fit to be released, you must be sent a copy of the certificate, and a statement explaining the legal consequences of the certificate. These are that:

- the compulsory treatment order will continue; and
- you have a right to apply to the **Review Tribunal** for a review of this decision (see p 71).

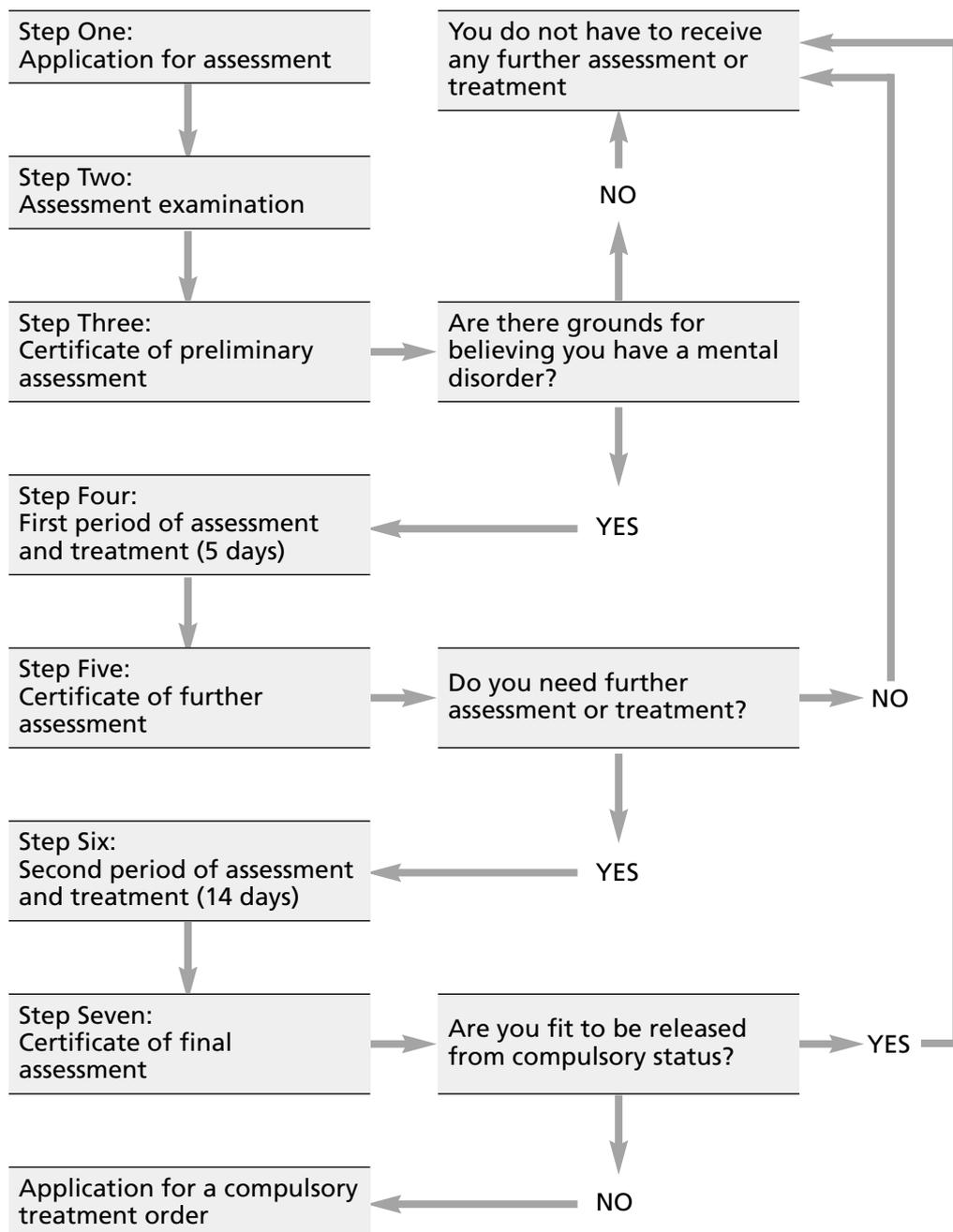
A copy of the certificate and the statement must also be sent to:

- your principal caregiver, if you have one;
- your GP;
- a district inspector;
- your welfare guardian, if you have one.

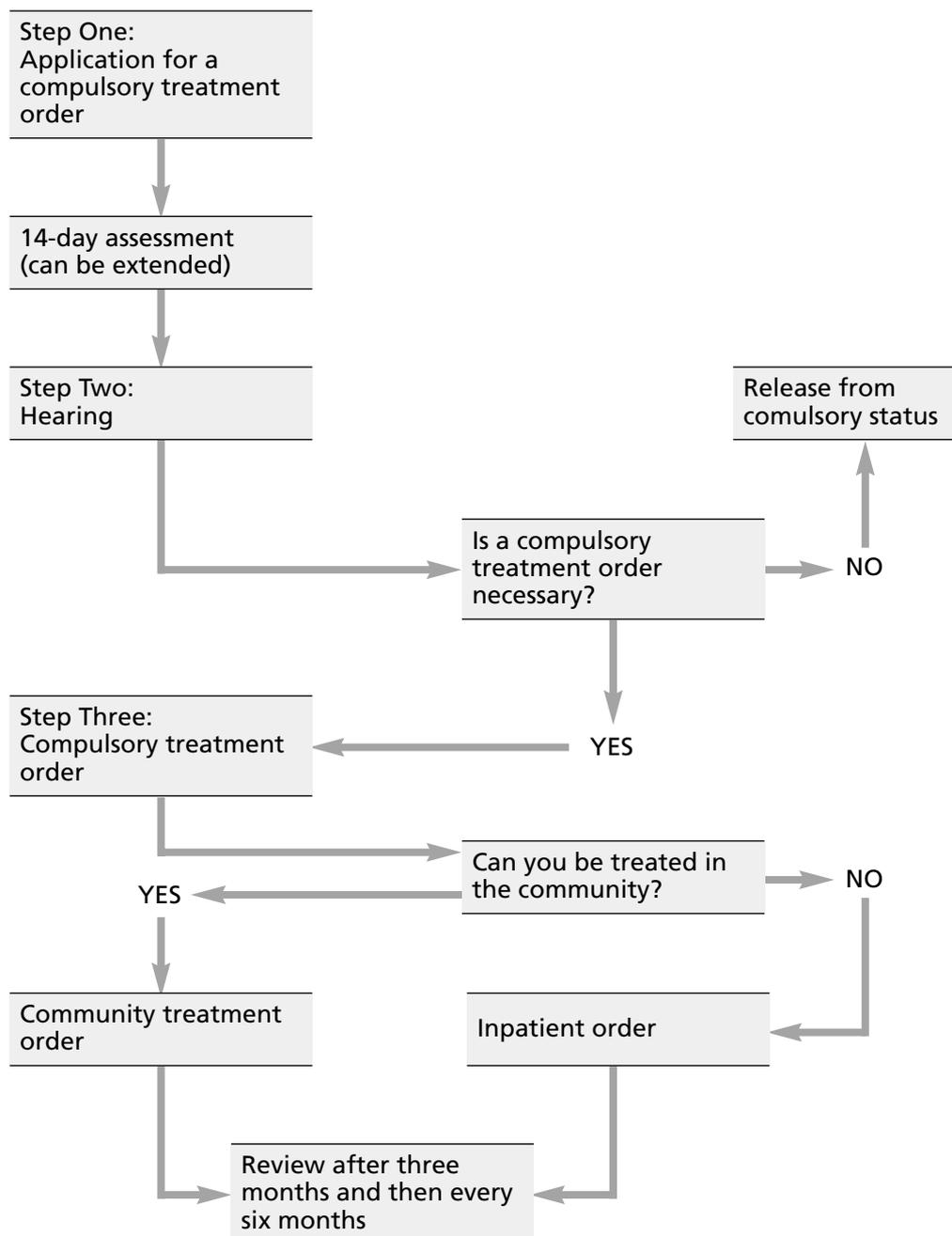
These people also have a right to apply for a review of the decision that you are not fit to be released from compulsory status.

# Flow charts

## COMPULSORY ASSESSMENT AND TREATMENT



## COMPULSORY TREATMENT ORDERS



## PART 3 Your rights under the Mental Health Act

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# 1 | What is this part about?

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If you are receiving compulsory assessment or treatment under the Mental Health Act, it is easy to feel that you don't have many rights. For example, you do not have the right to refuse treatment and you can be made to stay in hospital.

However, as a patient (see below) under the Mental Health Act, you do have a number of rights. These rights can be divided into three groups:

- **patient rights.** These rights apply as soon as you become a patient or proposed patient under the Mental Health Act;
- the right to apply for a review or appeal decisions during the assessment and treatment process;
- your rights under the Code of Health and Disability Services Consumers' Rights (which you have in addition to your rights under the Mental Health Act).

This part is about your **patient rights** and what you can do if any of these rights are breached, and about your rights to apply for a review or appeal of decisions made about you.

For information about your rights under the Code of Health and Disability Services Consumers' Rights see Chapter 6.

## **Note**

This chapter uses several important terms and definitions from the Mental Health Act, and refers to the compulsory assessment and treatment procedures of that Act. These terms and procedures are explained in Parts One and Two. You may find it helpful to read these first.

## 2 | What are patient rights?

---

The Mental Health Act sets out eleven **patient rights** – rights that apply as soon as you become a patient or proposed patient under the Act. You become a proposed patient when an application is made to have you assessed under the Mental Health Act (see p 42). You become a patient during the first period of assessment (see p 45).

### **RIGHT ONE: THE RIGHT TO INFORMATION**

Once you become a patient under the Mental Health Act you have a general right to information. This includes:

- a statement listing your patient rights;
- information about your legal status, in other words, whether you are under compulsory assessment or treatment (meaning you must receive treatment) or not (meaning you are free to go);
- information about your treatment, including any likely side effects and the expected benefits of the treatment;
- information about your rights to have your condition reviewed (see p 69).

### **RIGHT TWO: RESPECT FOR CULTURAL IDENTITY**

This is a very important right. Many inquiries have found cultural insensitivity in mental health services. This right acknowledges that different cultures have different needs and beliefs, and these must be taken into account when you are being assessed or treated under the Mental Health Act.

The Act says you must be treated with:

- proper respect for your cultural and ethnic identity, language and religious or ethical beliefs; and

- proper recognition of the importance to you of your ties to your family, whanau, hapu, iwi and family group. For some people, having family or whanau involved in their care and treatment will be very important to their well being.

This right could include:

- having the opportunity to speak in your own language (see also Right Three);
- having people from your whanau and/or culture involved in your care and treatment;
- health professionals understanding and taking into account your cultural beliefs when looking at diagnosis and treatment options.

The Ministry of Health recommends that every non-Pakeha admitted for assessment under the Mental Health Act be given the opportunity to have a cultural assessment if they wish.

The assessment will look at:

- the degree to which you identify with your culture;
- what cultural support you have;
- what is culturally appropriate behaviour for your culture.

For more information about cultural assessments see *Guidelines for Cultural Assessment in Mental Health Services July 1995* published by the Ministry of Health. These guidelines are available from the Ministry of Health (see p 82).

### **RIGHT THREE: THE RIGHT TO AN INTERPRETER**

If you are being assessed or treated under the Mental Health Act and English is not your *first or preferred language*, you have the right to an interpreter. Even if you can speak and understand English you can ask for an interpreter if you would rather communicate in another language, for example, Maori or New Zealand sign language.

**Note**

The Mental Health Act says an interpreter only has to be provided if this is reasonably practicable. This means that sometimes it may not be possible to provide an interpreter if, for example, you require urgent treatment or an appropriate interpreter cannot be found.

**RIGHT FOUR: THE RIGHT TO TREATMENT**

Whenever you are being assessed or treated under the Mental Health Act you have a right to appropriate treatment – treatment of a professional standard that will benefit your condition. The treatment does not have to cure your condition but should at least relieve your symptoms or stop you from becoming more unwell.

If you are being treated in hospital you must be given the same level of treatment and care as a patient being treated for a physical illness.

**Example**

Manu is admitted to hospital for assessment. Because there were not enough beds in the ward, Manu had to sleep on a mattress in the recreation room. Manu's family made a complaint to a district inspector. Manu's right to appropriate treatment had been breached.

**RIGHT FIVE: THE RIGHT TO BE INFORMED ABOUT TREATMENT**

Before any treatment is started you are entitled to receive an explanation about the benefits and likely side effects of that treatment. Even when your consent to that treatment is not required you must still be given information about it. The information should be in a form that you can understand and should be repeated if necessary. The Ministry of Health suggests that information be provided both verbally and in writing.

## **RIGHT SIX: THE RIGHT TO REFUSE VIDEO RECORDING**

Your responsible clinician can only tape or record any part of your treatment if you consent to this (this applies to video and audio recording). If you are too unwell to consent, your **principal caregiver** could consent on your behalf.

Taping or video taping your treatment without your consent may also be a breach of your rights under the Health Information Privacy Code. See Chapter 5 Privacy of your Health Information for information about how to make a complaint under the Privacy Act.

## **RIGHT SEVEN: THE RIGHT TO INDEPENDENT PSYCHIATRIC ADVICE**

If you are being assessed or treated under the Mental Health Act and you are unhappy with your diagnosis or treatment you can ask an independent psychiatrist for a second opinion.

If you want a second opinion you can choose the psychiatrist (provided they are willing to see you). Usually, the hospital will be able to provide someone within its own service to give you a second opinion. If you want a second opinion from an independent psychiatrist you may have to pay.

The hospital must allow the second psychiatrist to visit you.

## **RIGHT EIGHT: THE RIGHT TO LEGAL ADVICE**

You have a right to a lawyer to give you advice about the Mental Health Act and to represent you at hearings, reviews and appeals. If you don't have a lawyer, staff at the hospital or a district inspector should help you find one. (Mental health services should keep a list of lawyers in your area who have mental health experience). Or you can ask an advocate, friend, family or whanau member to help you contact a lawyer.

If you cannot afford to pay for a lawyer you are likely to be eligible for legal aid (see p 17).

## **RIGHT NINE: THE RIGHT TO COMPANY**

When you are being assessed or treated under the Mental Health Act you have a general right to the company of other people. You can only be

isolated or put into seclusion if this is necessary for your treatment or safety, or for the protection of others.

Seclusion means being placed alone in an area, with the doors shut, to prevent you leaving. Seclusion can only be authorised by a responsible clinician and cannot be used legally as a form of punishment.

The Ministry of Health has issued guidelines on the use of seclusion. You can get a copy from the Ministry (see p 82).

### **RIGHT TEN: THE RIGHT TO HAVE VISITORS AND MAKE TELEPHONE CALLS**

You have the right to visitors and to make telephone calls. For example, if you are in hospital for compulsory assessment you may need to contact family or friends to make personal arrangements.

You can lose this right if your responsible clinician believes that to have visitors or make calls would be **detrimental to your interests or treatment**.

### **RIGHT ELEVEN: THE RIGHT TO SEND AND RECEIVE MAIL**

While you are a patient under the Mental Health Act you have the right to send and receive mail. Hospital staff should not open your mail. This right can be lost if your responsible clinician believes this would be detrimental to your interests or treatment.

However, mail from these people can never be opened or withheld from you:

- an MP;
- a judge or officer of any court or other judicial body;
- an Ombudsman;
- the Director-General of Health or Director of Mental Health;
- a district inspector;
- the person in charge of the hospital;
- your lawyer;
- a psychiatrist from whom you have sought a second opinion.

### 3 | What can you do if any of your patient rights are breached?

---

If you believe that any of your patient rights has been breached, you can make a complaint to a district inspector (see p 79 for contact details).

The district inspector must investigate your complaint and report to the Director of Area Mental Health Services (DAHMS), making any recommendations they believe necessary. The DAMHS must then take whatever steps are necessary to resolve your complaint.

The district inspector must inform you (or the person who made the complaint) about the outcome of the investigation.

If you are not satisfied with the district inspector's investigation, you can apply to the Review Tribunal, which can investigate further.

Sometimes it can be difficult to make a complaint. You may think you won't be taken seriously or the staff at the service may react badly. It may help to talk to your friends, family or whanau, support worker or an advocate about your complaint. They could help you talk to the health agency or the district inspector. It does not have to be you who makes the complaint. Someone else can complain on your behalf. Remember it is your right to complain and this should not affect the treatment you receive from the staff.

## 4 | Do you have the right to challenge or appeal decisions made during the compulsory assessment and treatment process?

---

At different stages of the compulsory assessment and treatment procedures of the Mental Health Act you have the right to apply for reviews and challenge decisions made about you.

- While you are being **assessed** you can ask a judge to review the decision that you have a mental disorder.
- If an application is made to put you under a compulsory treatment order, you can go to the hearing and defend the application (this is covered in Part Two Compulsory Assessment and Treatment).
- If, when your compulsory treatment order is reviewed, your responsible clinician decides that you are not fit to be released from compulsory status (see p 33) you can apply to the **Review Tribunal** for a review of this decision.
- If you are in hospital (under an inpatient order) you or another person can apply to the High Court for a judicial inquiry. A judicial inquiry looks at the circumstances under which you can be kept in hospital.

## 5 | Asking a judge to review the decision to have you assessed

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### *Who can apply for a review?*

At any time during your first and second periods of assessment (see Steps Four and Six, p 45 and p 47) you can apply to have your condition reviewed. In other words, you are asking a judge to review the doctor's decision to have you assessed.

You can apply for a review for yourself but if you can't (for example, because you are too unwell) these people can apply for a review on your behalf:

- the person who made the application to have you assessed;
- your principal caregiver, if you have one;
- your GP;
- your welfare guardian, if you have one (see p 99);
- a district inspector.

### *How will the judge carry out the review?*

The judge will visit you to talk about the application. If you are being assessed in hospital, the judge will visit you there, otherwise you will probably be asked to come to the hospital nearest to where you live. The judge will ask you about your mental health and whether you think you need treatment. The judge can also talk to some or all of these people:

- your responsible clinician;
- one other health professional involved with your care;
- your family or whanau if they are involved with your case;
- your principal caregiver, if you have one;
- an independent psychiatrist to get a second opinion.

### *What happens after the review?*

If the judge is satisfied that you are fit to be released from compulsory status, you are discharged and the assessment process ends. If the judge thinks you are not fit to be released, the assessment will continue.

*Can you apply for more than one review?*

Yes. You do have a right to *apply* for a second review but it is up to the judge to decide whether or not the second review will go ahead. Generally, a judge will only allow a second review if your condition has changed since the last review.

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## 6 | Making an application to the Review Tribunal

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*What is the Review Tribunal?*

The **Review Tribunal** is a special court. It can:

- review decisions to continue your compulsory treatment order;
- investigate complaints about breaches of your patient rights (see p 68).

There are three people on the Review Tribunal – a lawyer, a psychiatrist and one other person. If you are under 17, where possible, the psychiatrist should specialise in working with children and young people.

*How do you make an application to the Review Tribunal?*

Your responsible clinician must examine you three months after your compulsory treatment order begins (and then every six months) to see if you need to stay under compulsory treatment. These examinations are called **clinical reviews** (see p 57). If, after a clinical review your responsible clinician decides you are not fit to be released from compulsory status (see p 33), a district inspector will contact you and give you some information about your right to apply for a review of this decision.

The district inspector (or any of the people listed on p 70) can help you make an application to the Tribunal. If the district inspector thinks there should be a review but no one wants to apply, the district inspector will report this to the Tribunal, and they can review your status anyway.

### **Note**

The Tribunal can refuse to consider an application for review:

- if it has reviewed your condition within the previous three months and there is no reason to believe there has been a change in your condition; or
- if the application is made by a friend or relative and the Tribunal thinks it has not been made in your best interests.

### ***What will happen at the Tribunal hearing?***

As soon as possible after your application is made (and this should be within 21 days), the Review Tribunal will meet to consider your application. Review Tribunal hearings are informal and not like court hearings. You can attend the hearing, and take a lawyer and support person with you, if you wish. (If you can't afford to pay a lawyer you may be eligible for legal aid, see p 17).

The Review Tribunal will review all the information about your case, and can ask for an independent report of your condition (from a psychiatrist who has not been involved with your case so far).

The Review Tribunal's responsibility is to decide whether you are fit to be released from compulsory status. This means the Tribunal must look at whether you meet the criteria for a mental disorder.

### ***What happens after the Tribunal makes its decision?***

If the Tribunal decides you are fit to be released from compulsory status, the compulsory treatment order ends immediately and you do not have to receive any more treatment.

If the Tribunal finds you are not fit to be released, you will be sent a **certificate of tribunal review** explaining the Tribunal's decision and what your legal rights are. A copy of the certificate will also be sent to:

- the Director of Mental Health;
- the Director of Area Mental Health Services;

- your principal caregiver, if you have one;
- your usual doctor;
- a district inspector;
- your welfare guardian, if you have one.

***Can you appeal the Tribunal’s decision?***

After you have been sent the certificate, the district inspector will contact you about whether you wish to appeal the decision. If the district inspector thinks the Tribunal’s decision should be appealed, they will help you or any of the others who received the certificate to make an appeal. If no-one wants to appeal, the district inspector will decide whether to report to the court. If the district inspector does this, the court can review your condition as if an appeal had been made.

If you appeal, the court will undertake a review of your condition similar to the review by a judge during the assessment process (see p 70).

***Does the Mental Health Act give you any other protections?***

If you are in hospital under an inpatient compulsory treatment order (see p 53) the Mental Health Act gives you an extra safeguard. Any person can apply to the High Court for a **judicial inquiry** – an inquiry into the circumstances in which you are being kept in hospital.

If somebody applies for an inquiry a judge can arrange for a district inspector to investigate your case.

If the judge decides that you are:

- being held illegally or;
- fit to be discharged from hospital, they can order that you be discharged.

This right only applies if you are under a compulsory treatment order and in hospital – not if you are being treated in the community.

Judicial inquiries are not common. If you want to apply for one, it is recommended that you seek further legal advice.

## 7 | Police complaints

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At different stages of the compulsory assessment and treatment process, duly authorised officers (DAOs) can ask the police for help. For example, if an application has been made to have you assessed but you refuse to go to the initial examination, the DAO can ask the police to help take you there. Or, if you are under an inpatient order and you leave the hospital without permission, a DAO can ask for help to take you back.

If the police are involved they can:

- enter the place where you are;
- take you to where you are meant to be;
- keep you at that place while you are assessed or treated.

The Ministry of Health and the police have drawn up a *Memorandum of Understanding*. Copies of this Memorandum are available from the Ministry of Health. This is a set of guidelines about how health professionals and the police will work together under the Mental Health Act, for example:

- DAOs should only ask the police for help when this is really necessary;
- people who experience mental illness must be treated with humanity and respect.

If you are unhappy with the way you have been treated by the police you can make a complaint to the **Police Complaints Authority**. The job of the Authority is to investigate complaints against the police. It can make recommendations to the Commissioner of Police about how to resolve a complaint (see p 82 for contact details).

## PART 4 **Young people and the Mental Health Act**

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## 1 | What is this part about?

---

Mental illness is not just something that happens to adults. Children and young people can also experience mental illness and be treated under the Mental Health Act.

As a general rule, if you are a young person the Mental Health Act gives you the same legal rights as an adult. For example, you have the right to appropriate treatment, the right to information and the right to respect for your cultural identity (see p 63). However, because you are seen as more vulnerable, the Mental Health Act has some extra safeguards to ensure your rights are respected. The most important of these is your right to consent to treatment.

## 2 | When are you “old enough” to make your own decisions about treatment?

---

If you are 16 years or over the Mental Health Act says “you may be treated as an adult for the purposes of giving consent”. What this means is that:

- you have the right to give or refuse consent to treatment on your own behalf; and
- you cannot receive treatment for a mental illness just on the consent of your parents or guardian.

### *Example*

Shona is 17. She is under a compulsory treatment order (CTO). After the first month of her CTO Shona refuses to consent to further treatment (after the first month of a CTO

you don't have to agree to treatment see p 53). Shona's responsible clinician thinks Shona needs to continue her treatment. Shona's parents agree with this but their consent is not enough. Shona has the right to make her own decisions. (Although note that further treatment could be ordered if an independent psychiatrist approves this. See p 54).

### ***What happens if you are under 16?***

It used to be that if you were under 16 years, you weren't considered old enough to make your own decisions about medical treatment, and your parents could make these decisions for you. However, a famous English case, called the *Gillick* decision, laid down rules about the rights of young people to consent to medical treatment.

In line with this decision, the Mental Health Act says if you are under 16 years you can give or refuse to consent to treatment if:

- you have the maturity to understand information about the treatment; and
- you are able to express your wishes.

The age at which you will be old enough to do this is flexible. It depends on your maturity and ability to understand information about your illness and treatment. This age may be different for different people and recognises that growing up is a process rather than a single event.

### ***Who can consent to treatment for you if you cannot?***

If you are under 16 years and cannot consent to treatment on your own behalf, for example, if you don't understand or if you cannot express your wishes, your parents or your legal guardians can consent for you. Even when this happens you still have a right to information about your treatment and other patient rights (see p 63).

### 3 | What other protections does the Mental Health Act give young people?

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If you are under 17 years and being assessed or treated under the Mental Health Act:

- where possible your **assessment examination** (see p 43) should be done by a psychiatrist who specialises in working with children and young people;
- the psychiatrist sitting on the Review Tribunal should be a psychiatrist who specialises in working with children and young people;
- there must be a **clinical review** (see p 57) of your compulsory treatment order when you turn 17. This is in addition to the requirement that compulsory treatment orders are reviewed three months after the date they are made and every six months after that;
- brain surgery can never be performed on a young person under 17 years.

The rights of young people who experience mental illness are also recognised in the United Nations Convention on the Rights of the Child. This Convention says young people who experience mental illness have a right to:

- a full and decent life in conditions that promote dignity and self-reliance; and
- the highest available standard of health care and treatment.

New Zealand signed the Convention in 1993. This means our Government must make laws consistent with these principles.

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