

Mental Health Act 2016

Chief Psychiatrist Policy

Classified patients

Contents

General	3
Scope	3
Policy	3
1 Admission of classified patients	3
1.1 Voluntary and involuntary status	4
1.2 Admission	4
1.2.1 Transport for assessment	4
1.2.2 Transport for treatment	5
1.3 Recommendations and referrals	6
1.4 Determining the relevant AMHS	7
1.4.1 High security inpatient service	7
1.4.2 Other AMHS	7
1.4.3 Prioritisation of patients	8
1.5 Administrator consent and admission	8
1.6 Escalation of recommendations if administrator consent not given	10
1.7 Classified Patient Committee	11
1.7.1 Referral to Classified Patient Committee	11
1.7.2 Consent not given by administrator	11
1.8 Custodian consent	12
1.9 Transport of patients	13
1.9.1 Fitness for travel	13
1.9.2 Transport within an AMHS	14
1.10 Recording and notification requirements on admission	14
1.10.1 Administrator responsibilities	14
1.10.2 Suspension of proceedings	15
2 Assessment, treatment and care	15
2.1 Examination on admission	15
2.2 Ongoing treatment and care	16
2.2.1 Limited Community Treatment	17
2.2.2 Temporary absence	17



3 Ending a classified admission	18
3.1 Return events	18
3.1.1 Notifications	19
3.1.2 Person subject to a Forensic Order	20
3.1.3 Return to custody	20
3.2 Release events	20
Definitions and abbreviations	22
Attachment 1 – Key contacts	26
Attachment 2 – Terms of reference for Classified Patient Committee	27

General

The [Mental Health Act 2016](#) (the Act) makes provision for a person to be transferred from a place of custody (e.g. prison or watch house) to an inpatient authorised mental health service (AMHS) for assessment or treatment of mental illness. The person is admitted as a classified patient.

A classified patient admission can only occur with:

- a [Recommendation for Assessment](#) or [Transfer Recommendation](#) made by a doctor or authorised mental health practitioner (AMHP), and
- consent from the relevant AMHS administrator, and
- consent from the relevant custodian.

Classified patient status ends when:

- the person ceases to be subject to a custodial order, or
- when a person subject to a custodial order no longer requires assessment or treatment in an inpatient AMHS and is returned to the relevant custodian's care.

Scope

This policy is mandatory for all AMHSs. An authorised doctor, AMHP, AMHS administrator, or other person performing a function or exercising a power under the Act must comply with this policy.

Clinicians should work collaboratively with and in partnership with patients to ensure their unique age-related, cultural and spiritual, gender-related, religious and communication needs are recognised, respected and followed to the greatest extent practicable. Clinicians should consider the timely involvement of appropriate local supports and provide treatment and care with a recovery-oriented focus.

This policy **must** be implemented in a way that is consistent with the objects and principles of the Act.

This policy **must** be read in conjunction with the relevant provisions of the Act.

Policy

1 Admission of classified patients

The Statewide Coordinator - Classified Patients monitors statewide classified patient referrals, admissions and returns to custody and supports identification of an appropriate inpatient AMHS for admission of classified patients.

The Statewide Coordinator should be notified at the earliest opportunity of the need to transport a person to an AMHS for admission as a classified patient.

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

1.1 Voluntary and involuntary status

A person may be transported to an AMHS and become a classified patient (involuntary) or classified patient (voluntary).

Classified patient (involuntary) status applies when:

- the person is subject to a recommendation for assessment, or
- the person is subject to an existing order or authority under the Act.

Classified patient (voluntary) status applies when:

- the person is consenting to treatment and care in an AMHS, and
- the person is not subject to an existing order or authority under the Act.

A classified patient (voluntary) may withdraw their consent at any time. In this instance, the person may be returned to the relevant custodian's care unless a Treatment Authority is made for the person (see section 3).

1.2 Admission

A person can be admitted to an AMHS from custody as a classified patient under either a [Recommendation for Assessment](#) or a [Transfer Recommendation](#).

1.2.1 Transport for assessment

A [Recommendation for Assessment](#) may be made when a person in custody:

- requires admission to an AMHS for assessment, and
- is not subject to an existing order or authority under the Act, and
- is not able to consent to the transfer – i.e. transfer for assessment (involuntary).

An admission under this process **must** meet the following requirements:

- a [Recommendation for Assessment](#) **must** be made by a doctor or AMHP who has examined the person in the preceding **seven (7) days**, and
- an [Administrator Consent](#) form **must** be signed by the administrator of the AMHS where the patient is to be admitted, and
- a [Custodian Consent](#) form must be signed by the relevant custodian.

A [Recommendation for Assessment](#) can only be made if the relevant requirements under Chapter 2 of the Act are met (see [Chief Psychiatrist Policy – Examinations and Assessment](#)).

1.2.2 Transport for treatment

A [Transfer Recommendation](#) may be made when a person in custody:

- requires admission to an AMHS for treatment, and
- is consenting to treatment and care in an AMHS – i.e. transfer for treatment (voluntary), or
- is already subject to an order or authority under the Act – i.e. transfer for treatment (involuntary).

An admission under this process must meet the following requirements:

- a [Transfer Recommendation](#) **must** be made by a doctor or AMHP who has examined the person in the preceding **seven (7) days**, and
- an [Administrator Consent](#) form **must** be signed by the administrator of the AMHS where the patient is to be admitted, and
- a [Custodian Consent](#) form must be signed by the relevant custodian.

A [Transfer Recommendation](#) can only be made if the doctor or AMHP is satisfied it is clinically appropriate for the person to receive treatment and care for mental illness at an AMHS.

1.2.2.1 Extension of admission for persons under a Judicial Order

The Act allows a person already admitted to an AMHS under an Examination Order (made by a magistrate) or Court Examination Order (made by a court) to remain as a classified patient where the transport for treatment requirements are met. See also [Chief Psychiatrist Policy – Judicial Orders](#).

In these cases, the Statewide Coordinator – Classified Patients should be notified at the earliest opportunity of the patient's status as a classified patient.

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

An authorised doctor who examines the person under an Examination Order may make a Treatment Authority for the person.

1.2.2.2 Admission of persons subject to a Forensic Order (Disability)

Persons in custody subject to a Forensic Order (disability) may be admitted to an AMHS under any of the above mentioned classified patient provisions if they require assessment or treatment and care for a mental illness.

A person subject to a Forensic Order (disability) cannot be admitted as a classified patient for the sole purpose of being provided care for their intellectual or cognitive disability.

1.3 Recommendations and referrals

All recommendations (Recommendations for Assessment and Transfer Recommendations) must be completed electronically in CIMHA or, if this is not practicable, completed in hard copy and uploaded to CIMHA.

A record of the examination **must** be recorded in a Classified Patient Initiation Activity clinical note in CIMHA including any collateral material not already recorded in CIMHA.

The doctor or AMHP **must** tell the person and their support person/s of their decision to make the recommendation and explain the effect of the decision.

Information does not need to be provided to a support person if the doctor or AMHP considers that one of the following exceptions to informing the support person/s applies:

- the patient requests, at a time when they have capacity, that the communication not take place, or
- the person is not readily available or willing for the communication to take place (e.g. the person is unable to be contacted after numerous attempts), or
- the communication with the person is likely to be detrimental to the patient's health and wellbeing (e.g. the person has previously disrupted the patient's treatment and care resulting in deterioration of the patient's condition).

A copy of the recommendation **must** be provided on request of the person, their appointed nominated support person/s, or appointed guardian or attorney.

Note: A copy is not required to be provided to the person if the doctor or AMHP believes that this may adversely affect the person's health and wellbeing.

The doctor or AMHP **must** record the information provided, or the reasons for not providing the information, in a Classified Patient Initiation Activity clinical note in CIMHA.

When a recommendation is made it **must** be sent via email or CIMHA to the relevant AMHS, as determined under section 1.10 of this document.

The recommendation **must** be sent under a covering referral letter and include any supporting collateral material. This will provide a more detailed picture of a person's circumstances for the relevant AMHS to consider.

All recommendations and collateral material **must** also be emailed to the Statewide Coordinator – Classified Patients.

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

1.4 Determining the relevant AMHS

1.4.1 High security inpatient service

Admission to the high security inpatient service (HSIS) may be required due to:

- the nature of the offence/s
- the patient's criminal history
- the patient's treatment, care and security requirements
- risk profile and issues, and
- community safety.

If the person is a minor, prior approval **must** be provided by the Chief Psychiatrist before admission to the HSIS can occur (see section 1.7.2.1).

1.4.2 Other AMHS

Key points

If the person does not require admission to the HSIS and is fit to travel (see section 1.9.1), the referral must be made to the AMHS:

- that is responsible for the person's Treatment Authority, Forensic Order (mental health) or Treatment Support Order, or
- where the person has an open service episode (other than a service episode initiated by the Prison Mental Health Service or Court Liaison Service), or
- in the locality the person resided, or the person's last known residential address prior to arrest, or
- where the person has recent or strong treatment links.

If none of the above criteria apply or the person is homeless, other considerations need to be taken into account, such as:

- location of the court where the person was processed, and
- location of key supports in the community, and
- geographical distance to a proposed service, and
- the person's fitness for travel, and
- the person's intended address upon release.

Where there is no preferred AMHS based on the above criteria, admission should be negotiated with the nearest appropriate AMHS. The Statewide Coordinator - Classified Patients should be contacted if assistance is required to identify a relevant AMHS.

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

1.4.3 Prioritisation of patients

A referring service which has made multiple recommendations to a relevant AMHS **must** advise the relevant AMHS the order of priority of patients.

- The referring service **must** regularly update the relevant AMHS and the Statewide Coordinator – Classified Patients if the order of priority changes.
- Referrals can be sent from a number of different services and those services can only provide priority information for the patients under their care.
- The relevant AMHS **must** take information from all referral services into consideration when determining the patients for whom administrator consent is to be made.

1.5 Administrator consent and admission

To obtain administrator consent, the referring service **must** provide the administrator of the relevant AMHS with a copy of the recommendation, referral letter and any collateral material via CIMHA. The referral letter or email **must** be attached to a *Classified Patient Initiation Activity clinical note* in CIMHA.

Key points

An administrator may consent to the person's admission as a classified patient if satisfied that:

- the AMHS has capacity to provide the assessment or treatment and care for the person's mental illness, and
- for an AMHS other than the HSIS – the person's admission would not pose an unreasonable risk to the safety of the person or others having regard to:
 - the person's mental state and psychiatric history,
 - the person's treatment and care needs, and
 - the security requirements of the person.

The administrator's consent must be provided on the [Administrator Consent](#) form.

The administrator of the AMHS **must** respond to the referring service within **seventy-two (72) hours** of receiving the documentation.

All correspondence through and between the referring service and the relevant AMHS, including identified pathways or challenges, **must** be copied to the Statewide Coordinator – Classified patients to determine if a Classified Patient Committee (CPC) should be convened to assist with placement of the patient (see section 1.7).

The following options apply for providing a response to a referring service:

- **If a bed is available**, the [Administrator Consent](#) form is signed, and arrangements made for the person's transport to the AMHS.
 - The administrator **must** send a copy of the signed [Administrator Consent](#) via CIMHA to the:
 - referring service, and
 - Statewide Coordinator - Classified Patients, and
 - make a follow-up phone call to confirm receipt of the Administrator Consent.
- **If a bed is not currently available**, the administrator **must** advise on the expected timeframe for when a bed will be available. Clinical considerations are to be discussed between the referring service and the AMHS with regard to the timeframe and the suitability of that timeframe given the patient's treatment and care needs.
- **If a bed will not be available within seventy-two (72) hours** of receiving the documentation and it is not clinically appropriate for the person to wait for a bed to become available, the administrator **must** outline the efforts made to contact other relevant AMHSs to find a bed. The referring service may offer assistance in this regard.
 - The administrator must keep the referring service informed as negotiations proceed.

The administrator is responsible for determining whether another relevant AMHS could accept the admission. This determination **must** be made with consideration to section 1.4.

During the time of reply from the AMHS, the referring service must keep the AMHS and Statewide Coordinator up to date with any clinical change to the patient's status and provide further collateral material as it comes to hand.

If an admission is delayed due to unforeseen circumstances (e.g. due to transport delays), the administrator's consent remains in place until the transfer can take place.

A current recommendation is required for an admission to occur.

If an alternative AMHS can accept the transfer within **seventy-two (72) hours**, the administrator of the alternative AMHS must:

- send a copy of the signed Administrator Consent via CIMHA to the:
 - administrator of the relevant AMHS who originally received the referral, and
 - referring service, and
 - Statewide Coordinator – Classified Patients, and
- make a follow-up phone call to confirm receipt of the Administrator Consent.

If, **seventy-two (72) hours** after the documentation has been received, there is not an identified pathway that meets the person's clinical and risk management needs, the Statewide Coordinator – Classified Patients **must** be notified.

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

The Chief Psychiatrist will be automatically notified via CIMHA if the person is not transported at the end of **seventy-two (72) hours** of the Recommendation being made.

The Statewide Coordinator – Classified Patients meets regularly with the Chief Psychiatrist to consider matters that may require a CPC to be convened (see section 1.7).

1.6 Escalation of recommendations if administrator consent not given

If a suitable arrangement for the person's admission cannot be determined or if concern or dispute arises between the referring service and the inpatient service, the matter is to be escalated without delay to the:

- clinical director Court Liaison Services, or
- clinical director of a Prison Mental Health Service, and
- clinical director of the inpatient service receiving the patient.

If the matter cannot be resolved between clinical directors (or relevant counterparts), the matter may then be escalated to the Statewide Coordinator – Classified Patients. Where necessary, the Statewide Coordinator – Classified Patients may convene a meeting of the CPC with the relevant parties (see 1.7.1).

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

The Chief Psychiatrist will be automatically notified via CIMHA if the person is not transported at the end of **seventy-two (72) hours** of a Recommendation being made.

The Statewide Coordinator – Classified Patients meets regularly with the Chief Psychiatrist to consider matters that may require a CPC to be convened (see section 1.7).

1.7 Classified Patient Committee

The purpose and structure of the CPC is described in [Attachment 2 – Terms of reference for Classified Patient Committee](#).

Key points

A referral may be made to the CPC if:

- after **seventy-two (72) hours** there is not an identified pathway that meets the person's clinical and risk management needs in accordance with section 1.5 of this policy, or
- escalation of the recommendation is required where administrator consent has not been given (see section 1.6), or
- there is an issue or concern with a return of a patient to custody, and after the escalation pathway has been followed (see section 3.1.3) the issue or concern is not resolved.

1.7.1 Referral to Classified Patient Committee

Where an issue or concern regarding a classified patient cannot has not been resolved via the escalation pathway at section 1.6 of this policy, referral to the CPC **may** occur.

Referral to the CPC can be made by:

- a staff member of the referring service,
- the relevant AMHS,
- another AMHS involved in the negotiation of admission of a person,
- the Statewide Coordinator - Classified Patients,
- the Prison Mental Health Service, Court Liaison Service, or Director Queensland Forensic Mental Health Service, or
- the Chief Psychiatrist.

Referrals **are to be made via** the Statewide Coordinator - Classified Patients who will consider options for convening an out of session CPC in consultation with the Chief Psychiatrist. Chief Psychiatrist consent

1.7.2 Consent not given by administrator

If administrator consent cannot be obtained, the Chief Psychiatrist may provide consent for a classified patient to be transported to an inpatient unit of an AMHS. The Chief Psychiatrist's consent has the same effect as the administrator's consent.

Prior to making this decision, the Chief Psychiatrist will contact the administrator of the relevant AMHS where the person is proposed to be admitted to discuss the admission.

Key points

If the Chief Psychiatrist consents to the admission, a signed [Administrator Consent](#) will be sent via CIMHA to:

- the administrator of the AMHS where the person is being admitted
- the referring service, and
- the Statewide Coordinator – Classified Patients.

1.7.2.1 Minors

The processes outlined above apply for minors (persons under 18) in the same way as for adults unless the person is to be admitted to the HSIS.

Prior to a minor's admission as a classified patient to the HSIS, the administrator **must** seek written approval from the Chief Psychiatrist. The Chief Psychiatrist's approval is given on the [Administrator Consent](#) form.

Following Chief Psychiatrist approval, the administrator of the HSIS may provide consent to the admission via the [Administrator Consent](#) form.

See the [Chief Psychiatrist Policy – Treatment and Care of Minors](#) for further information on the reporting requirements on admission of a minor to HSIS.

1.8 Custodian consent

Key points

All classified patient admissions require the consent of the person's custodian prior to their admission.

A custodian **must** give consent unless satisfied that the person's assessment or treatment and care at the AMHS would pose an unreasonable risk to the safety of the person, or others, having regard to the security requirements of the person.

The custodian's consent **must** be provided on the [Custodian Consent](#) form.

The referring service is responsible for contacting the relevant custodian to seek completion of the [Custodian Consent](#) form. If assistance is required to identify the appropriate custodian, the Statewide Coordinator - Classified Patients may be contacted.

Statewide Coordinator – Classified patients

07 3837 5820 or ClassifiedPatientsMHA2016@health.qld.gov.au

The [Custodian Consent](#) **must** be uploaded on CIMHA as soon as practicable after receipt of the form.

1.9 Transport of patients

The custodian is responsible for organising the transportation of the person from the custodial setting to an AMHS.

The referring service **must** advise the custodian about any clinical issues that need to be considered for the person's transportation.

For transporting a classified patient, correctional officers and youth detention officers are authorised persons under the Act.

The [Queensland Interagency Agreement for the safe transport of people accessing mental health assessment, treatment and care](#) (Queensland Health, Queensland Ambulance Service and Queensland Police) Section 14 Transfers for patients in custody sets out the roles and responsibilities of the agencies involved in transport and the agreed processes for working together.

1.9.1 Fitness for travel

Patient safety is a priority in the transfer of patients. Clinical consideration should be given to the mode of transport used to transfer a person from a custodial facility to an AMHS or between AMHSs.

The [Queensland Interagency Agreement for the safe transport of people accessing mental health assessment, treatment and care](#) (Queensland Health, Queensland Ambulance Service and Queensland Police), suggests that as a general rule, air travel should be considered for journeys that would take more than **two (2) hours** (one way) by road.

If it is not considered appropriate for a patient to travel by air, and road transport over **two (2) hours** is required, admission to the closest AMHS should be considered as the first option.

- It is recognised that Queensland Corrective Services or Queensland Police Service are responsible for the decision on how a patient should travel. The consideration of air travel can only be a recommendation to these services.

If the referring service determines that the person is not fit to travel, referral is to be made to the closest or, if in South East Queensland, the next closest AMHS to the custodial setting. This is to ensure patient safety and quality of care in the first instance.

Once stabilised and fit for travel, patients may be transferred to another AMHS in accordance with the criteria outlined in section 1.9.

As required, the Statewide Coordinator – Classified Patients may be consulted with to identify alternate pathways to admission.

1.9.2 Transport within an AMHS

A classified patient (involuntary) or classified patient (voluntary) may be transported within an AMHS with the approval of the AMHS administrator or health practitioner.

Limited Community Treatment (LCT) is not required for the transport of a classified patient within an AMHS.

The administrator or health practitioner may also approve another person (e.g. consumer support worker) to transport the patient from one place to another in an AMHS.

Transport within a service may occur, for example:

- from one inpatient facility in the AMHS to another, or
- from a community facility in the AMHS to an inpatient facility, or
- from an inpatient facility in the AMHS to another place for examination or diagnostic test.

1.10 Recording and notification requirements on admission

1.10.1 Administrator responsibilities

Key points

As soon as practicable after a classified admission, the administrator must notify the Chief Psychiatrist by sending a copy of the [Custodian Consent](#).

- If the patient is a minor and has been admitted to a HSIS, the administrator must also provide a copy of the [Custodian Consent](#) to the Mental Health Review Tribunal.

The administrator must give written notice of the patient's admission to the patient's appointed nominated support person/s. A template letter is available for this purpose in CIMHA.

The administrator must ensure the patient's admission as a classified patient is recorded in CIMHA, including charge and/or sentence details. If the patient is subject to a Treatment Authority, Forensic Order or Treatment Support Order, the administrator must, where applicable:

- change the category of the order or authority to inpatient, and
- cease any existing authorisation for limited community treatment made by an authorised doctor.

1.10.2 Photographs

All classified patients must be photographed. The photograph must be uploaded to CIMHA on admission and as changes to appearance are noted.

1.10.3 Suspension of proceedings

When a person charged with an offence, other than a Commonwealth offence, becomes a classified patient, legal proceedings are suspended until the person's classified status ends.

- This does not affect a Court's authority to make a decision under the [Bail Act 1980](#), and does not prevent the charge being discontinued by the prosecuting authority.

The Chief Psychiatrist **must** give notice to the Chief Executive for Justice of the suspension as soon as practicable after the person is admitted. Notice is provided via a copy of the [Custodian Consent](#).

The Chief Executive for Justice is responsible for notifying the relevant court or prosecuting authority of the suspension.

- If the person is a minor, the Chief Executive for Justice **must** also give notice to the Chief Executive for Youth Justice.

2 Assessment, treatment and care

2.1 Examination on admission

As soon as practicable after a patient is admitted or classified admission is commenced, an authorised doctor **must** examine the patient to decide:

- for a patient subject to a [Recommendation for Assessment](#) – whether a Treatment Authority is to be made for the patient (see [Chief Psychiatrist Policy – Treatment Authorities](#))
- for a patient subject to a Treatment Authority, Forensic Order (mental health) or Treatment Support Order or a patient who is consenting to treatment and care - the nature and extent of treatment and care to be provided.

In deciding the treatment and care to be provided, the authorised doctor **must** have regard to the patient's views, wishes and preferences including for example, those expressed in an [Advance Health Directive](#).

The authorised doctor **must**:

- consider whether it is clinically appropriate for the patient to receive treatment and care for their mental illness in the inpatient unit. If, after consideration with the

psychiatrist responsible for the patient's care, they are satisfied it is not clinically appropriate they must notify the Chief Psychiatrist. See Section 3.1 Return Events.

- explain the classified provisions to the person (including, for example, the person's detention and their assessment or treatment and care), and
- discuss the nature and extent of treatment to be provided.

If the person is not able to understand the explanation, the authorised doctor may provide the explanation at a later time.

- The authorised doctor may also seek the assistance of an Independent Patient Rights Adviser to provide further explanation about the patient's classified status.

The authorised doctor **must** also explain the information to the patient's support persons unless they consider that an exception to informing the support person applies.

A record of the authorised doctor's examination **must** be documented in, or uploaded to, CIMHA clinical notes. The clinical note **must** include details of:

- the clinical assessment,
- the nature and extent of treatment to be provided, and
- information provided to the patient and their support person, or the reasons why the information was not provided.

An [Involuntary Patient and Voluntary High-Risk Patient Summary](#) form for the patient **must** be completed and/or updated on the patient's admission.

Under a [Recommendation for Assessment](#) the person may be detained for the assessment for a period of up to **twenty-four (24) hours**.

- An authorised doctor may extend the assessment period up to a maximum of **seventy-two (72) hours** if the extension is necessary to complete the assessment.

2.2 Ongoing treatment and care

The authorised doctor **must** assess the patient at regular intervals to ensure the treatment and care provided continues to be appropriate for the patient's treatment and care needs.

- A record of the patient's treatment and care that is planned and provided **must** be recorded in a clinical note on CIMHA.

The authorised doctor **must** ensure that the patient's treatment and care is discussed with the patient and, where relevant, their support person (See Definitions and abbreviations).

- A record of the doctor's communication with the patient and support person **must** be recorded in CIMHA clinical notes.

The [Involuntary Patient and Voluntary High Risk Patient Summary](#) form **must** be regularly updated during the patient's admission.

2.2.1 Limited Community Treatment

An authorised doctor may authorise Limited Community Treatment (LCT) for a classified patient if:

- the Chief Psychiatrist has given written approval for the LCT, and
- the authorised doctor is satisfied the patient is unlikely to abscond from the AMHS while accessing LCT.

LCT for a classified patient **must** be escorted (i.e. in the physical presence of a health service employee) and limited to the grounds and buildings of the AMHS.

LCT is not required for the transport of a classified patient within an AMHS.

The authorised doctor **must** request the written approval by the chief psychiatrist by completing the [Chief Psychiatrist Approval – Temporary Absences and Limited Community Treatment for Particular Patients](#) form.

- This form is to be completed electronically or, if this is not practicable, completed in hard copy and uploaded to CIMHA.

The authorised doctor **must** complete the [Order / Authority Amendment](#) form detailing:

- the conditions of LCT,
- the actions to be taken if conditions are not adhered to,
- the duration of LCT, and
- the duration of the authorisation.

LCT taken by the patient **must** be recorded on the [Limited Community Treatment Access and Return form](#) and **must** be recorded in, or uploaded to, CIMHA.

2.2.2 Temporary absence

Key points

The Chief Psychiatrist may approve a temporary absence from an AMHS for a classified patient for any of the following reasons:

- to receive medical, dental or other health treatment,
- to appear before a court, tribunal or other body,
- to look for accommodation for the patient for when the patient is discharged from the service,
- for a purpose based on compassionate grounds, or
- for another purpose the Chief Psychiatrist is satisfied is justified.

The authorised doctor must request the written approval of the Chief Psychiatrist by completing the [Chief Psychiatrist Approval – Temporary Absences and Limited Community Treatment for Particular Patients](#) form.

- The form must be completed electronically, or uploaded, in CIMHA.

The Chief Psychiatrist **must** determine the outcome of the request as soon as is practicable and provide the response to the administrator on the [Chief Psychiatrist Approval – Temporary Absences and Limited Community Treatment for Particular Patients](#).

3 Ending a classified admission

The classified patient provisions no longer apply if:

- a **return event** occurs, and the person is returned to custody, or
- a release event occurs.

3.1 Return events

Key points

An authorised doctor must notify the chief psychiatrist if:

- a classified patient (voluntary) withdraws consent to be treated in the AMHS,
- an assessment period for the person ends, a treatment authority is not made for the person and the person does not become a classified patient (voluntary)
- the person is no longer subject to an authority or order under the Act, and the person does not become a classified patient (voluntary).

In these circumstances, the chief psychiatrist **must** arrange for the person to be returned to custody.

On examination of a classified patient, an authorised doctor **must** notify the Chief Psychiatrist if they are satisfied that it is no longer clinically appropriate for the patient to receive treatment and care in an AMHS.

- The Chief Psychiatrist **must** decide whether or not it is clinically appropriate for the person to receive treatment and care in an AMHS or if they should be returned to custody.

A determination that a person no longer needs to receive treatment and care in an AMHS **must** be made regardless of whether the person was a classified patient (voluntary) or classified patient (Involuntary).

If a classified patient (voluntary) withdraws consent, the authorised doctor **must** ensure that the effect of this decision is discussed with the person and document the outcome of this discussion in a CIMHA clinical note.

Key points

To commence the return of a classified patient to custody, the authorised doctor must send a copy of the Classified Patient (Notice Event) form to the administrator of the AMHS and the Chief Psychiatrist.

- This form must outline the reason why the patient is being returned to custody, and the arrangements for ongoing treatment or care in custody.

The authorised doctor must ensure:

- a verbal handover of clinical care has occurred with a clinician from the service who initiated the classified patient referral,
- all relevant collateral material is provided to the service that will be responsible for the person's care in custody, and
- all relevant collateral material about the admission as a classified patient and the discharge summary is uploaded on CIMHA.

If there is a clinically significant disagreement in relation to treatment needs or capacity to appropriately meet those needs between the authorised doctor at the AMHS and the receiving service, a case discussion should be initiated between PMHS and AMHS. If still cannot be resolved, this issue can be escalated to the Chief Psychiatrist via email at MHA2016@health.qld.gov.au.

All return documentation and collateral material must also be sent to the Statewide Co-ordinator - Classified Patients.

The Chief Psychiatrist may also, on their own initiative, determine that it is no longer clinically appropriate for the person to receive treatment and care in an AMHS and that they should be returned to custody.

- Prior to making a decision, the Chief Psychiatrist will contact the clinical director of the relevant AMHS where the person has been admitted to discuss the return to custody.

3.1.1 Notifications

Key points

As soon as practicable after receiving a Classified Patient (Notice Event), or where the Chief Psychiatrist determines on their own initiative to return a person, the Chief Psychiatrist must provide written notice to:

- the administrator of the relevant AMHS where the person was admitted,
- the referring service,
- the relevant custodian, and
- the Chief Executive for Justice (if charged or awaiting sentence).

The authorised doctor **must** explain the effect of the notice event to the person. The information **must** also be provided to the patient's support person unless the authorised doctor is satisfied that an exception to providing the information applies.

A record of this communication, or reasons why a support person was not informed, should be recorded in a CIMHA clinical note.

3.1.2 Person subject to a Forensic Order

If the person being returned to custody is subject to a Forensic Order the category of their order **must** be changed to community, to enable the person to continue to reside in the place of custody. See [Chief Psychiatrist Policy – Forensic Order, Treatment Support Order and Other Identified Higher Risk Patients](#) and [Chief Psychiatrist Policy – Amending Categories Conditions and LCT](#).

If the category of the order is inpatient, the person **must** remain in an inpatient unit of an AMHS under the classified patient provisions.

3.1.3 Return to custody

Once notified by the Chief Psychiatrist of a person's return to custody, the custodian must make arrangements for an authorised person to transfer the person from an AMHS to their place of custody within **one (1) day**.

- The person ceases to be a classified patient when discharged into the custody of the Custodian.
- The AMHS administrator must ensure the classified patient status is ceased on CIMHA.

Where the timeframe for transfer cannot reasonably be met due to logistics, the Chief Psychiatrist must be notified via email to MHA2016@health.qld.gov.au and arrangements made for the transfer to take place as soon as practicable.

3.2 Release events

A release event includes for example:

- a person being granted bail, or
- the prosecution being discontinued, or
- the person's sentence ending, or
- parole being granted.

Within **one (1) day** of a release event, the relevant custodian **must** notify the administrator of the AMHS where the classified patient is currently admitted. The person's classified patient status ends immediately after the administrator receives the notice.

- The person may continue to be detained in the AMHS other than as a classified patient.

Key points

The administrator must ensure:

- the classified patient status is ceased on CIMHA,
- the Chief Psychiatrist is notified by way of a Classified Patient (Notice Event) form,
- the person is advised of the ending of the status, and
- the person is not detained in the AMHS as a classified patient.

The person may remain in the AMHS as a voluntary patient or an involuntary patient (e.g. subject to a Forensic Order, Treatment Support Order or Treatment Authority).

Issued under section 305 of the Mental Health Act 2016

Dr John Reilly
Chief Psychiatrist, Queensland Health
22 May 2020

Definitions and abbreviations

Term	Definition
Administrator Consent	The approved form used by the administrator of the relevant AMHS, or the Chief Psychiatrist, to give consent for a classified patient to be admitted for assessment or treatment of a mental illness under the classified patient provisions.
AMHS	Authorised Mental Health Service - a health service, or part of a health service, declared by the Chief Psychiatrist to be an authorised mental health service. AMHSs include both public and private sector health services. While treatment and care is provided to both voluntary and involuntary patients, additional regulation applies under the Act for persons subject to involuntary treatment and care.
Classified Patient (involuntary)	<p>(a) A person who –</p> <p>(i) is subject to any of the following –</p> <ul style="list-style-type: none"> • A recommendation for assessment • A treatment authority • A forensic order (mental health) • A treatment support order. <p>(ii) Transported under Part 2 from a place of custody to an inpatient unit of an authorised mental health service; and</p> <p>(iii) Admitted to the inpatient unit of the authorised mental health service; or</p> <p>(b) A person who –</p> <p>(i) Is subject to any of the following –</p> <ul style="list-style-type: none"> • A Treatment Authority • A Forensic Order (mental health) • A Treatment Support Order; and <p>(ii) Remains in an inpatient unit of an authorised mental health service under section 74.</p>

Term	Definition
Classified Patient (voluntary)	<p>(c) A person who –</p> <ul style="list-style-type: none"> (i) Is transported under Part 2 from a place of custody to an inpatient unit of an authorised mental health service; and (ii) Is admitted to the inpatient unit of the authorised mental health service; and (iii) Consents under section 67 or 79 to receiving treatment and care for the person’s mental illness in the inpatient unit of the authorised mental health service; or <p>(d) A person who –</p> <ul style="list-style-type: none"> (i) Remains in an inpatient unit of an authorised mental health service under section 74; and (ii) Consents under section 74 to receiving treatment and care for the person’s mental illness in the inpatient unit of the authorised mental health service.
CIMHA	Consumer Integrated Mental Health Application – the statewide mental health database which is the designated patient record for the purposes of the Act.
Custodian Consent	The approved form used by the relevant Custodian to provide consent to the patient’s transportation from a custodial facility and the custody of the relevant Custodian to an inpatient unit of an AMHS under the classified patient provisions.
Collateral material	Any material currently available to a doctor or authorised mental health practitioner making a recommendation that is relevant to the assessment, treatment, care and management of the patient and includes clinical notes, medication chart, risk screen, court hearing and discharge dates, details of offences, and verdict and judgment records.
Custodian	Determined with reference to the relevant authority responsible for the person prior to their transport to an AMHS. Examples include Queensland Corrective Services, Queensland Police Service, Queensland Youth Justice or another custodian, such as the Australia Federal Police or Australian Border Force.
Exceptions to informing support person	<p>Means circumstances where:</p> <ul style="list-style-type: none"> • the patient requests that the communication with the support person not occur, and the authorised doctor considers the patient has capacity to make the request. • the support person is not readily available or is not willing to communicate, or • communication with the support person is likely to be detrimental to the patient’s health and wellbeing.
HSIS	High security inpatient service.

Term	Definition
Person subject to custodial order	Includes persons remanded without bail for a charge or awaiting a sentence, sentenced prisoners, and other persons lawfully detained under another Act.
Recommendation	A Recommendation for Assessment or Transfer Recommendation
Referring service	The service responsible for making the Recommendation.
South East Queensland	Includes the Children’s Health Queensland., Darling Downs, Gold Coast, The Park – Centre for Mental Health Service, The Park – High Security Program, Metro North (Redcliffe-Caboolture, Royal Brisbane Women’s Hospital, The Prince Charles Hospital), Metro South (Bayside, Logan and Princess Alexandra), Sunshine Coast and West Moreton AMHSS.
Support person	In relation to the requirement to explain or discuss a matter with support persons; support person means a nominated support person, a family member, carer or other support person.

Referenced forms, clinical notes and templates:

[Administrator Consent form](#)

[Chief Psychiatrist Approval – Temporary Absences and Limited Community Treatment for Particular Patients form](#)

[Classified Patient \(Notice Event\) form](#)

[Custodian Consent form](#)

[Involuntary Patient and Voluntary High Risk Patient Summary clinical note](#)

[Limited Community Treatment Access and Return form](#)

[Order / Authority Amendment form](#)

[Recommendation for Assessment form](#)

[Transfer Recommendation form](#)

Referenced documents and sources

[Chief Psychiatrist Policy: Classified Patients](#)

[Bail Act 1980](#)

[Mental Health Act 2016](#)

Document status summary

Date of Chief Psychiatrist approval: 22 May 2020

Date of effect: 1 June 2020

Supersedes version that took effect on: 5 March 2017

To be reviewed by: 1 June 2023

Attachment 1 – Key contacts

Key contacts

Office of the Chief Psychiatrist

Phone: 07 3328 9899 / 1800 989 451
Email: MHA2016@qhealth.qld.gov.au

Statewide Coordinator – Classified Patients

Phone: 07 3837 5820
Email: ClassifiedPatientsMHA2016@health.qld.gov.au

Clinical Director/Administrator

Phone:
Email:

Mental Health Administration Delegate

Phone:
Email:

Independent Patient Rights Adviser

Phone:
Email:

Phone:
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Attachment 2 – Terms of reference for Classified Patient Committee

Purpose

The purpose of the Classified Patient Committee (CPC) is to provide a forum for discussion, review and resolution of issues, and provision of advice, in relation to the [Chief Psychiatrist Policy - Classified Patients](#) regarding the transportation, admission, treatment and care, and return of classified patients.

Functions

The CPC will:

1. At least four times per year, as a whole committee, review:
 - referrals made in the preceding three months
 - policy and operational processes
 - complex cases, and
 - the agreed number of minimum statewide classified beds and the breakup of those beds across AMHSs; the CPC may recommend to the Chief Psychiatrist a change to the statewide bed numbers and the breakup of those beds across AMHSs.
2. Meet on an 'as needed' basis with the relevant members to resolve a referral, admission or return concern. When a matter cannot be resolved the matter is to be referred to the Chief Psychiatrist to make a determination.

Membership

The CPC is comprised of:

- the Chief Psychiatrist,
- the Director of Queensland Forensic Mental Health Service,
- the administrators of each AMHS,
- clinical directors of the Court Liaison Service,
- clinical directors of Prison Mental Health Services, and
- the Statewide Coordinator – Classified Patients.

Member responsibilities

It is expected that all members will:

- attend and contribute to meetings or nominate a proxy,
- ensure any nominated proxy is briefed about the purpose and functions of the committee and is given the authority to make decisions on behalf of the member, and
- represent the perspectives of the specific service they represent.

Proxy

Members may nominate a proxy to attend a meeting on their behalf. When a proxy is nominated, the member is to notify the secretariat of the nomination prior to the meeting.

Governance

The CPC will be chaired by the Chief Psychiatrist or nominated delegate. The chair will ensure the committee focuses on matters relevant to its function and considers each matter with propriety. Secretariat support will be provided by the Office of the Chief Psychiatrist.

Frequency of meetings

The CPC is required to meet four (4) times a year as a whole committee and on an as needed basis with the relevant members.

Quorum

Whole committee meetings will proceed on the basis that a quorum of half of the membership is represented.

Meetings on an as needed basis can proceed when at least the following relevant members are in attendance:

- administrator of the relevant AMHS, and
- clinical director of the referring service, and
- the Chief Psychiatrist or their nominated proxy.

Review of terms of reference

The Terms of Reference may be amended at any time by the Chief Psychiatrist or by a majority agreement of the CPC and approval by the Chief Psychiatrist.