

Chief Psychiatrist Practice Guidelines

Transfers and Transport

Contents

Overview.....	2
Key information	2
Definitions	2
Guidelines	3
1 Patient transfers between Authorised Mental Health Services	3
1.1 Authority to transfer between Authorised Mental Health Services	3
1.1.1 Administrator approval.....	3
1.1.2 Chief Psychiatrist approval.....	4
1.2 Considerations for transfers.....	4
1.2.1 Timing for patient transfers	5
1.3 Transfers for patients in custody	6
1.3.1 Sentenced prisoners.....	6
1.3.2 Prisoners on remand	6
1.3.3 Release from custody.....	7
1.4 Transfers following an order of the MHRT or Mental Health Court	7
2 Transfers to, and from, the Forensic Disability Service.....	8
3 Transportation	8
3.1 Patient transport within Authorised Mental Health Services	8
3.2 Patient transport to, or from, an Authorised Mental Health Service, a public sector health service facility, or another place.....	8
3.3 Patient transport after an involuntary examination or assessment	9
3.4 Mode of transport.....	9
3.4.1 Air transport.....	10
3.5 Requests for police assistance	11
3.6 Administration of medication	11
3.7 Use of mechanical restraint	11
3.8 Warrants.....	13
3.8.1 Application for warrant.....	13
3.8.2 Issue of warrant.....	13
3.8.3 Form of warrant	14
3.8.4 Procedure before entry.....	14
4 Notifications.....	14
5 Interstate transfers	15
5.1 Authority to transfer patients subject to a Treatment Authority out of Queensland.....	15
5.2 Authority to transfer patients subject to an interstate equivalent of a Treatment Authority into Queensland	16
5.3 Authority to transfers patients subject to a Forensic Order or Treatment Support Order (or interstate equivalent) into, and out of, Queensland	17
5.3.1 Applications to transfer out of Queensland	17
5.3.2 Applications to transfer into Queensland	18
Glossary of Terms.....	20
Referenced Forms, Clinical Notes and Templates.....	20
Referenced Documents & Sources	

Overview

- These Practice Guidelines:
 - set out procedures for authorised mental health services (AMHS) regarding the transfer and transport of involuntary patients under a range of circumstances under the *Mental Health Act 2016* (MHA 2016)
 - are to be read in conjunction with the relevant provisions of the MHA 2016 (Chapter 11, Parts 5 and 6, and Chapter 12, Parts 2, 3 and 10), and
 - are mandatory for all (AMHS) staff exercising a power or function under the MHA 2016.

Key information

- The MHA 2016 makes provision to transfer an involuntary patient and a classified patient (voluntary) from one AMHS to another AMHS. Requirements for approving and ordering the transfer differ depending on the patient's status.
- Patient transfers should be determined on a case by case basis, taking account of the transfer considerations; legislative authority; individual clinical needs; the wishes of the patient; and local arrangements and supports available for the patient.
- An authorised person can act under an agreement or approval for a patient transfer to transport the patient to, and from, an AMHS.
- Additional requirements regarding the transportation of patients who are required to return following an absent without approval event are outlined in the *Chief Psychiatrist Guidelines – Involuntary Patient Absences*.

Definitions

Authorised person includes a health practitioner, an ambulance officer, a police officer, the Administrator of an AMHS, and a health service employee appointed by the Administrator¹.

Clinical Director - a senior authorised psychiatrist who has been nominated by the Administrator of the AMHS to fulfil the Clinical Director functions and responsibilities outlined in this Practice Guideline.

Collateral material - material available to a patient's referring AMHS that is relevant to the transfer of the patient to a receiving service, and includes, but is not limited to:

- the purpose of the transfer and how it will support the continuing treatment or management of the patient,
- the patient's psychiatric history and current mental state
- the patient's current medical history or physical health status
- a current risk assessment

¹ The Administrator of an AMHS may appoint an individual health service employee, or a class of health service employees (for example all consumer consultants employed in the AMHS) as an authorised person for transport purposes.

- forensic background (if applicable)
- details of the transfer arrangements (including timeframes and any escort details)
- transition of care arrangements
- information order details (if applicable), and
- Chapter 4, Part 2 (psychiatrist report) details, including agreement regarding responsibility for completing any outstanding reports.

Health practitioner - means a person registered under the *Health Practitioner Regulation National Law*, or another person who provides health services, including for example a social worker.

Transfer considerations - apply to all decisions made in relation to transferring the responsibility for providing treatment and care to an involuntary patient and a classified patient (voluntary) between AMHSs and to and from the Forensic Disability Service (FDS). The transfer considerations include:

- the person's mental state and psychiatric history
- the person's treatment and care needs
- whether the transfer is in the best interests of the person, and
- if relevant, security requirements for the person.

Guidelines

1 Patient transfers between Authorised Mental Health Services

1.1 Authority to transfer between Authorised Mental Health Services

1.1.1 Administrator approval

- The following patients may be transferred to another AMHS by agreement of the Administrators of the referring AMHS and the receiving AMHS:
 - a person detained in an AMHS under an Examination Authority
 - a person detained in an AMHS for the purposes of an involuntary assessment
 - a patient on a Treatment Authority
 - a patient on a Treatment Support Order, or
 - a classified patient (voluntary).
- In agreeing to the transfer, the Administrators must have regard to the transfer considerations and must complete the **Patient Transfer** form. The Administrator may delegate this function to an authorised doctor or a Clinical Director within the AMHS.
- The referring AMHS must provide the receiving AMHS with collateral material, or ensure that it is clearly available on CIMHA, as part of the agreement process.

- A copy of the **Patient Transfer** form must be kept on the patient's clinical file in CIMHA.
- Until the **Patient Transfer** is given effect, the referring AMHS remains responsible for the patient's treatment and care, including taking required actions if the patient is non-compliant with their authority or order (see section 1.2.1 Timing for patient transfers).

1.1.2 Chief Psychiatrist approval

- Forensic patients and patients subject to a judicial order can only be transferred between AMHSs if written approval for the transfer is provided on the **Patient Transfer** form by the Chief Psychiatrist.
- The referring AMHS must seek the agreement of the receiving AMHS prior to seeking approval from the Chief Psychiatrist. Once AMHS agreement has been reached, approval of the Chief Psychiatrist is sought by sending a copy of the **Patient Transfer** form to the Office of the Chief Psychiatrist and must include any collateral material, or ensure that it is clearly available on CIMHA, to support the request for approval.
- The approval of the Chief Psychiatrist is also required for transfers to a High Security Unit for the following patients:
 - a patient subject to a Treatment Authority who is not also a classified patient, and
 - a patient who is a minor.
- The Chief Psychiatrist may also require, under a **Patient Transfer** form, the transfer of any other involuntary patient or classified patient (voluntary) from one AMHS to another. All avenues of local agreement must be considered before the Chief Psychiatrist is contacted in relation to patients where Chief Psychiatrist approval is not mandatory.
- A copy of the **Patient Transfer** form must be kept on the patient's clinical file in CIMHA.
- Until the **Patient Transfer** is given effect, the referring AMHS remains responsible for the patient's treatment and care, including taking required actions if the patient is non-compliant with their authority or order (see section 1.2.1 Timing for patient transfers).

1.2 Considerations for transfers

- Agreement for patient transfers should be determined on a case by case basis and must take account of the transfer considerations; the patient's wishes; legislative authority; individual clinical needs; and local arrangements and supports available for the patient.
- A discussion between members of the patient's current and receiving treating team (e.g. authorised doctor to authorised doctor) must occur as soon as possible prior to a proposed transfer to ensure these transfer considerations can be considered.

- Additionally, the treating team in the referring AMHS must initiate consultation with relevant parties as early as possible once a potential transfer has been identified. Relevant parties includes, but is not limited to:
 - the patient
 - the patient's family, carer, guardian, and nominated support person
 - the Administrator and/or Clinical Director (forensic, classified or judicial order patients)
 - the Forensic Liaison Officer (forensic patients)
 - the Chief Psychiatrist, where the Chief Psychiatrist's approval is required.
- A transfer is considered appropriate if the patient is relocating to a place within the catchment area of another AMHS, or if the patient's treatment and care needs would best be met by another AMHS.
- Particular consideration should be given to the individual needs of itinerant people and people in unstable accommodation (for example, a crisis shelter, motel, or boarding house). It may be appropriate to defer transfer arrangements until the patient relocates to more stable accommodation. In these situations, the AMHS holding responsibility for the patient's authority or order, and the service covering the area in which the patient is residing should negotiate the most appropriate means of meeting the patient's treatment and care needs in the interim period.
- In addition to the matters required for the collateral material, consultation between AMHSs should include, but is not limited to, the following:
 - the anticipated benefits of the proposed transfer for the patient
 - consideration of the proposed receiving AMHS's capacity to provide the treatment and care required by the patient, including bed availability and clinical arrangements
 - the need for, if relevant, shared case management arrangements for a period of time to facilitate a smooth transfer of patient care
 - the mutually agreed date that the receiving AMHS will accept the transfer
 - discussion of clinically relevant documents, including the patient's *Care Plan*, *Risk Screen*, *Recovery Plan*, and *Transfer of Care* document
 - the status and ongoing responsibility for MHA 2016 requirements (e.g. outstanding psychiatrist reports), and
 - the most recent decision of the Mental Health Review Tribunal (MHRT) or Mental Health Court and the timing of the next MHRT review.
- Outcomes from the above considerations should be readily available to assist with consultation between AMHSs.

1.2.1 Timing for patient transfers

- Some flexibility may be required in relation to completion of a ***Patient Transfer*** form, for example where urgent admission to an inpatient unit in a receiving AMHS

is required. This flexibility does not apply if the MHRT or Mental Health Court has ordered the transfer of responsibility for the patient.

- As a general principle however, a **Patient Transfer** form should be completed as soon as possible and within a reasonable time (e.g. not later than one month) after the patient's relocation to the catchment area of the receiving AMHS.
- For patients in the community who may transfer between AMHSs over an extended period; ongoing consultation and liaison must occur between the referring and receiving treating teams in relation to the patient's treatment and care, including any issues relating to non-compliance with their authority or order. In circumstances where action is required in response to non-compliance (e.g. in relation to an absence without approval event), responsibility for commencing the required action should be determined by the clinical and risk circumstances at the time of the event and through consultation across the two AMHSs involved in the patient's treatment.

1.3 Transfers for patients in custody

- Consistent with the broader policy objectives regarding the provision of treatment and care to persons in custody as set out in the *Chief Psychiatrist Policy: Classified Patients*, decisions to transfer a patient's involuntary status on reception to, and discharge from, custody should be determined on a case by case basis.
- The responsibilities of the AMHS which held responsibility for the patient's involuntary status immediately prior to imprisonment (i.e. the AMHS of origin) do not cease upon the patient's imprisonment.
- The AMHS of origin should, as far as possible, remain engaged with the patient and maintain contact with the Prison Mental Health Service during the period of imprisonment. This includes, but is not limited to, jointly preparing clinical reports for the MHRT.

1.3.1 Sentenced prisoners

- **Patient Transfers** for sentenced prisoners should be negotiated by the Prison Mental Health Service with the patient's AMHS of origin as soon as practicable after the patient's initial contact with the Prison Mental Health Service. The exception to this is when there is a clear indication that contact with the PMHS will be of short duration, e.g. a sentence prisoner is to be released within the next three months.

1.3.2 Prisoners on remand

- For prisoners on remand, a **Patient Transfer** should be negotiated by the Prison Mental Health Service with the patient's AMHS of origin within two to three months of initial contact with the Prison Mental Health Service, if there is an expectation that the patient will remain in custody for further three or more months.
- Given the duration of imprisonment for prisoners on remand is unpredictable, it is important that to note that remand status can change quickly and a review of pending court dates should occur when transfer of a patient's order is being considered.

1.3.3 Release from custody

- As a general principle, statutory responsibility for the patient will be returned to the AMHS of origin immediately upon release from custody.
- The AMHS of origin should be entered in CIMHA under the 'Cases and Referrals tab' under the 'Current Status menu' by selecting the drop down option "awaiting return/ release from custody".
- Statutory responsibility for the patient should be transferred back to the AMHS of origin immediately at the time of the patient's release from prison. The Prison Mental Health Service must provide the AMHS with collateral material, or ensure that it is clearly available on CIMHA, as part of the transfer back to the AMHS of origin.
- In circumstances where it has been negotiated that a patient's mental health treatment and care to be transferred to another AMHS, the AMHS of origin must with the assistance of the Prison Mental Health Service provide a **Patient Transfer** form to the alternative AMHS immediately on the patient's release from custody. The Prison Mental Health Service must provide the alternative AMHS with collateral material, or ensure that it is clearly available in CIMHA, as part of the transfer process.
- The requirement for immediate transfer of care to take place when a patient is released from custody is necessary due to the increased risks associated with post-prison release (i.e. recidivism, relapse and mortality). The Prison Mental Health Service must ensure that the receiving AMHS (including the AMHS of origin) be provided as much notice as possible prior to the patient's release from custody.
- Clear arrangements for contact with the patient by the receiving AMHS should be established prior to, or at the time of, the patient's release from custody. The Administrator of the receiving AMHS should ensure face-to-face review by a mental health practitioner during the first week following prison release. (Note: a delay in this review must not result in a delay in the patient's transfer to the relevant AMHS).
- In certain exceptional circumstances, such as where a face-to-face review is not possible due to residence in a remote location, it may be necessary to make alternative arrangements, for example, follow up through a remote area nurse or telephone contact during the first week following prison release. Where alternative arrangements are necessary, these arrangements must be approved by the Clinical Director or, in the absence of the Clinical Director, another senior doctor nominated by the Administrator.
- If there are concerns regarding the transfer of a patient's involuntary status on reception to, or at discharge from, custody the relevant Clinical Directors of the AMHS and Prison Mental Health Service should be notified. Clinical Directors may escalate concerns to the Chief Psychiatrist if it is deemed necessary, for example if the Clinical Director considers additional oversight is warranted.

1.4 Transfers following an order of the MHRT or Mental Health Court

- The MHRT or Mental Health Court may order the transfer of any of the following patients from one AMHS to another AMHS:
 - a patient subject to a Treatment Authority

- a patient subject to a Treatment Support Order, or
- a patient subject to a Forensic Order.
- The transfer takes effect as soon as the order is made by the MHRT or the Mental Health Court and the receiving AMHS must take responsibility for the patient from this time. The patient's former AMHS must ensure that the information outlined in section 1.2 (Considerations for transfers) is available as soon as practicable to support the patient's transfer.

2 Transfers to, and from, the Forensic Disability Service

- The Chief Psychiatrist and the Director of Forensic Disability may agree to transfer the responsibility for a person subject to a Forensic Order (disability) between an AMHS and the FDS.
- Agreement between the Chief Psychiatrist and the Director of Forensic Disability for transfers between an AMHS and the FDS should be determined on a case by case basis, taking account of the transfer considerations; the person's intellectual disability, legislative authority; individual clinical needs; the wishes of the person; and local arrangements and supports available for the person.
- If it appears that a patient needs to be transferred between an AMHS and the FDS, the Administrator or Clinical Director should contact the Office of the Chief Psychiatrist as soon as practicable to discuss the potential transfer.

3 Transportation

3.1 Patient transport within Authorised Mental Health Services

- An involuntary patient or a classified patient (voluntary) may be transported within an AMHS with the approval of the Administrator of an AMHS or a health practitioner. The Administrator or health practitioner may also approve another person (e.g. a consumer support worker) to transport the person from one place to another place in the AMHS.
- Transport within services may occur for example:
 - from one inpatient facility in the AMHS to another inpatient facility in the AMHS
 - from a community facility in the AMHS to an inpatient facility in the AMHS, or
 - from an inpatient facility in the AMHS to another place for an examination or diagnostic test.

3.2 Patient transport to, or from, an Authorised Mental Health Service, a public sector health service facility, or another place

- Transport by an authorised person under the MHA 2016 may include transportation to, or from:
 - an AMHS
 - the FDS

- a public sector health service facility
- a place of custody or a court, or
- a place in the community (e.g. a person's home, supported accommodation, a private health service, etc.).
- If a person is being transported to or from a correctional services facility or court, a corrective services officer may also transport the patient. If a young person is being transported to or from a youth detention centre or court, a youth detention employee may also transport the patient.
- The use of an authorised person to facilitate the transfer should be determined on a case by case basis, having regard to the patient's clinical and risk presentation. It may, for example, be appropriate for a patient to transport themselves or for family or a support person to facilitate the transport.
- While an authorised person is acting to transport a patient, they may act with the help, and using the force, that is necessary and reasonable in the circumstances. This includes the ability to detain the person if required.
- The authority for authorised persons to transport a patient also apply if the patient is transferring interstate (see section 5 Interstate transfers); however it should be noted that the authority to detain or involuntarily medicate or restrain a patient does not apply outside of Queensland. If these measures are required, the AMHS or FDS proposing the transfer interstate must consult with the interstate jurisdiction to ensure that the patient can be safely transported.

3.3 Patient transport after an involuntary examination or assessment

- The AMHS Administrator or person in charge of a public sector health service facility must take reasonable steps to ensure a person is returned to a reasonable place requested by the person if the person was transported to an AMHS or public sector health service facility under:
 - an Examination Authority
 - a Recommendation for Assessment, or
 - an Emergency Examination Authority that resulted in a Recommendation for Assessment.
- Reasonable steps for returning the person includes, but is not limited to, providing the person with means to utilise public transport such as taxi, bus, train or ferry.
- A person who attends an AMHS or public sector health service facility under an Examination Order made by a Magistrate should also be reasonably assisted to return to a reasonable place once they are no longer required to be at the AMHS or public sector health service facility.

3.4 Mode of transport

- The interagency agreement between Queensland Health, Queensland Ambulance Service and Queensland Police, *Safe transport of people with mental illness* outlines

factors that should be taken into account when considering the mode of transport required for a patient transfer.

- As outlined in the interagency agreement, options for transport may include:
 - a private vehicle driven by a family member, carer or friend
 - public transport such as taxi, bus, train or ferry, accompanied by a family member, carer, friend or clinician (if needed)
 - a non-emergency hospital or community transport service, where available
 - a health service vehicle driven by a health service employee, with an additional escort where needed, or
 - where a patient cannot be transported safely by other means, one of the following modes of transport will be necessary:
 - ambulance or aeromedical transport, with a health or police escort where required, or
 - as an option of last resort, a police vehicle, with a health service employee escorting where appropriate (see section 3.5 Requests for police assistance)

3.4.1 Air transport

- The interagency agreement between Queensland Health, Queensland Ambulance Service and Queensland Police, *Safe transport of people with mental illness* outlines considerations and requirements for the use of air transport which also apply for transportation that may occur under this guideline. These requirements include:
 - Decisions to use air transport will depend on clinical considerations, distance to be travelled, accessibility of the receiving facility by road, and transport availability. As a general rule, air transport is used for journeys that would take more than 2 hours (one way) by road, however local protocols may vary.
 - When arranging air transport, the *Civil Aviation Act 1988* and the relevant air transport provider's policies regarding risk assessment and risk management should be taken into account. This may include physical restraint and/or sedation being required during air transportation. Additional factors should also be considered, such as the potential distress for the patient, the MHA 2016 requirements, and the need for safe extubation of an anaesthetised patient at the receiving hospital.
 - Should transport via a commercial flight be deemed appropriate, this will be subject to the flight provider's policies, including fitness to fly requirements.
- The Clinical Director or Administrator of the treating and receiving facilities should be involved in the planning of transport where aeromedical transport will be required.
- If a Clinical Director or Administrator has concerns regarding the use of air transport for transporting a patient under the MHA 2016, the Clinical Director or Administrator should contact the Chief Psychiatrist.

3.5 Requests for police assistance

- If police are being requested to transport a patient, a **Request for Police Assistance** form must be completed by an authorised doctor, authorised mental health practitioner or the Administrator of the AMHS.
- The **Request for Police Assistance** form must include a statement outlining why it is necessary for police to assist with the transport. Generally, police should be involved in transport only where their assistance is required for the management of serious risk to the individual or others, or where the person is detained by police (e.g. criminal charges may be, or have been laid)
- The local police must be contacted by phone if being requested to assist in transporting a patient to establish collaborative transport arrangements. A QCAD number (the police communications ID number) must be obtained by the AMHS through this phone contact and recorded on the **Request for Police Assistance** form before it is sent to the local police. This number is obtained by contacting the relevant regional police communications centre.
- A health practitioner must accompany the police where practicable, when the patient is being transported.
- A copy of the form must be sent to the Administrator of the AMHS and kept on the patient's clinical record on CIMHA.

3.6 Administration of medication

- If required, medication may be provided to transport an involuntary patient [but not a classified patient (voluntary)]. This includes patients who are detained in an AMHS for the purposes of an involuntary assessment.
- Administration of medication may, for example, be required when the patient is being moved from a rural or remote area to a regional public sector health service facility to access inpatient treatment in an AMHS.
- Medication may only be administered by a doctor or registered nurse acting under a doctor's instruction and only if there is no other reasonably practicable way to protect the patient or others from harm.
- If medication is required, it should only be administered immediately prior to, or during, the transportation. All instances of medication for transportation must also comply with *Chief Psychiatrist Policy: Clinical Need for Medication*.

3.7 Use of mechanical restraint

- Mechanical restraint may be used by an authorised person to transport an involuntary patient [but not a classified patient (voluntary)] only if the Chief Psychiatrist has given approval and only if there is no other reasonably practicable way to protect the person or others from physical harm.
- The Chief Psychiatrist's approval to use mechanical restraint must be sought prior to the transportation occurring and should therefore only be utilised for the planned transportation of an involuntary patient.

- The Chief Psychiatrist must be contacted by the treating psychiatrist or psychiatrist on call immediately if mechanical restraint is proposed to be used.
- An application may be made verbally to the Chief Psychiatrist if required under the circumstances. Verbal approval from the Chief Psychiatrist may be provided if required in urgent circumstances.
- An **Application for Approval to Use Mechanical Restraint** must be sent to the Chief Psychiatrist as soon as mechanical restraint is proposed. If urgent circumstances require that verbal approval from the Chief Psychiatrist be sought, the **Application** must be sent as soon as practicable after the verbal approval was granted.
- The **Application** must be completed by an authorised doctor and must include:
 - the name of the patient
 - details of the person's mental condition, including diagnosis and current treatment
 - the purpose of mechanical restraint
 - the reasons that the authorised doctor believes there is no other reasonably practicable way to protect the patient or others from physical harm
 - the way in which the patient will be continuously observed
 - any proposed limitations on the use of mechanical restraint (for example, maximum time periods proposed by the doctor)
 - the name of the device proposed to be utilised, and
 - the proposed period for which the approval is sought.
- If verbal approval was provided in an urgent circumstance, this must be recorded on the Application.
- The Chief Psychiatrist's approval is provided on the **Application for Approval to Use Mechanical Restraint** form.
- Where approval has been given by the Chief Psychiatrist for the use of mechanical restraint, an authorised doctor may then authorise the use of the mechanical restraint on the patient for transport purposes.
- An authorised doctor's authorisation for mechanical restraint is given by completing the **Authorisation of Mechanical Restraint** form. This form must be recorded on CIMHA.
- An authorised doctor's authorisation for mechanical restraint must be based on a face to face medical review of the patient.
- Applications for, and use of, mechanical restraint must comply with the *Chief Psychiatrist Practice Guidelines: Mechanical Restraint* and the *Chief Psychiatrist Policy: Mechanical Restraint*.
- This application process does not apply to the restraint of a person that is authorised or permitted under another law. For example, the use of mechanical restraint by a police officer may be authorised under the *Police Powers and Responsibilities Act 2000*.

3.8 Warrants

- Entry to premises for the purposes of transporting a patient usually occurs with the consent of the occupier of the premise. However, when consent to enter cannot be obtained, and entry is considered necessary to enable the transport to occur, a warrant may be required.
- A warrant is not required to enter a place without consent in the following circumstances:
 - the premise is a public place and the entry is made when the place is open to the public, or
 - an Examination Authority has been issued by the Mental Health Review Tribunal.
- In addition, police are authorised under the *Police Powers and Responsibilities Act 2000* to enter a place without consent under prescribed circumstances.

3.8.1 Application for warrant

- An authorised person, including a police officer, may apply to a Magistrate for a **Warrant for Apprehension of Person** if it is considered necessary to enable the authorised person to transport a person who is absent without approval for examination, assessment, or treatment and care.
- The authorised person or police officer must apply to the Magistrate using the **Application for Warrant for Apprehension of a Person** form.
- The application must be sworn before a justice of the peace or commissioner for declarations
[\(https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/about-justice-of-the-peace/search-for-your-nearest-jp-or-cdec/\)](https://www.qld.gov.au/law/legal-mediation-and-justice-of-the-peace/about-justice-of-the-peace/search-for-your-nearest-jp-or-cdec/).
- If the authorised person is a health practitioner, the forms should be uploaded to the patient's clinical record in CIMHA once sworn.

3.8.2 Issue of warrant

- A Magistrate may issue a **Warrant for Apprehension of Person** if satisfied the warrant is necessary to enable the authorised person or police officer to transport a person for examination, assessment, or treatment and care to an AMHS or public sector health service facility.
- The **Warrant for Apprehension of Person** authorises an authorised person, including a police officer to:
 - enter the place where the person is reasonably believed to be
 - search the place to find the person
 - remain in the place as long as reasonably necessary to find the person, and
 - transport the person to a stated AMHS or public sector health service facility.
- The **Warrant for Apprehension of Person** must include the date it is issued and an expiry date. The expiry date must be within seven days after the warrant's issue.

3.8.3 Form of warrant

- A **Warrant for Apprehension of Person** may be made by phone, fax, email, radio, videoconferencing or another form of communication if it is reasonably considered necessary because of:
 - urgent circumstances, or
 - other special circumstances, including, for example, the authorised person's remote location.
- A facsimile or electronic copy of the Warrant, or the **Form of Warrant** form, properly completed by an authorised person or police officer, authorises the exercise of powers under the Warrant made by the Magistrate.
- The authorised person or police officer must complete an **Application for Warrant for Apprehension of a Person** and, at the first reasonable opportunity, send to the Magistrate:
 - the sworn Application, and
 - if the authorised person compiled a **Form of Warrant**, the completed **Form of Warrant**.

3.8.4 Procedure before entry

- If an authorised person or police officer intends to enter a place under a **Warrant for Apprehension of Person**, the authorised person or police officer must:
 - identify him/herself to a person present at the place who is an occupier of the place
 - give the person a copy of the **Warrant for Apprehension of Person**
 - tell the person the authorised person or police officer is permitted to enter and search the place to find the person, and
 - give the person an opportunity to allow an authorised person immediate entry to the place without using force.
- However, these requirements do not need to be complied with if the authorised person or police officer reasonably believes immediate entry is necessary to ensure the effective execution of the warrant.

4 Notifications

- **Patient Transfer** forms must be kept on the patient's clinical record in CIMHA.
- The referring AMHS Administrator (or delegate) must provide the MHRT a copy of the **Patient Transfer** form, within 7 days after the involuntary patient's transfer between AMHSs. If the Chief Psychiatrist directs the transfer of an involuntary patient, the Chief Psychiatrist must make this notification.
- Notification to the MHRT is not required for:
 - a person detained in an AMHS for the purposes of an Examination Authority
 - a person detained in an AMHS for involuntary assessment, and

- classified patients (voluntary).
- The referring AMHS Administrator (or delegate) must also provide a copy of **Patient Transfer** form to the Chief Psychiatrist for:
 - classified patient, where separate approval is not also required, and
 - patients who are also subject to Chapter 4, Part 2 (Psychiatrist Reports).
- If a reference has been made to the Mental Health Court for the patient being transferred, the referring AMHS Administrator must also send a copy of the **Patient Transfer** form to the Mental Health Court registry via:

registrarmhc@health.qld.gov.au.

5 Interstate transfers

- Mental health legislation in a number of jurisdictions requires an interstate agreement to be in place prior to a transfer occurring across jurisdictions. These interstate agreements govern the movement of particular involuntary patients across interstate borders.
- Although Queensland does not require an interstate agreement to be in place, these must be followed if the receiving jurisdiction's legislation includes this requirement. Civil interstate agreements may be in place for orders made by psychiatrists or tribunals such as Treatment Authorities, while forensic interstate agreements apply to orders made by a court or tribunal such as Queensland Forensic Orders and Treatment Support Orders.
- If it appears that a patient needs to be transferred into, or out of, Queensland, the Administrator or Clinical Director should contact the Office of the Chief Psychiatrist as soon as practicable to discuss the potential transfer.

5.1 Authority to transfer patients subject to a Treatment Authority out of Queensland

- Subject to any requirements of the interstate jurisdiction, the Administrator of an AMHS may agree with the responsible officer of an interstate mental health service to the transfer of a patient subject to a Treatment Authority out of Queensland and to an interstate AMHS.
- However, Administrator of an AMHS cannot agree to the interstate transfer of a patient on a treatment authority if the patient is also a classified patient or subject to a forensic order (disability)
- An interstate transfer should be determined on a case by case basis, and the AMHS Administrator must be satisfied:
 - the transfer is in the best interests of the person, including, for example, enabling the person to be closer to the person's family, carers or other support persons, and
 - appropriate treatment and care is available for the person at the interstate mental health service.

- If a patient on a Treatment Authority is transferred out of Queensland, their Treatment Authority ends when the person leaves Queensland.
- Notwithstanding that the Treatment Authority ends when the person leaves Queensland, it may be preferable to arrange a formal transfer of responsibility for the patient rather than revoking their authority. The treating AMHS in Queensland should have regard to the *Chief Psychiatrist Practice Guidelines: Treatment Authorities* when determining if a Treatment Authority should be transferred or revoked prior to an interstate move.

5.2 Authority to transfer patients subject to an interstate equivalent of a Treatment Authority into Queensland

- Subject to any requirements of the interstate jurisdiction, the Administrator of an AMHS may agree with the responsible officer of an interstate mental health service to the transfer of a patient subject to an order that is equivalent to a Treatment Authority into an AMHS in Queensland.
- An interstate transfer into Queensland should be determined on a case by case basis, and the AMHS Administrator must be satisfied:
 - the transfer is in the best interests of the person, including, for example, enabling the person to be closer to the person's family, carers or other support persons,
 - appropriate treatment and care is available for the person at the interstate mental health service, and
 - an authorised doctor is likely to consider, on the person's admission to the Queensland AMHS, that:
 - the treatment criteria apply to the person, and
 - there is no less restrictive way for the person to receive treatment and care for the person's mental illness.
- When the person is first transported (or arrives) and is received at the AMHS, an authorised doctor must make an assessment of the person to decide:
 - whether the treatment criteria apply to the person, and
 - whether there is a less restrictive way for the person to receive treatment and care for the person's mental illness.
- To enable this assessment to occur, the person may be detained for not longer than 6 hours from the time the person is admitted to the AMHS.
- If the authorised doctor determines that person requires a Treatment Authority in Queensland they may be admitted as an involuntary patient, or may be placed on a community category Treatment Authority.
- If the authorised doctor determines that the person does not require a Treatment Authority, the person can continue to receive treatment as a voluntary patient in Queensland.

5.3 Authority to transfers patients subject to a Forensic Order or Treatment Support Order (or interstate equivalent) into, and out of, Queensland

- The MHRT is responsible for determining applications for interstate transfers into and out of Queensland for patients subject to Forensic Orders (or their interstate equivalent) or Treatment Support Orders. This responsibility applies to:
 - Forensic Orders (mental health)
 - Forensic Orders (disability), and
 - Treatment Support Orders.
- The interstate transfer provisions do not apply to classified patients or patients who have been found to be temporarily unfit in relation to an alleged offence by the Mental Health Court, unless the patient's charges have been discontinued or the prescribed period for the charges has ceased².
- The MHRT's decision must take account of any legislative requirements of the interstate jurisdiction (for example, whether an interstate agreement is required). The MHA 2016 refers to these requirements as 'interstate transfer requirements'.

5.3.1 Applications to transfer out of Queensland

- An application to transfer out of Queensland may be made by a patient subject to a Forensic Order or Treatment Support Order, or an interested person on their behalf.
- If it appears that a patient subject to a Forensic Order or Treatment Support Order wishes to transfer interstate, the Administrator or Clinical Director should contact the Office of the Chief Psychiatrist as soon as practicable to discuss the potential transfer.
- An **Application to Transfer Interstate** form must be completed.
- The application must state:
 - the reasons why the transfer would be in the best interests of the person, and
 - include a written statement from the Chief Psychiatrist³ regarding whether the legislative requirements of the receiving jurisdiction are, or may be, satisfied.
- If the application requirements are met, the MHRT will conduct a hearing in relation to the interstate transfer. A decision of the MHRT to approve a transfer interstate will only be made if:
 - the transfer is in the best interests of the person, for example, to enable the person to be closer to support persons
 - appropriate treatment and care is available at the relevant service, and
 - adequate arrangements are in place to protect the safety of the community.

² The prescribed period is 7 years from the date of the Mental Health Court decision for an offence for which the person is liable to life imprisonment; or otherwise, 3 years from the data of the Mental Health Court decision.

³ The Director of Forensic Disability must provide this statement for clients of the FDS.

- Throughout the application process, the treating team in Queensland should regularly consult with the treatment team in the receiving jurisdiction. This consultation should consider both clinical and legislative requirements in relation to the transfer.
- A decision by the MHRT for a transfer out of Queensland only takes effect once the interstate transfer requirements have also been satisfied. It is important that the AMHS continue to liaise with the Office of the Chief Psychiatrist in relation to these requirements to ensure that the transfer meets all legislative requirements.
- Once the transfer takes effect and the patient is transferred to an interstate mental health service, the patient's Forensic Order or Treatment Support Order is suspended and regular reviews by the MHRT are not required. If the patient returns to Queensland, their order is immediately reinstated and remains in effect for as long as the patient remains in Queensland.
- If the patient does not return to Queensland, their Forensic Order or Treatment Support Order ends 3 years after the transfer takes place. However, if the person is on a Forensic Order that is also subject to a non-revocation period, the order ends at the end of the non-revocation period if it is longer than 3 years from when the person is transferred.

5.3.2 Applications to transfer into Queensland

- Subject to any requirements of the interstate jurisdiction, the MHRT may approve the transfer of a patient subject to an order that is equivalent to an interstate Forensic Order into an AMHS in Queensland.
- If an AMHS is contacted in relation to an interstate transfer into Queensland, the Administrator or Clinical Director should contact the Office of the Chief Psychiatrist as soon as practicable to discuss the potential transfer.
- An application to transfer out of Queensland may be made by a patient on an interstate Forensic Order, or an interested person on their behalf.
- The application must state:
 - the reasons why the transfer would be in the best interests of the person
 - the AMHS (or FDS) proposed to be responsible for the person, and
 - a written statement from the Chief Psychiatrist⁴ regarding the whether the legislative requirements of the receiving jurisdiction are, or may be, satisfied.
- Throughout the application process, consultation must occur between the treating team in Queensland and the referring jurisdiction. This consultation should consider both clinical and legislative requirements in relation to the transfer.
- If the application requirements are met, the MHRT will conduct a hearing in relation to the interstate transfer. The Queensland AMHS is a party to these proceedings and will need to provide information to the MHRT about how the patient's treatment and care needs will be met in Queensland.

⁴ The Director of Forensic Disability must provide this statement for clients of the FDS.

- If the MHRT approves the transfer into Queensland, the MHRT must make:
 - a Forensic Order (mental health) or,
 - a Forensic Order (disability).
- The Queensland Forensic Order takes effect when the interstate transfer requirements for the person have been satisfied.

Glossary of Terms

AMHS	Authorised Mental Health Service
CIMHA	Consumer Integrated Mental Health Application
FDS	Forensic Disability Service
MHA 2016	<i>Mental Health Act 2016</i>
QCAD	Police Communications ID Number

Referenced Forms, Clinical Notes and Templates

Application for Approval to Use Mechanical Restraint form
Application for Warrant for Apprehension of a Person form
Application to Transfer Interstate form (available at www.mhrt.qld.gov.au)
Authorisation of Mechanical Restraint form
Form of Warrant form
Patient Transfer form
Request for Police Assistance form
Warrant for Apprehension of Person form

Referenced Documents & Sources

Chief Psychiatrist Policy: Classified Patients
Chief Psychiatrist Policy: Clinical Need for Medication
Chief Psychiatrist Policy: Mechanical Restraint
Chief Psychiatrist Practice Guidelines - Mechanical Restraint
Chief Psychiatrist Practice Guidelines - Treatment Authorities
Safe transport of people with mental illness
Civil Aviation Act 1988
Mental Health Act 2016
Police Powers and Responsibilities Act 2000

Document Status Summary	
Date of Chief Psychiatrist approval:	14 December 2017
Date of effect:	19 December 2017
Supersedes version that took effect on:	5 March 2017
To be reviewed by:	5 March 2020