

Mental Health Act 2016

# Nominated support persons

Guide and form for appointing  
a nominated support person



# Guide to appointing a nominated support person

## **Nominated support persons**

Published by the State of Queensland (Queensland Health), January 2017.

This document is licensed under a Creative Commons Attribution 3.0 Australia licence.

To view a copy of this licence, visit:  
[creativecommons.org/licenses/by/3.0/au](http://creativecommons.org/licenses/by/3.0/au)

© State of Queensland (Queensland Health) 2017

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

## **For more information contact:**

Mental Health, Alcohol and Other  
Drugs Branch, Clinical Excellence Division

Department of Health | Queensland Government  
15 Butterfield Street Herston, QLD 4006

## **Disclaimer:**

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

QH841 1216

## **Purpose of the guide**

This guide provides information about appointing a nominated support person under the *Mental Health Act 2016*.

.....  
**At the end of the guide is the form for appointing a nominated support person and instructions on how to complete it.**

For assistance in completing the form, please speak to an Independent Patient Rights Adviser in a public mental health service or a staff member at any mental health service.



## Benefits of having a nominated support person

If you become an involuntary patient under the *Mental Health Act 2016* your nominated support person can assist you by:

- receiving all notices that are required to be given to you under the Act
- discussing confidential information about your treatment and care with your treating team
- supporting you, or representing you, at hearings of the Mental Health Review Tribunal
- requesting a psychiatrist report if you were to be charged with a serious offence.

### **You may appoint one or two nominated support persons.**

For an appointment of a nominated support person to be effective, you must understand the decision you are making at the time, and be able to communicate that decision. Under the *Mental Health Act 2016*, persons are presumed to understand the making of such decisions.

# How to complete the form for appointing a nominated support person

## Section 1

### Personal details

#### Fill out your personal details in this section.

It is recommended that you use your name as it appears on an official document, such as a birth certificate or driver's licence.

## Section 2

### Appointing a nominated support person

#### You may appoint one or two nominated support persons by completing this section.

The person needs to accept the appointment in this section.

## Section 3

### Signature and witness

#### You must sign this section

A person who is not your nominated support person must witness you signing the appointment. The witness must certify that you understand the nature of the appointment.

The witness must not be a nominated support person.

---

## Once you have completed your nominated support person appointment form

You should give a copy of your *Nominated support person appointment form* to a staff member of a mental health service. Staff from the service will record your appointment on the statewide consumer information system, so any doctor can locate your nominated support person if you are admitted to a mental health service at a future time.



*You may appoint one or two nominated support persons.*

**Section 1** Personal details

*Person making appointment*

Title                      Given name    Family name

Date of birth                      Street address    Suburb  
/   /

Postcode                      Contact number    Email

**Section 2** Appointment of nominated support person/s

**Nominated support person 1**

I appoint the following person as my nominated support person.

Title                      Given name    Family name

Date of birth                      Street address    Suburb  
/   /

Postcode                      Contact number    Email

**Person must accept appointment here**

I accept the appointment as nominated support person.

Signature

Name

Date

/   /

## Nominated support person 2

I appoint the following person as my nominated support person.

Title                      Given name    Family name

Date of birth                      Street address    Suburb  
/                      /

Postcode                      Contact number    Email

### Person must accept appointment here

I accept the appointment as nominated support person.

Signature

Name

Date

/                      /

### Section 3      Signature of the person making the appointment

*You must sign this form in the presence of a witness*

*If you wish for your form to be kept in the state-wide record system, please mark the box (right).*

**I request that details of my nominated support person/s be kept in my health records on the state-wide record system.**

Signature

Name

Date

/                      /

### Witness certification

*Witness must not be a nominated support person*

In my opinion, the person appointing the nominated support person/s appears to understand the nature and effect of the appointment, and is able to make and communicate the appointment.

Witness name

Address

Suburb

Postcode

Witness signature

Date

/                      /