

Chief Psychiatrist Practice Guidelines

Classified Patients

Contents

Overview.....	2
Key information	2
Definitions	2
Guidelines	3
1 Admission of classified patients	3
1.1 Requirements for classified patient admission	3
1.2 Recommendations	4
1.3 Determining the relevant AMHS	5
1.3.1 High Security Inpatient Service	5
1.3.2 Other AMHS	5
1.3.3 Fitness for travel	6
1.4 Administrator consent.....	6
1.4.1 Seeking Administrator consent	6
1.4.2 Administrator decision and responsibilities	7
1.4.3 Escalation of Recommendations if Administrator consent not given.....	8
1.5 Chief Psychiatrist consent	8
1.5.1 Consent not given by Administrator	8
1.5.2 Minors.....	9
1.6 Custodian consent.....	9
1.7 Transport to authorised mental health service.....	9
1.8 Recording and notification requirements on admission	10
1.8.1 Administrator responsibilities	10
1.8.2 Suspension of proceedings	10
2 Assessment, treatment and care	10
2.1 Classified patient - voluntary and involuntary status	10
2.2 Examination on admission	11
2.3 Ongoing treatment and care	12
2.3.1 Limited community treatment.....	12
2.3.2 Temporary absence	13
3 Ending classified patient processes	13
3.1 Return events	13
3.1.1 Notifications.....	14
3.1.2 Return to custody.....	15
3.2 Release events	15
Attachments.....	16
Attachment 1 Flowchart 1 - Transport for assessment.....	17
Attachment 2 Flowchart 2 – Transport for treatment and care	18
Glossary of Terms.....	19
Referenced Forms, Clinical Notes and Templates	19
Referenced Documents & Sources	19

Overview

- These Practice Guidelines:
 - set out procedures for authorised mental health services (AMHS) regarding the admission, assessment, treatment and care of classified patients, and processes for ending classified patient status under the *Mental Health Act 2016* (MHA 2016)
 - are to be read in conjunction with the relevant provisions of the MHA 2016 (Chapter 3) and the *Chief Psychiatrist Policy: Classified Patients*, and
 - are mandatory for all AMHS staff exercising a power or function under the MHA 2016.

Key information

- Classified patient admissions enable a person to be taken from custody to an inpatient unit of an AMHS for assessment or treatment of a mental illness.
- A classified patient admission can only occur with a **Recommendation for Assessment or Transfer Recommendation** by a doctor or authorised mental health practitioner, consent from the relevant AMHS Administrator, and consent from the relevant Custodian.
- Limited community treatment and temporary absence for classified patients requires the written approval of the Chief Psychiatrist.
- 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 AMHS and is returned to the relevant Custodian's care.

Definitions

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.

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 judgement 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 Australian Federal Police or Australian Border Force.

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.

In relation to the requirement to explain or discuss a matter with support persons:

Support person – means a nominated support person or, if the patient does not have a nominated support person, a family member, carer or other support person.

Exceptions to informing support person – means circumstances where:

- the patient requests that 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 patient’s health and wellbeing.

Guidelines

1 Admission of classified patients

1.1 Requirements for classified patient admission

- A person can be admitted to an AMHS as a classified patient under:
 - transport for assessment, or
 - transport for treatment.
- **Transport for assessment** (Attachment 1) - This process applies to persons in custody **not** under a Treatment Authority, Forensic Order (mental health) or Treatment Support Order and not consenting to transport to an AMHS. To enact an admission under this process, all of the following requirements must be met:
 - a **Recommendation for Assessment** must be made by a doctor or authorised mental health practitioner who has examined the person in the preceding 7 days
 - 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.
- **Transport for treatment** (Attachment 2) - This process applies to persons in custody under a Treatment Authority, Treatment Support Order, Forensic Order

(mental health) or consenting to transport to an AMHS. To enact an admission under this process, all of the following requirements must be met:

- the person must either:
 - consent to be transferred to the AMHS, or
 - be subject to a Treatment Authority, Forensic Order (mental health), or a Treatment Support Order
- a **Transfer Recommendation** must be made by an authorised mental health practitioner or doctor
- 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.
- In addition, the MHA 2016 makes provision for a person already admitted to an AMHS under an Examination Order or Court Examination Order to remain as a classified patient. All of the following requirements apply:
 - the person must either:
 - consent to receiving treatment and care in an AMHS, or
 - be subject to a Treatment Authority, Forensic Order (mental health), or a Treatment Support Order
 - a **Transfer Recommendation** must be made by an authorised doctor
 - 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.
- NB: An authorised doctor who examines the person under an Examination Order may make a Treatment Authority for the person.
- Persons in custody who are subject to a Forensic Order (disability) may become subject to the classified patient provisions under any of the above processes, provided that 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.

1.2 Recommendations

- The following requirements apply to making a Recommendation:
 - a **Recommendation for Assessment** can only be made if the relevant requirements under Chapter 2 of the MHA 2016 are met (see *Chief Psychiatrist Practice Guidelines – Examinations and Assessment*)
 - a **Transfer Recommendation** can only be made if the doctor or authorised mental health practitioner is satisfied it is clinically appropriate for the person to receive treatment and care for mental illness at an AMHS.

- All 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 authorised mental health practitioner must tell the person and their support person/s of their decision to make the Recommendation and explain the effect of the decision. However, information does not need to be provided to a support person if the doctor or authorised mental health practitioner considers that an exception to informing the support person applies.
- A copy of the Recommendation may be requested by the person, their nominated support person/s, or appointed guardian or attorney. A copy of the Recommendation must be provided on request however, a copy is not required to be provided to the person if the doctor or authorised mental health practitioner believes that this may adversely affect the person's health and wellbeing.
- The doctor or authorised mental health practitioner must record the information provided, or the reasons for not providing the information, in a **Classified Patient Initiation Activity** clinical note in CIMHA.

1.3 Determining the relevant AMHS

1.3.1 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 1.5.2 Minors).

1.3.2 Other AMHS

- If the person does not require admission to the HSIS and the person is fit to travel (see section 1.3.3 Fitness for travel), the referral must be made to the AMHS:
 - that is responsible for the person's a Treatment Authority, Forensic Order (mental health) or Treatment Support Order
 - where the person has an open service episode (other than a service episode initiated by the Prison Mental Health Service or Court Liaison Service)
 - 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, location of key supports in the community, geographical distance to a proposed service and the patient's fitness for travel.
- Where there is no preferred AMHS based on the above criteria, admission should be negotiated with the nearest appropriate AMHS.
- The Statewide Co-ordinator - Classified Patients may be contacted if assistance is required in identifying the relevant AMHS.

1.3.3 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 patient from the custodial facility to the AMHS or between the AMHSs.
- As a general rule, air travel should be considered for journeys that would take more than two hours (one way) by road. If road transport over two hours is required and it is not considered appropriate for the patient to travel by air, admission to the closest AMHS should be considered as the first option. However, it is recognised that Queensland Corrective Services or Queensland Police Service are responsible for the decision on how a patient should travel and that 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 1.3.2 Other AMHS.

1.4 Administrator consent

- All classified patient admissions require the consent of the Administrator of the relevant AMHS where the person is to receive assessment or treatment and care.

1.4.1 Seeking Administrator consent

- To obtain an Administrator's consent, the referring service must:
 - send a copy of the **Recommendation for Assessment** form or **Transfer Recommendation** form via CIMHA to the:
 - AMHS Administrator, and
 - Statewide Co-ordinator - Classified Patients
 - provide a referral letter or email detailing the basis for the Recommendation and outlining the collateral material to support the Recommendation, and
 - confirm the information has been received by making a follow-up phone call.

- The referral letter or email must be attached to a **Classified Patient Initiation Activity** clinical note in CIMHA.
- Best practice is to include all available collateral material with the Recommendation and referral letter. However at a minimum, collateral material not already recorded on CIMHA must be emailed to the Administrator with the Recommendation and referral letter.
- A referring service that has more than one Recommendation at the AMHS must advise the AMHS of the order of clinical priority of patients.

1.4.2 Administrator decision and responsibilities

- 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
 - 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.
- On receiving a referral for classified patient admission, the Administrator must respond to the referring service as soon as possible but within 72 hours of receiving the documentation. The Administrator must respond in one of the following ways:
 - If a bed is available, the Administrator consent is signed and arrangements made for the person's transport to the AMHS.
 - 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 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 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 referring service must update the AMHS Administrator with any clinical change for the patient and provide further collateral material as it comes to hand.
- If the Administrator consents to the admission (i.e. a bed is available or is expected to be available within a timeframe suitable to meet the person's clinical needs), the Administrator must:

- send a copy of the signed **Administrator Consent** via CIMHA to the:
 - referring service, and
 - Statewide Co-ordinator - Classified Patients, and
 - make a follow-up phone call to confirm receipt of the Administrator Consent.
- 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. However, a current Recommendation will be required for an admission to occur.
- If the admission is not able to be accepted, the Administrator is responsible for determining whether another AMHS could accept the admission. This determination must be made with consideration to section 1.3.2 Other AMHS. The Administrator must document attempts made to find an alternative AMHS on the **Administrator Consent**.
- If an alternative AMHS can accept the transfer within 72 hours, the Administrator of that AMHS (i.e. the alternative AMHS) must:
 - send a copy of the signed **Administrator Consent** via CIMHA to the:
 - referring service, and
 - Statewide Co-ordinator - Classified Patients, and
 - make a follow-up phone call to confirm receipt of the **Administrator Consent**.
- If an alternative AMHS cannot accept the transfer within 72 hours, the below escalation process applies.

1.4.3 Escalation of Recommendations if Administrator consent not given

- If a suitable arrangement for the person's admission cannot be determined in accordance with Section 5.2 of the Chief Psychiatrist Policy: Classified Patients or if concern or dispute arises between AMHSs, the matter is to be escalated to the Clinical Directors (or relevant counterparts) without delay.
- If the matter cannot be resolved between Clinical Directors, the matter is to be escalated to the Chief Psychiatrist who may convene a meeting of the Classified Patient Committee with the relevant parties.
- The Chief Psychiatrist will be automatically notified via CIMHA if the person is not transported at the end of 72 hours of a Recommendation being made

1.5 Chief Psychiatrist consent

1.5.1 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.
- 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
 - State-wide Co-ordinator – Classified Patients

1.5.2 Minors

- The process outlined above applies 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 being admitted as a classified patient to the HSIS, the Administrator of the HSIS must seek written approval from the Chief Psychiatrist. The Chief Psychiatrist's approval is given on the **Administrator Consent** form.
- Once approval is provided by the Chief Psychiatrist, the administrator of the HSIS may provide consent to the admission via the **Administrator Consent** form.

1.6 Custodian consent

- All classified patient admissions require the consent of the relevant Custodian prior to the person's admission as a classified patient.
- 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.
- The Statewide Co-ordinator - Classified Patients may be contacted if assistance is required in identifying the appropriate Custodian.
- The **Custodian Consent** must be uploaded on CIMHA as soon as practicable after receipt of the form.

1.7 Transport to authorised mental health service

- 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.

1.8 Recording and notification requirements on admission

1.8.1 Administrator responsibilities

- As soon as practicable after the person is admitted as a classified patient, 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.
- In addition, the Administrator must give written notice of the patient's admission to the patient's nominated support person/s. A template letter is available for this purpose.
- The Administrator must ensure that person's admission as a classified patient is recorded in CIMHA, including charge and/or sentence details. If the person is subject to a Treatment Authority, Forensic Order or Treatment Support Order, the Administrator must, where applicable:
 - change the category of the Authority or Order to inpatient, and
 - cease any existing authorisation for limited community treatment made by an authorised doctor.

1.8.2 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 ceases to be a classified patient. This suspension does not affect a Court's authority to make a decision under the *Bail Act 1980*, and it 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. A copy of the **Custodian Consent** is provided for this purpose.
- The Chief Executive for Justice is responsible for notifying the relevant court or prosecuting authority of the suspension of legal proceedings. 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 Classified patient - voluntary and involuntary status

- Classified patient status is as follows:
 - a person who is subject to a Recommendation for Assessment, Treatment Authority, Forensic Order (mental health) or Treatment Support Order is a classified patient (involuntary)

- a person who is consenting to treatment and care is a classified patient (voluntary).
- 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 (see 3.1 Return events) unless a Treatment Authority is made for the person.

2.2 Examination on admission

- As soon as practicable after the person is admitted as a classified patient, 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 Practice Guidelines – 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.
- In making the examination, the authorised doctor must 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. In addition, the authorised doctor may 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 the doctor considers 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 documentation 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 given.
- 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 72 hours if the extension is necessary to complete the assessment.

2.3 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 documented in, or uploaded to, CIMHA clinical notes.
- The authorised doctor must ensure that the patient's treatment and care is discussed with the patient and, where relevant, a nominated support person, family member, carer or other support person. A record of the doctor's communication with the patient and support person must be documented in, or uploaded to, CIMHA clinical notes.
- The ***Involuntary Patient and Voluntary High Risk Patient Summary*** form must be regularly updated during the patient's admission.

2.3.1 Limited community treatment¹

- Limited community treatment 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.
- An authorised doctor may authorise limited community treatment for a classified patient if:
 - the Chief Psychiatrist has given written approval for the limited community treatment, and
 - the authorised doctor is satisfied the patient is unlikely to abscond from the AMHS while receiving limited community treatment.
- 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.
- To authorise limited community treatment the authorised doctor must complete the ***Order / Authority Amendment*** form detailing the conditions of limited community treatment, the actions to be taken if conditions are not adhered to, the duration of limited community treatment and the duration of the authorisation.
- Limited community treatment 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.

¹ Limited community treatment does not apply for the purpose of providing treatment and care (e.g. a diagnostic or specialist medical procedure or administration of ECT) within an authorised mental health service facility (e.g. a public hospital). However, if healthcare is required to be provided at another facility, temporary absence approval is required.

2.3.2 Temporary absence

- The Chief Psychiatrist may approve a temporary absence from an AMHS for a classified patient.
- Temporary absence from an AMHS may be approved:
 - 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,
 - for another purpose the Chief Psychiatrist is satisfied is justified.
- 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. The form must be completed electronically in CIMHA or, if this is not possible, completed in hard copy and uploaded to CIMHA.
- The Chief Psychiatrist will, as soon as practicable, make a determination on the request, and provide the outcome to the **Administrator on the Chief Psychiatrist Approval – Temporary Absences and Limited Community Treatment for Particular Patients**.

3 Ending classified patient processes

- The classified patient provisions no longer apply if:
 - a **return event** occurs and the person is returned to custody, or
 - a **release event** occurs, that is:
 - the person is granted bail
 - the prosecution for the relevant offence is discontinued, or
 - the prisoner's sentence ends, or parole is granted.

3.1 Return events

- An authorised doctor must notify the chief psychiatrist if:
 - a classified patient 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.

- Also, an authorised doctor must notify the chief psychiatrist if, on an examination of a classified patient, the authorised doctor is satisfied that it is no longer clinically appropriate for the patient to receive treatment and care in an AMHS.
- On receiving the authorised doctor's notice, the chief psychiatrist must decide whether or not it is clinically appropriate for the person to receive treatment and care in an AMHS or 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 consenting to treatment in the AMHS or is subject to a Treatment Authority, Forensic Order (mental health) or Treatment Support Order.
- If the person's classified patient status has been ended due to a withdrawal of 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.
- 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.
- 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 the person 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

- 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 to a support person applies.
- The authorised doctor must record the communication with the patient and the support person, or the reasons why the communication did not occur. The record must be made in, or uploaded to a CIMHA clinical note.

3.1.2 Return to custody

- Within 1 day of receiving the Chief Psychiatrist's notice, the relevant Custodian must make arrangements for an authorised person to transport the classified patient from the relevant AMHS to the relevant place of custody.
- The person ceases to be a classified patient when the person is discharged into the custody of the Custodian.
- The AMHS Administrator must ensure the classified patient status is ceased on CIMHA.

3.2 Release events

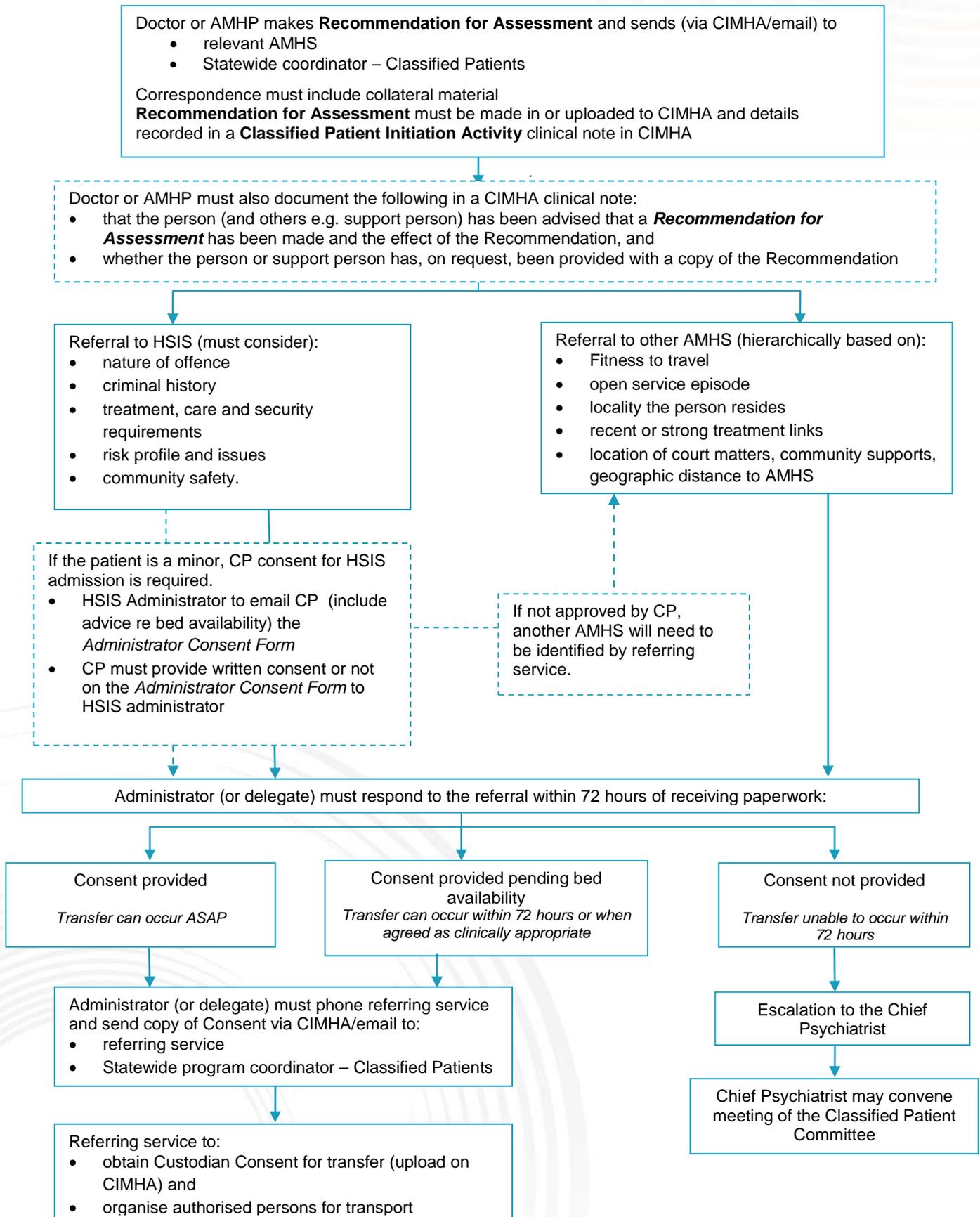
- Within 1 day of a classified patient being subject to a release event (e.g. bail, sentence ending, prosecution ends, etc.) the relevant Custodian must notify the Administrator where the person is currently admitted as a classified patient. Immediately after the Administrator receives the notice, the person's classified patient status ends.
- The Administrator must ensure:
 - the classified patient status is ceased on CIMHA
 - the Chief Psychiatrist is notified of the ending of the status 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 subject to another Authority or Order (e.g. Forensic Order, Treatment Support Order or Treatment Authority).

Attachments

1. Flowchart 1 – Transport for assessment
2. Flowchart 2 – Transport for treatment and care

Attachment 1 Flowchart 1 - Transport for assessment

Applies to person in custody and subject to Recommendation for Assessment



Attachment 2 Flowchart 2 – Transport for treatment and care

**Applies to person in custody and subject to Treatment Authority (TA), Forensic Order (mental health) (FO), Treatment Support Order (TSO) or a person who consents to treatment and care in an AMHS

Doctor or AMHP makes **Transfer Recommendation** and sends (via CIMHA/email) to:

- relevant AMHS Administrator
- Statewide Coordinator – Classified Patients

Correspondence must include collateral material

Transfer Recommendation must be made in or uploaded to CIMHA and details recorded in a **Classified Patient Initiation Activity** clinical note in CIMHA

Doctor or AMHP must also document the following in a CIMHA clinical note:

- that the person (and others e.g. support person) has been advised that a **Transfer Recommendation** has been made and the effect of the Recommendation, and
- whether the person or support person has, on request, been provided with a copy of the Recommendation

Referral to HSIS (must consider):

- nature of offence
- criminal history
- treatment, care and security requirements
- risk profile and issues
- community safety.

Referral to other Relevant AMHS (hierarchically based on):

- fitness to travel
- AMHS responsible for TA, FO, TSO
- open service episode
- locality the person resides
- recent or strong treatment links
- location of court matters, community supports, geographic distance to AMHS

If the patient is a minor, CP consent for HSIS admission is required.

- HSIS Administrator to email CP (include advice re bed availability) the *Administrator Consent Form*
- CP must provide written consent or not on the *Administrator Consent Form* to HSIS administrator

If not approved by CP, another AMHS will need to be identified by referring service.

Administrator (or delegate) must respond to the referral within 72 hours of receiving paperwork:

Consent provided

Transfer can occur ASAP

Consent provided pending bed availability

Transfer can occur within 72 hours or when agreed as clinically appropriate

Consent not provided

Transfer unable to occur within 72 hours

Administrator (or delegate) must phone referring service and send copy of Consent via CIMHA/email to:

- referring service
- Statewide program coordinator – Classified Patients

Escalation to the Chief Psychiatrist

Referring service to:

- obtain Custodian Consent for transfer (upload on CIMHA) and
- organise Authorised Persons for transport

Chief Psychiatrist may convene meeting of the Classified Patient Committee

Glossary of Terms

AMHS	Authorised Mental Health Service
CIMHA	Consumer Integrated Mental Health Application
HSIS	High Security Inpatient Service
MHA 2016	<i>Mental Health Act 2016</i>

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 & Sources

Chief Psychiatrist Policy: Classified Patients
Bail Act 1980
Mental Health Act 2016

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