

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

REF: T24/58277

NAME OF DOCUMENT	Mental Health Escalation- Maternity and Gynaecology - Outpatient
TYPE OF DOCUMENT	Clinical Business Rule
DOCUMENT NUMBER	RHW CLIN086
DATE OF PUBLICATION	04.09.24
RISK RATING	High
NATIONAL STANDARDS	Standard 5 – Comprehensive Care Standard 8 – Recognising and Responding to Acute Deterioration
REVIEW DATE	August 2026
FORMER REFERENCE(S)	
EXECUTIVE SPONSOR	Medical Co-director of Maternity Service
AUTHOR	Dr M Stone (Psychiatrist) R Solomon (CMC perinatal mental health)
SUMMARY	Appropriate assessment and management, ensuring safe care of a woman with acute mental health symptoms
KEY WORDS	Acute, Mental Health, Outpatient, escalation, schedule, absconds

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The Royal Hospital for Women provides comprehensive physical and mental health care to women attending as outpatients. A proportion of women attending as outpatients will have pre-existing or emergent mental health symptoms requiring attention

The aim of this CBR is to provide direction for appropriate assessment and management, ensuring safe care of the woman with acute mental health symptoms

2 RESPONSIBILITIES

- 2.1 Medical Staff** – Assess and initiate prompt management of a woman displaying acute mental health symptoms
- 2.2 Midwifery and nursing Staff** – identify, assess and escalate care of a woman with acute mental health symptoms to appropriate clinician and/or perinatal mental health Clinical Midwifery Consultant
- 2.3 Access and Demand Manager (ADM)/Afterhours Nurse Manager (AHMN)** - assist midwifery, nursing and medical staff with accessing mental health care

3 PROCEDURE

3.1 Clinical Practice (see appendix 1)

- Identify the unwell woman according to the following criteria:
 - Disorganised behaviour
 - Incoherence
 - Suicidal and/or infanticidal ideation or intention
 - Paranoia/persecutory ideas
 - Mania

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- Confusion
- Severe depression
- Psychosis
- Severe anxiety not responding to nursing and/or medical de-escalation
- Assess risk of harm to self or neonate (appendix 2)
- Remove any potential hazards to the woman
- Consider removing the neonate if their safety is compromised
- Activate a Code Blue by dialling '2222' give exact location, request RHW Adult Code Blue team
- Inform Midwife/Nurse Unit Manager
- Inform Royal Hospital for Women (RHW) psychiatry team through RHW switchboard
- Contact the Perinatal Mental Health Clinical Midwife Consultant (PMH CMC) in-hours for any woman attending the maternity services on mobile 0457 733 554 or office phone 9382 6337
- Activate a Code Black by dialling "2222" if the woman is at risk to self or others, or risk of absconding, give exact location
- Ensure someone is allocated and located to direct and inform Code Blue team of situation
- Assessment must be undertaken by responding medical officer if RHW psychiatry team are not available. The responding medical officer must carry out a full mental health assessment, this could lead to below possibilities: -
 - Woman **meets criteria to be detained** under the Mental Health Act (MHA Schedule 1):
 - Attending RHW medical officer (Obstetrics, Gynaecology, or Psychiatry) to complete Schedule 1, for mentally ill or disordered under NSW Mental Health Act (MHA 2007) (see appendix 3)
 - Provide the woman with the Statement of Rights Schedule 3 (see appendix 4)
 - Arrange transfer to a psychiatric facility - RHW psychiatry to organise this or, if unavailable, the RHW medical officer to speak to on-call Prince of Wales Hospital consultant psychiatrist for advice about logistics of transfer. (If needed medical officer to contact RHW Director of Medical Services (DMS) or Executive for the day who will liaise with Eastern Sydney Mental Health Service (ESMHS) Executive)
 - Woman **absconds before OR after** completion of Schedule 1:
 - Call Police on 000 if imminent risk to self, others or neonate
 - Phone Maroubra Police on 9349 9299 for unwell woman **not** at imminent risk who needs to be located and transported to a medical facility
 - Call Acute Mental Health (MH) Care Team via NSW MH Line 1800 011 511
 - Woman **safe to go home** with mental health follow up OR leaves before assessed (and there is concern for mental health wellbeing):
 - Discuss with next of kin if appropriate
 - Refer to Acute MH Care Team via the 24/7 MH Line 1800 011 511
 - For maternity patients inform PMH CMC who will arrange RHW perinatal psychiatry follow-up

Assessment by midwife in the home

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- Ensure personal safety and safety of others and minors in the household
- Call Police or Ambulance on 000 if anyone's safety or wellbeing is of significant concern
- Contact Acute Mental Health Care team via MH Line 1800 011 511
- Where possible request presence of significant other to provide supervision and secure woman's safety until services arrive
- Consider child protection, see [Child Protection](#) CBR

3.2 Documentation

- Medical record
- Schedule 1 Mental Health Act (2007)
- Schedule 3 Statement of Rights (Involuntary patient)
- Schedule 3A Statement of Rights (Voluntary patient)

3.3 Education Notes

Operational Information

- A Schedule 1 (see Appendix 3) can be filled out by any Medical Officer. This needs to be completed if there are risks requiring that a woman be detained/treated under the Mental Health Act
- RHW Junior Medical Officer (JMO) training in assessment and management of acute mental health symptoms is provided by RHW psychiatry
- RHW psychiatry are on campus in business hours except in rare circumstances. They can be contacted through RHW switchboard. If they are not available then the Prince of Wales Hospital consultant psychiatrist on-call can be contacted. For any difficulties accessing mental health advice please speak to RHW executive.

3.4 Implementation, communication and education plan

This revised CBR will be distributed to all medical, nursing and midwifery staff via @health email. The CBR will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access

3.5 Related Policies/procedures

- [Mental Health Escalation policy Maternity & Gynaecology –Inpatient](#)
- [Child Protection](#)
- [Clinical Emergency Response System \(CERS\). Management of the Deteriorating Patient](#)
- [Management of the Deteriorating MATERNITY woman SESLHDPR/705](#)
- [Recognition & Management of Patients who are Deteriorating MoH PD2020_018](#)
- [Clinical Handover MoH PD2019_020](#)
- [Admission to Discharge Care Coordination MoH PD2022_012](#)

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- [NSW Health Admission Policy PD2017_015](#)
- [Inter-facility Transfer Process for Adults Requiring Specialist Care. PD2011_031](#)

3.6 References

1. Mental Health Act (2007) Guide Book 5th addition incorporating the 2015 Mental Health Act Amendments
2. Mental Health Act (2007)
3. SAFE START Guidelines: Improving mental health outcomes for parents and infants, NSW Department of Health GL2010_004

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters](#).

6 REVISION AND APPROVAL HISTORY

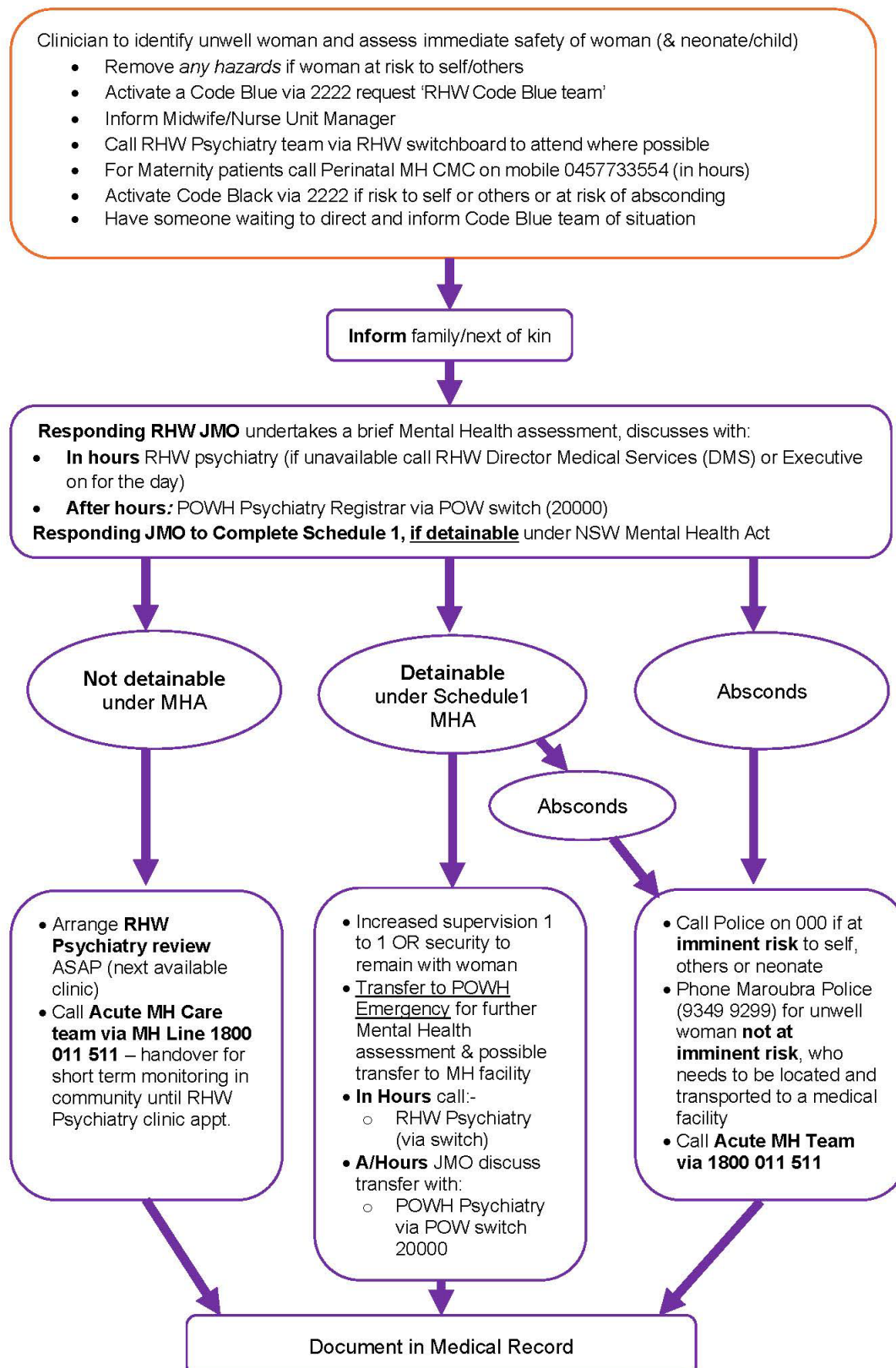
Date	Revision No.	Author and Approval
Reviewed and endorsed Maternity Services LOPs 23/3/21 Previously titled 'Mental Health Escalation – Maternity Outpatient' Approved Quality & Patient Care Committee 21/6/18 Reviewed and endorsed Maternity Services Ops 19/6/18 Approved Quality & Patient Safety Committee 20/2/14 Appendix 2 updated March 2014 Endorsed Obstetrics LOPs 28/1/14		
20/08/2024		Maternity CBR Committee
26/08/2024	6	RHW BRGC

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Appendix 1

Mental Health Escalation - RHW Outpatient



Appendix 2

**ASSESSMENT OF RISK OF HARM TO SELF OR INFANT
as part of overall safety assessment**


Developed from the recommendations in SESLHD PD 2006/5 Clinical Risk Assessment
and Management Policy

Explore risk of harm to self or baby as part of woman's safety assessment


AREAS TO CONSIDER AND DISCUSS WHERE POSSIBLE

- How hopeless is she feeling about the future or her situation?
- Does she feel life is not worth living?
- Does she have thoughts of self-harm or harm to baby?
- Does she think of ending her life?
- If so, how often is the thought present?
- Has she got a plan? How lethal is it?
- Has she made any past attempt to harm herself? When? How?
- What would stop her from acting on her thoughts (e.g. child, husband)?

Appendix 3



SMR020.100

 NSW Health	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
	ADDRESS	
SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON		
	LOCATION	
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

MENTAL HEALTH ACT 2007
(SECTION 19)

PART 1

I, _____ (name in full – use block letters) (Medical Practitioner/Accredited person)

of _____ certify that

on _____ 20____ immediately before or shortly before completing

(date)

this certificate, at _____

(state place where examination/observation took place)

I personally/by audio visual link examined / personally/by audio visual link observed

(name of person in full)

for a period of _____

(state length of examination/observation)

I certify the following matters:

1. I am of the opinion that the person examined/observed by me is *[strike out alternative that is not applicable]*:
 - (a) a mentally ill person suffering from a mental illness and that owing to that illness there are reasonable grounds for believing that care, treatment or control of the person is necessary for the person's own protection from serious harm or for the protection of others from serious harm,
 - (b) a mentally disordered person whose behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary for the person's own protection from serious physical harm or for the protection of others from serious physical harm.
2. I have satisfied myself, by such inquiry as is reasonable having regard to the circumstances of the case, that the person's involuntary admission to and detention in a mental health facility are necessary and that no other care of a less restrictive kind is appropriate and reasonably available to the person.
3. Incidents and/or abnormalities of behaviour and conduct (a) observed by myself and (b) communicated to me by others (state name, relationship and address of each informant) are:


(a) _____

(b) _____

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

SMR020.100

 NSW Health Facility: SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	D.O.B. ____ / ____ / ____	M.O.
	ADDRESS	
	LOCATION	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

4. The general medical and/or surgical condition of the person is as follows:

5. The following medication (if any) has been administered for purposes of psychiatric therapy or sedation:

6. I am not a near relative or a designated carer or the principal care provider of the person.

7. I have/do not have a pecuniary interest, directly or indirectly, in a private mental health facility. I have/do not have a near relative/partner/assistant who has such an interest. Particulars of the interest are as follows:

Made and signed this _____ day of _____ 20_____

Signature: _____

PART 2

The following persons may transport a person to a mental health facility: a member of staff of the NSW Health Service, an ambulance officer, a police officer.

If the assistance of a police officer is required, this Part of the Form must be completed.

YOU SHOULD NOT REQUEST THIS ASSISTANCE UNLESS THERE ARE SERIOUS CONCERNS RELATING TO THE SAFETY OF THE PERSON OR OTHER PERSONS IF THE PERSON IS TAKEN TO A MENTAL HEALTH FACILITY WITHOUT THE ASSISTANCE OF A POLICE OFFICER

I have assessed the risk and I am of the opinion, in relation to

(name of person in full)

that there are serious concerns relating to the safety of the person or other persons if the person is taken to a mental health facility without the assistance of a police officer. The reason for me being of this opinion is


(include any information known about the patient relevant to the risk)

Made and signed _____ 20_____ Signature _____

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

SMR020100



 NSW Health	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____ / ____ / ____	M.O.	
SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON	ADDRESS		
	LOCATION		
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Notes

1 Sections 13–16 of the *Mental Health Act 2007* state:

13 Criteria for involuntary admission etc as mentally ill person or mentally disordered person
A person is a mentally ill person or a mentally disordered person for the purpose of:

- (a) the involuntary admission of the person to a mental health facility or the detention of the person in a facility under this Act, or
- (b) determining whether the person should be subject to a community treatment order or be detained or continue to be detained involuntarily in a mental health facility,

if, and only if, the person satisfies the relevant criteria set out in this Part.

14 Mentally ill persons
(1) A person is a mentally ill person if the person is suffering from mental illness and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary:

- (a) for the person's own protection from serious harm, or
- (b) for the protection of others from serious harm.

(2) In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration in the person's condition and the likely effects of any such deterioration, are to be taken into account.

15 Mentally disordered persons
A person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person's behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary:

- (a) for the person's own protection from serious physical harm, or
- (b) for the protection of others from serious physical harm.

16 Certain words or conduct may not indicate mental illness or disorder
(1) A person is not a mentally ill person or a mentally disordered person merely because of any one or more of the following:

- (a) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular political opinion or belief,
- (b) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular religious opinion or belief,
- (c) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular philosophy,
- (d) the person expresses or refuses or fails to express or has expressed or refused or failed to express a particular sexual preference or sexual orientation,
- (e) the person engages in or refuses or fails to engage in, or has engaged in or refused or failed to engage in, a particular political activity,
- (f) the person engages in or refuses or fails to engage in, or has engaged in or refused or failed to engage in, a particular religious activity,
- (g) the person engages in or has engaged in a particular sexual activity or sexual promiscuity,
- (h) the person engages in or has engaged in immoral conduct,
- (i) the person engages in or has engaged in illegal conduct,
- (j) the person has an intellectual disability or developmental disability,
- (k) the person takes or has taken alcohol or any other drug,
- (l) the person engages in or has engaged in anti-social behaviour,
- (m) the person has a particular economic or social status or is a member of a particular cultural or racial group.

(2) Nothing in this Part prevents, in relation to a person who takes or has taken alcohol or any other drug, the serious or permanent physiological, biochemical or psychological effects of drug taking from being regarded as an indication that a person is suffering from mental illness or other condition of disability of mind.

2 In addition to matters ascertained as a consequence of personally/by audio visual link examining or observing the person, account may be taken of other matters not so ascertained where those matters:


- (a) arise from a previous examination of the person, or
- (b) are communicated by a reasonably credible informant.

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

NH600900A 051015

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 NSW Health	FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____ / ____ / ____	M.O.	
SCHEDULE 1 – MEDICAL CERTIFICATE AS TO EXAMINATION OR OBSERVATION OF PERSON	ADDRESS		
	LOCATION		
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

3 In the *Mental Health Act 2007*, **mental illness** is defined as follows:
mental illness means a condition that seriously impairs, either temporarily or permanently, the mental functioning of a person and is characterised by the presence in the person of any one or more of the following symptoms:

- (a) delusions,
- (b) hallucinations,
- (c) serious disorder of thought form,
- (d) a severe disturbance of mood,
- (e) sustained or repeated irrational behaviour indicating the presence of any one or more of the symptoms referred to in paragraphs (a)–(d).

4 In the *Mental Health Act 2007*, **designated carer** and **principal care provider** are defined as follows:

71 Designated carers

(1) The **designated carer** of a person (the **patient**) for the purposes of this Act is:

- (a) the guardian of the patient, or
- (b) the parent of a patient who is a child (subject to any nomination by a patient referred to in paragraph (c)), or
- (c) if the patient is over the age of 14 years and is not a person under guardianship, a person nominated by the patient as a designated carer under this Part under a nomination that is in force, or
- (d) if the patient is not a patient referred to in paragraph (a) or (b) or there is no nomination in force as referred to in paragraph (c):
 - (i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or
 - (ii) any individual who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or
 - (iii) a close friend or relative of the patient.

(2) In this section:

close friend or relative of a patient means a friend or relative of the patient who maintains both a close personal relationship with the patient through frequent personal contact and a personal interest in the patient's welfare and who does not provide support to the patient wholly or substantially on a commercial basis.

relative of a patient who is an Aboriginal person or a Torres Strait Islander includes a person who is part of the extended family or kin of the patient according to the indigenous kinship system of the patient's culture.

72A Principal care providers

- (1) The **principal care provider** of a person for the purposes of this Act is the individual who is primarily responsible for providing support or care to the person (other than wholly or substantially on a commercial basis).
- (2) An authorised medical officer at a mental health facility or a director of community treatment may, for the purposes of complying with a provision of this Act or the regulations, determine who is the principal care provider of a person.
- (3) The authorised medical officer or the director of community treatment must not determine that a person is the principal care provider of another person if the person is excluded from being given notice or information about the other person under this Act.
- (4) An authorised medical officer or a director of community treatment is not required to give effect to a requirement relating to a principal care provider of a person under this Act or the regulations if the officer or director reasonably believes that to do so may put the person or the principal care provider at risk of serious harm.
- (5) A principal care provider of a person may also be a designated carer of the person.

5 For admission purposes, this certificate is valid only for a period of 5 days, in the case of a person who is a mentally ill person, or 1 day, in the case of a person who is a mentally disordered person, after the date on which the certificate is given.



6 An examination or observation may be carried out by audio visual link by a medical practitioner or accredited person if it is not reasonably practicable for a medical practitioner or accredited person to personally examine or observe a person for the purposes of this form.

Holes punched as per AS2828-1999
BINDING MARGIN - NO WRITING

SMR020100



Appendix 4

 SMR025105	 NSW Health	FAMILY NAME		MRN
	Facility:	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		D.O.B. ____/____/____		M.O.
		ADDRESS		
		LOCATION / WARD		
SCHEDULE 3 STATEMENT OF RIGHTS FOR PERSONS DETAINED IN MENTAL HEALTH FACILITY		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
<p align="center">MENTAL HEALTH ACT 2007 SECTION 74 (3) AND SCHEDULE 3</p> <p>Your rights You should read the questions and answers below to find out your rights and what may happen to you after you are brought to a mental health facility.</p> <p>What happens after I arrive at a mental health facility? You must be seen by a facility doctor not later than 12 hours after you arrive at the mental health facility.</p> <p>If you are a person who is already in a mental health facility as a voluntary patient, and you have been told you are now to be kept in the facility against your will, you must be seen by a facility doctor not later than 12 hours after it is decided to keep you in the facility.</p> <p>When can I be kept in a mental health facility against my will? You can be kept in a mental health facility against your will if you are certified by the facility doctor as a mentally ill person or a mentally disordered person. The doctor will decide whether or not you are a mentally ill person or a mentally disordered person.</p> <p>A mentally ill person is someone who has a mental illness and who needs to be kept in a mental health facility for his or her own protection or to protect other people. A mentally disordered person is someone whose behaviour shows that he or she needs to be kept in a mental health facility for a short time for his or her own protection or to protect other people.</p> <p>The facility cannot continue to keep you against your will unless at least one other doctor also finds that you are a mentally ill person or a mentally disordered person. At least one of the doctors who sees you must be a psychiatrist.</p> <p>How long can I be kept in a mental health facility against my will? If you are found to be a mentally disordered person, you can only be kept in a mental health facility for up to 3 DAYS (weekends and public holidays are not counted in this time). During this time you must be seen by a doctor at least once every 24 hours. You cannot be detained as a mentally disordered person more than 3 times in any month.</p> <p>If you are found to be a mentally ill person, you will be kept in the mental health facility until you see the Mental Health Review Tribunal who will hold a mental health inquiry to decide what will happen to you.</p> <p>How can I get out of a mental health facility? You, or a friend or relative, may at any time ask the medical superintendent or another authorised medical officer to let you out. You must be let out if you are not a mentally ill person or a mentally disordered person or if the medical superintendent or another authorised medical officer thinks that there is other appropriate care reasonably available to you. You or a person who asks for you to be let out may appeal to the Mental Health Review Tribunal against a refusal by the medical superintendent or another authorised medical officer to let you out.</p> <p>Can I be treated against my will? The facility staff may give you appropriate medical treatment, even if you do not want it, for your mental condition or in an emergency to save your life or prevent serious damage to your health. The facility staff must tell you what your medical treatment is if you ask. You must not be given excessive or inappropriate medication. You may be operated on if a person who is your designated carer and the Secretary of the Ministry of Health agree if you do not consent to the operation, but only if it is in your interests to have the operation.</p> <p>Can I be given electro convulsive therapy (ECT) against my will? Yes, but only if the Mental Health Review Tribunal determines at a hearing that it is necessary or desirable for your safety or welfare. You have a right to attend that hearing.</p>				

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NH006724A 04-1023

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More information

You should read the questions and answers below to find out about mental health inquiries and when you may be kept in a mental health facility against your will after an inquiry.

When is a mental health inquiry held?

A mental health inquiry must be held as soon as practicable after it is decided to keep you in a mental health facility against your will because you are a mentally ill person.

What happens at a mental health inquiry?

Mental Health Review Tribunal will decide whether or not you are a mentally ill person.

If Mental Health Review Tribunal decides that you are not a mentally ill person, you must be let out of the mental health facility.

If Mental Health Review Tribunal decides that you are a mentally ill person, Mental Health Review Tribunal will then decide what will happen to you. Consideration must be given to the least restrictive environment in which care and treatment can be effectively given. Mental Health Review Tribunal may order that you be kept in a mental health facility as an INVOLUNTARY PATIENT for a set time (not more than 3 months or Mental Health Review Tribunal may order that you be let out of the mental health facility. If you are let out, Mental Health Review Tribunal may make a community treatment order requiring you to have certain treatment after you are let out.

Mental Health Review Tribunal may adjourn the inquiry for up to 14 days where it considers that it is in your best interests.

If Mental Health Review Tribunal makes an order that you are to remain in a mental health facility as an involuntary patient, Mental Health Review Tribunal must also consider whether you are capable of managing your financial affairs. If Mental Health Review Tribunal is not satisfied that you are capable, an order must be made for the management of your affairs under the *NSW Trustee and Guardian Act 2009*.

What rights do I have at a mental health inquiry?

You can tell Mental Health Review Tribunal what you want or have your lawyer tell the Mental Health Review Tribunal what you want. You can wear street clothes, be helped by an interpreter and have a designated carer or any other person who is your principal care provider, relatives and friends told about the inquiry. You can apply to see your medical records.

What are my rights of appeal if I have been made an involuntary patient?

You (or a carer or friend or relative) may at any time ask the medical superintendent or another authorised medical officer to discharge you. If the medical superintendent or authorised medical officer refuses or does not respond to your request within 3 working days you (or a carer a friend or relative) may lodge an appeal with the Mental Health Review Tribunal.

You will be given a notice setting out your appeal rights.

What happens when the time set by an order making me an involuntary patient has nearly ended?

The facility medical staff will review your condition before the end of the order and the mental health facility may either discharge you or apply to the Mental Health Review Tribunal for a further order. The Tribunal must let you out of the mental health facility if it decides that you are not a mentally ill person or if it feels that other care is more appropriate and reasonably available.

Who can I ask for help?

You may ask any facility staff member, social worker, doctor, official visitor, chaplain, your own lawyer or LawAccess NSW for help. The LawAccess NSW telephone number is 1300 888 529.

Can I see an official visitor?

You may ask any facility staff member if you can see an official visitor. Staff will arrange for a visit by an official visitor.

Can I ask a friend or relative to act for me?

You may nominate up to 2 people to be your designated carers, including a person who is also your principal care provider while you are in a mental health facility. A designated carer or any other person who is your principal care provider may ask for information on your behalf and will be informed if you are kept in a mental health facility, subject to a mental health inquiry, transferred or discharged and of proposed special mental health treatments or surgical operations. You and a designated carer or any other person who is your principal care provider also have the right to be given information about follow-up care if you are discharged.

Will I be assisted to present well before the Tribunal?

Yes, the facility staff must, as far as reasonably practicable, ensure that before you attend the Tribunal you are provided with appropriate street clothes and grooming items, including suitable shaving equipment and make-up.

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BINDING MARGIN - NO WRITING

SMR025105

