VERŻJONI ELETTRONIKA

MENTAL HEALTH ACT, 2012

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I assent.

(L.S.) GEORGE ABELA
President

7th December, 2012

ACT No. XXII of 2012

AN ACT to regulate the provision of mental health services, care and rehabilitation whilst promoting and upholding the rights of people suffering from mental disorders.

BE IT ENACTED by the President, by and with the advice and consent of the House of Representatives, in this present Parliament assembled, and by the authority of the same as follows:-

Short title and commencement.

1. (1) The short title of this Act is the Mental Health Act, 2012.

(2) This Act shall come into force on such date as the Minister responsible for health may by notice in the Gazette establish, and different dates may be so established for different provisions and for different purposes of this Act.

PART I
PRELIMINARY

Interpretation.

2. In this Act unless the context otherwise requires:

"chief executive officer" means the person responsible for the management of a licensed facility;

"clinical director" means the specialist responsible for the clinical care provided by a licensed facility;

"the Commissioner" means the Commissioner established by article 5;

"custodial care" means non-medical care that helps a person with his or her activities of daily living and not requiring constant attention of healthcare professionals;

"healthcare professional" means a professional registered with the relevant Council under the Health Care Professions Act or under any other Act regulating the professions of social work and, or psychology, and "healthcare staff" shall be construed accordingly;

Cap. 464.

"incapacitation" means incapacitation as interpreted for the purposes of the Civil Code and the Code of Organization and Civil Procedure;

Cap. 16.
Cap. 12.

“informed consent” means that decision taken by the patient or the carer as applicable after being informed of his rights under article 3;

"interdiction" means interdiction as interpreted for the purposes of the Civil Code and the Code of Organisation and Civil Procedure;

Cap. 16.
Cap. 12.

"involuntary patient" means a patient who is in the licensed facility or in the community receiving treatment and care against his will;

"leave" means temporary absence of a person from a licensed facility on the approval of the responsible specialist but in the case of involuntary admission, the person still remains under the Order issued under this Act and liable to be taken back for involuntary inpatient care;

"medical practitioner" means any person whose name is entered in the Medical Registers kept by the Medical Council and "medical personnel" shall be construed accordingly;

"mental capacity" means the patient’s ability and competence to make different categories and types of decisions and to be considered responsible for his actions;

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"mental disorder" means a significant mental or behavioural dysfunction, exhibited by signs and, or symptoms indicating a disruption of mental functioning, including disturbance in one or more of the areas of thought, mood, volition, perception, cognition, orientation or memory which are present to such a degree as to be considered pathological in accordance with internationally accepted medical and diagnostic standards and "mental illness" shall be construed accordingly, and for the purpose of any matter related to criminal proceedings, it shall include "insanity" as understood for the purpose of the Criminal Code; Cap. 9.

"mental health licensed facility" means a healthcare setting, whether private or public, duly licensed to provide mental health care and "licensed facility" shall be construed accordingly;

"mental welfare officer" means a healthcare professional with experience in mental health appointed by the Minister on the recommendation of the clinical director for the purposes of this Act;

"Minister" means the Minister responsible for health;

"minor" means a person under the age of eighteen years;

"multidisciplinary care" means the care and treatment given to the patient by different healthcare professionals working as a team;

"multidisciplinary care plan" means the plan setting out the relevant medical, nursing, social, psychological and rehabilitative interventions that may be necessary to holistically address the needs of the person, expected outcomes, responsibilities and timeframes to be respected when giving the care and treatment to the patient and "care plan" shall be construed accordingly;

"multidisciplinary team" means a group of different healthcare professionals working together as a team in giving treatment and care to the patient and "team" shall be construed accordingly;

"patient" means a person including minors, who is under voluntary or involuntary treatment, care or rehabilitation and "person" shall be construed accordingly;

"responsible carer" means the person appointed by virtue of article 4 and "carer" shall be construed accordingly;

"responsible specialist" means the specialist in psychiatry under whose care the patient is admitted or receiving treatment or care;

"restrictive care" includes seclusion and restraint;

"specialist in mental health" means a specialist whose name is entered in the Specialist Register for Psychiatry held by the Medical Council under the provisions of the Healthcare Professions Act and "specialist" shall be construed accordingly;

Cap. 464.

"special treatment" means those types of invasive or irreversible therapeutic interventions listed in the Special Treatment List in Part I of the Fourteenth Schedule;

"treatment" includes voluntary and involuntary treatment of a medical, nursing, social and psychological nature and "care" shall be construed accordingly.

PART II
RIGHTS OF USERS AND CARERS

Rights of mental healthcare users.

3. (1) Without prejudice to anything provided in this Act and unless prevented by law, persons with a mental disorder shall have the right to:

(a) exercise all civil, political, economic, social, religious, educational and cultural rights respecting individual qualities, abilities and diverse backgrounds and without any discrimination on grounds of physical disability, age, gender, sexual orientation, race, colour, language, religion or national or ethnic or social origin;

(b) receive treatment of the same quality and standard as other individuals;

(c) receive treatment which addresses holistically their needs through a multidisciplinary care plan approach;

(d) receive treatment in the least restrictive environment and in the least restrictive manner;

(e) receive care primarily in the community;

(f) aftercare and rehabilitation when possible in the community so as to facilitate their social inclusion;

(g) be adequately informed about the disorder and the multidisciplinary services available to cater for their needs and the treatment options available;

(h) actively participate in the formulation of the multidisciplinary treatment plan;

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(i) give free and informed consent before any treatment or care is provided and such consent shall be recorded in the patient's clinical record. This is without prejudice to the patient's right to withdraw consent;

(j) have a responsible carer of their choice whenever possible;

(k) confidentiality of all information about themselves, their illness and treatment in whatever form stored, which information shall not be revealed to third parties without their consent unless:

(i) there is a life threatening emergency when information is urgently required to save lives; or

(ii) it is in the interest of public safety; or

(iii) ordered by court to do so; or

(iv) whosoever is requesting such information is entitled by law to receive it;

(l) access to their clinical records unless, in the opinion of the responsible specialist revealing such information may cause harm to the person's health or put at risk the safety of others. When any information is withheld, the patient or the responsible carer, may contest such decision with the Commissioner;

(m) be informed within twenty-four hours of admission to a licensed facility or on receiving a Community Treatment Order, of their rights in a form and language which the patient understands, which information shall include an explanation of those rights and how to exercise them;

(n) full respect for their dignity;

(o) protection from cruel, inhuman and degrading treatment;

(p) privacy unless there is a serious risk to the person's health or the safety of others;

(q) a safe and hygienic environment;

(r) free and unrestricted communication with the outside world when receiving treatment in a licensed facility,

unless such freedom is detrimental to the patient's health or it impinges on the rights and freedoms of other people. In such circumstances application to the Commissioner for approval to restrict such freedom shall be sought by the responsible specialist on the relevant form in accordance with the First Schedule;

(s) receive visitors in private within all reasonable times unless such visiting is detrimental to the patient's health or it impinges on the rights and freedoms of other people. In such circumstances application to the Commissioner for approval to restrict such visiting shall be sought by the responsible specialist on the relevant form in accordance with the First Schedule.

(2) If and for as long as the patient lacks the mental capacity to understand any information regarding his rights, then such information shall be communicated within 24 hours to the responsible carer.

Responsible carer.

4. (1) The responsible carer shall be a person who is ordinarily resident in Malta and who maintains a close personal relationship with the patient and manifests concern for his welfare.

(2) The responsible carer shall be a person appointed in writing by the patient to act on his behalf:

Provided that when the patient lacks mental capacity, or otherwise fails to appoint a responsible carer in writing, the responsible carer shall without prejudice to the provisions of sub-article (3) hereunder, be taken to be in the following order:

(a) the husband or the wife, if any, unless permanently separated from the patient, either by a judgment or by mutual consent authorised by a decree, in either case given by the competent court, or has deserted or has been deserted by the patient for any period which has not come to an end; or

(b) sons and daughters over the age of eighteen years; or

(c) either parent by mutual consent; or

(d) a close friend or other relative of the patient; or

(e) in those instances where a responsible carer under paragraphs (a) to (d) above cannot be identified, traced or refuses to give his consent, a healthcare professional shall be appointed by the Commissioner to assume the role of

responsible carer, in so far as the giving or withholding of consent to treatment is concerned:

Provided further that notwithstanding the provisions of this subarticle, the responsible specialist may request the Commissioner in writing to substitute the responsible carer by any other person, giving reasons for his request and the Commissioner shall on receipt of the request review the case and give his decision in writing within 120 hours to the responsible specialist and the patient.

(3) Where any person is appointed by a decree of a Court to represent the patient, the person so appointed shall be deemed to be the responsible carer of the patient.

(4) The responsible carer shall:

(a) be informed by the responsible specialist or his delegated member of the multidisciplinary team of the rights of the patient and on the services and support available to him in looking after the person;

(b) have access to such services and support;

(c) participate in the formulation of the multidisciplinary care plan;

(d) be promptly informed and given adequate guidance on how to better support and look after the patient.

PART III
COMMISSIONER

Commissioner for the Promotion of Rights of Persons with Mental Disorders.

5. (1) There shall be established a Commissioner for the Promotion of Rights of Persons with Mental Disorders, hereinafter referred to as "the Commissioner", to be appointed by the Prime Minister after consulting the Leader of the Opposition under such terms as he deems appropriate.

(2) The Commissioner shall exercise his functions under this Act in relation to particular cases in his own individual judgement but he shall nevertheless be accountable for his performance to the Minister.

(3) In the performance of his functions, the Commissioner shall be assisted by and shall consult with -

(a) healthcare professionals; and

(b) any other person including users and carers.

Functions of the Commissioner.

6. (1) The Commissioner shall:

(a) promote and safeguard the rights of persons suffering from a mental disorder and their carers;

(b) review any policies and make such recommendations to any competent authority to safeguard or to enhance the rights of such persons and to facilitate their social inclusion and wellbeing;

(c) review, grant and extend any Order issued in terms of this Act and for this purpose it shall be the duty of any person to appear before the Commissioner when so requested;

(d) ensure that patients are not held in the licensed facility for longer than is necessary;

(e) monitor any person duly certified as lacking mental capacity and is under curatorship or tutorship;

(f) authorise or prohibit special treatments, clinical trials or other medical or scientific research on persons under the provisions of this Act;

(g) review all patient incident reports and death records received from licensed mental health facilities;

(h) ensure that guidelines and protocols for minimising restrictive care are established;

(i) investigate any complaint alleging breach of patient's rights and take any subsequent action or make recommendations which may be required to protect the welfare of that person;

(j) investigate any complaint about any aspect of care and treatment provided by a licensed facility or a healthcare professional and take any decisions or make any recommendations that are required;

(k) conduct regular inspections, at least annually, of all licensed facilities to ascertain that the rights of patients and all the provisions of this Act are being upheld. During such visits he shall have unrestricted access to all parts of the licensed facility and patient medical records as well as the right to interview any patient in such facility in private;

(l) report any case amounting to a breach of human rights within a licensed facility to the appropriate competent authority recommending the rectification of such a breach and take any other proportional action he deems appropriate;

(m) report to the appropriate competent authority any healthcare professional for breach of human rights or for contravening any provision of this Act and this without prejudice to any other proportional action that he may deem necessary to take;

(n) present to the Minister an annual report of his activity which shall be placed on the Table of the House of Representatives by the Minister and shall be discussed in the Permanent Committee for Social Affairs within two months of receipt; and

(o) any other function which the Minister may prescribe by regulations under this Act.

(2) The Commissioner may delegate any of his functions to any officer of his office or to any other person appointed to assist the Commissioner in the execution of his functions.

PART IV
ADMISSION TO A LICENSED FACILITY AND COMMUNITY TREATMENT

Voluntary admission to mental health licensed facility.

7. (1) A person shall be admitted voluntarily to a licensed facility when he needs inpatient treatment and is willing to receive it.

(2) Without prejudice to any other rights under this Act, a voluntary patient:

(a) shall not be admitted unless he consents in writing to the required care and treatment;

(b) shall not be secluded unless he consents in writing;

(c) can discharge himself at any time unless the criteria for involuntary admission are met;

(d) shall be informed on admission that medical personnel may exercise the authority to prevent his discharge should he meet involuntary admission criteria, unless the responsible specialist decides that it is not in the interest of the patient to be informed of such authority in which case such information shall be passed to the responsible carer;

(e) shall have a multidisciplinary care plan formulated in consultation with the patient and, or the responsible carer and finalised within 168 hours of admission; and

(f) shall give written informed consent prior to any significant changes in the care plan:

Provided that in cases where a patient lacks mental capacity or is legally prevented from giving consent to treatment, the responsible carer shall give such consent:

Provided further that if the responsible carer cannot be identified, traced or otherwise refuses to give his consent, emergency treatment can be given to prevent physical harm to self or others, or to prevent mental deterioration and a note to this effect is entered in the person's clinical records.

(3) In cases of voluntary admissions the nurse in charge of the patient may prevent self discharge for up to four hours to allow review by a medical practitioner if it is perceived that there are grounds for involuntary admission.

Criteria for involuntary admission.

8. (1) A person may only be admitted involuntarily to a licensed facility or, having already been admitted voluntarily, be detained as an involuntary patient in such facility if a specialist certifies that such person:

(a) has a severe mental disorder, and

(b) due to the mental disorder, there is a serious risk of physical harm to that person or to other persons, and

(c) failure to admit or detain that person is likely to lead to a serious deterioration in his condition or will prevent the administration of appropriate treatment that can not be given in the community:

Provided that in case of emergency when there is a serious likelihood of immediate physical harm to the person or to third parties, a reasonable suspicion of severe mental disorder shall suffice.

(2) A person requiring custodial care only shall not be kept in a licensed facility as an involuntary patient.

(3) A person shall not be admitted to a licensed facility if other less restrictive alternatives such as community care can be utilised.

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Involuntary admission for observation - medical recommendation.

9. (1) Prior to an involuntary admission for observation, an initial medical assessment shall be made by two medical practitioners, one of whom shall be a specialist, within a maximum of seventy-two hours from each other and who shall fill the recommendation in Part (A) of the application form for involuntary admission in accordance with the Second Schedule. In the case of a discrepancy between the two assessments, a third independent assessment by a specialist in mental health shall be carried out and then the majority recommendation shall prevail.

Emergency admission for observation - medical recommendation.

(2) In case of emergency, when there is a serious likelihood of immediate physical harm to the person or to third parties, an initial single medical assessment shall suffice for the purpose of application for involuntary admission for observation. The second medical assessment by a specialist in mental health shall be carried out within twenty-four hours of admission to the licensed facility.

Urgent treatment in an emergency.

(3) No involuntary treatment shall be given before the second assessment has been carried out unless it is emergency treatment meant solely to prevent physical harm to the patient or others or to prevent mental deterioration.

Application for involuntary admission for observation.

10. (1) No application for involuntary admission for observation can be made unless the medical assessment has been carried out and the medical recommendation for admission filled in.

(2) An application for involuntary admission for observation shall be made by the responsible carer who shall fill Part (B) of the application form for involuntary admission in accordance with the Second Schedule, failing which or when the responsible carer explicitly refuses consent for such involuntary admission, a mental welfare officer may make such an application certifying on Part (C) of the application form that he is satisfied that such an application ought to be made and is of the opinion that there are valid reasons for involuntary admission to a licensed facility and that care can not be safely given in the community. If the mental welfare officer is of the opinion that such involuntary admission is not justified, he shall fill the relevant part of the application form giving reasons for his disagreement, provided that such disagreement shall not prevent or delay the involuntary admission for observation.

(3) The application form shall be forwarded to the Commissioner by the clinical director within forty-eight hours from the person being admitted.

Involuntary admission for observation.

11. (1) When a person is admitted and detained in a licensed facility as an involuntary patient he shall be initially detained therein for a period of observation not exceeding two hundred and

forty hours from the time of admission in the licensed facility within which urgent treatment may be given:

Provided that an assessment by a specialist in mental health shall be carried out within twenty-four hours from the time of admission to the licensed facility and that any issues of immediate concern are dealt with promptly and expediently.

(2) After the lapse of the observation period the patient shall either be discharged or detained as a voluntary patient unless articles 12 or 17 have been applied in which case the patient can be detained involuntarily until a decision of the Commissioner is taken.

Application for Involuntary Admission for Treatment Order.

12. (1) If within the period of observation it becomes evident to the multidisciplinary team that the patient requires involuntary admission beyond the observation period for therapeutic reasons, an application for an Involuntary Admission for Treatment Order shall be made to the Commissioner by the responsible specialist on the specified form in accordance with the Third Schedule, supported by a multidisciplinary care plan outlining the patient's needs, how and by whom these will be addressed, specifying expected outcomes and timeframes:

Provided that healthcare professionals making treatment or care decisions as part of the multidisciplinary care plan shall only do this within their professional scope of practice.

(2) The Commissioner shall within one hundred and twenty hours of receipt of the application referred to in subarticle (1):

(a) interview the person, and if required and as necessary, interview also, together or separately, any or all of the members of the multidisciplinary team and the responsible carer, in order to verify that the involuntary admission is appropriate and that a care plan has been submitted;

(b) approve or otherwise the application.

(3) An Involuntary Admission for Treatment Order shall not exceed ten weeks after the lapse of the initial period of observation.

Extension of Involuntary Admission for Treatment Order.

13. (1) An Involuntary Admission for Treatment Order may be extended for a further period not exceeding five weeks as approved by the Commissioner following an application by the responsible specialist.

(2) An application for extension of Involuntary Admission for Treatment Order in accordance with the Fourth Schedule shall be

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submitted by the responsible specialist to the Commissioner at least one hundred and sixty-eight hours before the termination of the initial period of involuntary admission for treatment giving specific reasons for the extension and any modification of the care plan.

(3) (a) Before granting any extension the Commissioner shall investigate whether the criteria for involuntary admission are still operative and whether there was any failure by any healthcare professional in not attaining the desired outcomes as a result of not abiding by established patient management protocols and, or the multidisciplinary care plan submitted by the team.

(b) In those cases where the Commissioner is satisfied that the necessity for the extension results from a failure from any healthcare professional in not abiding to established patient management protocols and, or to the submitted multidisciplinary care plan, the Commissioner shall make any recommendations he deems necessary and take such actions against any healthcare professional as provided by or under this Act.

(4) No further extension of involuntary admission and treatment is allowed beyond the extension granted by the Commissioner under subarticle (1):

Continuing Detention Order.

Provided that upon the application of the responsible specialist for a Continuing Detention Order on the prescribed form in accordance with the Fifth Schedule, if the Commissioner is satisfied, after an independent review by a specialist, that the person still has a mental disorder that requires treatment and should continue to be detained for his own safety or that of others, and that no other less restrictive way would achieve the best possible outcome for that person and his safety and, or the protection of the public, the Commissioner may grant a Continuing Detention Order for a maximum period of six months which may be renewed for further periods of up to six months after a new application accompanied by a modified multidisciplinary care plan is submitted to the Commissioner.

Consent in the case of involuntary admission.

14. Prior to the administration of any treatment, informed consent shall be given by the patient and in those cases where the patient lacks the mental capacity to give consent, such consent shall be obtained from the responsible carer:

Provided that if the patient refuses to give consent, treatment can be given to prevent physical harm to self or others or to prevent mental deterioration and notes to this effect shall be entered in the person's clinical records:

Provided further that if the responsible carer cannot be traced or refuses to give consent, treatment can be given to prevent physical harm to self or others or to prevent mental deterioration and notes to this effect shall be entered in the person's clinical records and in such cases measures to replace the responsible carer in terms of article 4 may be taken.

Release from involuntary admission for treatment.

15. (1) If the patient's mental health status improves and the criteria for involuntary admission and treatment cease to exist either during the period of involuntary admission, or at the end of the approved involuntary treatment period, as the case may be, the responsible specialist shall immediately request the Commissioner on the prescribed form in accordance with the Sixth Schedule to release the patient from the Involuntary Admission for Treatment Order or the Continuing Detention Order.

(2) On release from the Involuntary Admission for Treatment Order or the Continuing Detention Order the patient shall attain all the rights related to a voluntary admission.

Community Treatment Order.

16. (1) Persons with a mental disorder who do not require treatment in a licensed facility but meet the criteria for compulsory treatment in the community, shall, following the granting of a Community Treatment Order, be compulsorily treated in the community under a care plan that helps the person to live and integrate in the community.

(2) The Community Treatment Order shall allow for treatment, care and management of a person with a mental disorder to be provided in the community by healthcare professionals as nominated in the care plan.

(3) A person who is subject to a Community Treatment Order shall be required to undergo the authorised treatment, failing which, he may be liable to the issue of a Conveyance Order as provided under article 21 of this Act.

Criteria for Community Treatment Order.

(4) A Community Treatment Order shall be granted by the Commissioner in respect of a person living in the community or a patient receiving voluntary or involuntary treatment in a licensed facility, if after receiving the relevant application in accordance with the Seventh Schedule he is satisfied that:

(a) the person has a severe mental disorder that is amenable to treatment in the community; and

(b) the responsible specialist has previously authorised treatment for the illness but the person has refused or failed to

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consistently cooperate with the treatment to an extent that has resulted or may result in relapse of the mental disorder or inadequate response which has previously led or may lead to involuntary admission to a licensed facility; and

(c) the person should be given treatment for the illness in the interest of his own safety or for the protection of others; and

(d) the treatment required for the person can be safely provided in the community.

(5) After granting a Community Treatment Order, the Commissioner shall inform in writing the person and his responsible carer about the Order.

(6) Upon request from a person who is receiving treatment under a Community Treatment Order in the private healthcare sector or his responsible carer, the Commissioner may direct the clinical director responsible for psychiatric care in the public sector to arrange for such treatment to be provided in the public sector under the same conditions under which treatment is provided in the said sector, if in the opinion of the Commissioner the person lacks the financial means for private treatment, provided that such treatment is available in the public sector.

Supervision Register.

(7) There shall be a public officer duly authorised by the clinical director responsible for psychiatric care in the public sector who shall keep an updated supervision register listing all patients who are on a Community Treatment Order and indicating their respective level of risk. A copy of this information shall be sent to the Commissioner every six months.

Medical recommendation for a Community Treatment Order.

17. A person who is a voluntary or involuntary patient within a licensed facility or who is living in the community, may be placed on a Community Treatment Order following a medical recommendation which shall be made by a specialist, preferably the responsible specialist where applicable, and a medical practitioner, preferably the medical practitioner who will be following the patient in the community under the supervision of the responsible specialist, after assessing the person within a maximum period of 24 hours of each other and who are to fill Part (A) and Part (B) respectively of the relevant application in accordance with the Seventh Schedule.

Application for Community Treatment Order.

18. (1) No application for a Community Treatment Order may be made unless the medical recommendation has been completed.

(2) An application for a Community Treatment Order may be made by the responsible carer in Part (C) of the relevant application form in accordance with the Seventh Schedule, failing which or when the responsible carer explicitly refuses consent for such an application, a mental welfare officer may make such an application certifying on Part (D) of the relevant application form in accordance with the Seventh Schedule that he is satisfied that such an application ought to be made and is of the opinion that there are valid reasons for a Community Treatment Order. If the mental welfare officer is of the opinion that such Community Treatment Order is not justified, he shall fill the relevant part of the application form giving reasons for his disagreement, provided that such disagreement shall not prevent or delay the submission of the application to the Commissioner for consideration.

(3) An application for a Community Treatment Order shall be accompanied by a care plan which shall:

(a) indicate a key healthcare professional responsible for co-ordinating the various interventions and for explaining to the patient his rights and the care plan in a language that the patient can understand;

(b) be formulated by the responsible specialist in collaboration with other healthcare professionals as appropriate, with the patient concerned and with the responsible carer;

(c) specify the medicinal products, appointments and other aspects of care that the healthcare professionals believe are necessary to enable the person to live in the community; and

(d) specify the names of the healthcare professionals responsible to provide each identified intervention required by the patient.

Medical practitioner providing treatment different from specialist making medical recommenda-tion.

19. (1) In those cases where the medical practitioner responsible to provide treatment to the person on a Community Treatment Order is not the specialist or the medical practitioner making the recommendation, such medical practitioner shall signify his agreement to provide the treatment on the prescribed form in accordance with the Eighth Schedule and forward it to the Commissioner.

(2) When the medical practitioner providing community medical treatment is not the specialist making the medical recommendation, the patient shall remain under the supervision of the responsible specialist, provided that the responsible specialist and the

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medical practitioner providing treatment to the patient shall keep regular liaison with each other.

Duration.

20. A Community Treatment Order shall only be granted for a maximum period of six months which may be renewed for further periods of up to six months after the submission of a new application and provided that the criteria for granting such an order exist.

Failure by patient to comply with care plan.

21. (a) It shall be the duty of the key healthcare professional responsible for the co-ordination of the care plan to ensure that the patient is following the prescribed care plan.

(b) If such healthcare professional believes that the patient is not complying with his obligations and the responsible carer can not ensure that the patient complies with the care plan, he shall inform the responsible specialist who then may issue a Conveyance Order on the prescribed form in accordance with Part I of the Ninth Schedule asking the police to bring such patient to the responsible specialist for an assessment.

(c) The responsible specialist shall assess the patient and order treatment accordingly.

(d) If such treatment is refused, the patient may be detained involuntarily in a licensed facility for a period not exceeding two hundred and forty hours after which period the patient shall either be discharged on the Community Treatment Order, or detained as a voluntary patient or if it becomes evident that the patient requires further involuntary admission for therapeutic reasons, an application for an Involuntary Admission for Treatment Order shall be made in accordance with article 12, concurrently with an application for the revocation of the Community Treatment Order in accordance with article 23.

Disclosure of information.

22. No disclosure of information by healthcare professionals to third parties shall take place unless:

(a) the patient consents in writing, or

(b) the release of information to the responsible carer or other person is required for the ongoing care of the patient under the Community Treatment Order, or

(c) for the care or safety of other persons, or

(d) to any person or authority entitled by law to receive it.

Revocation of Community Treatment Order.

23. A Community Treatment Order may be revoked by the Commissioner following an application for the purpose submitted by the responsible specialist, on the prescribed form in accordance with the Tenth Schedule.

PART V
MENTAL CAPACITY

Certification.

24. (1) A person suffering from a mental disorder shall be deemed able and competent to make decisions unless certified by a specialist as lacking mental capacity to do so.

(2) Only a specialist may certify a person suffering from a mental disorder as having mental capacity or lack thereof.

(3) Whenever it is deemed by a specialist that lack of mental capacity is of a transient nature not exceeding fourteen days, such transient lack of mental capacity shall be duly documented in the patient's clinical records.

(4) Certification of lack of mental capacity for a period exceeding fourteen days but not exceeding twenty-six weeks or for the purpose of an application for incapacitation or interdiction in terms of the relevant provisions of the Civil Code and the Code of Organisation and Civil Procedure shall be made by the specialist on the prescribed form in accordance with the Eleventh Schedule giving:

Cap. 16.
Cap. 12.

(a) the reasons for such a decision; and

(b) the category and, or type of decisions that the person is incapable of taking; and

(c) the estimated duration of such lack of mental capacity.

(5) It shall be the duty of the specialist to refer the duly filled prescribed form to the Commissioner within twenty-four hours of such certification and the Commissioner shall appoint an independent specialist to verify such certification.

(6) Certification in terms of the Eleventh Schedule shall only be valid as approved by the Commissioner, and if such approval includes the recommendation of an application for incapacitation or interdiction, such certification shall cease to be valid after the lapse of twenty-six weeks from the date of approval, unless procedures for incapacitation or interdiction have been initiated.

(7) If during an approved period of lack of mental capacity,

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it is found that the person concerned no longer lacks mental capacity, a specialist shall apply to the Commissioner for the revocation of the certificate of lack of mental capacity in terms of the Twelfth Schedule, and the Commissioner shall appoint an independent specialist to assess the person and approve or otherwise the revocation of the certificate of lack of mental capacity.

(8) The Commissioner shall notify the Registrar of the Court of Voluntary Jurisdiction of all certificates of lack of mental capacity approved or revoked in terms of the Eleventh and Twelfth Schedules respectively and the Minister with the concurrence of the Minister responsible for Justice, shall make regulations to establish the procedure for entry and removal of such registrations.

Incapacitation or interdiction.

(9) Every decree of incapacitation or interdiction given by a court of law on grounds of lack of mental capacity shall be notified to the Commissioner who may, if he so deems necessary, during the period of incapacitation or interdiction request the assessment by three specialists to review the mental capacity of the person concerned and where, after considering the said review, the Commissioner is of the opinion that the person concerned no longer lacks mental capacity, the Commissioner shall inform the court accordingly.

(10) Nothing in this article shall be construed or interpreted in such a way to affect the application of the Criminal Code. Cap. 9.

Report to Court by the Commissioner.

25. During any court proceedings regarding the incapacitation or interdiction of a person, the Commissioner may submit a report to the Court before which the proceedings are pending if he suspects or has knowledge that such court proceedings were initiated for vexatious or fraudulent reasons.

Additional functions of the curator.

26. In addition to any other function, duty or responsibility imposed by any other law, a person appointed to act as a curator for a person who lacks mental capacity and who has been incapacitated or interdicted by order of a court shall also:

(a) encourage and support the person to live a normal life in the community;

(b) ensure that the person is complying with any treatment prescribed for his mental and physical conditions;

(c) ensure that the person, as far as possible, be self reliant in matters relating to his personal, domestic and financial affairs;

(d) protect the person from any neglect, abuse or exploitation;

(e) submit to the Commissioner within three months of his appointment a register of assets belonging to the person;

(f) notify and seek the approval of the Commissioner of any transfer of assets belonging to the person to a third party prior to such transfer taking place;

(g) submit every six months to the Court and to the Commissioner an income and expenditure account of the person backed by all relevant documents.

Functions of the Commissioner.

27. (1) The Commissioner shall monitor and seek any information from the curator in order to ascertain that the person is not being neglected, abused or exploited and that the functions referred to in the preceding article are being carried out.

(2) If the Commissioner finds or has reason to believe that the curator is not acting in the best interests of the person, he shall file an application in the competent court asking for a change of curator.

PART VI
MINORS

Parent - child bonding.

28. When a person who is still a minor is admitted to a licensed facility, the admitting licensed facility shall, within reasonable limits, grant flexible visiting hours to parents to minimise the effects of parent-child separation, unless the responsible specialist in consultation with the other members of the multidisciplinary team, believes that such separation is in the best interests of the minor:

Provided that when neither of the parents of the minor is the responsible carer, this article shall apply to the responsible carer:

Provided further that if there is a potential or real conflict of interest between the minor and the parent or the responsible carer, the Commissioner may, after consultation with the multidisciplinary team, direct that access to the minor is not to be provided to the parent or the responsible carer and the Commissioner may refer the case to the competent authority for the commencement of proceedings for an interim care order and the appointment of a tutor.

Admission of a parent with dependent minors.

29. When the patient is a parent with dependent minors, the licensed facility shall, within reasonable limits, grant flexible visiting hours to the minors to minimise the effects of parent-child separation, unless the responsible specialist in consultation with the other

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members of the multidisciplinary team, believes that such separation is in the best interest of the minors and, or the parent.

Involuntary admission for observation.

30. (1) Without prejudice to the provisions relating to involuntary admission for observation under this Act, an involuntary admission for observation of a minor suffering from a mental disorder shall only be permissible if a specialist who has clinical experience of working with minors with mental health problems and has so been appointed for the purpose by the Minister certifies on the prescribed form in accordance with the Thirteenth Schedule that community based alternatives are not available or are unlikely to be effective or have been tried and failed or are unsafe.

Involuntary Admission for Treatment Order.

(2) Without prejudice to the provisions relating to the Involuntary Admission for Treatment Order under this Act, an Involuntary Admission for Treatment Order in the case of minors shall be granted by the Commissioner for a maximum period of four weeks.

Extension of Involuntary Admission for Treatment Order.

(3) Without prejudice to the provisions relating to the Extension of Involuntary Admission for Treatment Order under this Act, an Involuntary Admission for Treatment Order in the case of minors shall only be extended for a period of four weeks or less up to a maximum period of twelve weeks from the initial date of the involuntary admission.

Continuing Detention Order.

(4) Without prejudice to the provisions relating to the Continuing Detention Order under this Act, a Continuing Detention Order in the case of minors shall only be granted by the Commissioner for a maximum period of three months which may be renewed for further periods of up to three months after a new application is submitted to the Commissioner.

Treatment and care of minors.

31. (1) (a) In those cases where in the opinion of the responsible specialist, a minor has sufficient maturity and understanding to consent to treatment, no treatment or care shall be given to the minor unless the minor consents to it:

Provided that in the case of an involuntary admission if the minor refuses to give consent, treatment can be given to prevent physical harm to self or others or to prevent mental deterioration and notes to this effect shall be entered in the clinical records:

(b) In those cases where in the opinion of the responsible specialist, the minor lacks sufficient maturity and understanding to consent to treatment, the consent of the responsible carer shall be required:

Provided that in the case of an involuntary admission, if the responsible carer cannot be traced or refuses to give consent, treatment can be given to prevent physical harm to self or others or to prevent mental deterioration and notes to this effect shall be entered in the clinical records and in such cases measures to replace the responsible carer in terms of article 4 may be taken.

(2) No psychosurgery, sterilisation, implantation of hormonal or other invasive devices to modify sexual and, or emotional and, or behavioural changes arising from mental illness shall be carried out on minors.

(3) No clinical trials or other medical or scientific research shall be carried out on minors suffering from a mental disorder unless the Commissioner is satisfied, after an independent review by two specialists, that the expected benefits of the trials or research are likely to outweigh any potential harm to that minor. Such trials or research shall be subject to ethical and any other additional safeguards that may be applicable. Furthermore, the Commissioner shall appoint an appropriate independent specialist to monitor the minor during such trials or research.

PART VII
SPECIAL TREATMENTS, RESTRICTIVE CARE AND CLINICAL TRIALS OR OTHER MEDICAL OR SCIENTIFIC RESEARCH

Medical and surgical procedures.

32. (a) No major medical or surgical procedure shall be carried out on a patient suffering from a mental disorder unless such person gives written informed consent.

(b) In those cases where in the opinion of the responsible specialist, the person lacks mental capacity to give consent, or being a minor lacks sufficient maturity and understanding to consent to treatment, then consent shall be given by his responsible carer.

(c) The provisions of paragraphs (a) and (b) shall not be applicable in an emergency where the patient's life is at risk.

Special treatments.

33. (1) The Minister may by regulations under this Act determine which therapeutic interventions considered to be invasive or irreversible treatments for mental illness are to be included in the Special Treatment List in Part I of the Fourteenth Schedule.

(2) Special treatments shall only be carried out on a patient with a mental disorder if:

(a) free and informed consent is given by the patient or

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by the responsible carer if in the opinion of the responsible specialist the patient lacks the mental capacity to give consent or being a minor lacks sufficient maturity and understanding to consent to treatment; and

(b) the Commissioner has approved such treatment after an application in accordance with Part II of the Fourteenth Schedule has been submitted by the responsible specialist, and he is satisfied that consent is free and informed and that there is sufficient evidence based knowledge that the procedure benefits the health needs of the patient.

(3) Electro-convulsive therapy shall only be administered after obtaining:

(a) a second opinion from another specialist other than the responsible specialist confirming the appropriateness of such treatment; and

(b) informed consent from the patient, or from the responsible carer if in the opinion of the responsible specialist, the patient lacks the mental capacity to give consent or being a minor lacks sufficient maturity and understanding to consent to treatment.

Restrictive care.

34. (1) Restrictive care shall only be permissible if it is:

(a) the only means that will prevent imminent harm and danger to self and others; and

(b) prescribed by a medical practitioner duly authorised by the clinical director of the licensed facility to order such interventions.

(2) The reasons and duration of restrictive care and the treatment given shall be entered in the patient's clinical records by the medical practitioner authorising such procedures who shall also enter all the details required in a register made available to the Commissioner.

(3) Restrictive care shall only be provided under the care and close and regular supervision of trained members of staff.

(4) Whenever restrictive care is ordered, the responsible carer shall be informed within twenty-four hours of such intervention.

(5) Restrictive care shall not be:

(a) prolonged beyond the period necessary for the purpose for which it was prescribed and administered;

(b) used as a means of punishment or for the convenience of staff.

Clinical trials or other medical or scientific research.

35. (1) No person with a mental disorder may be subjected to clinical trials or other medical or scientific research unless:

(a) free and informed consent is given by the said person; and

(b) an independent specialist appointed by the Commissioner examines the person and certifies in the clinical records that in his opinion the person is capable to give free and informed consent and that the expected benefits of the trials or research are likely to outweigh any potential harm to that person; and

(c) there is the approval of the ethics committee appointed by the Minister under the Clinical Trials Regulations. S.L. 458.43

(2) No person who lacks the mental capacity to give free and informed consent may be subjected to clinical trials or other medical or scientific research unless:

(a) the Commissioner is satisfied after assessment by two independent experts, one of whom shall be a specialist in mental health, that the expected benefits of the trials or research are likely to outweigh any potential harm to that person; and

(b) there is the approval of the responsible carer; and

(c) there is the approval of the Ethics Committee appointed by the Minister under the Clinical Trials Regulations. S.L. 458.43

(3) The person or, in the case of a person lacking mental capacity to give free and informed consent, the responsible carer, has the right to withdraw his consent for participation in any clinical trials or medical or scientific research at any time.

(4) Notwithstanding the provisions of this article, article 31(3) shall apply in the case of minors.

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PART VIII
PATIENTS CONCERNED IN CRIMINAL PROCEEDINGS

Detention for observation of persons charged with a criminal offence.

36. (1) Where in the course of any proceedings on the charge of a criminal offence the question of the mental capacity of the accused, whether at the time of the offence or of the proceedings arises, the court shall request independent specialist opinion in order to assist it in establishing whether it would be necessary or expedient to order that the accused be admitted to a licensed facility for forensic patients for observation, and may also give such other directions as may be appropriate.

(2) Where an order is made as provided in subarticle (1), the period of the detention of the accused shall be regulated by the court by which the order has been made, and such order shall be sufficient authority for the detention of the accused in the licensed facility for the period allowed by court:

Provided that an order as provided in sub-article (1) shall be reviewed by the court at intervals of not more than three months and in such review the court shall hear independent specialist opinion.

(3) For the purposes of this article, the expression "criminal offence" includes a military offence under the Malta Armed Forces Act. Cap. 220.

Persons ordered to be kept in custody on plea of insanity. Cap. 9. Cap. 220.

37. Where an order has been made by a court of criminal jurisdiction under article 402(4), or under article 525(3) or under article 623 of the Criminal Code or by a court martial under article 122 of the Malta Armed Forces Act, upon a finding that the accused was insane at the time of the offence, whether or not he is insane at the time of the criminal proceedings, or if found to be insane at the time of the proceedings, or by any other court under any other provision of law upon similar grounds, directing that the accused be kept in custody in a licensed facility for forensic patients, the accused shall be conveyed to and detained and kept in custody in that licensed facility by virtue of the order of the court and shall be treated as if he were a patient liable to be detained in the licensed facility under Part IV subject to the following restrictions:

(a) none of the provisions of Part IV relating to the duration, renewal and expiration of authority for the detention of patients shall apply, and the patient shall continue to be liable to be detained by virtue of the court order until he is discharged by the court on the submission of a report by three specialists, one of whom is the responsible specialist, that the person can be so discharged. The court may remit the accused to prison for the continuation of the proceedings on the charge preferred against him, subject to the application thereafter of the provisions of the Criminal Code relating to the granting of bail;

Cap. 9.

(b) leave of absence can be given to the patient as part of the treatment plan following the approval granted and under such conditions imposed by the Minister responsible for justice. An application for leave to the Minister responsible for justice shall be made by the responsible specialist responsible for the patient during his stay in a licensed facility, on the prescribed form in accordance with the Fifteenth Schedule. The Minister responsible for justice or the responsible specialist may recall the patient at any time and order the police in accordance with Part II of the Ninth Schedule to take the patient in custody and convey him to the licensed facility;

(c) notwithstanding any other provisions of this Act, the Minister responsible for justice may, if satisfied that the attendance at any place in Malta of a patient liable to be detained by virtue of a court order is desirable in the interests of justice or for the purpose of any public enquiry or for any other public interest, direct that he be taken to that place; and where such a direction is so given the patient shall be so taken and be kept in custody while being taken, while at that place and while being taken back to the licensed facility in which he is liable to be detained; and

(d) no application or reference may be made to the Commissioner in respect of the patient provided that the Minister responsible for justice may refer the case of the patient to the Commissioner for advice.

Prisoners with health disorder.

38. (1) A person who, for whatever reason is in prison, develops a mental disorder whilst in prison and can not be adequately treated in prison, shall be transferred to a licensed facility for forensic patients on the approval of the person responsible for the management of such prison.

(2) (a) Such person shall have the same rights of a voluntarily admitted patient unless the criteria of involuntary

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admission are applicable, in which case he shall have the same rights of an involuntarily admitted patient.

(b) Such person shall be subject to any restrictions imposed by prison regulations.

(c) If involuntary treatment is necessary, the formal procedures provided for under this Act shall be followed.

(d) A person shall be transferred back to prison once care in a licensed facility is no longer required and the term of imprisonment has not expired.

(e) In those cases where the term of imprisonment has expired but the patient still requires care, then such person shall be transferred from the licensed facility for forensic patients and detained in such other place within a licensed facility such that care be given according to the provisions of Part IV.

(3) The Minister responsible for justice or the Commissioner may seek the advice of two independent specialists not responsible for the care of the prisoner to certify that in-patient care, whether voluntary or involuntary, is required by the prisoner.

Power to make regulations under this Part.

39. The Minister responsible for justice may make regulations for prescribing anything which is required or authorised to be prescribed under this Part and otherwise for carrying this Part into full effect.

PART IX
MENTAL HEALTH LICENSED FACILITY

Licensing of mental health facilities.

40. (1) (a) Any facility purporting to provide mental health services shall be duly licensed and regulated by the competent authority and shall abide by all the conditions specified in such licence.

(b) Furthermore a mental health facility purporting to provide services to involuntary patients, minors and forensic patients shall be so specifically licensed.

(2) A licensed mental health facility shall draw up operational guidelines in furtherance of the provisions of this Act.

Patient care management protocol.

41. (a) Every licensed facility shall have a written patient care management protocol supported by adequate resources to ensure that effective and efficient care is provided and the risk of institutionalisation is minimised.

(b) It is the duty of the clinical director of the licensed facility to ensure that all healthcare staff comply with such patient care management protocol and to inform the chief executive officer of that facility when any healthcare professional fails to comply with such a protocol.

(c) It is the duty of the chief executive officer to investigate and take appropriate remedial action where staff is not complying with such protocols.

Patient incident reports.

42. It shall be the duty of the chief executive officer of a licensed facility to forward on a monthly basis to the Commissioner all patient incident reports occurring in that facility and death records of patients dying in the same facility.

PART X
PROMOTION OF SOCIAL INCLUSION

Other provisions against discrimination and to promote social inclusion.

43. (1) Any person suffering from a mental disorder shall, as any other citizen, have access to or provision of any available health, educational or social service, including social housing and appropriate work training programmes, provided by the State and shall have the right to the same quality of treatment, and subject to the other provisions of this Act, to confidentiality and consent to treatment.

(2) The Commissioner may make recommendations to the Minister responsible for Social Policy in respect of social welfare, social assistance schemes and subsidies in order to address the needs of persons with mental disorders and to facilitate their integration in the socio economic environment.

(3) Persons with mental disorders shall enjoy equal opportunities and protection from discrimination. The Commissioner shall take appropriate action against anyone who discriminates, or exploits a person by reason of his mental health status.

(4) The Commissioner shall make recommendations to competent authorities to further promote the social inclusion of persons suffering from a mental disorder.

PART XI
MISCELLANEOUS

Police assistance.

44. (1) Where an application for involuntary admission of a person for observation in a licensed facility has been completed in accordance with articles 9 and 10, and the person refuses to cooperate such that the admission cannot occur, any of the medical practitioners

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or the responsible carer or the mental welfare officer signing the application shall request police assistance, and such police assistance shall be provided so that the person is taken to the licensed facility.

(2) Where a patient who is liable to be detained as an involuntary patient in a licensed facility under Part IV -

(a) has absconded from the licensed facility without leave or permission, or

(b) is on leave from the licensed facility and fails to observe the conditions of the release specified in the care plan,

he shall in the first instance be recalled to that facility by the responsible specialist or a delegated member of the multidisciplinary team with the help of the responsible carer:

Provided that if the patient still refuses to return to that facility, the responsible specialist shall request police assistance by issuing a Conveyance Order in accordance with Part I of the Ninth Schedule, and such police assistance shall be provided so that the patient is returned to the licensed facility:

Provided further that if the responsible specialist or delegated member of the multidisciplinary team fails to locate the patient's whereabouts, the police shall be obliged to seek the said patient, determine his whereabouts and return the patient to the licensed facility.

(3) Where a patient who is under a compulsory Community Treatment Order fails to abide by the conditions and obligations of the treatment plan, the key healthcare worker shall make reasonable attempts to obtain his co-operation with the help of the responsible carer:

Provided that if the patient still refuses to comply with the conditions and obligations of his care plan the key healthcare worker shall inform the responsible specialist who may then request police assistance by issuing a Conveyance Order in accordance with Part I of the Ninth Schedule, and such police assistance shall be provided so that the patient is brought to the responsible specialist for assessment and treatment if necessary in accordance with the provisions of article 21.

(4) When a person is suspected of suffering from a serious mental disorder and is considered to be a danger to himself or others, the responsible carer, the key healthcare professional in terms of

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article 18(3)(a), a social worker or the police may file an application before a magistrate asking authorisation to enter that person's house and take such person to a licensed facility for immediate assessment:

Provided that a warrant to enter private premises shall not be required in an emergency situation where there is a serious likelihood of immediate physical harm to the patient or to third parties.

(5) For the purposes of providing such assistance as may be required in terms of this article, the police shall have the power to enter any premises, and to seek, detain and take a person to a licensed facility for assessment and, or treatment as provided for in this Act.

Restriction and obligation of health professionals to act.

45. (1) No healthcare professional or other person may apply any of the provisions of this Act in respect of a person related to him up to and including the third degree by consanguinity or affinity, except if appointed as the responsible carer, in which instance, such healthcare professional or person may only perform the duties and roles of responsible carer as provided for in this Act.

(2) A person who may demand incapacitation or interdiction of another person, shall not be a healthcare professional or other person involved in the application of any of the provisions of this Act with respect to that person, except if appointed as the responsible carer, in which instance, such healthcare professional or person may only perform the duties and roles of responsible carer as provided for in this Act.

Right of appeal.

46. Any decision or order taken or made by the Commissioner under any of the provisions of this Act shall be subject to appeal to the Court of Voluntary Jurisdiction.

Powers of the Minister.

47. (1) Without prejudice to any provisions of this Act or to any other power or function conferred on him by any other law, it shall be the function and responsibility of the Minister generally to promote, protect, improve and maintain the mental health and well-being of all persons in Malta.

(2) For the purposes of subarticle (1), the Minister shall ensure the provision of an integrated and comprehensive network of quality mental health services within the available resources.

(3) In particular the Minister may, subject to the provisions of this Act, make regulations to give effect to any provisions of this Act or to regulate or otherwise provide for any thing in respect of the functions and the activities which affect the provision of healthcare, and may in particular, but without prejudice to the generality of the

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aforesaid, make regulations for any of the following purposes:

(a) to give effect, regulate or otherwise provide for the rights of mental healthcare users and the support to be given to their carers;

(b) to provide for any form or procedure which may be required or expedient and for which there would be no specific procedure in this Act;

(c) to establish or prescribe anything which is due or may be due to be established under this Act and to provide on any other matters as may be provided for in this Act;

(d) to establish a range of fines which shall not exceed a maximum of a fine (*multa*) of three thousand euro (€3,000) for any contravention or breach of any provision of regulations made under this Act, or for non-compliance with any provision or any requirement imposed under such provision;

(e) to amend any Schedule to this Act.

Repeal and saving. Cap. 262.

48. (1) Without prejudice to the provisions of subarticles (2) and (3), the Mental Health Act, hereinafter referred to as "the repealed Act", is hereby repealed.

(2) Notwithstanding the provisions of subarticle (1), any regulations or orders made under the provisions of the repealed Act and still in force on the commencement of this Act shall, until provision is made by or by virtue of this Act, continue in force and have effect as if made under this Act.

(3) Any action or proceedings taken in relation to any person under the repealed Act shall continue to have effect as if it were an action or proceedings taken or commenced under a corresponding provision of this Act.

A 658

FIRST SCHEDULE
[Article 3(1)]

Mental Health Act	This application shall be submitted to the Commissioner.
	RFC Ref No:
APPLICATION TO RESTRICT FREEDOM OF COMMUNICATION	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.	
To be filled by responsible specialist in mental health.	(1) Please approve my request to restrict freedom of communication in respect of: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... who was admitted at ..... (ward) on ..... (date) as ❑ a voluntary patient ❑ an involuntary patient under an Involuntary Admission for Observation, ❑ an involuntary patient under an Involuntary Admission for Treatment Order, ❑ an involuntary patient under a Continuing Detention Order. (2) Give details of communication to be restricted: .... (3) Give reasons for such restriction: .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Application received on (date) ..... at (time) ..... Comments ❑ Request approved ❑ Request not approved My decision was communicated in writing to the responsible specialist on (date) .... (Signature) (Date) (Time)

SECOND SCHEDULE
[Article 9(1) and 10(2)]

Mental Health Act	This application is only valid for 120 hours from the date of the first medical recommendation. The Clinical Director shall forward this application to the Commissioner within 48 hours of the person being admitted.
	IAO Ref No:

APPLICATION
FOR A PERSON TO BE ADMITTED INVOLUNTARILY FOR OBSERVATION IN A LICENSED MENTAL HEALTH FACILITY

To the Clinical Director Employed by the Licensed Mental Health Facility

PART (A) - MEDICAL RECOMMENDATION

Please make an Involuntary Admission for Observation for: M / F

....
(Surname) (Name) (ID No) (D.O.B.) (Sex)

of (address) .....
.....

To be filled by medical practitioner.	I am a medical practitioner and have personally examined the above person. It is my opinion that the criteria for Involuntary Admission for Observation of the Mental Health Act (*delete as applicable*) apply/do not apply to the person. I base my opinion on the following facts: .... Facts communicated to me by another person to support my opinion: .... (Name and Surname) (Signature) (Reg. No) .... (Date) (Time)

A 660

To be filled by specialist in mental health.	I am a specialist in mental health and have personally examined the above mentioned person. It is my opinion that the criteria for Involuntary Admission for Observation of the Mental Health Act (*delete as applicable*) apply/do not apply to the person. I base my opinion on the following facts: .... Facts communicated to me by another person to support my opinion: .... (Name and Surname) (Signature) (Reg. No) .... (Date) (Time)
To be filled by a second specialist in mental health in the case of a discrepancy between the two medical assessments.	I am a specialist in mental health and have personally examined the above mentioned person. It is my opinion that the criteria for Involuntary Admission for Observation of the Mental Health Act (*delete as applicable*) apply/do not apply to the person. I base my opinion on the following facts: .... Facts communicated to me by another person to support my opinion: .... (Name and Surname) (Signature) (Reg. No) .... (Date) (Time)

PART (B) - APPLICATION BY RESPONSIBLE CARER	
Please make an Involuntary Admission for Observation for:	
To be filled by responsible carer over the age of 18 years. Application is valid if Part [A] has been filled.	I ..... ID No ..... of (address) .... ❑ Request that ..... ID No ..... be involuntarily admitted for observation in a licensed mental health facility. ❑ Do not request that ..... ID No ..... be involuntarily admitted for observation in a licensed mental health facility. I am the responsible carer for the above person by virtue of being: ❑ a relative [state relationship] ..... ❑ appointed by above person to be his responsible carer [submit evidence] ❑ others, I am his ..... [submit evidence] .... (Signature) (Date) (Time)
PART (C) - APPLICATION BY MENTAL WELFARE OFFICER	
Please make an Involuntary Admission for Observation for:	
To be filled by approved mental welfare officer if responsible carer does not agree that person needs an involuntary admission or responsible carer is absent.	I ..... ID No ..... am a mental welfare officer appointed by the Minister in terms of the Mental Health Act request that ..... ID No ..... be involuntarily admitted for observation in a licensed mental health facility. I certify that: ❑ the responsible carer has not agreed to such an admission ❑ the responsible carer can not be found ❑ I have reviewed the above named person ❑ there are valid reasons for an involuntary admission for observation ❑ in my opinion it is not safe to give the required care in the community

A 662

Application is valid if Part [A] has been filled.	<u>OR</u> I ..... ID No ..... am a mental welfare officer appointed by the Minister in terms of the Mental Health Act have reviewed ..... ID No ..... and in my opinion the named person does not need an involuntary admission for observation in a licensed mental health facility because (specify) .... (Signature) (Date) (Time)
PART (D) - To be filled by the Clinical Director of the Mental Health Facility after the person has been admitted	
The person for whom this application refers: (a) has been admitted on ward ..... on (date) ..... at (time) ..... (b) is under the care of (responsible specialist) .... (Signature) (Official Stamp) (Date) (Time)	
To be filled by Commissioner	Notification received on (date) ..... at (time) .....
	Comments .... (Signature) (Date) (Time)

THIRD SCHEDULE
[Article 12(1)]

Mental Health Act	This application shall be submitted to the Commissioner within 240 hours that a person is admitted to a licensed mental health facility as an involuntary patient for observation.
	IATO Ref No:

APPLICATION
FOR A PERSON TO BE ADMITTED INVOLUNTARILY FOR TREATMENT ORDER

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

Please grant an Involuntary Admission for Treatment Order for: M / F

.....	.....	.....	.....	.....
(Surname)	(Name)	(ID No)	(D.O.B.)	(Sex)

of (address) .....
.....

who was admitted at (ward) ..... on (date) ..... at (time) .....
under an Involuntary Admission for Observation (IAO Ref No) .....

To be filled by responsible specialist in mental health.	I am the responsible specialist of the above mentioned person in terms of the Mental Health Act. It is my opinion that: (a) the criteria for Involuntary Admission under the Mental Health Act apply to the person. I base my opinion on the following facts: .... (b) the person requires to be detained in this mental health facility beyond the period of observation laid down in the said Act for treatment. I base my opinion on the following facts: .... ❑ A multidisciplinary care plan is submitted with this application. .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)

A 664

To be filled by Commissioner	Application received on (date) ..... at (time) ..... ❑ Multidisciplinary care plan submitted .... (Signature) (Date) (Time)
To be filled by Commissioner	❑ Case reviewed on (date) ..... DECISION ❑ Involuntary Admission for Treatment Order granted for a period of ..... (weeks) and shall expire on (date) ..... ❑ Involuntary Admission for Treatment Order not granted because: .... My decision was communicated in writing to the responsible specialist on (date) .... (Signature) (Date) (Time)

FOURTH SCHEDULE
[Article 13(2)]

Mental Health Act	This application shall be submitted to the Commissioner at least 168 hours before the termination of the initial Involuntary Admission for Treatment Order.
	EIATO Ref No:

APPLICATION
FOR EXTENSION OF INVOLUNTARY ADMISSION FOR TREATMENT ORDER

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

Please extend the Involuntary Admission for Treatment Order for: M / F

.....	.....	.....	.....	.....	.....
(Surname)	(Name)	(ID No)	(D.O.B.)	(Sex)	(Ward)

granted on (date) ..... IATO Ref No ..... and due to expire on .....

To be filled by responsible specialist in mental health.

I am the responsible specialist of the above mentioned person in terms of the Mental Health Act. It is my opinion that:

(a) the criteria of the Mental Health Act for Involuntary Admission still apply to the person. I base my opinion on the following facts:
.....
.....
.....

(b) the person requires to be further detained in this licensed facility for treatment. I base my opinion on the following facts:
.....
.....
.....

(c) the objectives and timeframes of the original multidisciplinary care plan were not attained because (give reasons and indicate which objectives were not attained):
.....
.....
.....

❑ A modified multidisciplinary care plan is submitted with this application.

.....	.....	.....
(Official Stamp)	(Signature)	(Reg. No)

.....	.....
(Date)	(Time)

To be filled by Commissioner

Application received on (date) ..... at (time) .....

❑ Modified care plan submitted ❑ Yes

❑ Modified care plan not submitted ❑ No

❑ Dr ..... requested to submit modified care plan

.....	.....	.....
(Signature)	(Date)	(Time)

A 666

To be filled by Commissioner	❑ Case reviewed on (date) ..... DECISION ❑ Extension of Involuntary Admission for Treatment Order granted for a period of ..... (weeks) and shall expire on (date) ..... ❑ Extension of Involuntary Admission for Treatment Order not granted because: .... My decision was communicated in writing to the responsible specialist on (date) .... (Signature) (Date) (Time)

FIFTH SCHEDULE
[Article 13(4)]

Mental Health Act	This application shall be submitted to the Commissioner at least 168 hours before the termination of the Extended Involuntary Admission for Treatment Order or a Continuing Detention Order.
	CDO Ref No:

APPLICATION
FOR A CONTINUING DETENTION ORDER

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

Please grant/renew a Continuing Detention Order for Involuntary Admission for Treatment for: M / F

.....	.....	.....	.....	.....	.....
(Surname)	(Name)	(ID No)	(D.O.B.)	(Sex)	(Ward)

EIATO Ref No..... / CDO Ref No: ..... due to expire on ..... .

To be filled by responsible specialist in mental health.

I am the responsible specialist of the above mentioned person in terms of the Mental Health Act. It is my opinion that:

(a) the criteria of the Mental Health Act for Involuntary Admission still apply to the person. I base my opinion on the following facts:

.....
.....
.....
.....

(b) the person requires to be further detained in this licensed facility for treatment. I base my opinion on the following facts:

.....
.....
.....
.....

(c) the objectives and timeframes of the multidisciplinary care plan submitted with the Application for Extension of Involuntary Admission for Treatment Order/Continuing Detention Order were not attained because (give reasons and indicate which objectives were not attained):

.....
.....
.....
.....

❑ A modified multidisciplinary care plan is submitted with this application.

.....	.....	.....
(Official Stamp)	(Signature)	(Reg. No)

.....	.....
(Date)	(Time)

A 668

To be filled by Commissioner	Application received on (date) ..... at (time) ..... ❑ Modified care plan submitted ❑ Yes ❑ Modified care plan not submitted ❑ No ❑ Dr ..... requested to submit modified care plan .... (Signature) (Date) (Time) ❑ Dr ..... an independent specialist was appointed and notified to review person in terms of the Mental Health Act and to submit his opinion by (date) .... (Signature) (Date) (Time)
To be filled by independent specialist in mental health appointed by Commissioner	I the undersigned, a specialist in mental health appointed by the Commissioner to review ..... ID No ..... certify that: (a) I am not the responsible specialist for the named person (b) I have reviewed the person for whom this application is being made and in my opinion the criteria for involuntary admission in the said Act are ❑ satisfied ❑ not satisfied I base my opinion on the following facts: .... I recommend that a Continuing Detention Order be granted / renewed. I base my opinion on the following facts: .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)

To be filled by Commissioner	❑ Independent specialist opinion received on (date) ..... ❑ Person reviewed by independent specialist on (date) ..... DECISION ❑ Continuing Detention Order granted / renewed for a further period of ..... (months) and shall expire on (date) ..... ❑ Continuing Detention Order not granted / renewed because: .... My decision was communicated in writing to the responsible specialist on (date) .... (Signature) (Date) (Time)

A 670

SIXTH SCHEDULE
[Article 15(1)]

Mental Health Act	This application shall be submitted to the Commissioner
	RTO Ref No:
APPLICATION FOR RELEASE FROM INVOLUNTARY ADMISSION FOR TREATMENT ORDER / CONTINUING DETENTION ORDER	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders	
To be filled by responsible specialist in mental health.	(1) Please withdraw the ❑ Involuntary Admission for Treatment Order, IATO Ref No: ..... or ❑ Extension of Involuntary Admission for Treatment Order, EIATO Ref No: ..... or ❑ Continuing Detention Order, CDO Ref No: ..... granted on (date) ..... in respect of M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) Ward This release is being recommended because: ❑ the person's mental health status has improved and the criteria for involuntary admission are not fulfilled any more; OR ❑ the Involuntary Admission for Treatment Order/Continuing Detention Order has expired and there is no need to seek an extension. .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Application received on (date) ..... at (time) ..... Comments Request approved and my decision was communicated in writing to the responsible specialist on (date) .... (Signature) (Date) (Time)

SEVENTH SCHEDULE
[Articles 17, 18(2)]

Mental Health Act	This application is only valid for 120 hours from the date of the first medical recommendation and shall be submitted to the Commissioner
	CTO Ref No:

APPLICATION
FOR A PERSON TO BE PLACED ON A COMMUNITY TREATMENT ORDER

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

Please grant/renew a Community Treatment Order for:

.....	.....	.....	.....	M / F .....
(Surname)	(Name)	(ID No)	(D.O.B.)	(Sex)

of (address) .....

Is person detained in a mental health facility under an Involuntary Admission for Treatment Order?

- ❑ NO
- ❑ YES IATO Ref No:
- ❑ YES EIATO Ref No:
- ❑ YES CDO Ref No:

Is person already under a Community Treatment Order?

- ❑ NO
- ❑ YES CTO Ref No:

PART (A) - MEDICAL RECOMMENDATION BY RESPONSIBLE SPECIALIST

To be filled by responsible specialist in mental health

I am a specialist in mental health and am the responsible specialist of the above named person. It is my opinion that the criteria for Community Treatment Order of the Mental Health Act apply to the person.

I base my opinion on the following facts:
.....
.....

Facts communicated to me by another person to support my opinion:
.....
.....
.....

❑ The multidisciplinary care plan required in terms of the Mental Health Act is attached with this application.

❑ Key healthcare professional in terms of Article 18(3)(a) is .....

Attach care plan and Eighth Schedule if required

❑ Eighth Schedule is enclosed (only if required)

.....	.....	.....
(Name and Surname)	(Signature)	(Reg. No)

.....	.....
(Date)	(Time)

PART (B) - MEDICAL RECOMMENDATION BY MEDICAL PRACTITIONER

A 672

To be filled by medical practitioner	I am a medical practitioner and have personally examined the above named person. It is my opinion that the criteria for a Community Treatment Order of the Mental Health Act apply to the person. I base my opinion on the following facts: .... Facts communicated to me by another person to support my opinion: .... (Name and Surname) (Signature) (Reg. No) .... (Date) (Time)
PART (C) - APPLICATION BY RESPONSIBLE CARER	
To be filled by responsible carer over the age of 18 years Application is valid if Part [A], and, Part [B] have been filled	I ..... ID No ..... of (address) .... ❑ Request that ..... ID No ..... be placed on a Community Treatment Order ❑ Do not request that ..... ID No ..... be placed on a Community Treatment Order. I am the responsible carer for the above person by virtue of being: ❑ a relative [state relationship] ..... ❑ appointed by above person to be his responsible carer [submit evidence] ❑ others. I am his ..... [submit evidence] .... (Signature) (Date) (Time)

PART (D) - APPLICATION BY MENTAL WELFARE OFFICER	
To be filled by mental welfare officer if responsible carer does not agree that person needs a community treatment order or responsible carer is absent. Application is valid if Part [A], and, Part [B] have been filled	I ..... ID No ..... am a mental welfare officer appointed by the Minister in terms of the Mental Health Act request that ..... ID No ..... be placed on a Community Treatment Order. I certify that ❑ the responsible carer has not agreed to such an Order ❑ the responsible carer can not be found ❑ I have reviewed the above named person ❑ there are valid reasons for a Community Treatment Order OR I ..... ID No ..... am a mental welfare officer appointed by the Minister in terms of the Mental Health Act have reviewed ..... ID No ..... and in my opinion the named person does not need a Community Treatment Order because (specify) .... (Signature) (Date) (Time)
To be filled by Commissioner	Application received on (date) ..... at (time) ..... ❑ Care Plan submitted ❑ Key Healthcare Professional identified ❑ Medical Treatment is not to be provided by responsible specialist ❑ Medical Treatment is not to be provided by medical practitioner signing Part B of this Schedule ❑ Eighth Schedule submitted Comments Decision ❑ Community Treatment Order granted/renewed for a period of ..... (months) and shall expire on (date) ..... ❑ Community Treatment Order not granted/renewed because: .....

A 674

	My decision was communicated in writing to the: ❑ Responsible Specialist on (date) ..... ❑ Medical Practitioner on (date) ..... ❑ Person and / or Responsible Carer on (date) .... (Signature) (Date) (Time)

EIGHTH SCHEDULE
[Article 19(1)]

Mental Health Act	This notification shall be submitted to the Commissioner together with the Seventh Schedule if the medical practitioner giving community treatment to a person is different from the responsible specialist or the medical practitioner signing the recommendation.
	CTO Ref No:

NOTIFICATION
OF AGREEMENT TO GIVE MEDICAL CARE IN THE COMMUNITY

To the Commissioner for the Promotion of Rights of Persons with Mental Disorders

To be filled by medical practitioner giving medical treatment to a person for whom an application for a Community Treatment Order has been submitted.	I the undersigned, a medical practitioner, agree to provide the medical treatment as indicated in the care plan submitted with the application for a Community Treatment Order in respect of: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Notification received on (date) ..... at (time) ..... Comments .... (Signature) (Date) (Time)

A 676

NINTH SCHEDULE
[Articles 21(1)(b) and 37(1)(b)]

Part I

Mental Health Act	This notification shall be submitted to the Commissioner of Police or his representative.
	CO (I) Ref No:

CONVEYANCE ORDER BY THE RESPONSIBLE SPECIALIST TO TAKE A PATIENT FOR ASSESSMENT AND/OR TREATMENT

To the Commissioner of Police.

To be filled by the responsible specialist in mental health.

I, the undersigned, a specialist in mental health, request that:

.....	.....	.....	.....	M / F .....
(Surname)	(Name)	(ID No)	(D.O.B.)	(Sex)

of (address) .....
.....

who is an involuntary patient under the Mental Health Act and is subject to:

- ❑ an involuntary admission for observation;
- ❑ an involuntary admission for treatment order;
- ❑ an extension of involuntary admission for treatment order;
- ❑ a continuing detention order;
- ❑ a community treatment order;

be sought, detained and taken to (indicate facility) ..... on (date) ..... at (time) ..... for assessment and/or treatment.

.....	.....	.....
(Official Stamp)	(Signature)	(Reg. No)

.....	.....
(Date)	(Time)

NINTH SCHEDULE
[Articles 21(1)(b) and 37(1)(b)]

Part II

Mental Health Act	This notification shall be submitted to the Commissioner of Police or his representative.
	CO (II) Ref No:
CONVEYANCE ORDER BY THE MINISTER RESPONSIBLE FOR JUSTICE TO TAKE A PATIENT FOR ASSESSMENT AND/OR TREATMENT	
To the Commissioner of Police.	
To be filled by the Minister responsible for justice.	I the undersigned, the Minister responsible for justice, request that: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... who is an involuntary patient under the Mental Health Act and is subject to: ❑ a court order be sought, detained and taken to (indicate facility) ..... on (date) ..... at (time) ..... for assessment and/or treatment. .... (Official Stamp) (Signature) .... (Date) (Time)

A 678

TENTH SCHEDULE
(Article 23)

Mental Health Act	This application shall be submitted to the Commissioner.
	RCTO Ref No:
APPLICATION FOR REVOCATION OF A COMMUNITY TREATMENT ORDER	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.	
To be filled by responsible specialist in mental health.	(1) Please withdraw the Community Treatment Order, CTO Ref No ..... granted on (date) ..... in respect of: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... This is being recommended because: ❑ the person's mental health status has improved and the criteria for community treatment are not fulfilled any more; OR ❑ the Community Treatment Order has expired and there is no need to seek an extension; OR ❑ the person requires involuntary admission for therapeutic reasons. .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Notification received on (date) ..... at (time) ..... Comments Request approved and my decision was communicated in writing to: (a) the responsible specialist on (date) ..... (b) the person / responsible carer on (date) .... (Signature) (Date) (Time)

ELEVENTH SCHEDULE
[Article 24(4) and (6)]

Mental Health Act	This certificate shall be forwarded to the Commissioner within 24 hours of certification.
	CLMC Ref No:
CERTIFICATION OF LACK OF MENTAL CAPACITY	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.	
To be filled by specialist in mental health.	(1) I the undersigned, a specialist in mental health have personally reviewed: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) (Ward) of (address) ..... and certify that the above named person lacks mental capacity. (2) The reasons for such decision are: .... (3) In my opinion, this person lacks mental capacity to take rational decisions regarding: .... (4) Estimated duration of lack of mental capacity is ❑ ..... (weeks) and an application for incapacitation or interdiction is not recommended; OR ❑ more than 26 weeks and an application for incapacitation is recommended; OR ❑ more than 26 weeks and an application for interdiction is recommended. (5) If applicable, indicate if person is: ❑ a voluntary patient ..... ❑ an involuntary patient under an Involuntary Admission for Observation IAO Ref No ..... ❑ an involuntary patient under an Involuntary Admission for Treatment Order IATO Ref No ..... ❑ an involuntary patient under an Extension of Involuntary Admission for Treatment OrderEIATO Ref No ..... ❑ an involuntary patient under a Continuing Detention Order CDO Ref No ..... ❑ an involuntary patient under a Community Treatment Order CTO Ref No .....

A 680

	(6) Is this a new application? ❑ YES ❑ NO CLMC Ref No: ..... which should now be revoked (7) The responsible carer is: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Certification received on (date) ..... at (time) ..... ❑ Dr ..... an independent specialist is appointed and notified to review person in terms of the Mental Health Act and is to submit his opinion by (date) .... (Signature) (Date) (Time)
To be filled by independent specialist in mental health appointed by Commissioner	I the undersigned, a specialist in mental health appointed by the Commissioner to review ..... ID No ..... certify that: (a) I am not the responsible specialist for the named person (b) I have reviewed the person for whom this certification is being made and ❑ I agree with the certification of lack of mental capacity; ❑ I disagree with the certification of lack of mental capacity for the following reasons: …… …… …… ❑ I agree with the certification of lack of mental capacity but have the following reservations (specify): …… …… …… .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)

To be filled by Commissioner	❑ Independent specialist opinion received on (date) ..... at (time) ..... DECISION ❑ Certification approved for a period of ..... (weeks) and shall expire on ..... ❑ Certification approved for a period of ..... (weeks) and shall expire on ..... with the following amendments: …… …… …… ❑ Certification for more than 26 weeks and a recommendation for an application for incapacitation are approved ❑ Certification for more than 26 weeks and a recommendation for an application for interdiction are approved. ❑ CLMC Ref No: ..... is revoked (if applicable) ❑ Certification not approved ❑ CLMC Ref No: ..... is not revoked (if applicable) My decision was communicated in writing to the responsible specialist, the person, and the responsible carer on (date) .... (Signature) (Date) (Time)

A 682

TWELFTH SCHEDULE
[Article 24(7) and (8)]

Mental Health Act	This certificate shall be forwarded to the Commissioner within 24 hours.
	RCLMC Ref No:
APPLICATION FOR REVOCATION OF A CERTIFICATE OF LACK OF MENTAL CAPACITY	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.	
To be filled by specialist in mental health.	(1) I the undersigned, a specialist in mental health have personally reviewed: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) Ward of (address) ..... and certify that the above named person has mental capacity to make different categories and types of decisions and is responsible for his actions. (2) In my opinion, the Certificate of Lack of Mental Capacity CLMC Ref No: ..... approved on ..... is to be revoked. (3) If applicable, indicate if person is: ❑ a voluntary patient ..... ❑ an involuntary patient under an Involuntary Admission for Observation IAO Ref No ..... ❑ an involuntary patient under an Involuntary Admission for Treatment Order IATO Ref No ..... ❑ an involuntary patient under an Extension of Involuntary Admission for Treatment OrderEIATO Ref No ..... ❑ an involuntary patient under a Continuing Detention Order CDO Ref No ..... ❑ an involuntary patient under a Community Treatment Order CTO Ref No ..... (4) The responsible carer is: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)

To be filled by Commissioner	Application received on (date) ..... at (time) ..... ❑ Dr ..... an independent specialist is appointed and notified to review person in terms of the Mental Health Act and is to submit his opinion by (date) .... (Signature) (Date) (Time)
To be filled by independent specialist in mental health appointed by Commissioner	I the undersigned, a specialist in mental health appointed by the Commissioner to review ..... ID No ..... certify that: (a) I am not the responsible specialist for the named person (b) I have reviewed the person for whom this application is being made and ❑ I agree that the above named person has mental capacity to make different categories and types of decisions and is responsible for his actions and that Certificate of Lack of Mental Capacity CLMC Ref No: ..... approved on ..... can be revoked. ❑ I disagree with the application for the following reasons and facts: .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	❑ Independent specialist opinion received on (date) ..... at (time) ..... DECISION ❑ Revocation of Certification approved ❑ Revocation of Certification not approved My decision was communicated in writing to the responsible specialist, the person, and the responsible carer on (date) .... (Signature) (Date) (Time)

A 684

THIRTEENTH SCHEDULE
[Article 30(1)]

Mental Health Act	This notification shall be submitted to the Clinical Director who shall forward this application to the Commissioner within 48 hours of the person being admitted together with the Second Schedule.
	IAO Ref No:
NOTIFICATION BY SPECIALIST WITH CLINICAL EXPERIENCE OF WORKING WITH MINORS WITH MENTAL HEALTH PROBLEMS FOR AN INVOLUNTARY ADMISSION FOR OBSERVATION OF A MINOR	
To the Clinical Director Employed by the Licensed Mental Health Facility	
To be filled by a specialist who has clinical experience of working with minors with mental health problems and has so been appointed by the Minister in terms of the Mental Health Act.	I the undersigned, a specialist with clinical experience of working with minors with mental health problems, and having been so appointed by the Minister in terms of the Mental Health Act certify that: (a) I have personally reviewed the minor M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... (b) The criteria for involuntary admission to a licensed mental health facility of the said Act apply to this minor (c) Treatment can not be safely given in the community. .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Notification received on (date) ..... at (time) ..... Comments .... (Signature) (Date) (Time)

VERŻJONI ELETTRONIKA

FOURTEENTH SCHEDULE
[Article 33(1)]

Part I

Mental Health Act	
SPECIAL TREATMENT LIST	

A 686

FOURTEENTH SCHEDULE
[Article 33(2)(b)]
Part II

Mental Health Act	This application shall be submitted to the Commissioner. IIT Ref No:
APPLICATION FOR INVASIVE OR IRREVERSIBLE TREATMENT	
To the Commissioner for the Promotion of Rights of Persons with Mental Disorders.	
To be filled by responsible specialist in mental health.	(1) Please approve my request in respect of: M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) (Ward) of (address) ..... to undergo invasive or irreversible treatment for his/her mental disorder. (2) If applicable, indicate if person is: ❑ a voluntary patient ..... ❑ an involuntary patient under an Involuntary Admission for Observation IAO Ref No ..... ❑ an involuntary patient under an Involuntary Admission for Treatment Order IATO Ref No ..... ❑ an involuntary patient under an Extension of Involuntary Admission for Treatment OrderEIATO Ref No ..... ❑ an involuntary patient under a Continuing Detention Order CDO Ref No ..... ❑ an involuntary patient under a Community Treatment Order CTO Ref No ..... (3) Specify treatment to be given …… …… (4) Treatment is to be performed by ..... (5) I certify that: • the patient has the mental capacity to give, and has given, informed consent to undergo such treatment; • the consent is in writing and signed by the person (copy attached); • there is sufficient evidence-based knowledge about this treatment; • the treatment benefits the health needs of the patient; • every available alternative treatment that could reasonably be regarded as likely to produce a sufficient and lasting benefit has been given to this patient without a sufficient and lasting benefit.

	(6) Attached is a clinical report on the recommended treatment including the: • patient's treatment history; • proposed treatment; • reasons for such treatment; • evidence-based knowledge about this treatment; and • benefits for this patient. .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Commissioner	Application received on (date) ..... Action Comments Decision ❑ Treatment approved ❑ Treatment not approved My decision was communicated in writing to the responsible specialist on (date) .... (Signature) (Official Stamp) (Date) (Time)

A 688

FIFTEENTH SCHEDULE
[Article 37(1)]

Mental Health Act	This application shall be submitted to the Minister responsible for Justice.
APPLICATION FOR LEAVE UNDER ARTICLE 37 FOR A PERSON DETAINED UNDER COURT ORDER	
To the Minister of Justice.	
To be filled by responsible specialist in mental health.	(1) I the undersigned, a specialist in mental health, request that M / F .... (Surname) (Name) (ID No) (D.O.B.) (Sex) of (address) .... who is an involuntary patient under the Mental Health Act and is subject to a court order issued on ....., be allowed to leave this facility on special leave from (date) ..... to (date) ..... as part of his care plan. (2) Give reasons why special leave is recommended: …… …… …… (3) The following conditions shall apply if special leave is approved: …… …… …… .... (Official Stamp) (Signature) (Reg. No) .... (Date) (Time)
To be filled by Minister responsible for Justice	❑ Special leave is not granted ❑ Special leave is granted ❑ Special leave is granted subject to the following conditions: …… …… …… .... (Signature) (Official Stamp) (Date) (Time)

VERŻJONI ELETTRONIKA

A 689

Passed by the House of Representatives at Sitting No. 531 of the 3rd December, 2012.

MICHAEL FRENDO

Speaker

RAYMOND SCICLUNA
Clerk to the House of Representatives