The following table summarises all the changes to the Mental Health Act 2013. These came into effect on 1 July 2017.

To see the Act in full, go to www.thelaw.tas.gov.au.
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<td>12 &amp; S13</td>
<td>Act's scope — 'care'</td>
<td>The word 'care' has been removed from the Act's scope. Previously 'care' was not defined, and this led to confusion about the Act's scope around matters such as post-discharge accommodation for people with mental illness. While the Act refers to matters of care in some minor respects, the intention is not to regulate decisions about someone’s longer-term accommodation needs, general health care, dental care, or estate. These decisions will continue to be made by the Guardianship and Administration Board.</td>
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<td>24</td>
<td>Assessment orders: Application</td>
<td>The doctor making an assessment order no longer needs to be in receipt of an application for assessment order. Not having this application does not invalidate the assessment order. This application can still be made by a doctor, nurse, mental health officer, police officer, guardian, parent or support person.</td>
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| 26(d)(e) & (ea)                  | Assessment orders: Form and content | An assessment order no longer needs to:  
• identify the person who applied for it  
• state how the patient meets the assessment criteria  
• recommend a treatment setting.  
An assessment order must now:  
• affirm that the patient needs to be assessed against the assessment criteria  
• specify the treatment setting  
• specify if it authorises the admission and detention of the patient in an approved hospital. |
| 27                              | Assessment orders: Effect | Clarifies the custody and escort provisions. Clarifies that an assessment order is not authority for a patient to be given treatment. |
| 35(2)                           | Assessment orders: Discharging | A doctor can now only discharge an assessment order if they have examined the patient, and are satisfied from this examination that the patient does not meet the assessment criteria.  
If they have not examined the patient, they must be satisfied on other reasonable grounds that the patient does not meet the assessment criteria.  
The Act does not define:  
• how the doctor should satisfy themselves of these matters  
• what 'other reasonable grounds' are; however, it's likely these might be information provided by another doctor or nurse about the patient's mental health. |
<p>| 37(5)(b)                        | Treatment orders: Application | Explains the documents that must accompany an application for a treatment order. An application for a treatment order no longer needs to be accompanied by a proposed treatment plan. A treatment order is no longer based on a treatment plan. |</p>
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| 38 (2)(b) and (2A) | Interim treatment order | Clarifies that an interim treatment order may now provide for:  
  • a combination of treatment settings/facilities  
  • the admission, re-admission and detention of a patient who is subject to an interim treatment order into those settings. |
| 39 | Treatment orders: Determination | Clarifies that in order to make a treatment order, the Mental Health Tribunal must be satisfied that:  
  • the patient meets the treatment criteria  
  • a treatment plan has been prepared  
  • the requirements of section 53(2) (which outlines the obligations the doctor must take into account when preparing a treatment plan) have been met. |
| 41 | Treatment orders: Form and content | Clarifies that to be valid, a treatment order must specify:  
  • a treatment setting and  
  • if it authorises the admission and detention of the patient in an approved hospital. |
| 42 | Treatment orders: Effect | The treatment order is the single authorising document for:  
  • the treatment that may be given to a patient  
  • the actions that may be taken for anyone subject to a treatment order.  
  
  If the patient:  
  • fails to comply with the treatment order or  
  • requires re-admission to hospital from the community  
  
  then the patient’s treatment order has the authority to admit or detain them in an approved facility, until:  
  • either the treatment order is varied to provide for a different treatment setting, or  
  • the treatment order ceases to have effect under the Act.  
  
  If the patient is admitted to an approved facility under this section, the Mental Health Tribunal must be notified. Custody and escort provisions will apply.  
  
  Once notified, the Mental Health Tribunal must review the matter within three days by a panel of three Tribunal members. This does not need to involve a hearing.  
  
  There is no longer a link between the treatment order and the treatment plan. |
| 47A | Admitting patients | This new section:  
  • regulates the admission or re-admission of a patient subject to a treatment order that provides for a combination of treatment settings  
  • establishes the criteria that must be met before a patient may be admitted or re-admitted to an approved hospital.  
  
  Once notified, the Mental Health Tribunal must review the matter within three days by a panel of three Tribunal members. This does not need to involve a hearing. |
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<td>54</td>
<td>Treatment plans: Variation</td>
<td>A doctor will no longer need to give the Mental Health Tribunal a treatment plan when they are varying treatment that is not more restrictive that the treatment order.</td>
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| 55                               | Urgent circumstances treatment | There is no longer the need for:  
• the Chief Civil Psychiatrist (or delegate) to authorise urgent circumstances treatment: an approved medical practitioner may do so  
• an application to be made before the authorisation may be given  
• an approved medical practitioner to have assessed the patient and drawn conclusions from this assessment. |
| 59                               | Transferring involuntary patients between approved hospitals | Clarifies that:  
• in an emergency, a transfer direction may be given verbally  
• any direction (whether verbal or in writing) is to be confirmed by the Chief Civil Psychiatrist as soon as practicable after it is given. |
| 61                               | Patient absence from an approved hospital | When a patient is absent from an approved hospital without leave, their doctor must alert the Mental Health Tribunal. |
| 65A                              | Treatment orders: Renewal for patients in the Secure Mental Health Unit | An application for renewing a treatment order for a patient admitted to the Secure Mental Health Unit can now specify a treatment setting other than the Unit. |
| 79(3)                            | Leave of absence: Extension, variation and cancellation | The Mental Health Tribunal and the Secretary (Corrections) have new obligations for extending or varying conditions of any leave of absence granted to a forensic patient who is subject to a restriction order.  
An application for extension of leave must now be lodged at least 20 days before the leave expires. |
| 87                               | Urgent circumstances treatment of a forensic patient | There is no longer the need for:  
• the Chief Civil Psychiatrist (or delegate) to authorise urgent circumstances treatment: an approved medical practitioner may do so  
• an application to be made before the authorisation may be given  
• an approved medical practitioner to have assessed the patient and drawn conclusions from this assessment. |
<p>| 172                              | Interim determinations of adjournment | There is no longer a limit on the number of times the Mental Health Tribunal may adjourn proceedings. |
| 179                              | Mental Health Tribunal: Review functions | The Mental Health Tribunal can now review the authorisation of treatment for a forensic patient. |</p>
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| 181 (1)(a), (b) and (c)          | Treatment orders: Reviews | The Mental Health Tribunal must now:  
• review the order within 60 days after it is made, if it is still in effect  
• review the order again, within 180 days after it is made, if it is still in effect  
• after this second review, further review the order at intervals not exceeding 180 days, for so long as it remains in effect. |
| 191                              | Leave of absence: Review | Clarifies the maximum continuous period that, on review, the Mental Health Tribunal may:  
• grant leave to an involuntary patient, or  
• direct that an involuntary patient may be granted leave. |
| 192A                             | Review of forensic patient’s treatment authorisation | The Mental Health Tribunal can review the treatment authorisation for a forensic patient at 60 days, 180 days and further 180 day intervals. |
| 224A                             | Errors affecting orders | The Mental Health Tribunal (a 3 member panel that need not conduct a hearing) can correct an error in an order, determination, direction or other Tribunal document if the error affects the validity of this document. |
| 226                              | Service of documents | This new section regulates how notices and other documents are given or served under the Act. It defines ‘give’ as causing the notice/document to be given.  
This section works with sections 11 and 37 of the Act. |

July 2017