

## Mental Health Act 2009 Review Form



This form gathers information from guardians, protected persons and interested persons for the purpose of undertaking a review under the Mental Health Act 2009.

### What orders can be reviewed by SACAT?

The *Mental Health Act 2009* provides for orders to be made to treat people in the community or as an inpatient in a hospital without their consent.

People have a right to seek a review of these orders if they think that the doctors/treating team were wrong in making an order or that proper procedures were not followed. These orders may be reviewed by SACAT:

- Level 1 Community treatment order
- Level 2 Inpatient treatment order (including an extension)
- Level 1 Inpatient treatment order
- Transfer to an interstate treatment centre

Use this form also to seek an Internal Review of a SACAT decision:

- To make a Level 2 Community treatment order or Level 3 Inpatient treatment order

<b>What to do</b>	Complete this form and return to SACAT a Word version of this form is available under 'Mental Health' at <a href="http://www.sacat.sa.gov.au">www.sacat.sa.gov.au</a>	
	Email	<b>sacat@sacat.sa.gov.au</b>
	Facsimile	<b>8124 1496</b>
	Post	<b>GPO Box 2361 ADELAIDE SA 5001</b>
<b>Why</b>	Use this form if you would like to apply for a review of a mental health order.	
<b>Any questions?</b>	Call us on 1800 723 767	

### Who can apply for a review?

- the person to whom the order applies
- the Public Advocate
- a guardian, medical agent, relative, carer or friend of the person to whom the order applies
- any other person who satisfied SACAT that he or she has a proper interest in the matter

### When can a review be sought?

You may apply to SACAT for a review at any time while the order is in place (a review against transfer to an interstate treatment centre must be instituted within 14 days). SACAT is an independent legal tribunal that is responsible for protecting your rights and SACAT will arrange a hearing as quickly as possible.

### Do you need an interpreter?

If you or the person appealing requires this form explained in another language please call the Translating and Interpreter Service (TIS) on 131 450 and ask them to contact SACAT on 1800 723 767.

**For more information and advice:** contact the Office of the Public Advocate on 8342 8200.

## Details of review

### Which order do you wish to appeal?

- |  |  |
|--|--|
| <input type="checkbox"/> Level 1 or Level 2 Inpatient treatment order  | <input type="checkbox"/> SACAT decision to make a Level 2 Community treatment order ( <i>Internal Review</i> ) |
| <input type="checkbox"/> Level 1 Community treatment order             |  |
| <input type="checkbox"/> Section 70 Appeal against interstate transfer | <input type="checkbox"/> SACAT decision to make a Level 3 Inpatient treatment order ( <i>Internal Review</i> ) |

### Reasons why you want this order reviewed (*attach another sheet if necessary*)

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## Details of the person (patient)

Title  Ms  Mr  Mrs  Dr Other (please specify)

Given name(s)		Family name		DOB	
Hospital (if inpatient)					
Home address					
Suburb		State		Postcode	
Telephone			Mobile		
Email					

## Applicant - applying for the review (other than the person)

Title  Ms  Mr  Mrs  Dr Other (please specify)

Given name(s)		Family name			
Postal address					
Suburb		State		Postcode	
Telephone			Mobile		
Email					

Are you:

**The Person**  
the order is about

**Interested person**  
(e.g. family, friend, etc.)  
Please note your relationship to the person:

## Legal help and representation

### Person only

If you are the person who the order applies to you may represent yourself before SACAT at the review hearing. You also have the right to have a lawyer to help you or represent you. You can instruct your own lawyer or one can be made available to assist you at no cost to you.

You also have the right to ask a family member, friend or the Public Advocate to represent you.

If you wish to be represented by a lawyer please tick one of the following:

- I wish to be represented by a lawyer chosen for me, at no cost to me.  
 I wish to be represented by my own lawyer, at no cost to me, and the details are:

<b>Name of lawyer / firm</b>	
<b>Address of lawyer</b>	
<b>Suburb</b>	
<b>Telephone</b>	

(Lawyers are paid according to the rate set in the *Mental Health Regulations 2010*)

- I do not wish to be represented by a lawyer.

### Interested persons

Is there anyone else you would like notified of this review?

*For example, family member(s) or health professionals - please attach another sheet if necessary*

Title  Ms  Mr  Mrs  Dr Other (please specify)

<b>Given name(s)</b>		<b>Family name</b>	
<b>Postal address</b>			
<b>Suburb</b>	<b>State</b>	<b>Postcode</b>	
<b>Telephone</b>	<b>Mobile</b>		
<b>Email</b>			

Title  Ms  Mr  Mrs  Dr Other (please specify)

<b>Given name(s)</b>		<b>Family name</b>	
<b>Postal address</b>			
<b>Suburb</b>	<b>State</b>	<b>Postcode</b>	
<b>Telephone</b>	<b>Mobile</b>		
<b>Email</b>			

### Applicant signature

<b>Signed</b>	<b>Date</b>
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**Ward Staff faxing the appeal to complete this page:**

**Privacy Statement**

The information in this transmission is confidential and legally privileged. It is intended solely for SACAT. Access to this transmission by anyone else is unauthorised. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken is prohibited by Section 106 of the *Mental Health Act 2009*.

<b>To:</b>	<b>South Australian Civil and Administrative Tribunal</b>
<b>Fax number:</b>	<b>8124 1496</b>
<b>Subject:</b>	<b>Review application</b>
<b>From:</b>	
<b>Date:</b>	

I confirm I have provided a copy of:

- Treatment Order/s**
- Current Treatment and Care Plan**

**Person faxing this form (Ward Staff)**

<b>Given name(s)</b>		<b>Family name</b>	
<b>Treatment Centre</b>			
<b>Ward number</b>			
<b>Interpreter required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Language</b>	
<b>Does the patient identify as Aboriginal or Torres Strait Islander?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Interested Persons or Next of Kin**

SACAT has a legal obligation to notify persons who may have a proper interest in the review. Please provide details:

<b>Next of Kin 1</b>	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<b>Other (please specify)</b>			
<b>Given name(s)</b>		<b>Family name</b>			
<b>Postal address</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Telephone</b>		<b>Mobile</b>			
<b>Email</b>					
		<b>Relationship to person:</b>			
<b>Next of Kin 2</b>	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<b>Other (please specify)</b>			
<b>Given name(s)</b>		<b>Family name</b>			
<b>Postal address</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Telephone</b>		<b>Mobile</b>			
<b>Email</b>					
		<b>Relationship to person:</b>			

*\*If other interested persons should be notified please provide full details on a separate page.*