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16 June 2022

9(2)(a)



RE Official Information Act request CDHB 10892

I refer to your letter dated 30 May 2022 and received in our office on 9 June requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

Can you forward a copy of:

1. **Mental Health Act Section 8 Form: application form for any person to fill out**
2. **Mental Health Act Section 8B Form: medical certificate form**

I attach both forms as **Appendix 1**.

Further enquiries about the Mental Health Act and its related forms should be directed to the Ministry of Health in future.

Official Information Act requests can be made to the Ministry of Health via this link:

<https://www.health.govt.nz/about-ministry/contact-us/official-information-act-requests>

Postal address:

Ministry of Health
PO Box 5013
Wellington 6140

Requests should include:

- your name
- your contact details (email address or postal)
- details of the information you want - your request should be as clear and specific as possible.

You can specify the format you want the information presented in – for example by email or by post.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'RLS', with a long horizontal line underneath it.

Ralph La Salle
Senior Manager, OIAs
Canterbury DHB & West Coast DHB

Application for assessment

To: *Location*
The Director of Area
Mental Health Services, at:

Name of proposed patient: *Full name*

Proposed patient's date of birth: *Date of birth*

Of: *Address*

I believe the person named above to be mentally disordered and apply to the Director of Area Mental Health Services to have that person assessed. I base my belief on the following grounds:

Note: Continue on a separate sheet if necessary

I am the applicant named: *Full name of applicant*

of: *Address of applicant*

My relationship to or
association with the proposed
patient is:

I declare that I have attained the age of 18 years and have seen the proposed patient in person within the last 3 days.

Signature of applicant *Date of application*

This application is accompanied by a certificate given by a mental health practitioner who has examined the proposed patient within the last 3 days.

Mental Health (Compulsory Assessment and Treatment) Act 1992.

Section 2 The statutory definition of mental disorder is:

"Mental disorder, in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it –

- (a) Poses a serious danger to the health or safety of that person or of others; or
- (b) Seriously diminishes the capacity of that person to take care of himself or herself; and "mentally disordered", in relation to any such person, has a corresponding meaning.

Section 4 General rules relating to liability to assessment or treatment

The procedures prescribed by Parts I and II of this Act shall not be invoked in respect of any person by reason only of -

- (a) That person's political, religious, or cultural beliefs; or
- (b) That person's sexual preferences; or
- (c) That person's criminal or delinquent behaviour; or
- (d) Substance abuse; or
- (e) Intellectual handicap

Released under the Official Information Act

Certificate supporting an application for assessment

To: *Location*
The Director of Area
Mental Health Services, at:

Name of proposed patient: *Full name*

Proposed patient's
date of birth: *Date of birth*

Of: *Address*

Date of examination:

Method of examination: In person Audio-Visual Link (AVL)

Rationale for AVL (if
applicable):

I consider there are reasonable grounds for believing the proposed patient may be mentally
disordered and my reasons for that opinion in relation to the statutory definition of mental disorder¹
(see reverse) are:

*Note: continue on a separate
sheet if necessary.*

Full particulars of the reasons for opinion on proposed patient's condition

I am the mental health
practitioner² (see reverse)
who examined the
proposed patient:

Full name of mental health practitioner

of:

Business address and telephone number of mental health practitioner

I declare that I am not related to the proposed patient nor to the applicant and have examined the
proposed patient within the last 3 days.

Signature of mental health practitioner

Date

This certificate is to accompany an application for assessment either completed by a mental health
practitioner or by a person, usually a relative or someone associated with the proposed patient and who
has seen the proposed patient within the last 3 days.

Mental Health (Compulsory Assessment and Treatment) Act 1992

Section 2 INTERPRETATION

"Mental disorder", in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it—

- (a) Poses a serious danger to the health or safety of that person or of others; or
- (b) Seriously diminishes the capacity of that person to take care of himself or herself;

"Mental health practitioner" means—

- (a) a medical practitioner; or
- (b) a nurse practitioner; or
- (c) a registered nurse practising in mental health.

"Medical practitioner" means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of medicine.

"Nurse practitioner" means a health practitioner who—

- (a) is, or is deemed to be, registered with the Nursing Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing and whose scope of practice permits the performance of nurse practitioner functions; and
- (b) holds a current practising certificate.

"Registered nurse practising in mental health" means a health practitioner who—

- (a) is, or is deemed to be, registered with the Nursing Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing and whose scope of practice includes the assessment of the presence of mental disorder as defined under this Act; and
- (b) holds a current practising certificate.

Section 4 GENERAL RULES RELATING TO LIABILITY TO ASSESSMENT OR TREATMENT

The procedures prescribed by Parts 1 and 2 of this Act shall not be invoked in respect of any person by reason only of—

- (a) That person's political, religious, or cultural beliefs; or
- (b) That person's sexual preferences; or
- (c) That person's criminal or delinquent behaviour; or
- (d) Substance abuse; or
- (e) Intellectual disability

Section 7A PRACTITIONER OR RESPONSIBLE CLINICIAN TO CONSULT

(1) In this section, "practitioner" means—

- (a) A mental health practitioner conducting an assessment examination of a proposed patient under section 9; and
- (b) A responsible clinician providing an assessment of, or treatment to, a patient

(2) A practitioner must consult the family or whanau of the proposed patient or patient. This subsection is subject to subsection (3).

(3) Subsection (2) does not apply if the practitioner has reasonable grounds for deciding that consultation—

- (a) Is not reasonably practicable; or
- (b) Is not in the best interests of the proposed patient or patient.

(4) In deciding whether or not consultation with the family or whanau is in the best interests of a proposed patient or patient the practitioner must consult the proposed patient or patient.