

**Mental Health and Wellbeing Act 2022
Sections 200 - 202**

**MHWA 111
Variation of Temporary Treatment
Order or Treatment Order**

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

Instructions to complete this form

- This form must be completed by an Authorised Psychiatrist or Delegate to vary the setting of a Temporary Treatment Order or Treatment Order, from an inpatient order to a community order (or vice versa).
- You can only vary a community order to an inpatient order if you are satisfied that treatment of the person cannot occur in the community.
- A variation does not affect the duration of the Order.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a patient of:

who is subject to:

Designated Mental Health Service

- a Temporary Treatment Order
- a Treatment Order.

(please cross one option only)

1. I am satisfied that the immediate treatment the person needs:

(please cross one option only)

- can** be provided in the community and vary the person's:
 - Inpatient Temporary Treatment Order to a Community Temporary Treatment Order
 - Inpatient Treatment Order to a Community Treatment Order

(please cross one option only)

OR

- cannot** be provided in the community and vary the person's:
 - Community Temporary Treatment Order to an Inpatient Temporary Treatment Order
 - Community Treatment Order to an Inpatient Treatment Order

(please cross one option only)

2. The reasons for my decision are:

3 I have given proper consideration to the decision-making principles for treatment and interventions

4. I have had regard:

- | | |
|--|--|
| <input type="checkbox"/> the views and preferences of the person and their reasons | <input type="checkbox"/> the views of a carer, if varying the Order will directly affect the carer and the care relationship |
| <input type="checkbox"/> the person's advance statement of preferences | <input type="checkbox"/> the views of the Secretary, Department of Families, Fairness and Housing if that Secretary has parental responsibility for the person under a relevant Child Protection Order |
| <input type="checkbox"/> the views expressed by the nominated support person | |
| <input type="checkbox"/> the views of a parent, if the person is under the age of 16 years | |
| <input type="checkbox"/> the views of any guardian of the person | |

(please indicate all persons consulted)

5. Date and time Temporary Treatment Order or Treatment Order is varied:

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date

--	--	--	--

at:

time 24 hour

Signature:

Date:

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signature of Authorised Psychiatrist or Delegate

Given Names:

Family Name:

Designation:

Variation of Temporary Treatment Order or Treatment Order MHWA 111



MHWA111

ROLLS AUSTRALIA 1300 600 192

JULY 2023

Original – medical record

Copy – patient

Next steps

After completing this form:

1. **tell** the person that the Temporary Treatment Order or Treatment Order has been varied;
2. **explain** the purpose and effect of the variation;
3. **give** the person a copy of this Order and the statement of rights—*Temporary Treatment Order or Treatment Order*—and explain the information;
4. **notify** the following persons (as applicable) that the Order has been varied and give them a copy of the variation and the statement of rights:

<ul style="list-style-type: none"> ➤ the person's nominated support person ➤ a parent if the person is under the age of 16 years ➤ a carer, if varying the Order will directly affect the carer and the care relationship 	<ul style="list-style-type: none"> ➤ the person's guardian ➤ the Secretary, Department of Families Fairness and Housing if that Secretary has parental responsibility for the person under a Relevant Child Protection Order
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5. **notify** the primary non-legal mental health advocacy service provider of this variation;
6. **ensure** appropriate supports are provided to assist the person/s to understand this information;
7. if after the variation the person is subject to an Inpatient Temporary Treatment Order or an Inpatient Treatment Order, **arrange** for them to be taken to the Designated Mental Health Service as soon as practicable;
8. **attach** a copy of this order to the MHWA 110 – Temporary Treatment Order or the Treatment Order; and
9. **notify** the Mental Health Tribunal of this variation that the order has been varied through CMI-ODS.

Notes

- An Inpatient Temporary Treatment Order or an Inpatient Treatment Order is sufficient authority to transport the person to a Designated Mental Health Service and to detain the person in the service for treatment
- Transport choices should be appropriate to the person's needs and their circumstances and should, so far as reasonably practicable, be health-led and use the least restrictive option possible.
- If you need to vary the responsible Designated Mental Health Service, you must complete the MHWA 123- transfer of compulsory patient form.

Decision-making principles for treatment and interventions

When making a Temporary Treatment Order, you **must give proper consideration** to these principles.

Title	Principle
Care and transition to less restrictive support	Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services.
Consequences of compulsory assessment and treatment and restrictive interventions principle	The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person.
No therapeutic benefit to restrictive interventions principle	The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person.
Balancing of harm principle	Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use.
Autonomy principle	The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment.

Definitions

- **'Relevant Child Protection Order'** means:
 - (a) a therapeutic treatment (placement) order;
 - (b) a family reunification order;
 - (c) a care by Secretary order;
 - (d) a long-term care order,
 each within the meaning of the *Children, Youth and Families Act 2005*.