Mental Health Act 2014
Section 46
MHA 110
Temporary Treatment Order

<table>
<thead>
<tr>
<th>Local Patient Identifier</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY NAME</td>
<td></td>
</tr>
<tr>
<td>GIVEN NAMES</td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>SEX</td>
<td></td>
</tr>
</tbody>
</table>

Mental Health Statewide UR Number

Place patient identification label above

Instructions to complete this form
- This form must be completed by an authorised psychiatrist or delegate.
- You cannot make a Temporary Treatment Order if you also made the Assessment Order for the person.
- You must explain the purpose of the examination before starting the examination (see point 1).
- You must have regard to the views of the person and their relevant support persons when deciding whether the treatment criteria apply and the setting for providing treatment to the extent that is reasonable in the circumstances (see point 5).

<table>
<thead>
<tr>
<th>GIVEN NAMES</th>
<th>FAMILY NAME (BLOCK LETTERS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a patient of:

who is subject to:
- [ ] an Inpatient Assessment Order
- [ ] a Community Assessment Order—that expires on:

1. I have examined the above named person.
2. I am satisfied that all the following treatment criteria in section 5 of the Mental Health Act 2014 apply to the person:
   a. the person has mental illness *(mental illness is a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory)*; and
   b. because the person has mental illness, the person needs immediate treatment to prevent:
      i. serious deterioration in the person’s mental or physical health; or
      ii. serious harm to the person or to another person; and
   c. the immediate treatment will be provided to the person if the person is subject to a Temporary Treatment Order; and
   d. there is no less restrictive means reasonably available to enable the person to receive the immediate treatment.
3. I base my opinion on the following:

4. I am satisfied that the immediate treatment the person needs:
   - [ ] can be provided in the community and make a **Community Temporary Treatment Order**.
   - [ ] cannot be provided in the community and make an **Inpatient Temporary Treatment Order**.

5. I have had regard to:
   - [ ] the views and preferences of the person and their reasons
   - [ ] the person’s advance statement
   - [ ] the views of the nominated person
   - [ ] the views of a parent, if the person is under the age of 16 years
   - [ ] the views of a guardian
   (please indicate [ ] all persons consulted)

6. Date and time Temporary Treatment Order is made:

7. The duration of a Temporary Treatment Order is 28 days unless revoked earlier.

Signature: ____________________________ Date: ____________

signature of authorised psychiatrist or delegate

Given Names: _________________________ Family Name: _________________________

Original – medical record Copy – patient
Next steps

After completing this form:

- you must ensure that reasonable steps are taken to:
  - **tell** the person that this Temporary Treatment Order has been made and give them a copy
  - **explain** the purpose and effect of the Temporary Treatment Order
  - **tell** the person that they will be given treatment for their mental illness
  - **give** the person a copy of the statement of rights - *Temporary Treatment Order* - and explain the information
  - **notify** the following persons (as applicable) that the Order has been made and give them a copy of the Order and the statement of rights:
    - the nominated person
    - a parent if the person is under the age of 16 years
    - a carer, if making the Order will directly affect the carer and the care relationship
    - a guardian
    - the Secretary, Department of Human Services or delegate if the person is the subject of a custody to the Secretary order or a guardianship to the Secretary order (eg. Manager, Child Protection).

- **arrange** for the person to be taken to a designated mental health service if you made an Inpatient Temporary Treatment Order and the person is not already at a designated mental health service.

- **send** a copy of this *MHA 110 – Temporary Treatment Order* to the Mental Health Tribunal. Please also attach a copy of the Mental Health Tribunal’s *MHT 32 – Compulsory notifications* form:
  - Email: mht@mht.vic.gov.au; or
  - Fax: 9032 3223

**Notes**

- A person who is subject to an Inpatient Temporary Treatment Order and who is not already at a designated mental health service must be taken to a designated mental health service as soon as practicable after the Order is made.

- An Inpatient Temporary 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.