		<u> </u>		1 1				1			
	Mental Health and Wellbeing Act 2022	Local Patient I	dentifier								
	Section 104	FAMILY NAME									
	MHWA 132A										
	Application for ECT- voluntary adult without capacity to consent	GIVEN NAMES									
		DATE OF BIRT	'H			SEX		GENI	DER		
8	Mental Health Statewide UR Number		Place	patient	identifi	cation la	abel above	;			
ξ Ins	structions to complete this form										
• MHWA132A	This form is used to apply to the Mental Health Tribuna (ECT) on an adult who is receiving treatment on a volument of the form must be completed by a psychiatrist.		perform	a cou	irse of	elect	roconvu	Isive	treat	ment	
•	Please cross ■ all relevant check boxes in each part.										
	GIVEN NAMES FA	MILY NAME (BLOC	CK LETTERS	S) of pe	erson						
tro		(====		-,							
uea	ated at: name of Designated Mental Heal	th Service or private	e mental hea	alth ser	vice						
nos	stal address: po	stcode:									
i i	<u>. </u>										
	3	D-10 code:									
	cify person's diagnosis for which electroconvulsive treatment is being pro	posed.									
To the Mental Health Tribunal Part A: Details of person											
2.	 The above-named person is aged 18 years or over, and is receiving treatment on a voluntary basis at: a Designated Mental Health Service; or a private mental health service. I am satisfied that the above-named person does not have capacity to give informed consent to ECT, there is no less restrictive way for the person to be treated and the person: has an instructional directive giving informed consent to ECT (see notes over page); or does not have a relevant instructional directive and the person's medical treatment decision maker has given informed consent in writing to the ECT, using MHWA 131A. 										
Pa	rt B: Details of proposed course of ECT										
1.	I apply to the Mental Health Tribunal for authority	to perform a c	course of	ECT	on th	ne pe	rson.				
2.	The proposed number of treatments in the course	of ECT is:			reatm maximu		oer is 12 tre	eatme	nts)		
3.	The proposed duration of the course of ECT is:	Ī			veeks maximu		ion is 6 mc	onths)			
4.	The proposed course of ECT is:										
	 □ not urgent □ urgent. You may only request an urgent hearing if the course of ECT is necessary as a matter of urgency to: □ save the life of the person; or □ prevent serious damage to the health of the person; or □ prevent the person from suffering or continuing to suffer significant pain or distress. 								ess.		
5.		ness days . (Se	•	n 1-5 b	usiness	days. T	he numbe				
Pa	rt C: Principles										
ROLLS AUSTRALIA 1300 600 192	I have given proper consideration to the decision-	making princi _l	ples for t	reatr	nent a	and in	tervent	ions			
RALIA 13									$\overline{\top}$		
AUST	gnature: signature of psychiatrist			Date:							
ROLLS	Given Names: Family Name:										

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Business Address:

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Telephone:

			1 1	1		Т		_	1	Т
Mental Health and Well Section 1	Local Patient Identifier FAMILY NAME									
	FAIVILY NAME									
MHWA 13 Application for ECT-ve without capacity t	GIVEN NAMES									
		DATE OF BIRTH		SEX	!					
Mental Health Statewide	UR Number	Place	patient ide	entific	ation la	abel abo	ve			
To the Mental Health Tribuna	il									
Part D: Details of medical tro 2016 (if applicable)	eatment decision ma	ker under the Medica	al Treat	mer	nt Pla	annin	g De	cisio	ns /	Act
Given names:	Family name	y:								
Postal Address:										
Suburb:	State:	Po	stcode:							
Email:	Telephone: ()								
Preferred language:	interpreter	•								
Part E: Details of support pe		•	ent Pla	nni	ng D	ecisio	ons A	ct 2	016	(if
applicable) Given names:	Family name									
Postal Address:	- I allilly flame									
	Ctata	Do	ataa da.							
Suburb:	State:		stcode:							
Email:	Telephone: (•								
Preferred language: Part F(1): Details of other pe	□ interpreter	required								
Given names:	Family name	:								Į.
Postal Address:										
Suburb:	State:	Ро	stcode:							
Email:	Telephone: ()								
Preferred language:	□ interpreter	required								
The above-named person is: the nominated support a guardian of the person a carer of the person.	•					_				
Part F(2): Details of other per										
Given names:	Family name	:: 								
Postal Address:										
Suburb:	State:	Ро	stcode:							
Email:	Telephone: ()								
Preferred language:	□ interpreter	required								
The above-named person is: ☐ the nominated support ☐ a guardian of the person	•					_				

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ROLLS AUSTRALIA 1300 600 192

 \square a carer of the person.

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NEXT STEPS

- 1. **Send** a hearing request to the Mental Health Tribunal by submitting the application through CMI/ODS. Update the compulsory notifications tab on CMI/ODS.
- 2. If the application is urgent call the Mental Health Tribunal to notify them of the application and send copies of this form to the Mental Health Tribunal at:

Ph: 9032 3200Fax: 9032 3223

- 3. **Explain** to the person that you have made this application and that the Mental Health Tribunal will invite them to a Tribunal hearing. Offer the patient support to prepare for their Tribunal hearing.
- 4. **Prepare** the Mental Health Tribunal *report on electroconvulsive treatment* and any other supporting information to be presented at the hearing. You can get copies of the template at www.mht.vic.gov.au.
- 5. **Give** a copy of the *report on electroconvulsive treatment* and access to the supporting information to the person and the Tribunal **at least 2 business days** before the hearing. You should also share this report with the person's family, carers or supporters if the person consents or if otherwise allowed under the *Mental Health and Wellbeing Act 2022*.
- 6. Ensure appropriate supports are provided to assist the person to understand this information.
- 7. Offer the person help to submit the What I want to tell the Tribunal form if they would like to do so

Notes

- 1. An instructional directive is a formal document made in accordance with the requirements of the **Medical Treatment Planning and Decisions Act 2016** that expressly consents to or refuses specific medical treatment. An advance statement of preferences is not an instructional directive.
- 2. If the person has an instructional directive consenting to ECT, ensure a copy of the instructional directive is in the person's clinical record and is available to the Mental Health Tribunal at the hearing.

Decision-making principles for treatment and interventions

You **must give proper consideration to the decision-making principles** for treatment and interventions in making this decision.

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.