

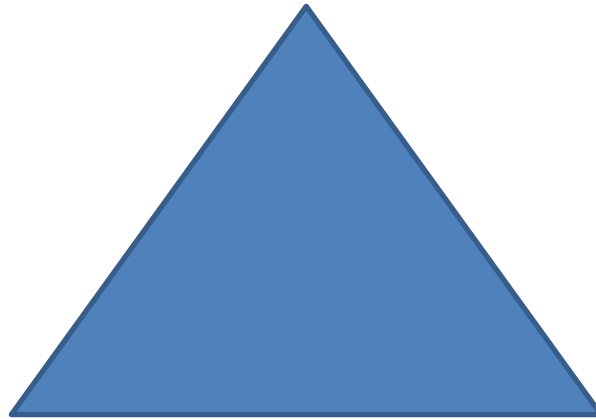
Use of the Mental Health Care Act and Referral Pathways in Psychiatric Emergencies

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Autonomy



Beneficence

Non-maleficence

Legislative Framework

- Constitution
 - Right not to be deprived of freedom arbitrarily or without just cause.
- Mental Health Care Act (Act 17 of 2002)
 - Right to care, treatment and rehabilitation, proportionate to mental health status and may intrude as little as possible.
- General Regulations: Mental Health Care Act
- MHCA Forms



- Who and When?
- What are my options?
- Where do I send my patient?
- How?



Who and Wh

- Reasonable belief that the person has a mental illness or severe intellectual disability.

A positive diagnosis of a mental health related illness in terms of accepted criteria made by a mental health care practitioner authorised to make such a diagnosis.

- What is definition of mental illness?
- Intoxication?
- Delirium?



Three questions

Is there an underlying
General Medical Condition?

Is this Substance
Intoxication or Withdrawal?

Is this a Mental Illness?



When should I consider using the Mental Health Care Act to admit my patient?

- The user is likely to inflict serious harm to:
 - himself/herself or
 - others
- Or care, treatment and rehabilitation is necessary for the protection of:
 - the financial interests of the user or
 - reputation of the user.



What are my options?

- Voluntary admission
- Assisted admission
- Involuntary admission
- (Emergency admission)



Admission Categories

- Voluntary:
 - User is ill, needs help.
 - User is **competent** to make an informed choice.
 - User **consents** to treatment.
 - User can be helped.



Admission Categories

- Assisted:
 - User is ill, needs help.
 - User is a danger to him/her self and/or others.
 - User is **not competent** to make an informed choice.
 - User **does not refuse treatment**.
 - User can be helped.



Admission Categories

- Involuntary:
 - User is ill, needs help.
 - User is a danger to him/her self and/or others or care and treatment and rehabilitation is necessary for the protection of the financial interests or reputation of the user.
 - User is **not competent** to make an informed choice.
 - User **refuses treatment**.
 - User can be helped.



Admission Categories

- Emergency:
 - User is ill, needs help.
 - **Any delay** may result in:
 - Death or irreversible harm to the user.
 - User inflicting serious harm to him/her self or others.
 - User causing serious damage or loss of property belonging to him/her self or others.
 - User is **not competent** to make an informed choice.
 - User **refuses treatment**.
 - User can be helped.
 - Can only hold for 24 hours, must report to the Review Board.



Where do I send my patient?

- District Hospital (NB: Could be regional or central hospital)
 - MH Nurse
 - MH Medical Officer
- Community Health Centre



Questions

“If my patient has a well established diagnosis of schizophrenia and relapses, why can't they be admitted directly to a psychiatric hospital?”



Questions

“My patient has recently been discharged from a psychiatric hospital and remains unwell, can they be re-admitted?”



Questions

“Can a private hospital accept a patient under the Mental Health Care Act?”



How do I admit my patient?



Involuntary Admission Process

Application (MHCA 04)

Assessment (MHCA 05) x2

Admission (MHCA 07)

72-hour assessment (MHCA 06)

Approval of further involuntary care
(MHCA 08)



Who may apply for assisted or involuntary admission?

- If user <18, then must be parent or guardian.
- ≥ 18 , spouse, next of kin, partner, **associate**, parent or guardian.
- If unwilling, incapable or otherwise unable to consent, then health care provider.
- Must have seen the user within 14 days before making the application.

Person with substantial or material interest in the well-being of user or who is in substantial contact with the user



MHCA FORMS

- At the point that you complete the MHCA forms, you are making a formal application to the Western Cape High Court.
- Everything you submit is submitted to a Judge at the High Court for scrutiny.
- Wherever possible, consult with the family.



Checklist for admission documents

MHCA FORM 04

- Applicant must have seen the user in the last seven days.
- Is there adequate written information?
- Who made application (parent, next of kin, spouse etc); has applicant signed?
- If the user is a minor (<18yrs) has a parent / legal guardian signed?
- If the applicant is the health care provider have attempts to contact the family been recorded on the form 04 (pg 2 par 2&3).
- **Has the commissioner of oaths signed and dated the declaration on the same date and in the same place as the applicant?**
- Has the commissioner of oaths printed his/her name, surname and recorded his/her post description in full?



Checklist for admission documents

MHCA FORM 05

- Is one examining health care practitioner qualified to do a physical examination (a doctor)?
- Is the wording of each form 05 sufficiently different to indicate that these are the independent findings of two health care practitioners? (must not be copies)
- **One form 05 has to have the same date as the form 04**
- The two form 05s must be dated within 24 hours of each other
- Have all questions on the 05 forms requiring an answer been filled in and not left blank?
- No abbreviations to be used - must be written out in full.
- Is there adequate description of the history and clinical findings on the 05 for the Review Board and Western Cape High Court to make a decision?
- Have each of the two health care practitioners signed their 05 and printed their names and qualification?



Question

“What if my patient is dangerous and refuses to accompany their relative to hospital?”



Involving SAPS (Section 40)

- If a member of SAPS has reason to believe, from personal observation, or **from information obtained from a mental health care practitioner**, that a person due to his/her mental illness or severe/profound ID is likely to inflict serious harm to himself or others, the member **must** apprehend the person and:
 - Take them to an appropriate health establishment
 - Hand them into the custody of the head of establishment or other designated person



Involving SAPS (Section 40)

- If mental health practitioner agrees that person is mentally ill, must admit and can hold for max 24 hours.
- SAPS also have a role if assisted or involuntary user absconds from hospital:
 - **Must** locate, apprehend and return to health establishment.



Involving SAPS (Section 40)

- When requesting assistance, SAPS must be informed of the estimated level of dangerousness.
- SAPS may hold person in custody to effect their return or transfer to hospital, but for max 24 hours.



Question

“Does my patient have the right to challenge their admission?”



Appeals

- Right to legal representation.
- Within 30 days of HHE decision to admit patient, user, spouse, next of kin, partner, associate, parent or guardian may appeal to the Review Board.
- Review Board have 30 days to consider oral or written representations from appellant, applicant, mental health care practitioners or HHE, and to send out written notice of their decision.



Questions and Discussion

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