dd/mm/yyyy

Patients name

Patients address 1

Patients address 2

SUBURB VIC Postcode

Statewide UR number:

Date of birth:

Preferred pronouns:

Dear [Patients name]

**Your treating team’s report for your Tribunal hearing**

This report is for your Mental Health Tribunal hearing on dd/mm/yyyy. It explains why we think you may need compulsory treatment on a Treatment Order.

We will give the Tribunal a copy of this report and information from your clinical file, including any advance statement you have made. You can ask to see that information.

The Tribunal members who will attend your hearing are independent of our health service. They will:

* read this report and information from your clinical file
* have a discussion with you, members of your treating team and your support people who attend the hearing, and
* decide whether to make a Treatment Order or not.

A Treatment Order can only be made if the Tribunal decides the answer to **all** these questions is yes:

1. Do you have a mental illness?
2. Do you need treatment now to prevent a serious deterioration in your mental health or physical health, or serious harm to you or someone else?
3. Will you be treated if you are on a Treatment Order?
4. Is a Treatment Order the only way to ensure you will receive the treatment you need?

If the answer to any of these questions is no, the Tribunal **will not** make a Treatment Order.

You can use the ‘What I want to tell the Tribunal’ worksheet included with this report to plan and write down what you want to tell the Tribunal.

**Your treating team**

Consultant psychiatrist:

Medical officer:

Case manager:

**Background information for the Tribunal**

**Your strengths, support in the community and things that help you stay well**

*[Outline the patient’s strengths including interests, activities and skills, their support in the community, significant relationships and things that have helped them stay well* ***- delete this prompt****]*

**Your culture, family and housing**

*[Provide a short statement about the patient’s culture, family background and housing situation* ***- delete this prompt****]*

**Your education and work history**

*[Provide a short statement about the patient’s education and employment* ***- delete this prompt****]*

**What you have told us about your views, preferences, hopes and goals**

*[Summarise the patient’s views about their treatment and their goals more broadly* ***- delete this prompt****]*

**Why we think you meet the criteria for a Treatment Order**

**Your history with mental health treatment and the secure extended care unit**

*[Provide the patient with a summary of what led to them initially receiving mental health treatment and their hospital and secure extended care unit admissions. Include what has helped the patient stay well and attempts at voluntary treatment and discharge from Secure Extended Care Units* ***- delete this prompt****]*

1. **Why we think you have a mental illness**

We think you have a mental illness because you have had significant disturbances of thought, mood, perception or memory.

*[Provide the patient with specific examples of relevant symptoms and how they experienced them. If you include a diagnosis include the patient’s views about it* ***- delete this prompt****].*

1. **Why we think you currently need treatment**

*[Explain to the patient why they need treatment* ***to prevent******a serious deterioration to their mental or physicial health*** *or* ***serious harm to themselves or someone else.*** *Include relevant examples from their history* ***- delete this prompt****]*

1. **Will treatment be provided if you are on a Treatment Order?**

**Medication**

*[Explain how you will provide medication for mental health and other conditions if the patient is on a Treatment Order. Include the names of all medications you will provide, the dosage, method of administration and expected benefits* ***- delete this prompt****]*

**Other treatment and support**

*[Explain the non-medical treatment and support you will provide and how you will provide it, such as access to psychological support, housing support or the NDIS* ***- delete this prompt****]*

1. **Why we think a Treatment Order may be the only way you will receive the treatment you need**

*[Explain to the patient why you believe their treatment needs to be compulsory* ***- delete this prompt****]*

**Your progress and goals of your current treatment plan**

*[Summarise the purpose of the patient’s Secure Extended Care Unit admission for the patient, their progress and how you will work to transition them out of the Secure Extended Care Unit. Include how you will manage risks given past experience and the non-medical treatment and support you will provide* ***- delete this prompt****]*

**Views of your family, friends, carers or guardians**

*[Identify the patient’s support people, how you have involved them in treatment planning and other discussions, and what they have said about the patient’s treatment and support they can provide* ***- delete this prompt****]*

**Our recommendation to the Tribunal**

If the Tribunal decides to make a Treatment Order they will decide how long it will last and whether you will be treated as an inpatient in hospital or in the community. We recommend that the Tribunal make a *[insert Community or Inpatient* ***- delete this prompt****]* Treatment Order for *[insert number* ***- delete this prompt****]* weeks.

We hope you can participate in your Tribunal hearing. If you do not participate the Tribunal will have to make a decision without you.

Yours sincerely

Dr

Consultant Psychiatrist

What I want to tell the Tribunal

|  |
| --- |
| Use this worksheet to write what you want to say at your Mental Health Tribunal hearing.You can bring this to your hearing or email it to the Tribunal at mht@mht.vic.gov.au. We will share it with your treating team for fairness. You can attach more pages. |
| **Name:** |
| **Hearing date:** |
| **What do you think about your treatment?** |
|  |
|  |
| **What do you think about being on a Treatment Order?** |
|  |
|  |
| **If you are in hospital, would you prefer to be treated in the community? Yes** [ ]  **No** [ ] **Why?** |
|  |
|  |
|  |
| **What could help you stay well and who could support you?** |
|  |
|  |
|  |
| **Is there anything you would like to say about your treating team’s report for the hearing?** |
|  |
|  |
| **Do you meet all 4 criteria for compulsory treatment below?**1. Do you have a mental illness? [ ]  Yes [ ]  No
2. Do you need treatment now to prevent:
* a serious deterioration in your mental health or physical health? [ ]  Yes [ ]  No
* serious harm to you or someone else? [ ]  Yes [ ]  No
1. Will you be treated now if you are on a Treatment Order? [ ]  Yes [ ]  No
2. Is a Treatment Order the only way to ensure you will get the treatment you need? [ ]  Yes [ ]  No

**If no, why?** |
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We will share it with your treating team for fairness.