

**Competencies
for the Role and Function
of Responsible Clinicians
under the Mental Health
(Compulsory Assessment and
Treatment) Act 1992**

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It is important to note that these competencies are not intended as a substitute for informed legal opinion. Any concerns individuals may have should be discussed with appropriate legal advisors.

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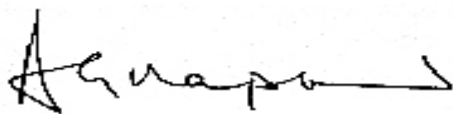
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Preface

Highly skilled and motivated responsible clinicians are vital for the effective assessment and treatment of patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act). Patients, their families, whānau and the wider community all rely on responsible clinicians to make the right decisions about assessment and treatment of patients in their care. The competencies outlined in this document provide a benchmark for fulfilling the role of responsible clinician in New Zealand mental health services.

The importance of the responsible clinician role is reflected in the Act, where it is noted that each patient under the Act must be assigned a responsible clinician by the Director of Area Mental Health Services. The purpose of this document is to amplify the various tasks, skills, knowledge and attitudes that are required to fulfil this role so that current responsible clinicians, prospective responsible clinicians and Directors of Area Mental Health Services can all work towards better outcomes for people subject to compulsory assessment and treatment.

This document has been developed in consultation with mental health services. If you wish to provide feedback on any aspect of this document, please contact: The Manager, Mental Health Rights and Protection, Mental Health Directorate, Ministry of Health, PO Box 5013, Wellington.



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Introduction

The Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act) introduced a number of new statutory roles, one of which was the ‘Responsible Clinician’. The responsible clinician is ‘the clinician in charge of the treatment of the patient’. The introduction of this role recognised the fundamental importance of there being one clinician directly obligated to and accountable for the provision of appropriate care for each and every patient detained under the Act.

To ensure that this process works in practice, the Director of Area Mental Health Services (DAMHS) is obliged to ensure that at all times there is assigned in respect of each patient a responsible clinician. The Act states that the responsible clinician shall be either a psychiatrist appointed by the DAMHS, or some other registered health professional who, in the opinion of the DAMHS, has undergone training in and is competent in the assessment, treatment, and care of persons with mental disorder.

The compulsory assessment and treatment of a person with a mental disorder involves the person being placed in a situation where a number of their normal rights are suspended. Therefore a psychiatrist or other registered health professional who is the responsible clinician must perform their duties to every patient under their care in a responsible and competent fashion. Likewise the DAMHS must ensure the responsible clinician has the requisite skills, knowledge and attitude to function appropriately in this role.

These competencies have been produced to assist both health professionals wanting to become responsible clinicians and DAMHSs, who have to decide whether the person is competent to act as a responsible clinician, to understand the components of the role.

This document describes, in basic principles, the knowledge, skills and attitudes required for this role. It should not be seen as providing a particular syllabus for training or being an exhaustive manual; rather it should be seen as a guide. As specified in the Act it is the DAMHS who is obliged to assign each patient to a responsible clinician. It is also the DAMHS’ decision as to whether a health professional should be appointed as a responsible clinician. This document is a guide only for the DAMHS when making the decision to appoint a responsible clinician.

The Act specifies that the DAMHS can appoint only registered health professionals to act as responsible clinicians. These include medical practitioners, nurses and clinical psychologists. Except in exceptional circumstances, the advice of the Ministry of Health is that responsible clinicians should be restricted to psychiatrists and these other three professional groups.

It also important to note that even in areas where there is considerable workforce pressure, the DAMHS must appoint only those people who have the required competencies as responsible clinicians. This document does not in any way suggest standards should be lowered due to workforce problems when appointing a responsible clinician.

1 The Intent of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act)

The Act replaced the Mental Health Act 1969 and was established to:

redefine the circumstances in which and the conditions under which persons may be subjected to compulsory psychiatric assessment and treatment, to define the rights of such persons and to provide better protection for those rights, and generally to reform and consolidate the law relating to the assessment and treatment of persons suffering from mental disorder.

The major changes in emphasis contained in the 1992 Act were:

- it better defined mental disorder
- it dealt only with compulsory assessment and treatment
- it focused on the need for treatment, not only on a need for containment
- it stated treatment was to be provided in the least restrictive environment possible
- it clarified the rights of those receiving compulsory treatment
- the importance of cultural identity and beliefs of patients was acknowledged
- it provided a means to enable people to receive compulsory treatment in the community
- procedures for the review and appeal of decisions as well as processes to address any breaches of rights were specified
- it specified a number of statutory roles including Directors of Area Mental Health Services (DAMHSs) and responsible clinicians.

The Act endeavoured to balance the interests of the person with a mental disorder against society's wider interests, while providing sufficient 'checks and balances' to protect the person's civil liberties.

The 1999 amendments to the Act addressed a number of difficulties in interpretation and operation that had emerged with the use of the Act. The key changes were:

- clarification of the powers for compulsory assessment and treatment of proposed patients
- a requirement of medical practitioners and responsible clinicians to consult family/whānau as part of the assessment and treatment process
- clarification of the powers of officials to use necessary force
- clarification of the use of emergency sedation
- improved flexibility in relation to the appointment, functioning and removal of DAMHS

- extension of the civil immunity provisions to include district inspectors and members of the Mental Health Review Tribunals
- clarification of certain procedural matters relating to Mental Health Review Tribunals.

A related amendment was made to the Victims of Offences Act 1987 to provide designated victims with the right to be notified of the escape, long leave or impending discharge of particular classes of offenders/alleged offenders detained in mental health services.

2 Responsible Clinician: Definition and Role

2.1 Definition

Responsible clinician as defined by section 2 of the Act is the **clinician in charge of the treatment** of the patient.

2.2 Qualifications and assignment

Section 7 of the Act, ‘Obligation to Assign Patient to Responsible Clinician’ states that:

*‘For the purposes of this Act the Director of Area Mental Health Services [DAMHS] shall ensure that at all times there is assigned in respect of each patient a **responsible clinician** who shall be –*

- (a) A **psychiatrist** approved by the Director of Area Mental Health Services; or*
- (b) Some other **registered** health professional who, **in the opinion of the Director of Area Mental Health Services**, has undergone training in, and is competent in, the assessment, treatment, and care, of persons with mental disorder.’*

Before a DAMHS assigns a psychiatrist or other registered health professional as a responsible clinician they will need to assure themselves that the person has the necessary competencies to fulfil the role of responsible clinician. The role of the responsible clinician is potentially different with each patient and at different stages of the assessment and treatment process. The DAMHS will need to ensure the matching of patient needs to responsible clinician skills and experience at each particular phase of the assessment and treatment process. The DAMHS may therefore assign some clinicians to act as responsible clinicians with any patient at any stage of assessment and treatment, others to act as responsible clinicians for any patient at specific stages of treatment (for instance, when a patient has been placed on a community treatment order), and some practitioners to act for specific patients or patient types at specific stages of treatment.

2.3 Role of responsible clinician

The responsible clinician is defined in section 2 of the Act as: ‘the clinician in charge of the treatment of that patient’. Treatment under the Act is interpreted widely; at different phases of the assessment and treatment process the potential role of a responsible clinician is varied.

Care includes the processes of assessment and treatment and usually requires the oversight and co-ordination of the work of a variety of health professionals. People subject to compulsory processes under the Mental Health Act have a number of rights defined by the legislation. The responsible clinician needs to have a sound knowledge of these rights.

To manage patients during the assessment phase, the responsible clinician needs to objectively assess whether in their opinion a patient under their care meets the criteria for a compulsory treatment order, and be able to advocate their opinion to a judge at a Court hearing. To manage patients on compulsory treatment orders, the responsible clinician will need to be able to determine whether the patient still meets the criteria for remaining on a compulsory treatment order.

Once satisfied that someone is in need of treatment, the responsible clinician needs to determine the nature of the treatment, oversee the implementation of the treatment process and continually review progress.

People with mental disorder, as defined by the Act, will commonly have symptoms indicative of psychiatric illness or of significant psychological or physical disorder. The responsible clinician determines necessary procedures to clarify diagnostic matters and to provide necessary interventions to treat and to address causes of disorder.

3 Legislative Requirements of the Mental Health (Compulsory Assessment and Treatment) Act 1992 that Concern Responsible Clinicians

3.1 Requirements of the Act

A detailed list of the tasks required by the Act is set out in Appendix 1.

These can be summarised into the following categories:

- clinical assessment
- supervisory oversight
- administration of the requirements of the Act
- communication and consultation
- treatment.

In addition, skills and knowledge with regard to the cultural context of patients, the legal requirements of the Act and the ability to function as an expert witness are necessary.

4 Competencies of Responsible Clinicians

A responsible clinician will be a well-trained and competent registered mental health professional. The initial comprehensive assessment, diagnostic and treatment processes include consideration of the range of factors that impact upon health status, including organic and physical processes. These require careful attention from a medical practitioner, and except in exceptional circumstances the responsible clinician will need to be a medical practitioner during the first admission, and subsequent admissions where there has been a significant change in symptomatology. During the treatment phase for some patients and on subsequent admissions under the Act, other registered health professionals may, in the opinion of the DAMHS, have the requisite competencies to act as responsible clinicians for particular patients.

The broad categories of skills required can be summarised as outlined by the legislation, and need to be combined with the appropriate personal attributes and attitudes of the responsible clinician to successfully function in this very demanding role.

4.1 Clinical assessment skills

- Ability to conduct comprehensive clinical assessments, paying attention to biological, psychological and sociological factors, and integrating information gained by direct assessment as well as that provided by other informants/assessors.
- Ability to conduct a comprehensive assessment of risk.
- Ability to develop appropriate management plans, paying due cognisance to risks.
- An understanding of interventions for treatment of mental disorders, including pharmacological treatment.
- An understanding of the locally available resources for the management of mental disorders.
- Ability to assess competence.
- Ability to assess disability.
- Ability to practise with sensitivity to cultural factors that impact on health.

4.2 Supervisory skills

- The ability to work collaboratively with, and provide oversight and direction for the practice of other members of the multidisciplinary team caring for the responsible clinician's patients.
- An awareness of one's own skills and limitations, to the extent that one is able to appropriately request, and use clinical second opinions from other suitable clinicians.

4.3 Administrative skills

- Ability to schedule statutory reviews of patients (or oversee systems for this purpose).
- Ability to arrange processes to co-ordinate review of multidisciplinary care.
- Ability to ensure copies of documents are sent according to the requirements of the Act.
- Ability to direct the manner in which patients' mail is handled.

4.4 Communication and consultation skills

- Demonstrated ability to effectively consult and communicate with patients, family/whānau, other staff and statutory officials, in a wide variety of contexts.
- Ability to work constructively with interpreters and cultural facilitators to improve communication where appropriate.
- Ability to communicate assessments and management plans, and their legal implications to patients.
- Ability to write succinct reports demonstrating the presence of mental disorder and the need for compulsory treatment where appropriate for presentation to Courts and Review Tribunals.
- Ability to explain matters to people in a variety of capacities (patients, caregivers, lawyers, Courts, District Inspectors, Review Tribunals and clinical colleagues) in terms relevant to their interest and involvement. This includes the ability to appropriately organise and transfer care to another responsible clinician.
- Ability to seek views of family/whānau in the process of assessment, and to incorporate these views into decisions.
- Ability to consult with and involve and inform family/whānau in the process of assessment and treatment when making decisions about applying for, and continuing compulsory treatment orders.
- Ability to respond to complaints and appear before inquiries in a professional and dispassionate manner.

4.5 Treatment knowledge

- Ability to develop treatment plans for patients that encompass the biopsychosocial and cultural dimensions of care.
- Ability to know when the knowledge and expertise of other members of the multidisciplinary team will be needed to progress treatment, and to be able to gather and synthesise this to augment treatment planning.
- Ability to form and maintain treatment alliances with patients, their support network, and family/whānau.

- Knowledge, where relevant, to the treatment of the patient, of the psychopharmacology of major mental disorder, including knowledge of the indications for use, side effects and drug interactions.
- Knowledge, where relevant for the treatment of the patient, of the indications and risks associated with the use of electro-convulsive therapy.
- Knowledge, where relevant for the treatment of the patient, of the indications and risks of use of specific psychotherapies in people with major mental disorders.

4.6 Legal knowledge

- Knowledge of statutory requirements of the Act and its processes, and of the definition of mental disorder and criteria for compulsory processes.
- Knowledge of how to conceptualise and apply this knowledge in the assessment and management of the individual patient, within their family and whānau, and societal context.
- Knowledge of other legislation relevant to the provision of health and disability services, including those outlined in Appendix 2. In particular, knowledge of the requirements under section 19 of the Land Transport Act 1998.

4.7 Knowledge of cultural matters relevant to health

- Knowledge of the cultural factors that may impinge on a person's understanding of life events and experiences.
- Awareness of the principles of the Treaty of Waitangi, the implications of partnership, and sensitivity to cultural identity and personal beliefs.

5 Attitudes

Knowledge and skills by themselves are no guarantee of successful implementation of the Act. Central to the proper practice of the responsible clinician, and in linking together the content and processes of the Act and clinical activity, are the attitudes brought to the duties.

Attitudes that should be demonstrably evident are:

- a strong focus on people who need access to services (including attention to concerns of family/whānau)
- sensitivity to other people, their experience and their context
- a focus on empowering people and where necessary advocating on their behalf
- cultural awareness and sensitivity
- a professionally based attitude to mental health care, including a best practice approach
- an awareness of one's own competency limitations, and an associated willingness to consult with other health professionals
- openness to the potential contribution of a range of other people to involvement in the processes of assessment and treatment
- sensitivity when working with advocates and interpreters, as well as an ability to enable people to gain access to such supports
- respect for privacy and confidentiality
- respect for the intent of the Act
- a willingness to accept a duty of care towards persons with serious mental disorders, including awareness of safety and risk management issues.

Appendix 1: Requirements of the Act for responsible clinicians

MH (CAT) Act provision	Tasks required by Act (<i>and implied actions</i>)
Section 5	<ul style="list-style-type: none"> Requires every person to exercise their powers with proper respect to cultural and ethnic identity, language and religious or ethical beliefs, and with proper recognition of ties to whānau and family groups.
Section 6	<ul style="list-style-type: none"> Requires interpreters to be available when any person is exercising powers under the Act in respect of any patient for whom the first or preferred language is Māori or any language other than English, or if the patient is unable to understand English because of physical disability.
Section 7A	<ul style="list-style-type: none"> The responsible clinician must consult with the family or whānau of the patient, unless this is not in the best interests of the patient or is not reasonably practicable (in accord with the guidelines developed to assist with this purpose).
Section 11	<ul style="list-style-type: none"> Consideration of whether a patient can be safely assessed and treated as an outpatient. Direction (by written notice) of change in inpatient or outpatient assessment and treatment, in accord with clinical state of the patient and any associated requirements. Consideration of fitness for release from compulsory status (<i>and determination of suitable alternatives for ongoing voluntary care</i>). Provision of necessary notices to the person in charge of the hospital.
Section 12	<ul style="list-style-type: none"> Recording of findings (from five-day assessment) in certificate of further assessment and clinical report. Consideration of whether the patient is mentally disordered. Consideration of whether it is desirable that the patient undergo further assessment and treatment. Directing release of patient from compulsion, or providing notice to patient of requirement to attend for further 14 days (Section 13). Forwarding copies of finding (set out in certificate) to identified parties. Giving or sending statement of legal consequences of finding and of the recipient's right to apply for review, to identified parties.
Section 13 (14-day period of assessment and treatment)	<ul style="list-style-type: none"> Nominate appropriate place of further assessment and treatment, and provide notice to that effect. Other tasks as for section 11.

MH (CAT) Act provision	Tasks required by Act (<i>and implied actions</i>)
Section 14	<ul style="list-style-type: none"> • Determination of whether the patient actually is mentally disordered or whether the patient is fit to be released from compulsory status. • Documenting findings in certificate and clinical report. • Forwarding copies of finding (set out in certificate) and other documents to identified parties. • Determine whether an inpatient treatment order or community treatment order is most appropriate. • Applying to the Court for the making of a Compulsory Treatment Order.
Section 14A	<ul style="list-style-type: none"> • Give a copy of identified documents to the parties identified.
Section 16	<ul style="list-style-type: none"> • Being available to the Judge for consultation in regard to the patient's condition (<i>and participating fully in hearing</i>). • Providing comment to the Judge in regard to the condition of the patient. (<i>Such comment should include comments in regard to the features of mental disorder, the availability of and need for treatment, the venue for treatment and the consequences of not providing treatment.</i>)
Section 18	Being available to the Judge for consultation in regard to the patient's condition (<i>and participating fully in hearing</i>).
Sections 19–23	<p>No specific references to tasks of the RC in these sections.</p> <ul style="list-style-type: none"> • <i>Key responsibilities relate to participation in the hearing process, listening to evidence, responding to questions from Judge and other parties.</i>
Section 25	<ul style="list-style-type: none"> • Respecting restriction on publishing reports of the hearings.
Section 28	<ul style="list-style-type: none"> • Provide evidence in regard the treatment required by the patient, their social circumstances, and the services available to provide treatment, and the adequacy of these services for the patient in light of their social circumstances.
Section 29	<ul style="list-style-type: none"> • Define the terms and conditions of the treatment order. • Ongoing review of the adequacy of community treatment, with redefinition of the terms of the treatment order if required. • Direct the patient be admitted to be treated as an inpatient for a period of up to 14 days, or be assessed in accordance with sections 13 and 14.
Section 30	<ul style="list-style-type: none"> • Ongoing review of the need for inpatient treatment, with redefinition of the terms of the treatment order if required. Consideration must be given to the patient's fitness to drive, and withholding of driving license (Land Transport Act 1998)
Section 31	<ul style="list-style-type: none"> • Consideration of the suitability of the patient to have a period of leave. • Determining appropriate terms and conditions of leave. • Determining whether leave should be cancelled, and issuing notice in writing to the patient if cancelled. • Further consideration must be given to the patients fitness to drive, and withholding of driving licence (Land Transport Act 1998).

MH (CAT) Act provision	Tasks required by Act (<i>and implied actions</i>)
Section 34	<ul style="list-style-type: none"> • Conducting review of patient, reassessing clinical condition and fitness for release from compulsory status. • When necessary, applying to the Court for extension of Order.
Section 35	<ul style="list-style-type: none"> • Reviewing fitness for release from compulsory status. • When appropriate, directing release from compulsory status (<i>and deciding on appropriate ongoing care arrangements</i>).
Part 4	<p>No particular responsibilities are identified in relation to the responsible clinician. Instead the DAMHS or the person in charge of the hospital has particular responsibilities. The RC however must inform these other people of various matters in relation to special patients, including: suitability/need for transfers; escapes and absences without leave; suitability for leave (and appropriate conditions); need for direction for return from leave).</p> <ul style="list-style-type: none"> • The RC must draw to the attention of the DAMHS any patients presenting particular difficulties, who may be considered for restricted patient status.
Section 58	<ul style="list-style-type: none"> • Direction of appropriate treatment for mental disorder (such treatment being comprehensive, and not limited to bio-medical interventions).
Section 59	<ul style="list-style-type: none"> • Direction of appropriate treatment for mental disorder (such treatment being comprehensive, and not limited to bio-medical interventions). • Arranging provision of written consent to treatment by the patient, or referring the case to an approved psychiatrist for an opinion in regard to treatment continuation prior to the expiry of one month from the date of establishment of the treatment order.
Section 60	<ul style="list-style-type: none"> • Determination of need for ECT. • Arranging for patient to give fully informed written consent to ECT, or arranging for opinion from approved psychiatrist (in absence of consent).
Section 61	<ul style="list-style-type: none"> • Determination of need for brain surgery. • Obtaining fully informed written consent by the patient. • Arranging for consideration by the Review Tribunal. • Arranging for opinion from a psychiatrist approved for this purpose by the Review Tribunal.
Section 62	<ul style="list-style-type: none"> • Determination of urgency of treatment.

MH (CAT) Act provision	Tasks required by Act (<i>and implied actions</i>)
Part 6	<p><i>(Few specific references are made to the responsible clinician. As clinician in charge of the patient however, there is an implied responsibility to ensure that the various identified rights are respected.)</i></p> <ul style="list-style-type: none"> • Determining appropriateness of use of seclusion, and providing authority for such use. • Assistance with rectification of breaches of rights. • Assisting with arrangements for the patient to obtain independent psychiatric consultation, and being available as practical to that psychiatrist for discussion. • Conduct of formal review of the condition of every patient at specified intervals. • Considering fitness for release. • Completing specified documents and forward to identified parties.
Section 76	<ul style="list-style-type: none"> • Conduct of formal review of patient. • Determine whether patient fit for release from compulsory status. • Record findings of review. • Forward copies of specified documents to identified parties. • <i>Determine appropriate voluntary treatment options for those individuals no longer requiring compulsory status.</i>
Section 77	<ul style="list-style-type: none"> • With regard to special patients, consideration of whether patient is still under disability. • Record findings of review. • Forward copies of specified documents to identified parties.
Section 78	<ul style="list-style-type: none"> • With regard to restricted patients, consideration of whether patient is still under disability. • Record findings of review. • Forward copies of specified documents to identified parties.
Section 79	<ul style="list-style-type: none"> • <i>(Provision of reports for Review Tribunal hearings, and participation in such hearings.)</i> • Receiving copy of Review Tribunal decision, and where the decision is to release someone from compulsory status, consider course of action in regard to further treatment that is thought to be necessary.
Section 80	<ul style="list-style-type: none"> • As for Section 79, but with regard to special patients.
Section 81	<ul style="list-style-type: none"> • As for Section 79, but with regard to restricted patients.
Section 83	<ul style="list-style-type: none"> • <i>No specific reference to the responsible clinician, but participation in review by the Court in response to an appeal by the patient against a Review Tribunal hearing decision may be required.</i>
Section 84	<ul style="list-style-type: none"> • <i>No specific reference to the responsible clinician, but participation in Judicial Inquiry may be required</i>
Part 8	<p>No specific criteria are determined for the responsible clinician in relation to patients under the age of 17, although consideration should be given to this being a child psychiatrist, or to the responsible clinician consulting with a child psychiatrist.</p>

MH (CAT) Act provision	Tasks required by Act (<i>and implied actions</i>)
Section 90	<ul style="list-style-type: none"> • The responsible clinician must undertake a review of a patient who will attain the age of 17 years during the currency of a treatment order not earlier than two months and not later than one month before the date on which the patient will attain the age of 17 years. • Determine whether patient fit for release from compulsory status. • Record findings of review. • Forward copies of specified documents to identified parties. <p>Determine appropriate voluntary treatment options for those individuals no longer requiring compulsory status.</p>
Section 95	<ul style="list-style-type: none"> • <i>This section sets out issues in regard to District Inspector inquiries. By implication, the responsible clinician may be required to provide information in regard to any aspect of service (within their capacity and mandate to comment).</i>
Section 114	<ul style="list-style-type: none"> • <i>This section refers to neglect or ill-treatment of mentally disordered persons. Direct ill treatment or neglect is subject to identified sanctions. It is possible perhaps that failure to act on neglect or ill-treatment by others responsible for mentally disordered persons may also be included in this section.</i>
Section 115	<ul style="list-style-type: none"> • <i>This section refers to assisting patients to be absent without leave, and the sanction for this. By implication, responsible clinicians must not provide such assistance.</i> • <i>This section refers to unlawful publication of reports of proceedings before Review Tribunal. By implication, the responsible clinician must carefully handle reports in accord with the first schedule to the Act.</i>
Section 117	<ul style="list-style-type: none"> • <i>Non-obstruction of inspection by District Inspector. By implication, the responsible clinician must assist the District Inspector to the extent necessary for that Inspector to properly conduct their duties.</i>
Sections 118 and 119	<ul style="list-style-type: none"> • <i>Completion of certificates and documents that are not misleading or false.</i>
Section 122	<ul style="list-style-type: none"> • <i>Acting in good faith.</i>
Section 123	<ul style="list-style-type: none"> • <i>Vetting incoming mail, and with the approval of the DAMHS, mail may be opened, and in some instances withheld from the patient.</i> • <i>Redirecting withheld mail to the sender, or to a District Inspector.</i>
Section 124	<ul style="list-style-type: none"> • <i>Vetting outgoing mail, and in some circumstances opening and checking mail, and withholding from posting.</i> • <i>Informing the patient of withheld mail (Section 125) unless this information would be detrimental to the patient's interests or treatment.</i> • <i>Directing mail withheld from posting to the District Inspector.</i>
Section 127	<ul style="list-style-type: none"> • <i>Transfer of patients. No specific responsibilities of the RC are identified in relation to transfer of patients, but there are clear implications in regard transfer of information, and the arrangements for safe physical transfer of the patient.</i>

MH (CAT) Act provision	Tasks required by Act (<i>and implied actions</i>)
Section 128	<i>No specific responsibilities are identified for the RC, but there are clear implications in regard safe arrangements for transfer of the patient and for the communication of information to other parties who may be involved in care.</i>
Section 130	<i>No specific responsibilities are identified for the RC, but there are clear implications in regard compliance with standards of any sort promulgated by the Director-General of Health.</i>
Section 132	<ul style="list-style-type: none"> • Notification of the Police (forthwith) and the Director of Mental Health (within 14 days) of the death of any patient. • Ensuring that a relative or friend named in “the appropriate register” is informed of the death of the patient.
Section 133	<ul style="list-style-type: none"> • Ensuring that documents are given or sent in such a manner that there is a reasonable surety that it will be received, in accord with methods outlined.

Appendix 2: Legislation relevant to the provision of health and disability services

Privacy Act 1993

Health Information Privacy Code 1994

Protection of Personal and Property Rights Act 1988

- Section 18: Powers and duties of welfare guardians.

New Zealand Bill of Rights Act 1990

- Section 3: Application
- Section 4: Other enactments not affected
- Section 5: Justified limitations
- Section 6: Interpretation consistent with Bill of Rights preferred
- Section 9: Right not to be subjected to torture or cruel treatment
- Section 11: Right to refuse to undergo medical treatment
- Section 13: Freedom of thought, conscience and religion
- Section 14: Freedom of expression
- Section 18: Freedom of movement
- Section 21: Unreasonable search and seizure
- Section 22: Liberty of the person
- Section 23: Rights of persons arrested or detained
- Section 27: Right to justice

Criminal Justice Act 1985

- Section 75: Sentence of preventive detention
- Section 80: Minimum periods of imprisonment
- Section 95: Release of offenders detained in psychiatric institutions while subject to sentence of imprisonment
- Part VII: Mentally disordered persons
- Section 140: Court may prohibit publication of reports
- Section 161: Mentally disordered persons

Children, Young Persons and their Families Act 1989

- Section 2: Interpretation

Crimes Act 1961

- Section 23: Insanity

- Section 26: Execution of sentence, process or warrant
- Section 31: Arrest by constable pursuant to statutory process
- Section 34: Persons assisting constable or officer in arrest
- Section 39: Force used in executing process or in arrest
- Section 40: Preventing escape or rescue
- Section 41: Preventing suicide or certain offences
- Section 62: Excess use of force
- Section 120: Escape from lawful custody
- Section 155: Duty of persons doing dangerous acts

Guardianship Act 1968

- Section 9: Wards of the Court
- Section 25: Consents to operations

Health and Disability Commissioner Act 1994

Code of Health and Disability Services Consumers' Rights 1996

Hospitals Act 1957

- Part V: Private hospitals

Land Transport Act 1998

- Section 19: Licences of certain persons subject to the Mental Health (Compulsory Assessment and Treatment) Act 1992 to be suspended

Police Act 1958

- Section 53: Failing to give assistance

Memorandum of Understanding between the New Zealand Police and the Ministry of Health dated 23/3/2000 and the local agreements that flow from this.

This list is not intended to be exhaustive, but to provide an indication for those designing training programmes, etc. Legal opinions should always be sought when interpretations are required.