

Tips for completing the Form 1 under the Mental Health Act, by Patricia Cavanagh, MD FRCP



Ministry
of
Health

Form 1
Mental Health Act

Application by Physician for
Psychiatric Assessment

Clear Form

Name of physician _____
(print name of physician)

Physician address _____
(address of physician)

Telephone number () _____ Fax number () _____

On _____ I personally examined _____
(date) (print full name of person)

whose address is _____
(home address)

You may only sign this Form 1 if you have personally examined the person within the past seven days.
In deciding if a Form 1 is appropriate, you must complete **either** Box A (serious harm test) or Box B (persons who are incapable of consenting to treatment and meet the specified criteria test) below.

Box A – Section 15(1) of the Mental Health Act Serious Harm Test

The Past / Present Test (check one or more)

I have reasonable cause to believe that the person:

- ☐ has threatened or is threatening to cause bodily harm to himself or herself
- ☐ has attempted or is attempting to cause bodily harm to himself or herself
- ☐ has behaved or is behaving violently towards another person
- ☐ has caused or is causing another person to fear bodily harm from him or her; or
- ☐ has shown or is showing a lack of competence to care for himself or herself

I base this belief on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated to me by others:

The Future Test (check one or more)

I am of the opinion that the person is apparently suffering from mental disorder of a nature or quality that likely will result in:

- ☐ serious bodily harm to himself or herself,
- ☐ serious bodily harm to another person,
- ☐ serious physical impairment of himself or herself

(Disponible en version française)

See reverse

Put contact information so the receiving hospital ER can contact you for additional information. Contact information e.g. pager number for after-hours contact is very helpful

You can complete a Form 1 within 7 days of seeing the patient (i.e. you may not think they need it on the day of the exam, but if you get additional information later in the week, you can complete it then).

Police have 7 days from the day you complete the Form 1 to act on it.

Be as specific as necessary to help police in locating the patient. e.g. include apartment number and buzzer code where applicable.

Box A Criteria (You will use this most often!):

- You have to examine a patient personally, but it need not be a *full* exam, as long as it is enough of an exam.
- Read criteria carefully – we no longer need the risk to be *imminent*.
- Patient does not *have* to be actually *threatening* you or anyone else to act.
- *You do not have to witness* the risky behaviour, as long as someone else did.
- PAST/PRESENT TEST: describe the behaviours or statements that make you believe the person is at risk.

Example of MY OWN OBSERVATIONS: "Told me she wanted to kill herself and me. Increasingly hostile and belligerent in appointments over last four weeks. Has lost 10 lb. over last three weeks. Says I am trying to poison her so she won't eat."

Example of FACTS COMMUNICATED TO ME BY OTHERS:

"Mother said she is becoming increasingly isolated, angry and aggressive. Two police reports of angrily bumping into strangers on the street. Accuses me of poisoning her (per mom)."

- FUTURE TEST: describe the psychiatric symptoms, i.e. why do you think the behaviour is related to mental illness, and therefore a Form 1 is the appropriate measure to deal with the situation.

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Box A – Section 15(1) of the Mental Health Act Serious Harm Test (continued)

I base this opinion on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:



Facts communicated by others:



USE DETAILS AND EXAMPLES. BE SPECIFIC!

Example of MY OWN OBSERVATIONS:

“Poorly groomed, bizarre behavior, muttering to self, paranoid about me poisoning her, appears to be distracted by internal stimuli (auditory hallucinations); easily angered; refusing medication or hospitalization”

Example of FACTS COMMUNICATED TO ME BY OTHERS:

“Long history of psychiatric illness with many admissions in a similar state. Has assaulted people in the past due to paranoid delusions about being poisoned.”

Box B – Section 15(1.1) of the Mental Health Act Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria

Note: The patient *must* meet the criteria set out in *each* of the following conditions.

I have reasonable cause to believe that the person:

1. Has previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in one or more of the following: (please indicate one or more)

- ☐ serious bodily harm to himself or herself,
- ☐ serious bodily harm to another person,
- ☐ substantial mental or physical deterioration of himself or herself, or
- ☐ serious physical impairment of himself or herself;

AND

2. Has shown clinical improvement as a result of the treatment.

AND

I am of the opinion that the person,

3. Is incapable, within the meaning of the *Health Care Consent Act, 1996*, of consenting to his or her treatment in a psychiatric facility and the consent of his or her substitute decision-maker has been obtained;

AND

4. Is apparently suffering from the same mental disorder as the one for which he or she previously received treatment or from a mental disorder that is similar to the previous one;

Box B is sometimes useful if you know the patient well.

It can be used for early intervention, i.e. when people are noncompliant with treatment but BEFORE they decompensate, BUT it can only be used when:

- The patient has previously been certifiable when not treated;
- They *have and can be* successfully treated
- They are *not capable* of making treatment decisions (always document that in your notes), *and* they have a substitute decision-maker who is now consenting to the treatment;
- They are suffering from the same illness that caused them to be at risk and that was successfully treated before
- They are likely to become at risk as per tick-boxes.

“MY OWN OBSERVATIONS” and “FACTS COMMUNICATED TO ME BY OTHERS” should address the above issues and describe how they meet these criteria.

**Fill out EITHER Box A OR Box B.
Do NOT fill out BOTH!**

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Box B – Section 15(1.1) of the Mental Health Act
Patients who are Incapable of Consenting to Treatment and Meet the Specified Criteria
(continued)

AND

5. Given the person's history of mental disorder and current mental or physical condition, is likely to: (choose one or more of the following)

- ☐ cause serious bodily harm to himself or herself, or
- ☐ cause serious bodily harm to another person, or
- ☐ suffer substantial mental or physical deterioration, or
- ☐ suffer serious physical impairment

I base this opinion on the following information (you may, as appropriate in the circumstances, rely on any combination of your own observations and information communicated to you by others.)

My own observations:

Facts communicated by others:

I have made careful inquiry into all the facts necessary for me to form my opinion as to the nature and quality of the person's mental disorder. I hereby make application for a psychiatric assessment of the person named.

Today's date _____ Today's time _____

Examining physician's signature _____
(signature of physician)

This form authorizes, for a period of 7 days including the date of signature, the apprehension of the person named and his or her detention in a psychiatric facility for a maximum of 72 hours.

For Use at the Psychiatric Facility

Once the period of detention at the psychiatric facility begins, the attending physician should note the date and time this occurs and must promptly give the person a Form 42.

(Date and time detention commences) _____
(signature of physician)

(Date and time Form 42 delivered) _____
(signature of physician)

(Disponible en version française)

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This allows us to act on the basis of mental suffering, not just risk, IF all other conditions are met.

Example of MY OWN OBSERVATIONS:

"Recently refused injection and denied illness; incapable to consent x years and mom acting as substitute decision-maker. Responds well to Fluanxol IM in the past. Has decompensated severely, lost housing, experiences extreme disorganization and paranoia."

Example of FACTS COMMUNICATED TO ME BY OTHERS:

"Long history of decompensation without medications. When untreated becomes unable to care for self, pay rent, gets taken advantage of by drug dealers, severe paranoia and formal thought disorder. Responds well to treatment."

"Today's date" is the day you fill out the form. It can be different from the date of the exam.

The HOSPITAL completes this section and gives the patient the Form 42.

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Additional Tips for completing the Form 1 under the Mental Health Act

by Patricia Cavanagh, MD FRCP

- If you know where the patient will be taken, call the ER and leave information, or ask them to call you later to discuss. This is EXTREMELY helpful to the assessment (and can make the difference between the patient being admitted or discharged).
- The Form 1 should NEVER be given to the client (but could go with the family if they are able to take the patient to ER)
- Take the completed Form 1 to the police, or call them and they will pick it up. They usually need the ORIGINAL Form 1 (not a faxed version) to apprehend the patient and deliver them to the ER
- You can recommend where you want the patient taken, but the police are obligated only to take them to the closest Schedule 1 facility.
- Form 1 gives you no authority to treat. It only gives police the power to “apprehend the patient under the Mental Health Act” (not the same as “arresting the patient”) and taken them to a Schedule 1 facility for an assessment to see if they need involuntary admission. The Schedule 1 facility has up to 72 hours to complete that assessment.
- Police also have the authority to arrest the patient under the Mental Health Act if they observe or are made aware of a patient similarly at risk, WITHOUT A FORM 1! Sometimes they need to be reminded of this. They will usually only do this in an acute emergency.
- If you are unable to examine the patient, and police arrest under the MHA is not appropriate, family, friends, landlords, strangers (even doctors) can ask a Justice of the Peace to complete a Form 2. The same argument (either A or B criteria) must be made. Emphasize that voluntary efforts have not worked. The JP will complete and give you a Form 2, which you give to police, and they will again apprehend a person and deliver them to the ER for assessment. At that point the patient may or may not be placed on a Form 1. Additional info from the family and doctor in the ER will be helpful.
- If the Form 1 is filled out incorrectly, subsequent involuntary hospitalization (if indicated) could be cancelled (because the initial apprehension and confinement in hospital is ruled illegal). This is immensely disruptive to treatment.