Student Nurses

Regional Adult and Youth Forensic Service Te Korowai Whariki

Student Name:

Dedicated Education Unit (DEU)

The Dedicated Education Unit (DEU) model of clinical teaching and learning in Wellington is a partnership between organizations, which are the education provider Massey University (Massey) and Whitireia New Zealand (Whitireia), and the Capital and Coast District Health Board. Collaboration allows practice areas to provide a supportive clinical learning and teaching environment for students. DEUs are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model and offers an alternative to the Preceptorship model to focus on student learning and curriculum integration.

Central Regional Forensic Service

Based at Papatuanuku. Ratonga Rua o Porirua Campus.

Staff based at Papatuanuku are clinical staff and administration staff, there are two interview rooms which can be used to see clients that are in the Community and are cared for by the Forensic Community team also appointments are made for assessments for court ordered reports.

Clinical staff works in varied positions within Forensic: Courts, Prison, Forensic Community team and forensic clients that are in the Rehabilitation or Forensic units.

Adult Forensic Services

Forensic Service provision - The Central Regional Forensic Adult Mental Health Service covers the Central region. This includes Wellington, Manawatu, Whanganui, Hawkes Bay, Wairarapa and Tairawhiti. There are four specific areas of provision within the Regional Forensic service delivery model. These are:

- Courts
- Prisons
- Inpatients setting
- Community

Courts: Hutt Court, Wellington Court and Porirua Court
Dress: Males: Jacket, Tie and dress trousers. Females: Tidy dress.
Staff: Justice Liaison Nurses, Pasifka Liaison Worker

Prisons: Rimutaka and Arohata.
Staff: Justice Liaison Nurses, Consultant Psychiatrist, Psychologists
MDTs; Held every Wednesdays at 2.30pm in P1

Dress standard: Under Corrections Regulations 114 (1) (A) (iii). *An officer may exclude a non-statutory visitor if they are dressed indecently*.
Indecent clothing items are as identified below:

- No garments exposing your midriff
- No excessive exposure of cleavage
- Skirts/ shorts are to be of a modest length (must be no higher than mid-thigh when seated)
- No tops which are able to be seen through which expose under garments

Unauthorised Clothing items:

- No studded belts
- No steel cap footwear
- No chains hanging on jeans

- No hooded clothing
- No sunglasses or caps/hats

Court liaison services include providing advice, assessment, court reports and recommendation to judiciary. The provision of advice to the court operates at a number of levels, both at an informal and formal level. Informal verbal advice is provided to a variety of criminal justice agencies including advocates, the judiciary, police, and probation service and corrections staff. More formal advice is provided to the courts through reports under Sections 38, 35, 25 and 23 of Criminal Procedure (Mentally Impaired Persons) Act 2003, and Section 333 of the Children, Young Persons & Their Families Act, 1989. These court reports are completed by "health assessors", legally defined as psychiatrists and psychologists.

The function of Forensic Services in the prison is quite different. The service provided to prisons is, in essence, no different from that of a general community mental health service, except there are some very specific limitations in the kind of service that can be provided in a prison setting. In line with any other "community catchment", the responsibility for Forensic Services is to accept referrals either from the primary carers (prison medical staff) or from other mental health teams when their clients move into the prison catchment area. The prison liaison team provides the prisons with specialised services including out- patient mental health clinics (within the prison), screening, assessment, on-going treatment.

In a prison setting the team has the following input -

1. Consultation and liaison with prison staff and assistance with behavioural/management plans
2. Mental health screening and assessment
   The Mental Health screening tool is used by Corrections – Registered Nurse, for prisoners 18yrs and over. It is done within the first 7 days after arrival to Prison. The prisoner is referred to the Forensic service if screened as positive to indicators on the screening tool. Forensic nurses complete a full mental health examination which can take up to 1hr, with 30 minutes write-up. Outcome of assessments are discussed at MDT's and then triaged to: Be followed up by Forensic services; or No further follow up by Forensics – Health sent a notification; or No further follow-up by Forensics and recommendation of package of care i.e. Corrections psychology, and AOD. Case management and treatment of inmates who have a mental health illness/mental health issues.
3. The transfer of mentally ill prisoners (s45 & 46) to secure inpatient services.
4. The provision of reports and oral evidence as necessary to the Parole Board.
5. When the inmates who have mental health illness/mental health issues are released to the community, the team will refer the inmates on to the appropriate community mental health team for their catchment area. Primarily the forensic community services are the prisons and the forensic service should directly manage only a few clients in the community.

Youth Forensic Services

The Central Region Youth Forensic Service, a service of Te Korowai Whariki from CCDHB Mental Health, Addictions and Intellectual Disability Directorate, has 3 regional teams. The Regional Youth Forensic Service area includes Wellington, Manawatu, Wairarapa, Wanganui, Hawkes Bay and Tairawhiti. The positions in this service are strategically placed throughout the central region.

Courts: Hutt Youth Court, Wellington Youth Court and Porirua Youth Court
Dress: Males: Jacket, Tie and dress trousers. Females: Tidy dress

Staff: Justice Liaison Nurse, AOD clinician, Pasifika Liaison worker

Youth Justice Facility based in Palmerston North.
Dress: all staff: tidy dress
Staff: Registered Nurse, Psychologist, Co-existing clinician, Youth Consultant Psychiatrist.
MDT's: Youth: held every 2nd Tuesday via teleconference for the region, at 2pm
Agenda items: feedback from all of the youth courts, Youth Offending unit, Youth Justice Facility.

Currently, the Youth Forensic Service has youth justice liaison nurses, drug & alcohol/co-existing disorder clinicians, psychologists, social workers. Court reports ordered in the Youth Court are completed by psychologists or psychiatrists.
It was also proposed that Youth Forensic Service developments needed to include provision for multidisciplinary teams in the region in order to:

- Enhance the current service to the Youth Courts
- Provide a consultation/liaison service to the local youth mental health services and other agencies such as Child Youth & Family Services
- Provide developmentally appropriate mental health and drug and alcohol services to the young people incarcerated in Youth Offender Unit within the adult prisons
- Provide mental health screenings in the Youth Courts and the Lower North Youth Justice Residence.
- Consolidate the service provided to the Lower North Youth Justice Facility, based on the model of service to prisons, and also providing drug and alcohol services
- In August 2007, the Service agreed to enter into a pilot programme with Child Youth and Family Service to provide mental health and addiction services to the Lower North Youth Justice Residence. This included staff attending admission/intake meetings, multi-agency meetings, providing consultation to the residence staff, as well as assessment and treatment of young people within the residence.
- Provide treatment and case management for a small group of adolescents with complex mental health needs and high risk offending behaviour, as well as community follow-up for those adolescents discharged from youth forensic inpatient facility

The aims and objectives of the court liaison service provided to the Youth Courts are:

- to identify and ensure all mental health referrals and Section 333 orders are triaged appropriately by a comprehensive mental health screening process that will enable any immediate interventions that may be necessary (Screening and assessments for the Youth courts that can utilise a variety of clinical tools that include the YLS/CMI; SACS, SDQ; Burt Reading Test; Beck Depression Inventory; Beck anxiety Inventory; Beck Hopelessness Scale; Trauma Symptom Checklist; State-Trait Anxiety inventory; State-Trait Anger Inventory; the Children's Depression Inventory, The WAIS-IV; the WISC-IV and the WMS)
- The Assessment framework used by the team include co-existing disorders; standardised section 333 Reports, a Nursing Framework, a Maori Framework, Risk assessment and client pathways.
- Forensic assessments provided include co-existing disorder assessment, psychological, psychiatric, neuropsychological, cultural and second opinions, including those for the court
- to provide the court with guidance, recommendations and advice about mental health issues
- to enhance cost effectiveness and timeliness by ensuring that inappropriate orders for Section 333 reports are not made
- to ensure that young people with major mental illnesses or intellectual disabilities are dealt with appropriately within the justice system and receive appropriate treatment e.g Screening for mental health and/or substance abuse in the Youth court

Youth Justice Residential Centre and Youth Units and At Risk Units in the adult prisons

As well as the youth courts, in the central region there is also a youth offending unit within prison the Hawke's Bay prison, young women aged 17 and under in Arohata Prison, and Te Aurere O Te Tonga the Youth Justice Facility (for remand and sentenced youth through the Youth Court) in Palmerston North. In these facilities, the Youth Forensic Service offers screening assessments, advice and mental health follow-up. This is provided by psychiatric, psychological and co-existing disorder staff. A Justice Liaison Nurse, Co-existing Disorder Clinician and a Clinical Psychologist provide triage, assessment and treatment of mental health/co-existing disorders to Lower North Youth Justice Residence. They also attend admission and intake meetings, multi-agency meetings and provide consultation to the staff.

Forensic Community Mental Health Team

In a community setting the Central Regional Community Forensic Mental Health Service provides -

1. The management of specific Patients: Special patients who are transitioning from hospital or who are continuing to reside in the community on short or long leave remain under the care of the Forensic Service. Other patients followed are ex-special patients or MH patients (S29) who pose serious risks as a result of their mental illness, and patients with particular high risk behaviours (e.g., stalking, arson).
2. Consultation/Liaison Service: the Forensic Service provides support, advice, and liaison to other DHB mental health services. This is predominantly assessment of potential high risk and offending behaviour, management of specific problems or advice on any legal interfaces which may be affecting a client's treatment.
3. A specialised community support service (Forensic Package of Care) provides funding for enhanced community support for clients who are re-integrating back into the community after a period in an inpatient forensic setting.
4. Forensic Residential Services: In conjunction with NGO providers the Central Regional Forensic Mental Health service has its own housing which is accessed by clients who are transitioning from an inpatient forensic setting.

Forensic community team: areas covered: Porirua, Wellington and Hutt Valley.
Staff: Registered Nurses, Social Workers, Psychologist, Consultant Psychiatrist.
Dress: all staff – tidy dress
MDTs': held every Mondays at 2.30pm in P1

Consult Liaison Role

The youth forensic service also provides a link between the central region's youth mental health and alcohol and drug services and a brokerage role with community treatment services and statutory agencies. The team provide consultation liaison and provides training, education and supervision to treatment providers and other relevant organisations. to, but not limited to:

- Child and Adolescent Mental Health Services
- Child, Youth and Family including Social Workers, Youth Justice Coordinators and Family Group Conference
  Coordinators
- Police
- NGOs
- PHOs
- In-patient Mental Health Units
- Clients

- Families/whanau
- Other relevant service providers

Community integration/planning for those young people described above who are under adolescent mental health services and CYF. Attend relevant Family Group Conferences, Regional Young Offender Team meetings, inter-agency meetings, planning meetings and so on.

There is a National Youth Forensic 10 bed unit located on the Kenepuru campus in Porirua Referrals to the unit come from the Youth Courts, Youth Justice Facilities and Youth Offending units. The provision of these specific inpatient beds is for assessment and treatment and transfer from prison and Youth Justice Facilities.

Contacts

This should contain information on all the key contacts for the ward/unit

Regional Forensic Service	Main contact	Email for main contact	Phone number for ward/Unit
Team Leader	Maria Campbell	9182 734	**DD**
Clinical Nurse Specialist **Clinical-coordinator**	Diane Sadler Joy Collins	0276511214 9182 462	 **DD**
Administrator	Debbie Pearson Sue Allan Sophie Bell	9182 471 9182 585 9182 732	DD DD DD

You may contact Maria Campbell or Joy Collins for: any sickness and or concerns about placement

Your Preceptor

As you will be working across the Adult and Youth team you will be allocated a preceptor from either team, these preceptors will be responsible for helping you completing your objectives. We will endeavor to ensure that you mainly work with these preceptors, however, due to ensuring that you have overall view of the services that we work this is not always possible. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). Please be considerate and give your preceptor plenty of time to complete any evaluations.

Expectations of the Student Nurse while in Regional Adult and Youth Forensic Services

Hours of work: 8am to 4.30am

Report at Reception: stating name and student from …… polytechnic. Administrator will contact team leader or clinical coordinator to welcome you into your placement.

We have a few expectations of student nurses working in the Regional Adult and Youth Services.

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call and inform the workplace on **9182 471 or 9182 732**
- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or Team Leader. A lot of learning occurs at quiet times in the service
- It is important for your preceptor or the nurse you are working with that he/she is aware of your objectives
- If you are not achieving your objective please see Team Leader or your preceptor (before the last week in the unit)
- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in placement – your preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement

Objectives

Examples for student nurses: The provision of appropriate care to the patient and whanau with support and supervision from the preceptor, including

- Accurate assessment
- Competent implementation of care
- Documentation
- Referrals
- Gain an understanding of the multidisciplinary team
- How the Regional teams work together
- CP MIP act
- Mental Health Act
- Children, Young Persons and their Families Act 1989

Safety Measures in Papatuanuku

- Entrance is locked, access is via Reception.
- Duress alarms are placed throughout the building
- Hand held alarms: held by reception
- Fire alarms, thorough out the building. Fire warden wears a yellow hat and will direct staff to the meeting point - front of the building.

Students do not:

- Become involved in physically restraining individuals
- Students must leave the area immediately if an incident occurs
- Any incident involving a student must be notified to their clinical tutor as soon as possible
- Students do not drive CCDHB vehicles.

Legislation – An Overview

Two legislation was passed in 2003 and implemented in July 2004.
They are: The Criminal Procedure [Mentally Impaired Persons] Act 2003.
The Intellectual Disability [Compulsory Care & Rehabilitation} Act 2003
This outline describes the first of these Acts, but it is important to note that the Intellectual Disability [Compulsory Care & Rehabilitation} Act 2003 is a dispositional arm for the people coming to Court under the auspices of the Criminal Procedure [Mentally Impaired Persons]Act 2003.

Unfitness to Stand Trial:
Section four contains the following definition of "Unfit to stand trial"

Unfit to stand trial, in relation to a defendant, -

[a] means a defendant who is unable, due to mental impairment to conduct a defence or to instruct counsel to do so; and

[b] includes a defendant who, due to mental impairment is unable –

[i] to plead

[ii] to adequately understand the nature or purpose or possible consequences of the proceedings

[iii] to communicate adequately with counsel for the purpose of conducting a defence.

The Act only applies to offences where the offence is imprisonable [Section 5] states that a finding of being 'unfit to stand trial may be made at any point during the legal proceedings, but the Court has the power under Section 8 to postpone such a finding until later in the trial. In one of the major new parts of this Act, Section 9 states that:

> *A Court may not make a finding as to whether a defendant is unfit to stand trial unless the Court is satisfied, on the balance of probabilities that the evidence against the defendant is sufficient to establish that the defendant caused the act or omission that forms the basis of the offence with which the defendant is charged.*

This is referred to in the literature as a 'trial of the facts' and is a procedural protection that there is a 'case to answer'. Sections 10-13 set out the procedure the Court must follow in making this determination.

For a finding of "Unfit to Stand Trial" the Court must be satisfied on the basis of the evidence of two Health Assessors as to whether the defendant is mentally impaired [Section 14]. The definition of a Health Assessor is a Psychiatrist or a Psychologist or a Specialist Assessor under the Intellectual Disability Act. A finding of being Unfit to Stand Trial can be appealed by the defendant or the prosecution, but the matters that can be appealed are tighter for the prosecution than the defendant [Section 16-19]. The defendant may appeal the following findings:

[i] that they did the act

[ii] that they are unfit to stand trial

[iii] that they are fit to stand trial [Section 16]

A person can be released on bail pending appeal [Section 18].

Insanity:

Section 20 introduces the option of 'agreed' Acquittal on Account of Insanity. This allows a Judge to accept a plea of insanity where the prosecution agrees and the Judge is satisfied that the expert evidence has established that the person was insane in terms of Section 23 of the Crimes Act. The safeguard is that all participants agree.

Section 21 now makes possible an appeal against the findings of acquittal on account of insanity and the Court can release the person on bail pending the appeal [Section 22].

Disposition:

Section 23 allows the Court to inquire into appropriate dispositions following a finding of Unfit to Stand Trial or Acquittal on Account of Insanity.

Section 24 provides for disposition of such defendants as either Special Patients or the new category of 'Special Care Recipients', those who will be cared for under the Intellectual Disability [Compulsory Care & Rehabilitation} Act 2003.

The maximum period a Special Patient may be held unfit to stand for trial is 10 years for an offence punishable by life imprisonment, or half the maximum period the person could have served had they been convicted [Section 30]. Should a person become fit to stand trial the Attorney General has the same powers as currently, to direct the person to be brought before the Court or to be reclassified to Compulsory Treatment Order or Compulsory Care Order [Section 31]. This is analogous to the current provisions, but with the addition of the Intellectual Disability disposition. Reclassification may also still occur if a person remains unfit to stand trial but no longer requires detention as a Special Patient or Special care Order recipient [Section 31].

Should a person be acquitted on account of insanity and be made a Special Patient or Special Care Recipient under Section 24[2][a] or Section 24[2][b] respectively, Section 33 provides review provisions analogous to those provided for currently. Namely that the Minister of Health decide whether it is no longer necessary to remain under Section 24 either in the person's own interest or the interest of the safety of the public or others. Reclassification options are to Compulsory Treatment Order status or Compulsory Care Order Recipient status, or to make no further order.

Table 1 Criminal Procedure (Mentally Impaired Person) Act

Category	CP (MIP) Act 2003 Section
Special Client Unfit to Stand Trial	Section 24[2][a] Mentally Disordered Section 24[2][b] Intellectual Disabled
Committed Client Unfit to Stand Trial	Section 25[1][a] Mentally Disordered Section 25[1][b] Intellectually Disabled
No Order Unfit to Stand Trial	Section 25[1][c] if already liable to an order of imprisonment Section 25[1][d] immediate release
Special Client Acquitted on Account of Insanity	Section 24[2][a] Mentally Disordered Section 24[2][b] Intellectually Disabled
Committed client acquitted on account of Insanity.	Section 25[1][a] Mentally Disordered Section 25[1][b] Intellectually Disabled
No order, acquitted on account of insanity.	Section 25[1][c] if already liable to an order of imprisonment Section 25[1][d] Immediate release
Convicted imprisoned and made a Special Client	Section 34[1][a][1]
Convicted, imprisoned and made a Special Client	Section 34[1][a][ii]
Convicted and made a subject to a Compulsory Treatment Order	Section 34[1][b][l]
Convicted and made subject to a Compulsory Care Order	Section 34[1][b][l]

Court Ordered Assessment:
Section 28[1] states:

> *When a person is in custody at any stage of a proceeding against the person, whether before or during a hearing or trial, or while awaiting sentence or the determination of an appeal, a Court may, on the application of the prosecution or the defence or on its own initiative, order that a health assessor prepare an assessment report on the person for the purpose of assisting the Court to determine 1 or more of the following matters.*
> *[a] whether the person is unfit to stand trial*
> *[b] whether the person is insane within the meaning of Section 23 of the Crimes Act 1961*
> *[c] the type and length of sentence that might be imposed on the person*
> *[d] the nature of a requirement that the Court may impose on the person as part of, or as a condition of, a sentence or order.*

The Court may require such a report to be completed on Bail [Section 38[2][a]], in prison [Section 28[2][b], for a period not exceeding 14 days] or in hospital or secure facility [Section 38[2][c] for a period not exceeding 14 days]. A person under Section 38[2][b] may be taken to a hospital for examination and returned to Prison, but such a stay may not be overnight [Section 41].

The Act establishes a new role of a "health assessor" [psychiatrist or psychologist] which replaces psychiatrist to prepare a report. There is a new section directing the assessors preparing the report to consult with family and there is another section which gives the Court the power to direct that another health assessor prepare a Second Opinion on the person to whom the report related. There are some minor changes to the timeframes. Section 44[1] provides for the person to be detained in hospital or a secure facility pending trial, with the consent of the person or their guardian and the Director of Area Mental Health Services, or Coordinator of the Secure facility.

Section 45 states the report will be disclosed to the subject of the report unless there are risks to that person's health or that of others. It will always be disclosed to their counsel Section 46 provides that a Section 38 report will be made available to the Prosecutor, the Superintendent of the Penal Institution the subject may be sent to, the DAHMS [Director of Area Mental Health Services] or staff member of a hospital who requires access to the report for the purpose of their official duties, health assessors and coordinators of a secure facility, the Department of Corrections and Ministry of Health officials for their duties.

Whilst undergoing assessment under Section 38[2][c] in hospital, Section 43 permits voluntary treatment and provides emergency provisions for treatment. It also suspends, but does not cease, a Compulsory Treatment Order [MH ACT Section 36[1]].

Table 2: Remand Provisions

Category	**CP (MIP)Act 2003 Section**
Remand for report on Bail	Section 38[2][a]
Remand for report in custody	Section 38[2][b]
Report for report in hospital	Section 38[2][c]
Remand in hospital awaiting trial	Section 44[1]`

Disposition of Offenders Convicted of Imprisonable Offences:

Section 34[1][a] provides that in addition to imposing an order of imprisonment the Court may also order the offender to be detained as a Special Patient [Section 34[1][a][i]] or as a Special Care Recipient [Section [1][a][ii]].

Under Section 34[1][b] the offender may be made subject to a Compulsory Treatment Order [either as an inpatient or community order] or Compulsory Care Order. Evidence must be heard from appropriate experts before such options are utilized and time frames are imposed [Section 35].

The prison sentence runs while the person is in hospital or in secure area. If the person no longer needs to be in hospital or a secure care facility, they can be transferred to Prison to complete their sentence. If the person ceases to be liable to a prison sentence whilst in hospital or secure care he or she is reclassified from special status to a compulsory treatment [MHA] or compulsory care [Intellectual Disability Act] order and the civil release procedures apply.

Mental Health [Compulsory Assessment and Treatment] Act 1992

The sections that are used range from those covering the initial assessment and treatment provisions, Compulsory Treatment Orders and those covering special and restricted patients.

The sections covering special and restricted patients are included here:

The Act deals only with Compulsory Assessment and Treatment. There is no provision in the Act for the assessment and treatment of voluntary [Informal] patients or a definition of their rights or the responsibilities of mental health services for them.

The emphasis of the Mental Health [Compulsory Assessment and Treatment] Act has shifted from the compulsory treatment of a person in a psychiatric hospital to the consideration of whether or not the person has a mental disorder that requires treatment. Once the need for treatment has been established within the meaning of the act, the act works to facilitate the provision of that treatment in the least restrictive environment possible. The act also focuses on protecting the rights of people under compulsory orders and the rights of people for whom a compulsory order has been applied.

Definition of Mental Disorder:
Mental disorder is defined in the Act as:

☒ an abnormal state of mind, whether of a continuous or an intermittent nature, which is characterized be delusions or by disorders of mood, volition, cognition or perception.

AND

☒ the abnormal state of mind must be of such a degree that it poses a serious danger to the health and safety of the person or others.

OR

☒ seriously diminishes the capacity of the person to take care of himself or herself.

If these conditions cannot be met then no person can be subject to compulsory psychiatric assessment treatment.

Section's 2 and 4 make it plain that a person will not be considered mentally disordered on the basis of their political, religious or cultural beliefs, sexual preferences, criminal or delinquent behaviour, substance abuse or intellectual handicap.

There are three key roles in the Act that have specific responsibilities for its administration. These are:

☒ Director of Area Mental Health Services -[DAHMS]
☒ Responsible Clinician – [Psychiatrist]

☒ Duly Authorized Officer

Other key roles are:
☒ Director of Mental Health
☒ District Inspectors

The **Director of Area Mental Health Services** is responsible for the day to day administration of the Act
The specific responsibilities of the Director as detailed in various section of the Act include:

☒ The receipt of applications for assessment
☒ The arrangement of assessment examinations
☒ The appointment of a Responsible Clinician for each patient undergoing a compulsory assessment or treatment process
☒ Control and direction of Duly Authorized Officers
☒ Determination of certain special patients to be returned to penal institutions
☒ Assurance of patients rights
☒ Maintenance of records relating to compulsory assessment and treatment

The responsibilities of the **Responsible Clinician** include:

☒ Determination of whether or not a person is mentally disordered within the meaning of the Act.
☒ Application to the Court for compulsory treatment orders.
☒ Regular clinical reviews of special and restricted patients and anyone else who is subject to compulsory orders and that the Responsible Clinician is responsible for.

The responsibilities of the **Duly Authorized Officer** include:

☒ Advice to the public about the operation of the Act and other services available for those who may be suffering from a mental disorder.
☒ Practical assistance in dealing with people who may be mentally disordered.
☒ Practical assistance in dealing with the assessment of proposed patients and the care and treatment of patients on leave.
☒ Assistance in taking or returning people to their place of assessment or treatment.

Compulsory Assessment and Treatment

The sections that deal with the process of Compulsory Treatment and Assessment are Section 8 to 16. These sections prescribe the steps that must be taken in determining whether or not a proposed patient suffers from a mental disorder within the meaning of the Act and if so what the least restrictive assessment and treatment environment is for them to be dealt with most effectively. These sections describe in detail the roles and responsibilities of the Director of Area Mental Health Services in overseeing the administration of the Act, the Duly Authorized Officer in implementing the initial phases of the Compulsory Treatment and Assessment and the Responsible Clinician in terms of his/her reporting requirements. These sections also provide for regular and frequent reviews of the process and of the patient's mental state. They provide for judicial reviews and prescribe the roles and responsibilities of the Official Visitor and the District Inspector in regard to the patient.

Section 8 to 16 also provide opportunities for the patients family, welfare guardian, applicant for assessment, legal representative, principal caregiver and usual medical practitioner to become involved in the review process.

If a patient's mental state is such that at the end of the Compulsory Treatment and Assessment process she/he requires further treatment, Responsible Clinician may apply to the Family Court for a Compulsory Treatment Order. This order can either require that the patient be treated in a community setting or in a psychiatric hospital. The issue for the Court to determine is "what is the least restrictive treatment environment consistent with the therapeutic needs of the patient"?. Compulsory Treatment Orders are dealt with in Sections 17 to 36.

Non compliance with the prescribed process at any time between Section 8 to 36 may nullify the compulsory order that applies to the patient. The Court with responsibility for reviewing progress through the compulsory order process is required where possible to be the Family Court. The Act makes allowances for the fact that this is not always possible by allowing the District Court to hear applications and review where there is no Family Court Judge available.

Special Patients

The Act defines a special patient as *"a person who is"*

[a] *Subject to an order made under Section 24 or Section 44 of the CP [MIP[Act 2003 or to an order for the detention of the person in a hospital made under the proviso to section 171 [3] of the Summary Proceedings Act 1957; OR*

[b] *Is detained in a hospital pursuant to Section 45 [4][d] or Section 46 of this Act and has not ceased, by virtue of Section 48 of this Act, to be Special Patient.*

Section 45[4][d] says

that "where the certificate of preliminary assessment contains a finding of the kind described in Section 10[1][b][ii] of this Act, the medical practitioner giving the certificate shall give a notice in accordance with Section 11[1] of this Act, directing that the person be admitted to and detained in a specified hospital for the purposes of assessment and treatment throughout the first period of assessment and treatment; and where the assessment interview was conducted in the institution, that notice shall be sufficient authority for the removal of the detained person from the institution to the hospital".

Section 46 says

"Detained persons in need of care and treatment – *If it appears to the Secretary of Justice that any person who is detained in a penal institution, whether or not that person is mentally disordered, would benefit from psychiatric care and treatment available in a hospital but not available in the institution in which the person is detained, the Secretary of Justice may, with the consent of the person, make arrangements with the Director for the person to be admitted to and detained in that hospital, and subject to Section 50 of this Act, the person shall be so detained accordingly."*

A special patient is someone who has been admitted from or is eligible to be detained in a penal institution. There are strict limits on their freedom of movement. In some cases the restrictions may only be relaxed briefly on a case by case basis by the Minister of Health. The movement of special patients between hospital and penal institutions is arranged and must be approved by senior civil servants [eg Secretary for Justice or the Director of Mental Health].

Section 44 says

"Subject to the provisions of any other enactment, every special patient shall be given such care, treatment, training and occupation as the patient would be given if he or she were subject to a compulsory treatment order".

The issues for special patients are, therefore, not treatment issues, but rather the way freedom of movement is limited by law.

Details of any way special patients are to be treated while they are in hospital can be found between Sections 42 and 56.

Special Patients Reviews

The Purpose:
Patients under Section 24[2][a] of the CP [MIP] Act are reviewed every six months. As part of the review process of special patients, the responsible Clinician must review the client every six months, under Section 77 of the MHA. Section 77[2] requires the Responsible Clinician to examine the patient and consult with other health professionals who are involved in the care and treatment of the client. This is one of the purposes of the Special Patient Review [SPR]. Another purpose is to discuss whether the client is now Fit to Stand Trial. Leaves can also be discussed at the review. Section 24 onwards in the Act can give you a better understanding of the importance of these reviews were a number of options can be discussed.

Who Attends:
The Director / DAMHS of the Forensic Service [Nigel Fairley], and external reviewer [usually a Forensic Psychiatrist], the Kaumatua, Clinical Nurse Specialist – but the composition of the Review Panel is at the discretion of the Director. Usually those clinicians involved in the care and treatment of the client, ie: Responsible Clinician, Social Worker, Cultural Worker, Occupational Therapist, Psychologist and possibly a Therapist and sometimes a person from the NGO if the client is in the community.

Decisions Made:
Recommendation can be made to the treating team, the client may have questions of the Review team which can be answered, etc. Sometimes hearing something from the Review team can be more effective than being told a decision by the treating team! The review also keeps the Director aware of the progress Special Patients are making. Legal questions are often raised in the Review.

The Special Patient Reviews are not a formal requirement of the CP[MIP] or MH Acts but are another part of the review of special patients.

Restricted Patients:
Sections 54 to 66 define restricted patients.

These sections allow for any patient who presents "special difficulties" to be brought to the attention of the Director of Mental Health who may then apply to the Court for an order declaring the patient a restricted patient. The order is made under Section 55.

Section 55[3] states

"On any such application, the Court may make an order declaring the patient to be restricted patient if it is satisfied –

[a] That the patient presents special difficulties because of the danger he or she poses to others:

AND

[b] That, for that reason, it is appropriate that the order be made."

Section 56 outlines the practical effect of such an order.

The order means that the person is treated as a special patient if they wish leave from the hospital, are on leave from hospital but require to be returned and the effect of escape from hospital. The details can be found between Sections 50 and 53 of the Act.

Special Patients Leave
Leave needs to be applied for by the Responsible Clinician and Keyworker to the DAMH's and then to the Ministry of Health via the Mental Health Act.

Sections related to Forensic community:
Section 52: "short leave" requests
4.Section 50: Ministerial long leave.
Enables the Minister of Health to grant "long leave" to certain special patients. The patient's suitability for long leave should be identified in the most recent Special Patient reviews.
4.1 Extension of leave (re-application)
The first period of long leave is usually for six months with subsequent six or twelve month periods. DAMHs should make an application to the Ministry six weeks before the leave expires.
4.2 Revoking ministerial long leave
Section 51 permits the DAMHs to direct that a patient on long leave be admitted or readmitted to hospital if it is necessary "in the interests of the safety of that patient or the public". Such an admission can only be for 72hrs, during which time the Minister of Health may be asked to revoke the patients leave. If leave is not revoked by the Minister before the expiration of the 72hours, the patient must be released on leave.
The Director of Mental Health needs to prepare a report to the Minister of Health seeking revocation of leave.
4.3 Recommencing short leave following revocation
Revocation of long leave is not undertaken lightly and inevitably involvers the readmission of the patient to an inpatient ward. If a special patient ion ministerial long leave has that leave revoked, all prior leave approvals should be considered to have been revoked. The Directors approval must be sought for any leave following revocation of long leave.
4.4 applying for ministerial long leave following revocation
A new application for long leave following revocation and subsequent inpatient admission must identify the factors leading to revocation of leave and indicate how these have been addressed.

Children, Young Persons and Their Families Act 1989
An Act to reform the law relating to children and young persons who are in need of care or protection or who offend against the law and, in particular,
A) to advance the wellbeing of families and the wellbeing of children and young persons as members of families, whanau, hapu , iwi and family groups:
B) to make provision for families, whanau, hapu, iwi and family groups to receive assistance in caring for their children and young persons
c) to make provisions for matters relating to children and young persons who are in need of care or protection or who have offended against the law to be resolved, wherever possible , by their own family, whanau, hapu, iwi or family group

181 court may order examination to be carried out in psychiatric hospital

S 333 Medical psychiatric, psychological reports

Evaluation of Clinical Experience

Nurse: Date of placement:

Date of Evaluation: Preceptor:

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						

How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator