

## Certificate of preliminary assessment

To: *Location*  
The Director of Area Mental Health Services, at:

Name of proposed patient: *Full name*

Proposed patient's date of birth: *Date of birth*

Of: *Address*

**I have examined the proposed patient named above who attended an assessment examination conducted by me on:**

*Date of assessment examination*

**I have carefully considered the proposed patient's condition in relation to the statutory definition of mental disorder and my opinion is that:**

Delete one:

a)

b)

*A copy of this certificate must be sent to the following, enclosing a statement of legal consequences of the above finding and the recipient's right to apply to the Court for a review of the patient's condition:*

The patient (who was the proposed patient)

Any welfare guardian of the patient

The applicant who applied for assessment

The patient's family, whānau or principal caregiver

The primary health care provider who usually attends the patient

This certificate is issued by: *Name of mental health practitioner who conducted the assessment examination*

*Business address and telephone number of mental health practitioner*

*Signature of mental health practitioner*

*Date*

Full particulars of the reasons for the opinion on the proposed patient's condition and any relevant reports from other health professionals.

A copy of any notice given to the patient requiring further period of assessment and treatment under section 11(1).

This statement is to advise you of the legal consequences of the finding set out in the *Certificate of preliminary assessment - Section 10*

The finding is that there are reasonable grounds for believing that the proposed patient **is mentally disordered**. This means that the proposed patient is required to undergo further assessment and treatment under this Act.

The proposed patient will be given a notice requiring him or her to attend a stated place for further assessment and treatment for 5 days.

Any person who receives a copy of the certificate of preliminary assessment may apply to the Court for a review of the patient's condition.

If you wish to apply to the Court for a review of the patient's condition, the following people may be able to help you:

- a district inspector
- an official visitor
- your legal representative
- the patient's responsible clinician
- a patient advocate (if one is available)
- the registrar of the nearest District Court

Section 16 of the Mental Health (Compulsory Assessment & Treatment) Act 1992 gives further details about the process of such a review.

*Mental Health (Compulsory Assessment and Treatment) Act 1992.*

## **Section 2**

### **The statutory definition of mental disorder is:**

"Mental disorder, in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it -

- (a) Poses a serious danger to the health or safety of that person or of others;
- or
- (b) Seriously diminishes the capacity of that person to take care of himself or herself; and "mentally disordered", in relation to any such person, has a corresponding meaning.

## **Section 4.**

### **General rules relating to liability to assessment or treatment**

The procedures prescribed by Parts I and II of this Act shall not be invoked in respect of any person by reason only of -

- (a) That person's political, religious, or cultural beliefs; or
- (b) That person's sexual preferences; or
- (c) That person's criminal or delinquent behaviour; or
- (d) Substance abuse; or
- (e) Intellectual handicap