Guidelines for the Role and Function of Directors of Area Mental Health Services

Mental Health (Compulsory Assessment and Treatment) Act 1992
Disclaimer

While every care has been taken in the preparation of the information in this document, users are reminded that the Ministry of Health cannot accept any legal liability for any errors or omissions or damages resulting from reliance on the information contained in this document.

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

Published with the permission of the Director-General of Health, pursuant to section 130(a) of the Mental Health (Compulsory Assessment and Treatment) Act 1992.


Published in November 2012 by the Ministry of Health
PO Box 5013, Wellington 6145, New Zealand

ISBN 978-0-478-40207-0 (online)
HP 5582

This document is available at www.health.govt.nz
# Contents

## Introduction

1 Directors of Area Mental Health Services
1.1 Appointment of DAMHS
1.2 Role of DAMHS

2 Appointment and management of statutory officers
2.1 Section 7: Approval of responsible clinicians
2.2 Section 9: Approval of psychiatrists or other medical practitioners to carry out assessment examinations
2.3 Section 93: Designating and directing duly authorised officers
2.4 Section 92A: Delegation by DAMHS
2.5 Section 99B: Delegation by persons in charge of hospitals

3 Area administration of compulsory treatment
3.1 Section 7: Assigning responsible clinicians
3.2 Management and clinical oversight of the assessment and treatment process
3.3 Section 71: Designating seclusion rooms
3.4 Section 93: Maintaining an emergency contact number
3.5 Section 123: Vetting of incoming correspondence
3.6 Section 127: Transfer of patients

4 Record-keeping and reporting requirements
4.1 Record-keeping
4.2 Reporting requirements

5 Relationship with district inspectors
5.1 Section 75: Complaints of breach of rights

6 The Director-General of Health’s protocol for appointment of DAMHS
6.1 Prerequisite qualifications
6.2 Appointment criteria
6.3 Additional factors
6.4 Performance review of appointees
6.5 Resignation
Introduction

This document provides guidance to employees of mental health services appointed as Directors of Area Mental Health Services (DAMHS) under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act). It updates and replaces the previous guidelines issued in April 2000.

These guidelines sit alongside the *Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992.* It will often be appropriate for a DAMHS to refer to these primary guidelines for more complete guidance.

These guidelines describe the general duties of a DAMHS. DAMHS of a regional forensic mental health service can obtain specific guidance relating to special patients and restricted patients from the Office of the Director of Mental Health.

---

1 Directors of Area Mental Health Services

1.1 Appointment of DAMHS

Directors of Area Mental Health Services are appointed by the Director-General of Health under section 92 of the Act, on the advice of the Director of Mental Health. Detailed appointment criteria are outlined in chapter 6 of these guidelines.

1.2 Role of DAMHS

A person appointed as a DAMHS will be a highly qualified and experienced mental health professional who also holds a senior role within a mental health service.

Appointment by the Director-General of Health confers upon the DAMHS a set of powers and responsibilities related to administration of the Act in a specified area. These responsibilities can be categorised as either statutory administration or clinical oversight. In addition, the DAMHS must be able to influence operational and staffing decisions within a mental health service to operate effectively.

1.2.1 Statutory administration

A DAMHS reports to the Director of Mental Health. The Director oversees administration of the Act on a national level; therefore, a DAMHS will normally act as the main point of contact between the Director and a mental health service.

A DAMHS has the authority to approve and direct statutory officers (responsible clinicians and duly authorised officers) to ensure that the Act can be effectively administered in a particular area. A DAMHS therefore requires administrative influence to ensure that mental health services employ sufficient mental health professionals.

The DAMHS is also the person in charge of maintaining records and reporting to the Director of Mental Health and Director-General of Health. In practice, much of this work will be completed by other staff members in a mental health service, but the DAMHS retains final responsibility for making and keeping records and responding to requests for information from the Ministry of Health.
1.2.2 Clinical oversight
A DAMHS has a number of mental health service clinical management responsibilities, arising from their statutory responsibilities.

The role includes ensuring a robust psychiatric assessment and treatment planning process that influences decisions regarding patients’ need for compulsory treatment, ensuring discharge if appropriate. In some cases the DAMHS will also act as a responsible clinician, in which case he or she should arrange for another responsible clinician to peer review his or her clinical decisions.

DAMHS are required to monitor the quality of clinical decision-making, ensure adequate recording of clinical decisions and take steps to rectify breaches of patients’ rights. Accordingly, the Act requires DAMHS to receive and keep various documents and certificates. In practice some ‘routine’ paperwork will be delegated to other staff, but the ultimate responsibility rests with DAMHS.

A DAMHS may, at times, need to veto clinical decisions taken in respect of patients and proposed patients, or refer patients for a second opinion. The Act is not specific about this, but the process is an important part of providing quality mental health care.

The Act specifies the responsibility of DAMHS for the appointment and operation of duly authorised officers (DAOs) (see 2.3 below). It also implicitly envisages that responsible clinicians will be accountable to DAMHS.

1.2.3 Operational influence
DAMHS are expected to have influence on the delivery of care beyond the purely clinical. They must have the authority to ensure adequate deployment of DAOs, sufficient to meet the needs of a particular region. They must also have the authority to identify the number and availability of responsible clinicians, as well as other practitioners and services. DAMHS should also have a role in planning and purchasing resources for mental health services, and are responsible for ensuring that sufficient resources are available for DAOs and responsible clinicians to carry out their legislative roles.

DAMHS should have strong and effective working relationships with:
- district health board (DHB) provider arms
- non-government organisations providing mental health, addiction and disability services
- regional specialist health services
- DHB planning and funding departments
- local police
- local iwi and community cultural organisations.
2 Appointment and management of statutory officers

2.1 Section 7: Approval of responsible clinicians

Under section 7 of the Act, DAMHS are responsible for approving suitable registered health professionals to act as responsible clinicians, and for ensuring that each patient is assigned a responsible clinician. Responsible clinicians are senior mental health clinicians, and must be either psychiatrists or other registered health professionals, such as psychologists, nurses or nurse practitioners, who have training and competence in the assessment, treatment and care of people experiencing a mental disorder. The assigning of a responsible clinician should reflect the competencies of the clinician and the nature of the mental disorder a patient is thought to have.

The necessary competencies common to all responsible clinicians are:

- a specialist knowledge of mental disorder
- an ability to undertake a mental state examination
- clinical skills in engagement, conflict resolution, problem solving, behaviour management, primary and secondary de-escalation and crisis management, and interpersonal skills
- highly developed communication skills
- an ability to make decisions and act independently
- an ability to consult with family/whānau of patients and proposed patients pursuant to section 7A.

Further information about responsible clinician appointments can be found in the Ministry of Health publication Competencies for the role and function of Responsible Clinicians under the Mental Health (Compulsory Assessment and Treatment) Act 1992. ²

---

2.2 Section 9: Approval of psychiatrists or other medical practitioners to carry out assessment examinations

Section 9(3) of the Act describes the qualifications necessary for a person performing assessment examinations. The person must be a medical practitioner who is either a psychiatrist approved by a DAMHS or, if no approved psychiatrist is ‘reasonably available’, some other medical practitioner who is ‘suitably qualified’ to conduct the assessment examination, in the opinion of the DAMHS. It is important to note that, although a responsible clinician may be any suitable registered health professional, a clinician carrying out an assessment examination must be a medical practitioner.

‘Psychiatrist’ is defined by section 2 of the Act as ‘a medical practitioner whose scope of practice includes psychiatry’. A medical practitioner holding ‘scope of practice’ in any specialty must have completed vocational training and completed a post-graduate qualification approved for or relevant to the scope of practice. Registrars are registered in a general scope of practice, and do not fall under this definition.

‘Reasonably available’ is not defined within the Act and will depend on the circumstances. For example, the expertise that is ‘reasonably available’ in a well-staffed urban centre may be very different to that in a more isolated rural area. Nevertheless, the term should be interpreted reasonably consistently. When considering the expertise that is ‘reasonably available’, the following should be considered:

- who is able to be called
- how far away they are
- the normal duty roster
- the clinical demands of the situation.

Practically, it will be too onerous for DAMHS to consider the complexity of all assessments being undertaken, but their involvement is advisable in certain circumstances; for example, where a less experienced practitioner is assessing a person who appears to have complex health needs.

Situations in which a psychiatrist is not reasonably available might include:

- after hours, when there is no psychiatrist scheduled on the duty roster (for example, in small DHBs where the duty rosters are populated by registrars and medical officers of special scale)
- when the usual psychiatrist is absent for other reasons (such as ill health) and cannot be replaced by another psychiatrist

---

• when the psychiatrist is involved in other urgent work that means they are unable to attend the assessment in a timely manner, and cannot be replaced by another psychiatrist

• when the psychiatrist is too far away to be able to attend the assessment in a timely manner (for example in DHBs that cover a large geographical area), and cannot be replaced by another psychiatrist.

Whenever possible (and particularly in circumstances involving one of the last two examples), a medical practitioner conducting an assessment in the absence of a psychiatrist should discuss the particulars of the case over the telephone with the psychiatrist.

The Act does not define ‘suitably qualified’, but as a minimum requirement a medical practitioner conducting assessments in the absence of a psychiatrist should have at least two years’ experience in psychiatry (such practitioners may be psychiatric registrars or medical officers, for example).

It should be kept in mind that the person in charge of a hospital has the power to detain a proposed patient at a hospital for a maximum period of six hours, under section 113(1) of the Act. If a proposed patient can be safely detained, it is preferable to detain them until the most suitable practitioner to assess them becomes available, if this can occur within a six-hour period.

The default position is that assessing someone for compulsory treatment is a specialised skill, which should be undertaken by a vocationally trained psychiatrist. The Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992 suggest that medical practitioners conducting assessments in the absence of psychiatrists should have at least two years’ experience in psychiatry. However, in such cases, the DAMHS should be able to fairly conclude that no psychiatrist was reasonably available. This conclusion is often available in rural areas where there are limited numbers of psychiatrists, and medical officers are rostered as after-hours cover in order to sustain a viable on-call roster; and where distances are often too great for a psychiatrist to travel to conduct a timely assessment.
2.3 Section 93: Designating and directing duly authorised officers

Duly authorised officers are frontline mental health professionals granted specific statutory powers to provide general advice and assistance to members of the public, and to deal with people who may be mentally disordered. DAOs are authorised by DAMHS under section 93, and carry out their duties under the general direction of DAMHS.

Detailed information about the role and appointment of DAOs is contained in the Ministry of Health publication *Guidelines for the Role and Function of Duly Authorised Officers*.

2.4 Section 92A: Delegation by DAMHS

A DAMHS can delegate powers, duties and functions under the Act to any suitably qualified person approved by the Director of Mental Health. The delegation must be signed and in writing, and may only be relied upon when the DAMHS is ill or on leave. When requesting approval of proposed delegates, DAMHS should aim to give the Director a choice of possible delegates.

Conditions attaching to delegations are outlined in section 92B. The Ministry recommends that a DAMHS carefully consider the requirements of sections 92A and 92B before making a delegation.

In practice, many DAMHS powers in the Act will be exercised by another employee in the mental health service acting under the general direction of the DAMHS. For example, reports may be provided to the Director of Mental Health by an administrative staff member, and applications for assessment under section 8 may be received by the DAO organising the assessment examination under section 9. The DAMHS retains responsibility for the completion of such processes.

---

2.5 Section 99B: Delegation by persons in charge of hospitals

A number of statutory powers and duties under the Act are granted to the person in charge of a hospital (defined as the chief executive in section 2(1)). These include powers to admit and detain patients (section 113), to transfer patients (section 127(3)), to report certain admissions (section 42) and events (section 43) and to keep records (section 129). In practice, a DAMHS or another person managing a mental health service is most likely to directly exercise these powers. Persons in charge of a hospital should therefore delegate the relevant powers under section 99B.

In the case of admissions under section 113, sufficient delegations should be made so that there is always a delegate on site with the power to admit patients and proposed patients to hospital.

DAMHS should assess the need for delegations under section 99B and make them known to the person in charge of the hospital.
3 Area administration of compulsory treatment

As an administrative clinician, a DAMHS is likely to be involved in the administration of all aspects of the Act in the area in which he or she is appointed. This section outlines specific statutory requirements where DAMHS are required to be involved in the assessment and treatment process.

3.1 Section 7: Assigning responsible clinicians

DAMHS should assign people a responsible clinician as soon as possible after they become patients, on the issuing of a certificate under section 10. If it is necessary to assign a different responsible clinician (for example one with different skills), the DAMHS should assign a new clinician as soon as is practicable.

3.2 Management and clinical oversight of the assessment and treatment process

At each stage of the assessment process, the responsible clinician will inform the DAMHS of the findings of each assessment by providing certificates of assessment (sections 10(2), 12(2) and 14(2)). Where a patient is subject to a compulsory treatment order, responsible clinicians must provide the DAMHS with periodic certificates of clinical review (section 76(4)), and the Mental Health Review Tribunal must also provide certificates where it has undertaken a review (section 79(10)(b)).

The provision of certificates to the DAMHS is intended to allow DAMHS to maintain the integrity of the compulsory assessment and treatment process and provide clinical oversight of each patient’s assessment and treatment.

DAMHS are tasked with receiving applications for assessment (section 8) and organising assessment examinations (section 9), although in practice these duties may fall to other staff members acting under the direction of the DAMHS (see 2.4 above).
### 3.2.1 Provision of documents to patients

A DAMHS is required to make a copy of all documents received in relation to an application for a compulsory treatment order and supply a copy of those documents to the patient (section 14A(3)). The DAMHS must also ensure that a patient receives the following:

- a notice requiring them to attend an examination by a district court judge under section 18 of the Act
- a notice requiring them to attend the court hearing of the application for the compulsory treatment order under section 19 of the Act.

### 3.2.2 Section 113A: Application for warrants

In situations where a DAO cannot safely exercise a power relating to a patient or proposed patient under section 40(2) without police assistance, and it is reasonably practicable to obtain a warrant (that is, it is not an urgent or emergency situation), a DAMHS may apply for a warrant allowing a constable to take the patient or proposed patient to a specified place under section 113A(4). If entry onto premises is necessary, police must apply for a warrant to enter under section 113A(7).

These requirements mean that DAMHS should foster a strong relationship with local police. The Ministry of Health and the New Zealand Police have agreed to a Memorandum of Understanding intended to form the basis of a relationship between police and mental health services, but specific arrangements should be agreed on a local level.

Section 113A does not confer a general power to seek a warrant for the police to take a person not subject to the Act who is not cooperating with mental health services or hospital authorities. Powers of police where a person may be mentally disordered but is not yet subject to the Act are outlined in sections 109 and 110C.

### 3.3 Section 71: Designating seclusion rooms

Patients may only be secluded in a room approved by a DAMHS. Guidance on designating rooms for seclusion is contained in Appendix 1 of *Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992* and the Health and Disability Services (Restraint Minimisation and Safe Practice) Standards – Seclusion (NZS 8134.2.3:2008).

---

3.4 **Section 93: Maintaining an emergency contact number**

Section 93(1)(b) requires a DAMHS to maintain a directory listing at which DAOs can be contacted for advice or assistance.

3.5 **Section 123: Vetting of incoming correspondence**

A DAMHS must approve the vetting and withholding of incoming correspondence by a responsible clinician, where there are reasonable grounds to believe that receiving it would be detrimental to the interests of the patient. Correspondence from one of the people specified in section 123(3) must not be opened or withheld. The Ministry of Health considers that this provision applies equally to electronic correspondence.

The phrase ‘detrimental to the interests of the patient’ includes anything likely to impact adversely on the person’s recovery or likely to place him or her at risk of harm.

District inspectors (DIs) have oversight over the power to vet and withhold correspondence. Withheld correspondence must be laid before a visiting DI under section 97(2)(b), and the DI may make a recommendation to a DAMHS regarding the correspondence under section 75.

3.6 **Section 127: Transfer of patients**

The power to transfer patients (other than special and restricted patients) between hospitals may be exercised by agreement between the person in charge of each hospital under section 127(3). In practice this power may be delegated to a DAMHS under section 99B. A transfer will normally be effected to move a patient to a more appropriate setting for treatment, such as a more or less restrictive unit, or a hospital setting closer to family.

If a person requires a transfer to another service, a DAMHS must ensure that the person’s health needs, and any risks arising from the transfer, are identified so that appropriate transport, resources and staff can be arranged.

The Director of Mental Health may also order a mandatory transfer under section 127(1).
4 Record-keeping and reporting requirements

4.1 Record-keeping

Section 129 requires DAMHS to maintain a record of the admission and discharge of compulsory patients, a register of restraint and seclusion, and any other records required by the Director of Mental Health. A DAMHS must keep records wherever a person is statutorily required to provide a record to the DAMHS. In addition to documentation of assessment and treatment processes, this requirement will include records of:

- emergency sedation (section 110A(3)(b))
- seclusion events (section 71(2)(e))
- the use of force (section 122B(4)(b))
- the use of restraint (section 129(1)(b)).

Guidance on the use of emergency sedation is provided in *Guidelines for Medical Practitioners Using Sections 110 and 110A of the Mental Health (Compulsory Assessment and Treatment) Act 1992.* Guidance on seclusion is contained in *Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992.* The use of seclusion and restraint is governed by the *Health and Disability Services (Restraint Minimisation and Safe Practice) Standards (NZS 8134.2:2008).*

It is expected that DAMHS review these records, and discuss procedure with the clinician who made the record if necessary. The Director also requires DAMHS to keep records of the matters they are required to report on in their quarterly reports.

---


4.2 Reporting requirements

Section 92(4) requires that DAMHS submit quarterly reports to the Director of Mental Health, on the form prescribed by the Director. A modifiable version of this form can be obtained from the Office of the Director of Mental Health.

4.2.1 Reportable event notifications

The Director requires that DAMHS submit reportable event notification forms when a serious event occurs. DAMHS must report patient deaths within 14 days under section 132 (see 4.2.2 below). They must also report adverse events other than death relating to special patients and restricted patients, and events likely to attract publicity. A modifiable version of the reportable event notification form can be obtained from the Office of the Director of Mental Health.

4.2.2 Reporting the death of a patient

If a person dies while being treated as a compulsory patient under the Act, section 14 of the Coroners Act 2006 requires that the death be reported to the police. Section 132 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 specifically requires a responsible clinician to report a death to the police immediately once that clinician becomes aware of the death, and to report it to the Director within 14 days after the death. In practice, the relevant DAMHS will notify the Director; responsible clinicians should therefore immediately notify the DAMHS in addition to the police.
Relationship with district inspectors

District inspectors are statutory officers appointed by the Minister of Health to safeguard the rights of patients under the Act. They are required to regularly visit mental health services (section 96(1)) and be given access to all parts of the service and all records required to be kept by the Act or related to compulsory patients (section 97). DAMHS will receive the report of a DI inspection under section 98 within 14 days of the visit.

It is important for DAMHS to have a close working relationship with regional DIs, characterised by openness and goodwill. DAMHS should work to ensure that DIs have appropriate access to all relevant areas, patients and materials. It is an offence to obstruct, conceal or wilfully neglect to show areas, patients or records to a DI under section 117.

If a DAMHS receives a complaint against a DI, he or she should forward that complaint to the Director in writing.

Section 75: Complaints of breach of rights

Where a patient complains that their rights under Part 6 of the Act have been breached, the complaint will be referred to a DI for investigation. The DI must provide a report on any substantiated complaint to the relevant DAMHS, requiring them to take whatever steps are necessary to rectify the breach of rights. An attempt to rectify breaches of rights is mandatory under section 75(2).
6  The Director-General of Health’s protocol for appointment of DAMHS

6.1  Prerequisite qualifications
A nominee for appointment as a DAMHS must be a senior mental health clinician who has undergone training in, and is competent in, the assessment, treatment and care of persons with mental disorder. The Act is silent as to nominees’ employment; however, currently all DAMHS are employees of a DHB. Nomination does not mean automatic appointment. District health boards need to be aware that if nominees do not meet the Director of Mental Health’s expectations for the DAMHS role they will not be appointed.

6.2  Appointment criteria
The DAMHS appointment criteria can be viewed as comprising three broad categories of requirements:
•  knowledge
•  skills
•  attitude.

These criteria reflect national sector standards and guidelines informing the application of powers under the Act, including *Let’s get real: Real Skills for people working in mental health and addiction*.8

6.2.1  Knowledge
As a senior clinician and administrator of a mental health service, the DAMHS must have a sound knowledge and understanding of:
•  the development, implementation and practice of effective approaches to the assessment and treatment of people with mental illness
•  relevant practice guidelines
•  issues of cultural difference, the principles of the Treaty of Waitangi and the implications of partnership, and a sensitivity to cultural identity and personal beliefs

---

• Māori concepts of mental health and the cultural factors that impact on understanding of, for example, hallucinations and death
• mental health consumer issues
• the role of family/whānau in the assessment and treatment of people with mental illness
• the roles of DAOs and responsible clinicians and the key competencies required within those roles
• the statutory concept of mental disorder
• general statutory provisions relating to special patients and restricted patients
• all relevant aspects of the Act, including:
  – the intent and meaning of relevant sections and the specific paperwork and records required of DAMHS by each part of the Act
  – provisions pertaining to limitations to powers
  – provisions pertaining to access to supports
  – prescribed interactions with other roles designated in the Act (especially DIs, DAOs, other DAMHS, responsible clinicians and the Director of Mental Health)
  – interfaces with other legislation.

DAMHS should have a general understanding of the following legislative regimes that impact on DAMHS tasks, particularly where they interface with the Act, including but not limited to:
• criminal procedure and disposition of mentally impaired persons (Criminal Procedure (Mentally Impaired Persons) Act 2003)
• use of force and powers of arrest generally (Crimes Act 1961)
• adult guardianship (Protection of Personal and Property Rights Act 1988)
• care and protection of children (Children, Young Persons, and Their Families Act 1989)
• suspension of the motor vehicle licences of certain patients (Land Transport Act 1998, section 19)
• victim notification requirements relating to some forensic patients (Victims’ Rights Act 2002)
• rights of health and disability service consumers (Code of Health and Disability Services Consumers’ Rights 1996)
• constitutional rights and obligations (New Zealand Bill of Rights Act 1990, Human Rights Act 1993)
• privacy and dealing with health information (Privacy Act 1993, Health Information Privacy Code).
6.2.2 Skills

The DAMHS must have the following skills:

- the ability to undertake a mental status examination
- excellent interpersonal and relationship skills
- clinical skills in engagement, problem solving and conflict resolution
- familiarity with skills required to review processes when examining failure of service provision
- the ability to negotiate and discuss management plans with responsible clinicians
- good written and oral presentation skills
- the ability to liaise with community agencies including iwi, marae committees, Pacific communities and church groups, and work with them in a cooperative manner
- the ability to deal appropriately with members of the public
- the ability to investigate complaints
- the ability to educate other agencies and the public on the Act
- the ability to lead and monitor other clinicians through the use of supervision, peer reviews and debriefing procedures
- the initiative to seek specific and specialist advise when appropriate.

6.2.3 Attitude

The following attitudes should be evident in the DAMHS:

- a strong recovery and wellbeing focus
- sensitivity to other people, their experience and their context
- a focus on human and consumer rights
- cultural awareness and cultural safety (kawa whakaruruhau)
- a professionally based attitude to mental health treatment
- sensitivity when working with advocates and interpreters, and a willingness to enable people to gain access to such supports
- respect for privacy and confidentiality
- a best-practice and purposive approach to compulsory mental health treatment
- respect for the intent of the Act.

---

6.3 Additional factors

The following additional factors may also be taken into account at the discretion of the Director-General of Health:

- length of time a nominee has resided in New Zealand
- potential conflicts of interest
- existence of a minimum of 12 months’ experience in a mental health service in a New Zealand DHB
- demonstrated leadership within a New Zealand DHB
- demonstrated confidence from seniors and peers that the nominee could carry out the role of DAMHS
- demonstrated ability to develop key relationships
- demonstrated experience as a responsible clinician
- references from at least two mental health specialists, preferably where one is a DAMHS.

6.4 Performance review of appointees

All DAMHS will be subject to regular performance reviews. Such reviews will involve the Director of Mental Health seeking feedback on the performance of the particular DAMHS from the following:

- other DAMHS
- mental health consumers
- DHB management
- other office holders under the Act (such as DIs)
- any other relevant persons.

DAMHS performance will be measured against the appointment criteria above. Section 92(3) allows for suspension or removal of a DAMHS if these criteria are not met.

6.5 Resignation

It is important that compulsory mental health treatment in any given area continues to operate effectively at all times. Therefore, when a DAMHS intends to resign he or she should inform the Director of Mental Health suitably in advance, and help organise a transition for the DAMHS functions for his or her area of appointment.