Mental Health Act 2009

# Example: medical report for a Inpatient Treatment Order

An application for a **Inpatient Treatment Order** requires a medical report. This information sheet has been prepared to give an example of what the Board considers reasonable.

## Medical Report for Mr David Patient

David is a 31-year-old single man who lives in Housing SA accommodation and is unemployed. He receives a Disability Support Pension from Centrelink. He is an only child. His parents (both aged in their early 60s) live in Adelaide. David has little current contact with them, but they have been supportive in the past.

**Diagnosis and history of mental illness**
David was formally diagnosed with paranoid schizophrenia and cannabis abuse 11 years ago. The diagnosis was made by a consultant psychiatrist during David's second admission to a psychiatric in-patient unit. Since that time, he has been re-admitted (both in Adelaide and Melbourne) on eight further occasions. The length of each admission has varied: the shortest was four days, the longest was three months. Other admissions averaged 3-4 weeks.

In the past 12 months David has required two hospital admissions. Both of these have been precipitated by non-compliance with medication and further cannabis abuse and have involved involuntary inpatient care under the Mental Health Act. During the first of these admissions (10 months ago), David's inpatient treatment order was revoked after three days, but he remained on the ward for a further three days. At this point he discharged himself one evening (simply left the ward and did not return) and hitch-hiked to Melbourne. He was subsequently picked up by the police and eventually re-admitted to hospital over there. He was assessed as being "floridly psychotic" at the time of admission.

David's second admission in the past 12 months commenced in Adelaide one month ago. He had been non-adherent to his medication regime by avoiding the community mental health team (who administer his depot antipsychotic medication). He was again found wandering, semi-naked, on a busy main road in the traffic. The police conveyed him to hospital where he was assessed as being acutely psychotic. He was placed on an inpatient treatment order under the Mental Health Act and admitted to the 'closed' section of the local psychiatric in-patient unit.

**Amenability to treatment**
David experiences significant symptom reduction when he adheres to the treatment plan recommended by his treating psychiatrist and community mental health worker. This currently includes Risperdal Consta 50mg long-acting injection every fortnight. David has previously been prescribed oral Olanzapine, which he did not tolerate and oral Quetiapine, which did not prove therapeutic.

**What is the current treatment plan?**
David requires further inpatient treatment. Due to his current psychotic symptoms he is being treated in the 'closed' section of the ward, for his own protection and for the protection of others. As he improves, he will be moved to the 'open' section.

David has been recommenced on his usual medication regime (Risperdal Consta 50mg per fortnight). He is tolerating this well; however, it is still too soon to accurately gauge its effectiveness.

**Need for protection from harm**
**Harm to self:** can be suicidal when psychotic.
In July 2003 and August 2008, David attempted suicide in response to command auditory hallucinations and persecutory delusions. David attempted to lacerate his wrists on both occasions. These wounds required surgical repair.

**Harm to self:** psychotic symptoms motivate dangerous behaviours.
During three previous psychotic episodes in March 1999, September 2001 and March 2010 David wandered into heavy traffic. This appeared to be in response to command hallucinations.

**Harm to others:** history of assault when psychotic.
When psychotic in May 2006, David physically assaulted his father in his parent's home. David believed that his father was tampering with the light fittings in his flat as a way of keeping tabs on David. David punched his father twice in the face and told him to “stay away” from his flat. David's father called the police and David was re-admitted to hospital.

**Why is detention currently necessary?**
Currently, David continues to experience distressing command auditory hallucinations and persecutory delusions. The nature of these psychotic symptoms is such that he continues to pose a risk to himself. David has told his treating doctor and nursing staff that he would leave hospital “as soon as possible” if he was a voluntary patient. He told a nurse that he “needs to go to Sydney” but would not elaborate on this. David would be very vulnerable if he was in the community at present due to his delusional beliefs and auditory hallucinations.

**What is hoped to be achieved by a Inpatient Treatment Order**
The primary aim of applying for an Inpatient Treatment Order for David is to ensure he receives further in-patient treatment to promote adherence to his current medication regime and enable a sustained reduction in his symptoms. If David's mental illness is stabilised in this manner, then his future risks of harm (especially to himself) will be greatly minimised. This will allow for a transition from the 'closed' section of the in-patient unit into the 'open' section and then eventual discharge back into the community.

A three-month order is sought because this would enable adequate time to stabilise David's illness and improve his insight into the need for compliance with treatment. No less restrictive means of ensuring appropriate treatment of David's mental illness is currently possible. A treatment and care plan for David is attached to this application.