For further information see: Chief Psychiatrist Practice Guidelines - Involuntary Patient Absences

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DO NOT WRITE IN THIS BINDING MARGIN



Queensland Government

Mental Health Act 2016

Authority to Transport Absent Person

(Affix identification label here)

URN: 100698

Family name: SMITH

Given name(s): JOHN

Address: No Fixed Address

 Date of birth:
 17/12/1975
 Sex: ✓ M ☐ F ☐ I

Mental Health Act (MHA) 2016, Sections 363-365, 372-382

- This form may be used to authorise the transportation of an absent person to an authorised mental health service (AMHS) or public sector health service facility.
- A police officer requested to act under this form may act alone to transport an absent person to an AMHS or public sector health service facility
- This form is NOT to be used for a person who absconds while being detained under the emergency examination authority provisions of the *Public Health Act 2005*.

of the Public He	ealth Act 2005.							
1. Person's o	details							
Not required if label affixed in top right corner.								
Surname:	Given name(s):							
SMITH			JOHN					
Residential addre	ess:							
No Fixed Addres:	S							
Town / Suburb:				State:	Postcode:			
Brisbane CBD				QLD	4000			
Date of birth:	Age:	Sex:		l .				
17/12/1975	or	✓ Male ☐ F	emale 🔲 Inters	ex / Indeterminate	■ Not stated / unknown			
2 Date and t	time of absence							
z. Date and t Date:	unie di absence		Time (24hr):					
26/05/2017			09:00AM					
			103.00AW					
3. MHA statu	IS							
	ave more than one MHA statu				. th			
	Detained under a Reco		<u> </u>		the date the person absconds. s of making Recommendation			
Order or Authority	Judicial order (including			reatment authority	s of making Necommendation			
,	Treatment support orde			orensic Order				
	Classified patient	1		orchisic Order				
Category		mmunity						
(if relevant)	Cpanisin OK 50							
Reason for	✓ Absconded from detent	ion	□F	ailed to / required to	return from			
absence		Ith unit		Limited Communit	ty Treatment (inpatient)			
	○ Emergency Departm	ent	Approved temporary absenceCommunity patient					
	Community mental h	ealth facility						
	O Non-mental health u	nit / facility	Failed to attend appointment as required					
	○ While being transpor	ted		Category of order / authority changed to inpatient				
				Order / Authority r	made requiring detention			
4. Loc <u>ation</u> t	he person is to be tra	nsported to						
	ere it is not practicable or reas	<u> </u>	t the person to th	e stated AMHS or p	ublic sector health service			
	on may be transported to the							
Name of AMHS o	or public sector health service	facility:						
Royal Brisbane a	ind Women's Hospital AMHS							
5. Authorisa	tion							
	ng requested to transport the	nerson reasons mi	ist he provided a	s to why police invol	vement is required			
	orised person who may transp		•		•			
may apply):	onseu person who may transp	יטוג נוופ ףפוסטוו נט מו	II AWII IO OI PUDIIC	Sector nealth service	se lacility (both categories			
• • • • • • •	rson other than police (e.g. he	alth practitioner, ap	pointed employe	e, ambulance office	r)			
Police officer (ategory of authorised person who may transport the person to an AMHS or public sector health service facility (both categories lay apply): Authorised person other than police (e.g. health practitioner, appointed employee, ambulance officer) Police officer (provide reasons below)							

SW725

1861386

QCAD Police ID number:

✓ Person has a current Police and Ambulance Intervention Plan (PAIP)

Admitted to hospital due to hearing voices commanding him to harm others. Reported at time of admission that the voices were telling him to stab people who he believes have been following and persecuting him. It is unknown whether he has access to a weapon.

Reasons why it is necessary for a police officer to act alone to transport the person:



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6. Assessed level of risk to self and others

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Risk factor	Yes	No	Provide context (static, dynamic and protective factors) about identified risks. Consider weapon use, property damage, threats and known victim issues
Suicide	√		Past hanging attempt in November 2010
			During his admission has made threats to shoot himself and has stated that he could access a gun if not in hospital.
Self-harm	✓		cigarette burns on arms and hands. Does this when he is very upset as he state it helps him calm down
Violence	V		criminal history
(including to police or ambulance			2006: GBH 2010: public nuisance, common assault
officers)			2012: drug related charges
			Verbal aggression towards hospital staff during this admission. Threated to assault staff.
Aggression	✓		Previous historical charges for GBH - 2006.
33	V		When unwell becomes verbally aggressive and threatening. This is often in response to
			believing people are persecuting him and hearing voices telling him to harm these people (i.e. stab them).
			During this admission he has threatened to assoult staff. On admission he was bearing vaices
			During this admission he has threatened to assault staff. On admission he was hearing voices telling him to stab people.
			risk will increase if he is intoxicated with drugs or alcohol
/ulnerability	V	П	no fixed address - homeless
e.g. risk of abuse)			significant history of drug and alcohol abuse.
			asignificant history of drug and alcohol abuse.
			states he was not eating for 2 days before admission as he believed his food was being poisoned.
7. Notification o	of othe	er per	SONS (e.g. victim of crime or other significant person)
			mily or other person who should be notified.
			, the police must be contacted via phone. ify the following person(s) of the patient's absence (specify below)
erson(s) to be notifie			
Brother, Peter Smith,	12 Bart	Street,	West End - John may turn up at his address seeking accommodation or money.
Reason for notificatio	n:		
		ctim, vi	ctim's family or other person; <i>OR</i>
	ontact w	ith victi	im, victim's family or other person (specify below)
Details of contact:			
May turn up at his bro	other's p	lace as	brother has assisted him in the past.



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8. Address whe	re the person m	ay be located (if k	(nown)				
Address:							
No Fixed address - known to frequent City Mall and Anzac Square. May present to brother's home 12 Bart Street, West End							
Town / Suburb:			State:	Contact number			
			QLD	nil known			
9. Clinical cons	idorations						
	ble clinical considerati	ons.					
Consideration			Details				
Active signs of mental illness	hearing voices paranoid - believes everyone thinks he is stupid and are talking about him. Belives people are poisoning his food.						
	not sleeping well - 2 l	nrs/night.					
	Due to belief he is be reports did not eat at		ng food from vending i	machines prior to admission and for two days			
Evidence of intoxication at time of absence	nil as an inpatient tested positive for amphetamines on admission						
Other relevant health conditions	th Hepatitis C+						
Communication considerations							
History of trauma / abuse	Significant history of	childhood physical abu	se by father and repo	rted sexual abuse by uncle.			
10. Identifying c	details						
Height (cm):		Build / Weight:		Complexion:			
188		solid 110kg		fair			
		Hair colour:		Hair style / length:			
-		blonde		shoulder length - in ponytail			
	es (e.g. tattoos, piercin						
tattoos on chest of a s ponytail	attoos on chest of a skull with snakes and a dagger (covers whole chest).						



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11. Additio	onal information							
	other relevant information which							
Has a brother - Peter Smith - who lives at 12 Bart Street, West End. Is known to visit his brother at times but the phone number we have for the brother is disconnected. Before admission was sleeping on a bench in Anzac Square. Known previously to spend time in City mall during the day								
12 Action	s taken to locate the pe	arson .						
12. Action	Action	Date	Time (24hr)	Outco	me			
☐ Telenhone	contact with person	Date	Time (Z4m)	no mobile phone	ine .			
✓ Person hor	· .	26/05/2017	10:00 AM	community team visited ma	ll & anzac square -			
Unable to locate patient ☐ Contact with relative / friend / associate ☐ Contact with relative / friend / associate ☐ 26/05/2017 ☐ 12:00 PM ☐ attempted phone contact with brother - disconner Nil other family contacts known								
Other								
13. Nomin	ated support person or	other support	person det	ails				
Notified	Date:		Time (
Only comple	te if person agrees to details bei	ng provided to polic	e.					
Surname:			Given name(s)):				
Address:								
Town / Suburb):			State:	Postcode:			
Contact number: Relationship to person:								
14. Contac	ct details							
For further information, including media related matters. Decisions regarding media releases will be made by the Chief Executive, Hospital and Health Service.								
Contact name	:		·	Contact number:				
Jane Walters				0412569596				
AMHS or public sector health service facility:								
Royal Brisbane & Women's Hospital AMHS TO: Authorised person or Police								
FO: Authorised person or Police								



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15. Person authorising transportation of absent person								
Name:	Designation:							
Dr William Wallace	Authorised Doctor							
Contact number: Signature:			Date:	Time:				
0411569896		26/05/2017	2:00 PM					

