Dated this 27th day of March, 1962.

Wm. J. Morgan,
Minister of Health and Local Government.

EXPLANATORY NOTE

(This note is not part of the Order but is intended to indicate its general purport.)

This Order brings into operation as from 2nd April, 1962, all the remaining provisions of the Mental Health Act (Northern Ireland), 1961, except those relating to the transfer of patients between Northern Ireland and England and Wales and Scotland.

The Order brings these transfer provisions into operation as from 1st June, 1962, being the date on which the corresponding provisions of the Mental Health (Scotland) Act, 1960 will come into operation.

On and from 1st June, 1962, all the provisions of the Mental Health Act (Northern Ireland), 1961 will be in operation.

1962. No. 55 **[C]**

MENTAL HEALTH

REGULATIONS, DATED 27TH MARCH, 1962, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE MENTAL HEALTH ACT (NORTHERN IRELAND), 1961.

The Ministry of Health and Local Government, in exercise of the powers conferred on it by Sections 24 and 112 of the Mental Health Act (Northern Ireland), 1961(a), and of all other powers enabling it in that behalf, hereby makes the following Regulations:—

1. These Regulations may be cited as the Mental Health (Formal Procedures) Regulations (Northern Ireland), 1962, and shall come into operation on the 2nd day of April, 1962.

2. In these Regulations "The Act" means the Mental Health Act (Northern Ireland), 1961.

GUARDIANSHIP

3. It shall be the duty of the guardian, subject to such directions as may be given to him from time to time by the management committee to which application for guardianship has been made—

(*a*) to make arrangements for ensuring that the patient resides with him, save in the case of a patient received into the guardianship of a local authority;

(*b*) to furnish to the management committee such reports or other information with regard to the patient as the management committee may from time to time require;

(*c*) to make arrangements for securing the provision of a personal medical and dental service for the patient, whether under the Health Services Act (Northern Ireland), 1948(b), or otherwise, and to notify the management committee accordingly;

(a) 1961, c. 15. (b) 1948, c. 3.

(*d*) to notify the management committee, within seven days, of any change of residence;

(*e*) to make arrangements to ensure that the patient is not removed to any place outside Northern Ireland without the previous consent of the management committee;

(*f*) to arrange, if so required by the management committee, for the attendance of the patient at a place of training or instruction; and

(*g*) to notify the management committee, within twenty-four hours, in the event of the death of the patient or the termination of the guardianship by discharge under Section 35 of the Act:

Provided that this Regulation shall not apply where the management committee itself assumes the guardianship or where the guardianship rests in the management committee under Section 23 of the Act.

4. The guardian may restrict to such extent as he thinks necessary the making of visits to the patient and may prohibit visits by any person whom the guardian has reason to believe may have an adverse effect on the patient. Nothing in this regulation shall, however, operate to restrict the visits of any person authorised in that behalf by the management committee [or under any enactment] or to overrule any direction given under Regulation 3.

5. It shall be the duty of the management committee to arrange for every patient who is subject to guardianship to be visited at such intervals as the management committee may decide, but in any case at intervals of not more than three months. At least one such visit in any year shall be made by a medical practitioner appointed for the purposes of Section 19 of the Act.

FORMS TO BE USED UNDER PART II AND THE FOURTH SCHEDULE

6. Subject to the provisions of the Act and of these Regulations, the forms in the Schedule shall be used wherever appropriate in connection with the procedures under Part II of the Act or under the Fourth Schedule thereto.

MEDICAL EXAMINATION OF PERSON APPEARING TO REQUIRE SPECIAL CARE

7.—(1) Where by virtue of sub-section (4) of Section 9 of the Act a nearest relative attends a medical examination he shall be subject to the provisions of this Regulation.

(2) Where, during the course of a medical examination, the medical officer is of opinion that it is not in the interests of the person being examined that the nearest relative should continue to be present during the examination or that a proper examination cannot be carried out in the presence of the nearest relative, then the medical officer may direct the nearest relative to leave the place of examination and the nearest relative shall forthwith comply with any such direction.

(3) Before giving a direction under the preceding paragraph the medical officer shall explain to the nearest relative why it is not possible for a proper examination to be carried out in his presence.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this 27th day of March, nineteen hundred and sixty-two.

(L.S.) *Ronald Green,*
Secretary.

FORM NO. 1

SCHEDULE

Section 8(1)

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Notice that a person appears to require special care

Re [*name of patient*] .....

of [*address*] .....

.....

The above-named person who is $\frac{\text{*over sixteen years}}{\text{*under two years}}$ of age is, in my opinion, suffering from arrested or incomplete development of mind to such an extent that steps should be taken, in his/her own interests or for the protection of other persons, to ascertain whether he/she is a person requiring special care within the meaning of the Mental Health Act (Northern Ireland), 1961.

Signed .....

*Medical Practitioner

*On behalf of ..... Health Authority

*On behalf of ..... Welfare Authority

Date .....

Address .....

.....

To ..... Management Committee

.....

*Delete if not applicable.

Notes: (1) This form is intended for use when the patient concerned or the nearest relative is willing to accept facilities for hospital treatment or guardianship. If the need for compulsory procedures is obvious forms Nos. 2, 2a, 7 and 7a may be used for notification and initial medical recommendation.

(2) In the case of a child between the ages of two and sixteen years, action will arise under the Education Act (Northern Ireland), 1947.

FORM NO. 2

Sections 12, 13 and 14

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Application and recommendation for admission to hospital

PART I

Re [*name of patient*] .....
of [*address*] .....
.....

1. I, [*name of applicant*] .....
of [*address of applicant*] .....
hereby apply for the admission of the above-named patient to .....
..... hospital.

2. *I am the patient's nearest relative within the meaning of the Act, and I am related in the following manner .....

or

*I have been authorised by a county court to exercise the functions of the nearest relative under the Act, and I attach hereto a copy of the court order.

3. I last saw the patient on [*date*] .....

4. This application is founded on the medical recommendation set out in Part II hereunder.

Signed .....
Date .....

*Delete if not applicable.

PART II

1. I, [*name of medical practitioner*] .....
of [*address*] .....
being a registered medical practitioner, hereby recommend that the patient named in Part I of this Form be admitted to hospital.

2. I last examined the patient on [*date*] .....

3. I am of the opinion

(*a*) that the patient *is suffering from mental illness / *requires special care ; and

(*b*) that the mental disorder is of a nature or degree which warrants the patient's detention in hospital; and

(*c*) that it is necessary that the patient should be so detained in hospital in the interests of his/her own health or safety or for the protection of other persons.

4. My opinion at 3(*a*) and (*b*) is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....
.....

5. My opinion at 3(*c*) is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why are they not appropriate; and why informal admission is not suitable*]
.....
.....
.....
.....

6. *I am the patient's medical practitioner
*I had/had not previous acquaintance with the patient.

Signed .....
Date .....

To ..... Management Committee
.....

*Delete if not applicable.

Note: Where it is obvious that compulsory procedures will have to be used for a person who appears to require special care this form of recommendation may be used in place of the initial notification (Form No. 1).

FORM No. 2a

Sections 12, 13 and 14

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Application and recommendation for admission to hospital

(For use by a welfare officer)

PART I

Re [*name of patient*] .....
of [*address*] .....
.....

1. I, [*name*] ....., welfare officer for .....
hereby apply for the admission of the above-named patient to .....
..... hospital.

2. *I have consulted ..... of .....
who is, to the best of my knowledge and belief, the patient's nearest relative within the meaning of the Act.

or

*I have consulted ..... of .....
who has been authorised by the county court to exercise the functions of the patient's nearest relative.

3. *The above-named person, who has been consulted, has not notified me or the welfare authority by whom I am designated that he/she objects to the making of this application.

4.*I have been unable to ascertain who is the patient's nearest relative

or

*So far as I can ascertain the patient has no nearest relative

or

*In my opinion it $\frac{\text{*is not reasonably practicable}}{\text{*would involve unreasonable delay}}$ to consult [*name*] .....
..... of [*address*] .....
*who is the patient's nearest relative
*who is authorised to exercise the functions of the patient's nearest relative before making this application.

5. I last saw the patient on [*date*] .....

6. This application is founded on the medical recommendation set out in Part II hereunder.

Signed .....

Date .....

*Delete if not applicable.

PART II

1. I, [*name of medical practitioner*] .....
of [*address*] .....
being a registered medical practitioner, hereby recommend that the patient named in Part I of this Form be admitted to hospital.

2. I last examined the patient on [*date*] .....

3. I am of opinion

(*a*) that the patient *is suffering from mental illness / *requires special care ; and

(*b*) that the mental disorder is of a nature or degree which warrants the patient's detention in hospital; and

(*c*) that it is necessary that the patient should be so detained in hospital in the interests of his/her own health or safety or for the protection of other persons.

4. My opinion at 3(*a*) and (*b*) is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....

.....

.....

.....

.....

5. My opinion at 3(*c*) is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal admission is not suitable*]

.....

.....

.....

.....

6. *I am the patient's medical practitioner / *I had/had not previous acquaintance with the patient.

Signed .....

Date .....

To ..... Management Committee

.....

*Delete if not applicable.

Note: Where it is obvious that compulsory procedures will have to be used for a person who appears to require special care this form of recommendation may be used in place of the initial notification (Form No. 1).

FORM NO. 3

Section 15

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Emergency application and recommendation for admission

PART I

Re [*name of patient*] .....
of [*address*] .....

1. I, [*name of applicant*] .....
of [*address of applicant*] .....
hereby apply for the admission of the above-named patient to .....
..... hospital.

2. *I am a relative of the patient within the meaning of the Act, being the patient's [*state degree of relationship*] .....
or
*I am the welfare officer for .....

3. This application is founded on the medical recommendation set out in Part II hereunder.

Signed .....
Date .....

*Delete if not applicable.

PART II

1. I, [*name of medical practitioner*] .....
of [*address*] .....
being a registered medical practitioner, hereby recommend that the patient named in Part I of this Form be admitted to hospital.

2. I last examined the patient on [*date*] .....

3. I am of opinion

(*a*) that the patient $\frac{\text{*is suffering from mental illness}}{\text{*requires special care}}$; and

(*b*) that the mental disorder is of a nature or degree which warrants the patient's detention in hospital; and

(*c*) that it is necessary that the patient should be so detained in hospital in the interests of his/her own health or safety or for the protection of other persons.

4. My opinion at 3(*a*) and (*b*) is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....

5. My opinion at 3(*c*) is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal admission is not suitable*]
.....
.....
.....
.....

6. *I am the patient's medical practitioner
*I had/had not previous acquaintance with the patient.

7. By reason of the mental disorder from which the patient is suffering it is of urgent necessity for him to be admitted to hospital in pursuance of an application under section twelve of the Act, but compliance with all the provisions relating to such an application would involve undesirable delay.

Signed .....
Date .....

To ..... Management Committee
.....

*Delete if not applicable.

FORM No. 4

Section 16

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Report on Hospital In-patient not liable to be detained

1. I, ..., being the medical practitioner in charge of the treatment of [*name of patient*] ..... of [*address of patient*] ..... who is an in-patient in ....., hospital, am of opinion that an application for admission ought to be made under Part II of the Act in respect of this patient.

2. My opinion is based on the following grounds [*this should state why informal treatment is no longer appropriate*]

.....
.....
.....

Signed .....

Date .....

To ..... Management Committee

.....

FORM No. 5

Section 18

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Medical examination on admission

1. I, ..., being a medical practitioner employed at ..... hospital, hereby report that I have to-day examined [*name of patient*] ..... who is the subject of the attached application for admission.

2. I am satisfied that the patient requires hospital treatment.

Signed .....

Date .....

To ..... Management Committee

.....

FORM No. 6

Section 19

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Medical Report

1. I, ..., a registered medical practitioner appointed for the purposes of section 19 of the Act by the Northern Ireland Hospitals Authority hereby report that I have examined [*name of patient*] ..... of [*patient's address*] .... on the [*date*] ..... *prior to his admission to hospital. *after his admission to hospital.

2. I am of the opinion

(*a*) that the patient *is suffering from mental illness / *requires special care; and that the mental disorder is of a nature or degree which warrants his/her detention in hospital; and

(*b*) that it is necessary that the patient should be so detained in the interests of his/her own health or safety or for the protection of other persons.

3. My opinion at 2(*a*) is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....
.....

4. My opinion at 2(*b*) is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal admission is not suitable*]
.....
.....
.....
.....

Signed .....

Date .....

To ..... Management Committee

.....

*Delete if not applicable.

FORM NO. 7

Section 21

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Guardianship application and medical recommendations for guardianship

PART I

Re [*name of patient*] .....
of [*address*] .....
.....

1. I, [*name of applicant*] .....
of [*address of applicant*] .....
hereby apply for the reception of the above-named patient into the guardianship of [*name of guardian*] .....
of [*address of guardian*] .....

2. *I am the patient's nearest relative within the meaning of the Act, and I am related in the following manner .....
or
*I have been authorised by a county court to exercise the functions of the nearest relative under the Act, and I attach hereto a copy of the court order.

3. I last saw the patient on [*date*] .....

4. This application is founded on the medical recommendations set out in Part II hereunder.

5. †I am willing to act as guardian of the above-named patient [*to be signed by the person named* AS GUARDIAN].

Signed .....
(Guardian)
(Designate)

Date .....

Signed .....
(Applicant)

Date .....

*Delete if not applicable.
†This need not be signed if the Management Committee itself is named as guardian.

PART II

1. We [*names and addresses of both medical practitioners*] .....
....., being registered medical practitioners, hereby recommend that the patient named in Part I of this Form be received into guardianship.

2. We are of the opinion
(*a*) that the patient is suffering from mental illness/requires special care/or is suffering from mental illness and requires special care; and
(*b*) that the patient's mental disorder is of a nature or degree which warrants his/her reception into guardianship; and
(*c*) that it is necessary that the patient should be so received in his/her own interests or for the protection of other persons.

3. I [*name of medical practitioner*] .....,
*being the patient's medical practitioner
*having previous acquaintance with the patient, last examined the patient on [*date*] .....

4. My opinion at 2(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*]
.....
.....
.....

5. My opinion at 2(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal guardianship is not suitable*] .....
.....
.....

6. I [*name of medical practitioner appointed by the Northern Ireland Hospitals Authority for the purposes of section 19 of the Act*] .....
last examined the patient on [*date*] .....

7. My opinion at 2(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*]
.....
.....
.....

8. My opinion at 2(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal guardianship is not suitable*] .....
.....
.....

Signed .....

Date .....

Signed .....

Date .....

To ..... Management Committee

.....

*Delete if not applicable.

Note: Where it is obvious that compulsory procedures will have to be used for a person who appears to require special care this form of recommendation may be used in place of the initial notification (Form No. 1).

FORM No. 7a

Section 21

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Guardianship application and medical recommendations for guardianship—application by Welfare Officer

PART I

Re [*name of patient*] .....
of [*address*] .....

1. I, [*name*] ....., welfare officer for .....
..... hereby apply for the reception of the above-named patient into the guardianship of [*name of guardian*] .....
of [*address of guardian*] .....
.....

2. *I have consulted ..... of .....
..... who is, to the best of my knowledge and belief, the patient's nearest relative within the meaning of the Act.

or

*I have consulted ..... of .....
..... who has been authorised by the county court to exercise the functions of the patient's nearest relative.

3. *The above-named person, who has been consulted, has not notified me or the welfare authority by whom I am designated that he/she objects to the making of this application.

4. *I have been unable to ascertain who is the patient's nearest relative

or

*So far as I can ascertain the patient has no nearest relative

or

*In my opinion it $\frac{\text{*is not reasonably practicable}}{\text{*would involve unreasonable delay}}$ to consult [*name*]
..... of [*address*] .....
*who is the patient's nearest relative
*who is authorised to exercise the functions of the patient's nearest relative
before making this application.

5. I last saw the patient on [*date*] .....

6. This application is founded on the medical recommendations set out in Part II hereunder.

7. †I am willing to act as guardian of the above-named patient [*to be signed by the person named* AS GUARDIAN].

Signed .....
(Guardian)
(Designate)

Date .....

Signed .....
(Applicant)

Date .....

*Delete if not applicable.

†This need not be signed if the Management Committee itself is named as guardian.

PART II

1. We [*names and addresses of both medical practitioners*] .....
....., being registered medical practitioners, hereby recommend that the patient named in Part I of this Form be received into guardianship.

2. We are of the opinion
   (*a*) that the patient is suffering from mental illness/requires special care/or is suffering from mental illness and requires special care; and
   (*b*) that the patient's mental disorder is of a nature or degree which warrants his/her reception into guardianship; and
   (*c*) that it is necessary that the patient should be so received in his/her own interests or for the protection of other persons.

3. I [*name of medical practitioner*] .....,
*being the patient's medical practitioner
*having previous acquaintance with the patient, last examined the patient on [*date*] .....

4. My opinion at 2(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental conditions should be given*]
.....
.....
.....
.....
.....

5. My opinion at 2(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal guardianship is not suitable*] .....
.....
.....
.....

6. I [*name of medical practitioner appointed by the Northern Ireland Hospitals Authority for the purposes of section 19 of the Act*] .....
last examined the patient on [*date*] .....

7. My opinion at 2(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*]
.....
.....
.....
.....

8. My opinion at 2(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate; and why informal guardianship is not suitable*] .....
.....
.....
.....

Signed .....
Date .....

Signed .....
Date .....

To ..... Management Committee
.....

*Delete if not applicable.

Note: Where it is obvious that compulsory procedures will have to be used for a person who appears to require special care this form of recommendation may be used in place of the initial notification (Form No. 1).

FORM NO. 8

Section 32(2) and (5)
Fourth Schedule (Para. 5)

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Report by responsible medical officer for renewal of authority for detention in hospital or for guardianship

1. I hereby report that on [*date*] .....
I examined [*name of patient*] .....
who *is suffering from mental illness / *requires special care and who is detained
*in ..... Hospital
*under the guardianship of
[*name and address of guardian*] .....
.....

2. I am of the opinion that it is necessary
†(*a*) in the interests of the patient's health or safety,
†(*b*) for the protection of other persons
that the patient should continue to be liable to be *detained in hospital / *subject to guardianship beyond
[*date on which the authority for detention is due to expire if not renewed*]
.....

3. My opinion is based on the following grounds [*this should include a statement as to why the patient cannot remain in hospital informally or to be discharged or why informal guardianship is not suitable*] .....
.....
.....

Signed .....
Responsible Medical Officer

Date .....

To ..... Management Committee
.....

*Delete if not applicable.

†Delete (*a*) or (*b*) unless both apply.

Section 32(4)
Fourth Schedule (Para. 5)

FORM No. 9

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Report by medical practitioners for renewal of authority for detention in hospital

Re [*name of patient*] .....
of [*address of patient*] .....
who is detained in ..... Hospital.

1. We [*names and addresses of both medical practitioners*] .....
.....
.....
.....
.....

being registered medical practitioners, are of opinion

(*a*) that the above-named patient is $\frac{\text{*suffering from mental illness}}{\text{*requires special care}}$; and

(*b*) that the mental disorder from which the patient is suffering is of a nature or degree which warrants the patient's detention in hospital; and

(*c*) that it is necessary that the patient should be so detained in the interests of his/her own health or safety or for the protection of other persons.

2. I [*name of medical practitioner*] .....
not having made either the recommendation for admission to hospital or the medical report in connection with detention, last examined the patient on [*date*] .....

3. My opinion at 1(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....

4. My opinion at 1(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate and why the patient cannot remain in hospital informally or be discharged*] .....
.....
.....
.....
.....

5. I [*name of medical practitioner*] .....
last examined the patient on [*date*] .....

6. My opinion at 1(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....

7. My opinion at 1(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate and why the patient cannot remain in hospital informally or be discharged*] .....
.....
.....
.....
.....

Signed .....
Date .....
Signed .....
Date .....

To ..... Management Committee
.....

*Delete whichever is inapplicable.

FORM NO. 10

Section 32(4)
Fourth Schedule (Para. 5)

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Report by medical practitioners for renewal of authority for guardianship

Re [*name of patient*] .....
of [*address of patient*] .....
who is under the guardianship of [*name and address of guardian*] .....
.....

1. We [*names and addresses of both medical practitioners*] .....
.....
.....
.....
.....

being registered medical practitioners, are of opinion

(*a*) that the above-named patient is $\frac{\text{*suffering from mental illness}}{\text{*requires special care}}$; and

(*b*) that the mental disorder from which the patient is suffering is of a nature or degree which warrants his reception into guardianship; and

(*c*) that it is necessary that the patient should be so received in his own interests or for the protection of other persons.

2. I [*name of medical practitioner*] .....
not having made either the recommendation for guardianship or the medical report in connection with detention, last examined the patient on [*date*] .....

3. My opinion at 1(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....

4. My opinion at 1(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate and why informal guardianship is not suitable*] .....
.....
.....
.....

5. I [*name of medical practitioner*] .....
last examined the patient on [*date*] .....

6. My opinion at 1(*a*) and (*b*) above is based on the following grounds [*a clinical description of the patient's mental condition should be given*] .....
.....
.....
.....

7. My opinion at 1(*c*) above is based on the following grounds [*this should include a statement as to whether other methods of care and treatment are available and if so why they are not appropriate and why informal guardianship is not suitable*] .....
.....
.....
.....

Signed .....
Date .....
Signed .....
Date .....

To ..... Management Committee
.....

*Delete whichever is inapplicable.

FORM No. 11

Section 40

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Assignment of functions by nearest relative

I, [*name and address*] .....
.....
being the nearest relative of [*name of patient*] .....
who is *detained in ..... Hospital / *under the guardianship of [*name and address of guardian*]
.....
.....
hereby give notice that I have assigned my functions as nearest relative to [*name and address of assignee*] .....
.....
who hereby indicates his willingness to exercise those functions.

Signed .....
(*Nearest Relative*)

Date .....

Signed .....
(*Person to whom functions are assigned*)

Date .....

To ..... Management Committee
.....

*Delete whichever is inapplicable.

FORM No. 12

Fourth Schedule
(Paras. 1 and 15)

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Classification of patients during initial period

I hereby record that I am of opinion that [*name and address of patient*] .....
.....
who is *a patient in ..... Hospital / *subject to guardianship/supervision (being a patient to whom sub-para. (1) of Paragraph 1 of the Fourth Schedule to the Act refers) *is suffering from mental illness / *requires special care and that the patient's mental disorder is of a nature or degree which warrants *detention in hospital for medical treatment. / *retention under guardianship.

Signed .....
Responsible Medical Officer

Date .....

To ..... Management Committee
.....

*Delete if not applicable.

FORM NO. 13

Fourth Schedule
(Para. 13)

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

Classification of certain patients when restriction on discharge ceases to have effect

I hereby record that I am of opinion that [*name and address of patient*] .....
.....
who is subject to *guardianship/supervision (being a patient to whom Paragraph 11 of the Fourth Schedule to the Act refers) *is suffering from mental illness. / *requires special care.

Signed .....
Responsible Medical Officer

Date .....

To ..... Management Committee

.....

*Delete if not applicable.

FORM NO. 14

Section 27

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

I hereby give you notice that the statement appended hereto contains particulars of the rights and powers conferred on patients by the Mental Health Act (Northern Ireland), 1961.

Signed .....
(On behalf of the Management Committee)

Date .....

Rights and Powers of Patients

APPLICATION TO THE MENTAL HEALTH REVIEW TRIBUNAL

1. *Detention and renewal of authority for detention*

(1) A patient admitted to hospital in pursuance of an application for admission may apply to the Review Tribunal within the period of six months beginning with the day on which he is admitted or the day on which he attains the age of sixteen years, whichever is the later.

[Sec. 19(5) of the Act]

(2) A patient who is received into guardianship in pursuance of a guardianship application may apply to the Review Tribunal within the period of six months beginning with the day on which the application is accepted or with the day on which he attains the age of sixteen years, whichever is the later.

[Sec. 22(6) of the Act]

(3) (*a*) A patient admitted to hospital either from the court under a hospital order or by direction of the Minister of Home Affairs, without restriction on discharge; and

(*b*) A patient placed under guardianship either from the court under a guardianship order or by a direction of the Minister of Home Affairs

may apply to the Review Tribunal within the period of six months beginning with the date of the order or with the day on which he attains the age of sixteen years, whichever is the later.

[Sec. 51(6)(*a*) and Sec. 66(4) of the Act]

(4) Where the authority for the detention of a patient who is compulsorily detained at the commencement of the Mental Health Act (Northern Ireland), 1961, continues beyond eighteen months, application may be made to the Review Tribunal at the end of that period. When the authority for detention is renewed under this Act paragraph (5) applies.

[Para. 4(2) of the Fourth Schedule to the Act]

(5) Where the authority for detention (in hospital or under guardianship) of a patient who has attained the age of sixteen years is renewed, the management committee is required to notify the patient in writing and the patient may at any time before the expiration of the period for which the authority is renewed apply to the Review Tribunal.

[Sec. 32(9) of the Act]

2. *Reclassification of Mental disorder*

(1) When a report is furnished for the purpose of re-classifying the form of mental disorder of a patient who has attained the age of sixteen years, the management committee, or guardian, is required to inform the patient and his nearest relative, either of whom may apply to the Review Tribunal within a period of twenty-eight days beginning with the day on which he is informed.

[Sec. 28(2) of the Act]

(2) Reclassification of the mental disorder of a patient who is compulsorily detained at the commencement of the Mental Health Act (Northern Ireland), 1961, is effected when the responsible medical officer records his opinion as to the patient's condition. On reclassification, the management committee (or guardian) is required to inform the patient and his nearest relative, either of whom has a right of appeal to the Review Tribunal within twenty-eight days beginning with the day on which he is informed.

[Para. 2(2) of the Fourth Schedule and Sec. 28(2) of the Act]

3. *Transfer from guardianship to hospital*

A patient who has attained the age of sixteen years and who is transferred from guardianship to hospital may apply to the Review Tribunal within the period of six months commencing with the day on which he is transferred.

[Sec. 31(8) of the Act]

4. *Position of patients admitted to hospital under an order of the court or direction of the Minister of Home Affairs with restriction on discharge*

(1) A patient admitted to hospital under an order of the court or by direction of the Minister of Home Affairs with a restriction on discharge cannot make an application to the Review Tribunal. He can, however, request the Minister of Home Affairs, in writing, to refer his case to the Tribunal within the period of six months beginning with the date of the order or direction or with the day on which he attains the age of sixteen years, whichever is the later, and within each period during which he could have made application if he had not been subject to any restriction on discharge.

(2) Where a patient, admitted to hospital under an order of the court or by direction of the Minister of Home Affairs, with a restriction on discharge, has been conditionally discharged and is subsequently recalled to hospital he may request the Minister of Home Affairs to refer his case to the Tribunal:—

(*a*) within the period of six months beginning with the date of the order or direction, i.e., the day on which he returns or is returned to hospital, or with the day on which he attains the age of sixteen years, whichever is the later;

(*b*) within each period during which he could have made application if he had not been subject to any restriction on discharge; and

(*c*) between the end of the period of six months and the end of the period of one year beginning with the day on which he returns or is returned to hospital.

[Sec. 54(6), (7) and (8) of the Act]

NOTE: The Mental Health Act (Northern Ireland), 1961, provides that a patient subject to a hospital order, a guardianship order, or an order restricting discharge may appeal to the court against that order in the same manner as against a conviction. (This provision does not apply in the case of a patient who is admitted to hospital under an order of the court on the grounds of insanity.)

[Secs. 55(1) and 56(4) of the Act]

CORRESPONDENCE OF PATIENTS

Letters addressed by a patient to any of the under-mentioned persons or authorities must be forwarded unopened:—

The Lord Chief Justice, the Minister of Health and Local Government, any Member of Parliament, the Mental Health Review Tribunal, the Ministry of Health and Local Government, the Registrar of the Department for the Affairs of Mental Patients and the nearest relative.

Letters addressed to the Minister of Home Affairs and the Ministry of Home Affairs, by

(*a*) a patient admitted to hospital from the court under a hospital order or by direction of the Minister of Home Affairs, without or with restriction on discharge, or

(*b*) a patient placed under guardianship by a guardianship order or direction of the Minister of Home Affairs,

must also be forwarded unopened.

[Sec. 25 and as modified by the Second Schedule to the Act]

VISITING AND EXAMINATION BY PRIVATE DOCTOR

1. A patient who is liable to be detained in hospital or subject to guardianship, other than under an order of the court or by direction of the Minister of Home Affairs, is permitted to have a doctor of his own choice or that of his nearest relative to visit, examine him in private and advise him about his right of appeal to the Review Tribunal or the right of his nearest relative to order his discharge.

2. A patient admitted to hospital from the court under a hospital order or by direction of the Minister of Home Affairs, without restriction on discharge, or placed under guardianship by a guardianship order or direction of the Minister of Home Affairs, is permitted to have a doctor of his own choice to visit, examine him in private and advise him about his right of appeal to the Review Tribunal.

[NB.. This right does not apply to a patient whose discharge is restricted.]

[Sec. 26 and as modified by the Second Schedule to the Act]

FORM No. 14a

Section 27

MENTAL HEALTH ACT (NORTHERN IRELAND), 1961

I hereby give you notice that the statement appended hereto contains particulars of the rights and powers conferred on the nearest relatives of patients by the Mental Health Act (Northern Ireland), 1961.

Signed .....

(On behalf of the Management Committee)

Date .....

Rights and Powers of Nearest Relatives

APPLICATION TO THE MENTAL HEALTH REVIEW TRIBUNAL

1. *Attendance at training centres of children requiring special care*

A parent who is aggrieved by a notice sent by a special care management committee, requiring the submission of a child for training, may require the management committee to refer the case to the Review Tribunal.

[Sec. 10(2) of the Act]

2. *Detention or guardianship under an order of the court*

In respect of a patient admitted to hospital or received into guardianship from the court or by direction of the Minister of Home Affairs, without restriction on discharge, the nearest relative may apply to the Review Tribunal within the period of twelve months beginning with the date of the order and in any subsequent period of twelve months. [Secs. 51(6)(*b*) and 66(4) of the Act]

3. *Reclassification of mental disorder*

When a report is furnished for the purpose of reclassifying the form of mental disorder of a patient who has attained the age of sixteen years the management committee or guardian is required to inform the patient and his nearest relative, either of whom may apply to the Review Tribunal within a period of twenty-eight days beginning with the day on which he is informed.

[Sec. 28(2) of the Act]

Reclassification of the mental disorder of a patient who is compulsorily detained at the commencement of the Mental Health Act (Northern Ireland), 1961, is effected when the responsible medical officer records his opinion as to the patient's condition. On reclassification the management committee or guardian is required to inform the patient and his nearest relative, either of whom has a right of appeal to the Review Tribunal within twenty-eight days beginning with the day on which he is informed.

[This right does not apply to the nearest relative of a patient who is liable to be detained in hospital under an order of the court or by direction of the Minister of Home Affairs with restriction on discharge.]

[Para. 2(2) of the Fourth Schedule, Sec. 28(2) and as modified by the Second Schedule to the Act]

4. *Order for discharge of patient*

A nearest relative has the right to make an order in writing to the management committee for the discharge of a patient who is liable to be detained in hospital or subject to guardianship (other than under an order of the court or by direction of the Minister of Home Affairs), provided that the nearest relative gives seventy-two hours notice and that the responsible medical officer agrees to the discharge.

In the event of a refusal of the nearest relative's request for the discharge of a patient, the management committee is required to inform the nearest relative, who may apply to the Review Tribunal within the period of twenty-eight days beginning with the day on which he is informed.

[Sec. 36 of the Act]

5. Transfer of functions

Where a court order transfers the functions of the nearest relative to another person, the displaced nearest relative may apply to the Review Tribunal in respect of the patient within the period of twelve months beginning with the date of the order and in any subsequent period of twelve months during which the order is in force.

[This right does not apply to the nearest relative of a patient who is liable to be detained in hospital or who is subject to guardianship under an order of the court or by direction of the Minister of Home Affairs without or with restriction on discharge.]

[Sec. 41(5) and as modified by the Second Schedule to the Act]

VISITING AND EXAMINATION BY PRIVATE DOCTOR

A patient is permitted to have a doctor of his own choice or that of his nearest relative to visit, examine him in private and advise him about his right of appeal to the Review Tribunal or the right of his nearest relative to order discharge.

[This right of a nearest relative does not apply in the case of a patient who is liable to be detained in hospital or who is subject to guardianship under an order of the court or by direction of the Minister of Home Affairs.]

[Sec. 26 and as modified by the Second Schedule to the Act]

ASSIGNMENT OF FUNCTIONS

The nearest relative of a patient who is liable to be detained in hospital or who is subject to guardianship may (in accordance with the provisions of section 40 of the Mental Health Act (Northern Ireland), 1961) assign his functions to another person who is willing to Act.

NOTIFICATION OF ADMISSION

Where a patient is admitted to hospital by virtue of an application for admission, otherwise than on the application of his nearest relative, the management committee is required to inform that relative as soon as may be practicable.

[Sec. 109 of the Act]

EXPLANATORY NOTE

(This Note is not part of the Regulations but is intended to indicate their general purport.)

These Regulations provide for the exercise of compulsory powers in respect of persons liable to be detained in hospital or subject to guardianship under the Mental Health Act (Northern Ireland), 1961, and prescribe the forms to be used for the admission of patients to hospital or their reception into guardianship and for certain other reports required under the Act in connection with detention or guardianship.

They also regulate the duties of a guardian and the powers and duties of the responsible management committee in respect of persons subject to guardianship, and lay down the conditions relating to the attendance of the nearest relative at the medical examination of a person who appears to be in need of special care.