



Management of Community Treatment Orders Procedure

1. Purpose

This procedure is applicable to WA Country Health Services (WACHS) Community Mental Health Services (CMHS) and addresses the management of a consumer on a Community Treatment Order (CTO) under the [Mental Health Act 2014](#) (MHA).

This procedure must be read in conjunction with the Chief Psychiatrist's:

- [Making decisions about whether or not a person is in need of an inpatient treatment order or a Community Treatment Order Guideline](#)
- [Options for people on Community Treatment Orders who are in breach and/or need inpatient treatment](#)
- [Clinicians' Practice Guide to the Mental Health Act 2014](#) (Chapter 5).

2. Procedure

The following actions are required when completing all stages of the CTO process:

- [MHA forms](#) are to be completed within PSOLIS, automating notification to the:
 - [Mental Health Review Tribunal](#) (MHRT)
 - [Office of the Chief Psychiatrist](#) (OCP) and
 - [Mental Health Advocacy Service](#) (MHAS).
- Where there is an Involuntary Treatment Order (e.g., Form 6A) in place, commence the Form 5A from that PSOLIS event.
- All communication with the consumer, including any attempt at contact must be documented in PSOLIS and the consumer's healthcare record. Reviews to fulfil the requirements of the CTO are to be clearly identified as a CTO review in the healthcare record.
- The consumer is to be provided a copy of each documented MHA form along with a verbal explanation of its purpose and legal meaning.
- All other Statewide Standardised Clinical Documentation (SSCD) is to be completed as per the [Triage to discharge mental health framework](#) and MP 0155/21 [Statewide Standardised Clinical Documentation for Mental Health Services Policy](#).
- The consumer and their personal support person (PSP) are to be involved in care planning.
- The care of consumers on CTOs is to be reviewed at multi-disciplinary team (MDT) meetings as per the [Case Management Policy](#). The minimum requirement to present at MDT is on activation, every 91 days and at discharge planning. Additionally, when changes arise, such as non-engagement, changes in physical health, emergency department presentations, situational distress, medication review, or concerns regarding treatment adherence

The Mental Health Commission's [Community treatment order flowchart](#) may be used as a reference guide.

2.1 Initiate Community Treatment Order: Form 5A

The initiation of an Involuntary Community Treatment Order is to be documented by a psychiatrist on a Form 5A and the CTO is valid for up to three months from day the order is written. The order must have:

- clearly outlined conditions of the CTO
- confirmation by a psychiatrist or another practitioner within 72 hours if written without a referral (Form 1A or Inpatient Order)
- minimum monthly reviews by psychiatrist or medical practitioner
- the name of the supervising psychiatrist and the treating practitioner who may be the psychiatrist, a medical practitioner or a mental health practitioner.

In addition to documenting on Form 5A the psychiatrist is required to:

- inform the consumer of their rights
- inform the PSP if the order is revoked
- ensure that the consumer is advised within 14 days of date, time and place of first medical appointment.

2.2 Continuation of Community Treatment Order: Form 5B

The continuation of a CTO can be documented on a Form 5B on or within seven days of the order expiring. The supervising psychiatrist may have reviewed the consumer before the seven-day period, however, cannot document an order to extend until seven days before expiration of the order. A continuation of the CTO (Form 5B) can be requested for a further three months from the original expiry date of Form 5A.

If a consumer requests a further opinion regarding the continuation of the order, the psychiatrist is to arrange a further opinion in line with the [OCP Guideline further and additional opinions](#) and document on the [Request for further opinion form](#) (EMR60030).

A further opinion must be obtained within 14 days, or the CTO becomes invalid unless the consumer does not attend the appointment.

The CTO will cease if the psychiatrist providing a further opinion does not confirm that a CTO is appropriate.

2.2 Variation of terms of Community Treatment Order: Form 5C

The supervising psychiatrist may:

- vary conditions of the CTO (Form 5C) at any time
- transfer care and supervising responsibilities to another psychiatrist
- transfer the treating practitioner to another treating practitioner.

Where the current supervising psychiatrist is unavailable (e.g., emergency leave), the Chief Psychiatrist's [delegation schedule change in supervising psychiatrist for a CTO](#) provides information on who has the power to appoint a new supervising psychiatrist for the consumer (often a Clinical Director or Head of Service).

Once the Clinical Director or another appointed psychiatrist is designated as the new supervising psychiatrist, they have the full authority to complete a Form 5C.

2.3 Request for a practitioner to conduct monthly reviews of the Community Treatment Order: Form 5D

The consumer must be examined monthly by the supervising psychiatrist. Reviews must occur on or within 14 days before the end of the review period (one month from the date the CTO begins).

The supervising psychiatrist may request another medical practitioner or mental health practitioner to complete this examination by completing a Form 5D. The practitioner must provide a written report to the supervising psychiatrist documenting if the CTO is still required.

The supervising psychiatrist must examine the consumer if more than two months have elapsed since the consumer was last seen by the supervising psychiatrist.

2.4 Notice and record of breach of the Community Treatment Order: Form 5E

Form 5E is completed where a consumer is in breach of the requirements of the CTO and all reasonable steps have been taken to obtain compliance including:

- review of the Treatment, Support, and Discharge Plan (TSDP)
- addressing barriers to compliance (e.g., medication side effects, transportation issues, appointment timing)
- involving the consumer's PSP where appropriate.

2.5 Order to attend: Form 5F

The supervising psychiatrist can complete an order to attend (Form 5F) following breach of a CTO; this is issued to the consumer to attend for a review of the CTO and a copy is to be given to the PSP.

A Transport Order Form 4A authorising police or a transport officer to apprehend the person and transport them to the authorised hospital may be made if the consumer does not comply with the Order to Attend.

2.6 Routes to inpatient care for people on Community Treatment Orders

There are three options for organising an inpatient admission for a person on a CTO:

- voluntary admission: CTO suspended until discharge

- Inpatient Treatment Order (Form 6A) made by the supervising psychiatrist: CTO ceases and automatically expires
- referral for examination by a psychiatrist (Form 1A) documented by an authorised mental health practitioner (AMHP).

[Options for people on CTO who are in breach and/or need inpatient treatment](#) provides the documentation pathway to the above routes within PSOLIS.

2.7 Information booklets and leaflets given to consumer in relation to Community Treatment Orders

The following information must be provided to consumers:

- [Community treatment orders](#)
- [Receiving treatment for a mental health illness](#)
- [Information for personal support persons](#)
- [Nominated persons: How to make a nomination and what it means.](#)

2.8 Mental Health Review Tribunal

The Mental Health Review Tribunal (MHRT) is informed via PSOLIS of any involuntary orders made, changes to orders and any other functions for which the MHRT has oversight.

Consumers or other people such as a representative, guardian, carer, family member, PSP or any other person who, in the opinion of the MHRT, has sufficient interest in the matter can request a review.

If there is no request for a review, a mandatory review will be scheduled within 35 days for an adult and ten days for a child, from the time the person was made an involuntary patient.

The MHRT should receive the report and the consumer's Treatment, Support and Discharge Plan (TSDP) at least 72 hours before the hearing is scheduled. The [medical report form](#) may be used. The consumer and their personal support person should receive the report at the same time. Should the consumer require a translator or interpreter, this should be arranged at the time the report is provided.

It is always preferable for the consumer's psychiatrist to attend a review. If a psychiatrist is unable to attend, then the most senior person involved in the consumer's care should attend.

3. Roles and Responsibilities

Mental health services have a responsibility to ensure that all staff are provided with sufficient initial and refresher training to allow them to carry out their functions under the

MHA. At a minimum, completion of this training is required on commencement with the service and at three yearly intervals thereafter.

Mental Health Clinical Directors are responsible for providing clinical leadership to the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Supervising psychiatrists retain the medicolegal authority of the community treatment order.

The **Treating Practitioner** is responsible for ensuring that the treatment plan for the CTO is carried out.

Aboriginal Mental Health Workers are responsible for providing support to Aboriginal consumers and the multidisciplinary team to ensure cultural considerations are appropriately considered.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Community Mental Health Services must track CTOs within their region. The required information to be included in the tracking process will be standardised across WACHS.

Mental Health Services should have in place audit and checking functions for completed MHA forms, to check for correct usage and compliance with the MHA requirements.

Mental Health Services should have a process in place that ensures investigation when instances of irregularities and/or non-compliance with the legal requirements of the MHA are found, to take action to remedy the legal issues and to ensure that the consumer is informed of the irregularities (open disclosure) and that they are advised that they can seek their own legal advice.

5. References

Nil

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Term	Definition
Treating Practitioner – (Mental Health)	A psychologist, division 1 registered nurse, occupational therapist or social worker with at least three years' experience in management of people who have a mental health illness
Authorised Mental Health Practitioner (AMHP)	A mental health practitioner who in the opinion of the Chief Psychiatrist has qualifications, training and experience appropriate to the role. Authorised Mental Health Practitioners (AMHPs) – Office of the Chief Psychiatrist
Consumer	A person who is currently using or has previously used a mental health service.
Mental Health Review Tribunal (MHRT)	The Mental Health Tribunal (the Tribunal) is an independent statutory body established under the MHA. The Tribunal has the authority to review decisions made under the MHA that affect a person's rights, voluntary or involuntary status and other restrictions on a person's freedom.
Mental Health Advocacy Service (MHAS)	The Mental Health Advocacy Service provides an identified person (as defined in the MHA s 348) with access to information about their rights and provides support to the person in exercising those rights. This is generally achieved by providing the identified person with access to a mental health advocate who will also support the person in pursuing complaints where necessary and can support the person to request and attend a review by the Mental Health Tribunal.
Supervising psychiatrist	Supervising psychiatrists are responsible for supervising CTOs. A treating psychiatrist may also be a supervising psychiatrist.
Personal Support Person	The personal support person, of a person, means a person referred to in section 7(2)(b)(i), (ii), (iii), (iv) or (v) of the MHA.

7. Document Summary

Coverage	WACHS wide
Audience	Community Mental Health Service Staff
Records Management	Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Mental Health Act 2014 (WA) • Office of the Chief Psychiatrist
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0099/18 Community Mental Health Status Assessments: Role of Mental Health Clinician Policy • MP 0051/17 Language Services Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services • Mental Health Policy Framework

Related WACHS Policy Documents	<ul style="list-style-type: none"> • Access to Community Mental Health Services Policy • Mental Health Case Management Policy
Other Related Documents	<ul style="list-style-type: none"> • Charter of Mental Health Care Principles
Related Forms	<ul style="list-style-type: none"> • MR23 WACHS Mental Health Cultural Information Gathering Tool
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5830
National Safety and Quality Health Service (NSQHS) Standards	2.05, 5.01, 5.02, 5.03, 6.03, 8.01, 8.02
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Aboriginal Practice Risk Assessment & Management
Other Standards (please specify and include link)	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	4 June 2026	4 June 2026	New procedure

9. Approval

Policy Owner	Executive Director Mental Health
Co-approvers	Executive Director Medical Services
Contact	Senior Project Officer - Policy
Business Unit	Mental Health Directorate
EDRMS #	ED-WA-26-258219
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

This document can be made available in alternative formats on request.