

## Certificate supporting an application for assessment

To: *Location*  
The Director of  
Area Mental Health Services,  
at:

Name of proposed patient:   
*Full name*  
  
*Date of birth*

Proposed patient's  
date of birth:   
*Address*

Of:

*Date of Examination*  
I have examined the proposed  
patient named above on:

I consider there are reasonable grounds for believing the proposed patient may be mentally  
disordered and my reasons for that opinion in relation to the statutory definition of mental disorder<sup>1</sup>  
(see reverse) are:

*Full particulars of the reasons for opinion on proposed patient's condition*  
  
  
  
  
  
  
*continue on a separate sheet if necessary...*

I am the mental health  
practitioner<sup>2</sup> (see reverse)  
who examined the  
proposed patient:

*Full name of mental health practitioner*  
*Business address and telephone number of mental health practitioner*  
of:

I declare that I am not related to the proposed patient nor to the applicant and have examined the  
proposed patient within the last 3 days

/ /  
*Signature of mental health practitioner* *Date*

This certificate is to accompany an application for assessment either completed by mental  
health practitioner or by a person usually a relative or someone associated with the proposed  
patient and who has seen the proposed patient within the last 3 days.

## **Section 2**

### **The statutory definition of mental disorder is:**

"Mental disorder, in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it –

- (a) Poses a serious danger to the health or safety of that person or of others; or
- (b) Seriously diminishes the capacity of that person to take care of himself or herself; and "mentally disordered", in relation to any such person, has a corresponding meaning.

## **Section 4.**

### **General rules relating to liability to assessment or treatment**

The procedures prescribed by Parts I and II of this Act shall not be invoked in respect of any person by reason only of -

- (a) That person's political, religious, or cultural beliefs; or
- (b) That person's sexual preferences; or
- (c) That person's criminal or delinquent behaviour; or
- (d) Substance abuse; or
- (e) Intellectual handicap

During the **COVID-19 temporary response period** as defined in the COVID-19 Response (Further Management Measures) Legislation Act 2020, the following persons are mental health practitioners and are able to issue certificates under section 8B of the Mental Health (Compulsory Assessment and Treatment) Act 1992:

- (a) a medical practitioner; or
- (b) a nurse practitioner; or
- (c) a registered nurse practising in mental health

**'registered nurse practising in mental health'** means a health practitioner who—

- (a) is, or is deemed to be, registered with the Nursing Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing and whose scope of practice includes the assessment of the presence of mental disorder as defined under this Act; and
- (b) holds a current practising certificate.

The COVID-19 temporary response period is until **31 October 2021**, unless an earlier date is set by Order in Council on the recommendation of the Minister of Health. For further details, see Schedule 11 of the COVID-19 Response (Further Management Measures) Legislation Act 2020.