

and seven of the Mental Health Act (Northern Ireland), 1948, (hereinafter called "the Act") and all other powers enabling it in that behalf, hereby orders as follows :—

1.—(1) This Order may be cited as the Mental Health (Appointed day) (No. 3) Order (Northern Ireland), 1948.

(2) The Interpretation Act, 1921, shall apply for the purpose of the interpretation of this Order in like manner as it applies for the interpretation of an Act of the Parliament of Northern Ireland.

2. The provisions of the Act specified in the Schedule hereto shall come into operation on the first day of January, 1949.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this fourteenth day of December, One thousand nine hundred and forty-eight, in the presence of :—

(L.S.)

Thos. Elwood,

Assistant Secretary.

SCHEDULE

PROVISIONS OF THE ACT TO BE BROUGHT INTO OPERATION.

PART I	—	Section 2.
PART II	—	Sections 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18.
PART III	—	Sections 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41.
PART IV	—	Sections 48, 49, 50, 51, 53, 54, 55, 56, 57, 58, 59, 60, 61, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 74, 75.
PART VI	—	Sections 83, 84, 85, 86, 87, 88, 89, 91, 93, 94, 95, 96.
PART VIII	—	Sections 104, 106.
SECOND SCHEDULE	—	Parts I and II.
THIRD SCHEDULE	—	The reference to the Fifth Schedule of the Health Services Act (Northern Ireland), 1948, in so far as it relates to the Mental Treatment Act (Northern Ireland), 1932.
FOURTH SCHEDULE	—	Parts I and II.

Mental Health

THE MENTAL HEALTH (NO. 1) REGULATIONS (NORTHERN IRELAND), 1948, DATED THE 14TH DAY OF DECEMBER, 1948, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT FOR NORTHERN IRELAND UNDER THE MENTAL HEALTH ACT (NORTHERN IRELAND), 1948, AND THE HEALTH SERVICES ACT (NORTHERN IRELAND), 1948.

1948. No. 322

The Ministry of Health and Local Government for Northern Ireland in exercise of the powers conferred on it by the Mental Health Act

(Northern Ireland), 1948 and the Health Services Act (Northern Ireland) 1948, hereby makes the following Regulations.

GENERAL

Short title.

1. These Regulations may be cited as the Mental Health (No. 1) Regulations (Northern Ireland), 1948.

Interpretation.

2.—(1) In these Regulations, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them :—

- (a) " the Act " means the Mental Health Act (Northern Ireland), 1948.
- (b) " the Ministry " means the Ministry of Health and Local Government for Northern Ireland.
- (c) " the Authority " means the Northern Ireland Hospitals Authority.
- (d) " management committee " has the meaning assigned to it by sub-section (2) of section twenty-eight of the Health Services Act (Northern Ireland) 1948.
- (e) " visiting committee " means a committee appointed under section 51 of the Act.
- (f) " medical inspector " means the medical inspector appointed under section 43 of the Act.
- (g) " resident medical superintendent " means the resident medical superintendent of a mental hospital and includes the medical officer acting for him in his absence as superintendent of the hospital.
- (h) " voluntary patient " has the meaning assigned to it by sub-section 1 of section 6 of the Act.
- (i) " temporary patient " has the meaning assigned to it by sub-section 1 of section 7 of the Act.
- (j) " certified patient " has the meaning assigned to it by section 12 of the Act.
- (k) " criminal lunatic " has the meaning assigned to it by section 9 of the Criminal Lunatics Act (Northern Ireland) 1929.
- (l) " addict " has the meaning assigned to it by section 105 of the Act.
- (m) " treatment authorisation " has the meaning assigned to it by section 105 of the Act.

(2) Any reference in these Regulations to a form set out in the Schedule to these Regulations shall be deemed to include a reference to a form substantially corresponding thereto.

(3) The Interpretation Act, 1921 applies to the interpretation of these Regulations as it applies to the interpretation of an Act of the Parliament of Northern Ireland.

3. These Regulations shall come into operation on the first day of January, 1949, and the following Orders and Regulations shall thereupon cease to have effect. Date of operation of Regulations and Repeals.

- (a) the Asylum Books and Records Order, 1900 ;
- (b) the Asylum Books and Records (Amending) Order, 1902 ;
- (c) the Expenses of Criminal Lunatics Calculations Order 1902 ;
- (d) so much of the Public Bodies Order, 1904, as relates to Mental Hospitals ;
- (e) the Asylum Books and Records (Second Amending) Order, 1910 ;
- (f) so much of the Public Bodies Order, 1918, as relates to Mental Hospitals ;
- (g) the Asylum Books and Records (Third Amending) Order, 1924 ; and
- (h) the Mental Treatment Regulations (Northern Ireland), 1934.

4.—(1) Regulations made under section 57 of the Health Services Officers Act (Northern Ireland) 1948 (which relates to officers) shall have effect for the purposes of the Act as they have effect for the purposes of the first mentioned Act.

(2) The Authority shall issue to every medical officer appointed to a mental hospital a copy of these Regulations.

MOVEMENT OF PATIENTS

Admission, Discharge, Transfer, etc.

5. A person lodging an application for treatment as a voluntary patient or a temporary patient shall lodge with it a statement of particulars in the form referred to in the next Regulation. Statement of particulars.

6. The several forms to be prescribed under sections 5 to 16 of the Act shall be in the form set out in the Schedule to these Regulations as follows :— Prescribed forms for admission, etc.

PREScribed FORM

NO. IN SCHEDULE

Voluntary Patients

- | | |
|--|-------|
| (a) Application for admission as a voluntary patient of a person over 16 years of age. | M.T.1 |
| (b) Application for admission as a voluntary patient in respect of a person under 16 years of age. | M.T.2 |
| (c) Statement of particulars to be lodged with the foregoing forms. | M.T.3 |
| (d) Notice requiring a voluntary patient to leave or be removed from a mental hospital. | M.T.4 |
| (e) Notice of intention by (or on behalf of) a voluntary patient to leave (or be removed from) the hospital. | M.T.5 |

Temporary patients

- | | |
|---|---------|
| (a) Application for admission as a temporary patient or as an addict. | M.T.6 |
| (b) Statement of particulars to be lodged with the foregoing form. | M.T.7 |
| (c) Recommendation to accompany the application for admission. | M.T.8 |
| (d) Application by temporary patient to be regraded to the voluntary status. | M.T.9 |
| (e) Application for extension of period of treatment of temporary patient. | M.T.10 |
| (f) Petition by a welfare officer to a judicial authority for temporary treatment of a person removed to a place of safety. | M.T.11 |
| (g) Medical certificate to accompany forms M.T.11 and M.T.14. | M.T.12 |
| (h) Judicial order for treatment as a temporary patient under section 15 of the Act. | M.T.13 |
| (i) Judicial order for treatment as a temporary patient under section 16 of the Act. | M.T.13A |
| (j) Order of judicial authority to a medical practitioner to visit a person suffering from mental illness and cruelly treated or neglected. | M.T.14 |

Certified Patients

- | | |
|---|---------|
| (a) Petition to judicial authority for certification. | M.T.11A |
| (b) Statement of particulars to be lodged with the foregoing form. | M.T.7 |
| (c) Medical certificate to be lodged with petition for certification. | M.T.12A |
| (d) Judicial order for treatment as a certified patient. | M.T.13B |
| (e) Special report and certificate under Section 14 of the Act. | M.T.15 |

Application for extension of temporary treatment.

7. Where it is desired to extend the period of treatment of a temporary patient the resident medical superintendent shall transmit to the Ministry the necessary application in the form referred to in Regulation 6 not more than one month nor less than 21 days before the expiration of the current period of treatment.

Continuation of judicial orders.

8. Where the resident medical superintendent has sent a special report and certificate to the Ministry for the purpose of the continuation of a judicial order under section 14 of the Act he shall give to the Ministry such further information concerning the patient to whom the special report and certificate relates as the Ministry may require.

9. The application for the discharge of a patient from a mental hospital before recovery shall be in the form M.T. 16 in the Schedule.

Application for discharge of patient before recovery Form M.T. 16.
Form M.T. 17.

10. The certificate of the resident medical superintendent against the discharge of a patient before recovery shall be in the form M.T. 17 in the Schedule.

11. Subject to the provisions of Regulation 33 of these Regulations a patient transferred under a warrant of the Governor of Northern Ireland to a mental hospital from one of His Majesty's prisons shall not be discharged from the mental hospital without a conditional or absolute warrant of discharge of the said Governor.

Patients transferred from Prison.

12. A patient discharged from a mental hospital before recovery shall be given into the charge of the relative or friend who applies for his discharge or into the charge of some responsible person authorised by the applicant to receive him. The relative or friend or responsible person authorised by the applicant shall attend at the mental hospital to receive the patient.

Patients discharged before recovery.

13. Where a patient is to be discharged from a mental hospital the resident medical superintendent may, if he thinks fit, authorise the payment out of hospital funds of the expenses of the journey to the patient's home or other destination, and also the expenses of the nurses (if any) who accompany him.

Expenses of patients on discharge.

14. The following procedure shall be observed for the transfer of a patient from one mental hospital to another in pursuance of the provisions of section 55 of the Act :—

Transfer of patients between Hospitals.

(1) The resident medical superintendent of the mental hospital transferring the patient shall send with the patient—

(a) the treatment authorisation and the original documents on which the treatment authorisation was based and shall retain copies thereof ;

(b) a medical certificate in the form M.T. 18 in the Schedule dated not more than seven days prior to the date of transfer ;
and

(c) a copy of or extracts from the patient's clinical record.

(2) The resident medical superintendent of the mental hospital receiving the transferred patient shall receive and retain the documents sent under paragraph (1) of this Regulation.

15. Where the resident medical superintendent of a mental hospital finds that the mental condition of a person receiving mental treatment under Part II of the Act is such that he ought to be dealt with under Part III of the Act, the resident medical superintendent shall notify the Authority forthwith and the Authority shall forthwith take the appropriate steps under the Act to ascertain whether he is a person requiring special care as defined in section 19 of the Act.

Persons in mental hospitals " requiring special care."

Boarding out in approved houses.

16.—(1) Where a management committee of a mental hospital propose to board out a patient under the provisions of section 58 of the Act the resident medical superintendent shall furnish to the Ministry the full name, address and occupation of the person in charge of each house, home or other place and the rate per annum to be charged for the maintenance of each patient.

(2) Any such house, home or other place may be visited at any time by any medical officer of, or authorised by, the Authority, or by the medical inspector, and such officer or inspector may examine the patient and inspect any or every part of the buildings or grounds of the house, home or other place used or proposed to be used by the patient.

(3) A medical officer of, or authorised by, the Authority shall, once at least in every six months, visit any patient boarded-out and enquire into and report to the management committee on the treatment of the patient and as to the state of his bodily and mental health.

(4) The psychiatric social worker of the hospital shall visit every boarded-out patient at such intervals as may be determined by the resident medical superintendent, and shall report after each visit to the resident medical superintendent on the progress or otherwise of the patient and on the conditions in the house, home or other place in which the patient is boarded-out.

(5) The management committee may, on the recommendation of the resident medical superintendent, at any time terminate the period during which a patient is being boarded-out.

(6) The resident medical superintendent shall prepare and furnish to the person in whose care the patient has been boarded-out a notice specifying the conditions under which the patient has been so boarded-out.

Absence on trial.

17.—(1) The resident medical superintendent, when permitting a patient to be absent on trial under section 59 of the Act; may make it a condition of such absence that the patient shall attend an extern clinic or other place at such intervals as the resident medical superintendent may think necessary.

(2) The resident medical superintendent may at any time terminate the period of a patient's absence on trial.

(3) Where the resident medical superintendent intends to continue a patient's period of absence on trial beyond a period of twelve months he shall furnish to the Ministry a full report as to his reasons for such a prolonged period of trial.

Absence for a short period not on trial.

18. Without prejudice to the provisions of Regulation 17 of these Regulations the resident medical superintendent may, of his own authority, permit any patient to be absent not on trial from a mental hospital for a period not exceeding seventy-two hours.

Visit by Resident Magistrate Form M.T. 19.

19. The notice to be given by a temporary or certified patient requiring a visit by a Resident Magistrate shall be in the form M.T.19 in the Schedule.

VISITING COMMITTEES

20. The following modified provisions of the First Schedule to the Health Services Act (Northern Ireland), 1948, shall have effect in relation to a visiting committee.

- (a) The term of office of members of a visiting committee of any mental hospital shall be such period as shall be determined by the Authority who shall have regard to the term of office of the management committee of that hospital.
- (b) A casual vacancy occurring in the membership of a visiting committee shall be filled by the management committee; and a person so appointed shall hold office for the residue of the term of the member in whose place he is so appointed.
- (c) A member of a visiting committee may resign his membership by giving to the management committee notice in writing signed by him.
- (d) A member of a visiting committee on vacating his membership at the expiration of the term thereof shall be eligible for re-appointment.

NOTICES TO BE FURNISHED TO THE MINISTRY

21. The notices and medical report to be sent to the Ministry and to the Registrar in Lunacy under the provisions of section 65 of the Act shall be in the form set out in the Schedule as follows :—

Notice of admission	...	...	...	...	Form M.T.20
Notice of regrading	...	...	...	...	Form M.T.21
Notice of discharge or departure	...	...	...	...	Form M.T.22
Notice of temporary removal or transfer	...	...	...	...	Form M.T.23
Notice of admission of a patient temporarily removed or transferred from another mental hospital	...	...	...	...	Form M.T.24
Notice of death	...	...	...	...	Form M.T.25
Notice of boarding out or absence on trial	...	...	...	...	Form M.T.26
Notice of recall from boarding out or absence on trial	...	...	...	...	Form M.T.27
Notice of unauthorised absence	...	...	...	...	Form M.T.28
Notice of return from unauthorised absence	...	...	...	...	Form M.T.29
Medical report (voluntary and temporary patients)	...	...	...	...	Form M.T.30

BOOKS, RECORDS AND REPORTS TO BE KEPT OR FURNISHED

22.—(1) Where any patient dies in a mental hospital the resident medical superintendent shall, in addition to the notices of death required to be given under section 65 of the Act, forthwith give notice thereof to the Coroner of the district in which the death occurred and the relative who signed, or is referred to in, the application for the patient's admission or the relevant statement of particulars, or the nearest known relative; and if the Coroner determines that an inquest is necessary, the resident medical superintendent shall forthwith give notice thereof to such relative as aforesaid, to the chairman of the

management committee, to the Authority, to the Registrar in Lunacy (if the patient's affairs are under the control of the Lord Chief Justice of Northern Ireland) and to the Ministry.

(2) Where a patient dies in a mental hospital a medical officer of the Authority shall examine the body as soon as possible after the death, and shall make a note in writing of any bedsores and marks or bruises or other indications of injury. A medical officer of the Authority may make a complete autopsy unless the relative, to whom notice of the death has been sent, objects. The medical officer, who makes any such examination or autopsy, shall enter full particulars thereof in the post-mortem register referred to in Regulation 25. If the relative has objected to a complete autopsy this fact should also be recorded in the post-mortem register.

23.—(1) The resident medical superintendent shall notify immediately the Ministry of —

- (a) any serious injury to any patient either existing on his admission or received during his residence in the mental hospital ;
- (b) any serious assault upon a patient, whether by another patient or by a member of the staff ;
- (c) any outbreak of zymotic or epidemic disease whether affecting the patients or the members of the staff ;
- (d) any outbreak of fire ;
- (e) any other matter of serious importance to the welfare of the patients in the mental hospital.

(2) The resident medical superintendent shall also notify immediately the Registrar in Lunacy on the occurrence of any of the events under paragraph 1 (a), (b), (c) of this Regulation affecting any patient whose affairs are under the control of the Lord Chief Justice.

(3) The nurse in charge of each ward shall keep the casualty book for that ward and shall enter therein a note of any injury or casualty to a patient immediately after its occurrence, and shall at the time inform her superior officers who shall inform a member of the medical staff.

Examination of patients on admission.

24. Where any voluntary patient under 16 years of age or any temporary patient is admitted to a mental hospital, a member of the medical staff shall examine the patient forthwith and shall forthwith furnish to the person who brought the patient a statement describing the general physical condition of the patient and whether bruises or other injuries or marks or indications of violence or neglect were observed at the examination.

Books and Records to be kept by hospital.

25. It shall be the duty of the resident medical superintendent of every mental hospital to ensure that the following books and records for voluntary, temporary and certified patients and such other books relating to patients as the Authority may consider necessary are duly kept and promptly entered up :—

<i>Books and Records</i>	<i>No. in Schedule</i>
(a) Register of mechanical restraint and seclusion	M.T.31
(b) Post-mortem register	M.T.32
(c) Casualty book for each ward	M.T.33
(d) Register of infectious diseases	M.T.34
(e) Epileptic register	M.T.35
(f) Chaplain's book	M.T.36
(g) Visiting Committee's book	—
(h) Alphabetical register (which may, if desired, be kept by means of a card index)	—
(i) General register	—
(j) Clinical record	—
(k) Morning statement book	—
(l) Dispensary book or medicine card or sheet	—
(m) Suitable caution cards for patients who are actively suicidal or suffering from tuberculosis or epilepsy or intestinal infection	—
(n) Suitable day and night reports for nurses in charge of each ward	—
(o) Patients' private property register	—

26.—(1) The expression "mechanical restraint" includes all instruments and appliances whereby the movements of the body or the limbs or any part thereof of a patient may be restrained or impeded. Restraint and seclusion of temporary and certified patients.

(2) The expression "seclusion" means the placing of a patient, during the period between the normal time of rising of the patients and the normal time of their retirement at night, in any room alone and with the door or exit locked or fastened or held in such a way as to prevent his egress.

(3) Mechanical restraint or seclusion shall not be used except by the order of a medical officer who shall sign the corresponding record in the register of mechanical restraint and seclusion.

(4) Mechanical restraint shall not be applied to any temporary patient or certified patient unless it is necessary for purposes of surgical or medical treatment or to prevent the patient from injuring himself or others.

(5) When and as often as mechanical restraint is applied particulars of the mechanical means used and the grounds upon which the restraint was employed shall forthwith be entered in the register of mechanical restraint and seclusion.

(6) Each such entry in the said register shall be signed on the day on which it is made by the medical officer who ordered the use of the mechanical restraint or seclusion.

(7) When and as often as either mechanical restraint or seclusion is used a full record shall be entered daily in the said register throughout the whole period during which such restraint or seclusion continues ; and at the end of each quarter the resident medical superintendent shall furnish to the Ministry a copy of anything so entered during that quarter.

(8) It shall not be lawful to use for the purposes of mechanical restraint any instruments or appliances other than the following ;—

- (a) a jacket or dress, laced or buttoned down the back, made of strong linen, having long outside sleeves fastened to the dress at the shoulders only ; such sleeves having closed ends to which tapes may be attached for tying behind the patient's back when his arms have been folded across his chest ; or
- (b) a jacket with blind sleeves forming part of the dress ;
- (c) gloves without fingers made of strong linen or chamois leather, padded or otherwise and fastened at the wrists with buttons or locks ;
- (d) sheets or towels, when tied or otherwise fastened to the bed or other object.

(9) The responsible medical officer shall at frequent intervals visit every patient under mechanical restraint and such patient shall be kept under continuous special supervision, and shall never be left unattended.

(10) The several treatments and appliances referred to in this paragraph (not being mechanical restraint within this Regulation) shall be used only under medical order, and a record of the use of any such treatment or appliance shall forthwith be made in the clinical records :—

- (a) The continuous bath. A cover shall not be used unless the aperture therein for the patient's head is large enough for his body to pass through.
- (b) The dry and wet pack. Straps or ligatures of any kind shall not be used, and the patient shall be released for necessary purposes at intervals not exceeding two hours.
- (c) Splints, bandages, and other like appliances when used in accordance with recognised surgical practice for operations or the treatment of fractures or other local injuries, and not so as to interfere with the free movement of the body or limbs more than is necessarily incident to their use for such purpose.
- (d) Gloves, if so fastened as to be removable by the wearer.
- (e) Sheets or towels used only for the purpose of artificial feeding, and merely held, not tied or fastened.
- (f) Trays or rails fastened to the front of chairs used by young persons, cripples or aged infirm adults to prevent their falling out and thereby injuring themselves ; provided in

case of adults that it is within the patient's power to undo the fastening.

- (g) Any necessary restraint used for the sole purpose of enabling electrical or other special surgical or medical treatment to be given to patients.

27. The clinical record shall be either in book form or in loose leaf form, and may contain such information as the Authority or the resident medical superintendent may determine. Clinical records.

28.—(1) The records to be kept by the Ministry in respect of each voluntary, temporary and certified patient shall include such of the following particulars as may be applicable respectively :— Records to be kept by the Ministry.

- (a) name and address of hospital ;
- (b) name of patient and registered number ;
- (c) age of patient ;
- (d) whether a voluntary, temporary or certified patient or other patient ;
- (e) a record of the previous treatment (if any) as a voluntary, temporary, or certified patient ;
- (f) the date of admission ; the date of the judicial order in respect of a certified patient ; the date of the application for admission as a temporary patient ;
- (g) the date of expiration of the judicial order of a certified patient unless renewed ;
- (h) particulars of any boarding-out or absence on trial of a patient ;
- (i) particulars of any unauthorised absence of a patient ;
- (j) particulars and date of the removal, transfer, discharge or death of any patient.

(2) Separate registers may be kept in respect of voluntary, temporary and certified patients respectively, and any such register may be kept by means of a card index.

MISCELLANEOUS PROVISIONS

29.—(1) The resident medical superintendent of the mental hospital shall prepare and lay before the management committee at every monthly meeting :— Particulars to be furnished at meetings of management committees.

- (a) a return of patients numbers showing the classification of the patients as voluntary, temporary, certified and criminal lunatic, the number of patients resident on the date of the previous meeting, the number of patients admitted since the previous meeting, the number of patients discharged, transferred, absent without authority, etc., since the previous meeting, the number who have died since the previous

meeting and the number of patients remaining in the hospital on the day of the meeting ;

- (b) particulars of the boarding-out of patients under section 58 of the Act showing the contribution authorised for each patient's maintenance ;
- (c) particulars of the absence on trial of patients in pursuance of section 59 of the Act showing the approved period of absence for each patient ;

(2) The resident medical superintendent of each mental hospital shall prepare and lay before the management committee at every monthly meeting a report on the general condition of the hospital ; and in such report he shall make such observations and recommendations as he may think proper respecting anything which in his opinion retards or would conduce to the well being of the patients.

(3) It shall be the duty of the secretary of the mental hospital to record in the minutes of each monthly meeting the particulars furnished under paragraph (1) of this Regulation and the full report made under paragraph (2) of this Regulation.

Patients
having
property.

30. If any member of the management committee, or the visiting committee, the secretary of the hospital, a member of the medical staff of the Authority or the medical inspector becomes aware that any patient has property other than that recorded on his admission to the hospital, it shall be the duty of any such person as aforesaid to notify the secretary of the mental hospital of any particulars of such property as he is able to furnish and the said secretary shall forthwith notify the Registrar in Lunacy.

Police
Escort.

31.—(1) Where a medical practitioner who signs a recommendation accompanying the application for the admission of any temporary patient to a mental hospital is satisfied that a police escort is necessary for the purpose of ensuring the safe conveyance of the patient to the mental hospital, any officer or constable of the Royal Ulster Constabulary may, on receiving an escort certificate in the form M.T.37 in the Schedule, arrange for such escort of police as may seem to him to be required for the special purpose.

Form M.T.
37.

(2) The expenses properly incurred by an officer or constable of the Royal Ulster Constabulary in providing a police escort under this Regulation shall be repaid to the police authorities by the management committee of the mental hospital to which the patient was admitted. Such payment shall be made upon a certificate of the district-inspector of the police district in which the escort was provided.

Reception
of Sailors,
Soldiers and
Airmen.

32.—(1) Soldiers received in mental hospitals under section ninety-one of the Army Act and persons in the naval service of His Majesty and airmen so received under that section as applied in that behalf shall be admitted to mental hospitals in accordance with the provisions of that Act.

(2) Where the Order of the Army Council, the Air Council or the Admiralty, or of any officer deputed by them for the purpose of authorising the person's reception in a mental hospital, is deemed to be a judicial order or an application for temporary treatment within the meaning of the Act then all the relevant provisions of the Act affecting certified or temporary patients as the case may be shall apply accordingly.

33. The provisions of section 7 of the Act shall apply to a patient admitted in pursuance of section 10 of the Lunatic Asylums (Ireland) Act, 1875 (as amended by the Fourth Schedule to the Act) as if the day following the expiration of his period of treatment as a criminal lunatic were the date of his admission as a temporary patient and as from that day all the provisions of the Act relating to temporary patients shall apply accordingly. Patients admitted under Section 10 of the Lunatic Asylums (Ireland) Act, 1875, as amended.

34. Where a judicial order, or any certificate upon which such an order has been made, is found to be incorrect or defective the duly authorised officer of the Authority applying for a new order under the provisions of section 66 of the Act shall present a petition in the form M.T.11A in the Schedule and shall state in the appropriate part of paragraph 5 of the petition in what respect the judicial order or certificate is defective. If the previous medical certificate is incorrect or defective or has expired a new medical certificate in the form M.T.12A in the Schedule shall be lodged with the petition. Defective Orders and Certificates. Form M.T. 11A. Form M.T. 12A.

35. Where an application or recommendation made under section 7 of the Act is found to be incorrect or defective the application of the duly authorised officer shall be in the form M.T.6 in the Schedule and shall contain at paragraph 5 of that form a statement of the manner in which the original application or recommendation is incorrect or defective. If the previous recommendation is incorrect or defective or has expired a new recommendation in the form M.T.8 in the Schedule shall accompany the application. Defective applications and recommendations. Form M.T. 8.

36. Where any officer of the Authority authorised to seek such information, or any other responsible person applies to the Ministry for information as to whether a person is, or was at any time, a patient in a mental hospital, the Ministry may, if it thinks fit, furnish to the applicant a statement in writing giving such particulars as to the patient's admission to, and discharge from, the mental hospital as the Ministry may consider expedient. Information as to persons admitted to mental hospitals.

37. The functions of the Authority under sections 5, 12, 52, 54 and 66 of the Act in relation to persons suffering from illness of a mental or kindred nature and under these Regulations may be performed by any officer of the Authority authorised in writing by the chairman or Delegation of Authority's functions.

secretary of the Authority and such authorisation may be in respect of all or any of the aforementioned functions.

Penalties.

38. The penalty for a breach of any of the foregoing Regulations shall be a fine not exceeding fifty pounds or imprisonment for a term not exceeding three months, or both such fine and such imprisonment.

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this fourteenth day of December, one thousand nine hundred and forty-eight in the presence of :

(L.S.)

Thos. Elwood,

Assistant Secretary.

SCHEDULE

Section 6
Regulation 6

FORM M.T.1

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

FORM OF APPLICATION FOR ADMISSION AS A VOLUNTARY PATIENT.
(Person over 16)

To The Resident Medical Superintendent,

.....
.....

1. I.....the undersigned, of.....
desire to receive treatment in.....hospital.
2. I attach a *recommendation from.....of.....
a registered medical practitioner in support of this application.
3. I appreciate that I shall be entitled to leave the hospital on the expiration of seventy-two hours after giving to you notice in writing, in a form to be obtained from you, of my intention to do so.
4. I undertake to leave the hospital on the expiration of seventy-two hours after receiving from you notice in writing that it is not necessary that I should remain in the hospital.
5. I attach a statement of particulars.

Signed.....

Date:.....

* The recommendation may be given by a member of the medical staff of a mental hospital and the application for admission must be made within fourteen days from the date on which the recommendation is signed.

Section 6
Regulation 6

FORM M.T.2

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

FORM OF APPLICATION FOR ADMISSION AS A VOLUNTARY PATIENT.

(Person under 16).

To The Resident Medical Superintendent,

.....
.....

1. I....., the undersigned, of.....
desire that.....of.....should receive
treatment in.....hospital.
2. I am the parent (or *guardian) of the said.....
3. I attach a †recommendation from.....of.....
a registered medical practitioner in support of this application.
4. I appreciate that I shall be entitled to remove the said.....
from the hospital on the expiration of seventy-two hours after giving to you
notice in writing, in a form to be obtained from you, of my intention to do so.
5. I undertake to remove the said.....from the hospital on the
expiration of seventy-two hours after receiving from you notice in writing
that it is not necessary that the said.....should remain
in the hospital.
6. I attach a statement of particulars of the said.....

Signed.....

Date.....

Relationship to patient.....

* "guardian" includes any person having charge of the person under sixteen.
 † The recommendation may be given by a member of the medical staff of a mental
 hospital and the application for admission must be made within fourteen days from
 the date on which the recommendation is signed.

Section 6
Regulation 6

FORM M.T.3

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

STATEMENT OF PARTICULARS (VOLUNTARY PATIENT)

Patient's Name in full.....

Sex.....Age.....(if possible, give date of birth.....)

National Registration Number.....

Religious Persuasion.....

Married, Single or Widowed.....

Rank, profession or previous occupation.....

National Insurance Number.....

Names and full postal addresses of one or more
relatives of the patient }
(State relationship) }
.....

Name and full postal address of person to whom
notice of illness, etc, should be sent. }
.....

State whether the patient has previously been
under treatment for mental or nervous dis-
order. If so, give particulars and approx-
imate dates. }
.....

Whether in receipt of (a) Old Age Pension }
(b) Widow's " }
(c) Orphan's " }
.....

Signed.....

Date.....

Address.....

Section 6
Regulation 6

FORM M.T.4

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE REQUIRING A VOLUNTARY PATIENT TO LEAVE THE HOSPITAL

To :- *

1. You are hereby informed that I am satisfied that it is not necessary that †(you or †..... of..... a voluntary patient in..... hospital) should remain in the hospital.
2. In accordance with the provisions of the Mental Health Act (Northern Ireland), 1948, I require you to †..... leave the Hospital remove the said..... from the hospital on the expiration of seventy-two hours after the receipt by you of this notice.

Signed.....
Resident Medical Superintendent

Date.....

* The patient or his guardian
† Delete whichever is inapplicable.

Section 6
Regulation 6

FORM M.T.5

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

NOTICE OF INTENTION

OF VOLUNTARY PATIENT TO LEAVE THE HOSPITAL
.....
TO REMOVE A VOLUNTARY PATIENT FROM THE HOSPITAL

To The Resident Medical Superintendent

.....Hospital

I, †..... of....., † the parent (*or guardian) of..... a voluntary patient in..... hospital hereby give you notice that I intend to † leave/remove the said..... from the hospital on the expiration of seventy-two hours after the receipt by you of this notice.

Signed.....

Date.....

† Delete whichever is inapplicable.

* "guardian" includes any person having charge of the person under sixteen.

Please read notes at foot before completing this form

Section 7
Regulations 6 & 35

FORM M.T.6

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

FORM OF APPLICATION FOR RECEPTION OF A TEMPORARY PATIENT

Re.....(insert full name)

Address.....

- 1. I, of
hereby request you to receive the above-named person as a temporary patient
into *..... hospital.
- 2. I am related to the said..... in the following
manner :—.....
or
- 3. I am a welfare officer for the area in which.....
is at present residing, and I hereby make application to you to have the said
..... admitted to *..... hospital.
- 4. I make this application † (a) at the request of
who is related to the said..... in the following manner
..... absence
..... or †(b) in the †..... of the spouse or
incapacity
relative. The reason why and the circumstances under which I make this
application are as follows :—.....
or
- 5. I am not related to the said..... The reasons why this
application is not made by a relative of the said....., and
my connection with him/her and the circumstances under which I make this
application are as follows :—.....
- 6. Annexed hereto is (a) a recommendation for the temporary treatment of the
said..... signed by..... and (b) a
statement of particulars of the said.....

Signed.....

Date.....

To The Resident Medical Superintendent;

.....Hospital,

.....
.....

* Insert name of hospital.
 † Delete either (a) or (b).
 ‡ Delete whichever is inapplicable.
 § The recommendation ceases to have effect on the expiration of fourteen days from
 the date on which the person was examined by the doctor.

NOTES :—Paragraphs 1, 2 and 6 to be completed if application is made by a relative.
 Paragraphs 1, 3, 4 and 6 to be completed if application is made by a welfare
 officer.
 Paragraphs 1, 5 and 6 to be completed if application is made by a person
 other than relative or welfare officer.

Section 7
Regulation 6

FORM M.T.7

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

STATEMENT OF PARTICULARS

Re.....(insert full name)

Home Address.....

The following is a *Statement of Particulars relating to the above-named

Sex and Age (If possible, give date of birth).....

National Registration Number.....

Married, Single, or Widowed.....

Rank, profession, or previous
occupation (if any).....

National Insurance Number.....

Religious persuasion.....

Residence at, or immediately
prior to, the date hereof.....

Whether first attack.....

Age on first attack.....

State whether, the patient has pre-
viously been under treatment for
mental or nervous disorder. If so, give
particulars and approximate dates.

Duration of existing attack.....

Supposed cause.....

Whether subject to epilepsy.....

Whether suicidal.....

Whether dangerous to others,
and in what way.....

Whether any near relative has been
afflicted with arrested or incomplete
development of mind or mental illness.....

Full particulars of any income or
property received by or belonging
to the patient (Give all classes or
property, i.e. cash, stock, invest-
ments, house property, etc.).....

Whether in receipt of (a) Old Age Pension }
 (b) Widow's " }
 (c) Orphan's " }.....

Names, and full postal addresses of
one or more relatives of the patient.....

Name of person to whom notice of
death to be sent, and full postal
address; if not already given.....

(Signed).....

Name and Christian name at length.....

Rank, profession, or occupation (if any).....

Full postal address.....

How related to or connected with the patient.....

Date.....

* If any parti-
culars are not
known the fact
should be so
stated.

Section 7
Regulations 6 & 35

FORM M.T.8

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

FORM OF RECOMMENDATION FOR TEMPORARY TREATMENT

Re :(Insert full name)

Address

Recommendation for the temporary treatment of above-named.

I, of hereby declare that :—

1. I am a registered medical practitioner.

2. I examined the said on the* day of

..... 19 at † † Give place.

3. I have formed the opinions stated below on the following grounds, viz. :—

(a) Facts observed by myself at the time of examination.....

(b) Matters communicated by †† others :—.....

†† Names and addresses should be given.

4. The said.....

(i) is suffering from mental illness ;

(ii) is unfit on account of his mental state to be received and/†to continue to be maintained as a voluntary patient ;

(iii) is an § addict.

5. It is expedient with a view to the said 's treatment that he/she should be received into hospital/†regraded as a temporary patient for a period not exceeding twelve months.

6. I am not the applicant for the reception of the said into the hospital.

Signed.....

Medical Qualifications.....

Date.....

* the date of examination must not be more than two days before the date on which the recommendation is signed.

† to be used when the patient is being regraded in the hospital from the voluntary to the temporary status.

§ an "addict" means a person who :—(a) by reason of his addiction to drugs or intoxicants is either dangerous to himself or others or incapable of managing himself or his affairs or of ordinary proper conduct ; or (b) by reason of his addiction to drugs or intoxicants is in serious danger of mental disorder.

Section 8
Regulation 6

FORM M.T.9

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

..... HOSPITAL

FORM OF APPLICATION OF TEMPORARY PATIENT TO BECOME A VOLUNTARY PATIENT.

To The Resident Medical Superintendent,

* Insert Name and address.

1. *I, of at present a temporary patient in hospital desire to remain in the hospital as a voluntary patient.

2. I appreciate that on becoming a voluntary patient I may leave the hospital at any time on the expiration of seventy-two hours after giving to you notice in writing of my intention to do so.

3. I understand that I must leave the hospital on the expiration of seventy-two hours after receiving from you notice in writing that it is not necessary that I should remain in the hospital.

Signed.....
Patient

Date.....

Name of Patient..... Registered No.....

I am satisfied that the above-named, at present a temporary patient in hospital, has now become fit to receive treatment as a voluntary patient.

Signed.....
Resident Medical Superintendent.

Date.....

To The Ministry of Health and Local Government for Northern Ireland.

Section 8
Regulations 6 & 7

FORM M.T.10

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

..... HOSPITAL

APPLICATION FOR EXTENSION OF PERIOD OF TEMPORARY TREATMENT

Name of Patient..... Registered No.....

Application is hereby made for the extension of the period of treatment (which ends on the day of 19.....) of above-named temporary patient in above hospital for a further period *of months.

- (1) Full names of Applicant.....
- (2) Postal Address of Applicant.....
- (3) How related to or connected with the patient.....
- (4) If the application is not signed by the husband or wife or a relative of the patient or by the resident medical superintendent —
 - (a) State the reason.....
 - (b) State the circumstances in which he or she makes the application.

Dated this..... day of 19.....

Signed.....

I have this day examined the above-named patient, and report that his/her mental

condition is as follows :—

and that his/her physical condition is as follows :—

The above-named patient is still suffering from mental illness. I anticipate that the patient will not recover within the above-mentioned period of treatment which ends on the... day of... 19... but his/her early recovery thereafter appears to me to be reasonably probable for the following reasons...

He/She is still in need of care and treatment and I recommend that he/she should continue to be retained for that purpose for a further period of *... months.

Signed... Resident Medical Superintendent.

Dated this... day of... 19...

* The further period must not exceed 6 months (Section 8 (2) of the Act).

To The Ministry of Health and Local Government for Northern Ireland.

Section 15 Regulation 6

FORM M.T.11

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

FORM OF PETITION BY WELFARE OFFICER TO A JUDICIAL AUTHORITY FOR TEMPORARY TREATMENT

Re... (insert full name)

Address

In the matter of above-named a person alleged to be suffering from mental illness.

To... a Resident Magistrate (or a Justice of the Peace)

The Petition of... of...

- 1. I am twenty-one years of age at least.
2. I desire to obtain a judicial order for the treatment of... hospital.
3. * I last saw the said... at... on the... day of... 19...
4. I am a Welfare Officer for the County of...
5. The circumstances under which this petition is presented by me are as follows—
6. A statement of particulars and a †medical certificate relating to the said... accompany this petition.
7. So far as I am aware no previous petition in respect of the said... was dismissed by a judicial authority.

A previous petition in respect of the said... was dismissed by a judicial authority. The facts relating to the dismissal according to my knowledge and information are as follows:—

The petitioner therefore prays that a judicial order for treatment as a temporary patient in a mental hospital may be made in accordance with the foregoing statement.

Signed... Welfare Officer

Date...

* The petitioner must have personally seen the patient within fourteen days before the presentation of the petition.

† The medical certificate must be completed and signed not more than seven clear days before the date of the presentation of the petition.

Section 9
Regulations 6 & 34

FORM M.T.11A

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

FORM OF PETITION TO JUDICIAL AUTHORITY FOR CERTIFICATION

Re.....(insert full name)

Address.....

In the matter of above-named a person alleged to be of unsound mind.

To.....a Resident Magistrate/or a Justice of the Peace.....

The petition of.....of.....

- 1. I am twenty-one years of age at least.
- 2. I desire to obtain a judicial order for the treatment of.....as a certified patient in the.....hospital.
- 3. *I last saw the said.....at.....hospital on the.....day of.....19.....
- 4. I am the.....of the said.....

or

I am the person who made the application for the reception of the said.....as a voluntary/temporary patient.

or

I am the Secretary of.....hospital or I am a medical practitioner and make this petition at the written request of the spouse/relative/person who made application for voluntary/temporary treatment of the said.....

or

5. †I am not related to or connected with the said.....
The reasons why this petition is not presented by a relative or the person who made the application for voluntary/temporary treatment are as follows :—

.....
.....

†The circumstances under which this petition is presented by me are as follows :—

.....
.....

6. A statement of particulars and a ‡medical certificate relating to the said.....accompany this petition.

7. I have not completed and signed the medical certificate accompanying this petition.

8. So far as I am aware no previous petition in respect of the said.....was dismissed by a judicial authority.

or

A previous petition in respect of the said.....was dismissed by a judicial authority. A copy of the statement sent to the Ministry of Health and Local Government of the reasons for his dismissal of the previous

petition is attached. The facts relating to the dismissal according to my knowledge and information are as follows :—

.....
.....

The petitioner therefore prays that a judicial order may be made in accordance with the foregoing statement.

Signed.....

Name and Christian name at length.....

Date.....

* The petitioner must have personally seen the patient within fourteen days before the presentation of the petition.

† The medical certificate must be completed and signed not more than seven clear days before the date of the presentation of the petition.

† PARA. 5. To be completed where the petition is presented by a duly authorised officer of the Authority on the grounds that it is not practicable to have petition presented in any of the ways given in paragraph 4 ; or where the previous order or certificate is defective.

Sections 15 and 16
Regulation 6

FORM M.T.12

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

MEDICAL CERTIFICATE

- (a) accompanying petition of Welfare Officer under Section 15 of the Act
- or
- (b) given in respect of a person under Section 16 of the Act

Re.....(insert full name)

Address

In the matter of the above-named person alleged to be suffering from mental illness.

I, the undersigned.....of.....do hereby certify as follows :—

1. I am a registered medical practitioner.

2. *I personally examined the said.....on the.....day of.....at.....and am of the opinion that he/she is a person suffering from mental illness and a proper person to receive care and treatment in a mental hospital as a temporary patient.

3. I formed this opinion on the following grounds viz. :—

(a) Facts indicating mental illness observed by myself at the time of examination, viz. :—.....

(b) Matters communicated by †others, viz. :—.....

4. I attach a statement of particulars of the said.....

*Signed.....

Medical Qualifications.....

Date.....

* The medical practitioner must have personally examined the patient not more than two days before the date on which he signs the certificate.

† Names and addresses should be given.

Section 9
Regulations 6 & 34

FORM M.T.12A

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

..... HOSPITAL

MEDICAL CERTIFICATE ACCOMPANYING PETITION FOR
CERTIFICATION

Re.....(insert full name)

Address

In the matter of above-named a person alleged to be of unsound mind.

I, the undersigned.....do hereby certify as follows :—

1. I am a registered medical practitioner.

2. * I personally examined the said.....on the
.....day of..... and am of the opinion that he/she is a person
of unsound mind, and a proper person to receive care and treatment in a mental
hospital as a certified patient.

3. I formed this opinion on the following grounds, viz. :—

(a) Facts indicating unsoundness of mind observed by myself at the time of
examination, viz. :—

.....
(b) Matters communicated by others, viz. :—

.....
4. I am not a relative of the patient or of the spouse of the patient, or of the person
applying for the judicial order in respect of this patient or of the partner or assistant
of such person.

*Signed.....

Medical Qualifications.....

Date.....

*The medical practitioner must have personally examined the patient not more than
two days before the date on which he signs the certificate.

† Names and addresses should be given.

Section 15
Regulation 6

FORM M.T.13

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

JUDICIAL ORDER FOR TREATMENT OF A PERSON AS A TEMPORARY
PATIENT UNDER SECTION 15 OF THE ACT

Re.....(insert full name)

Address

1. I, the undersigned.....being a *Resident Magis-
trate/ or Justice of the Peace upon the petition of.....
a Welfare Officer for the County of.....
in the matter of the above-named a person alleged to be suffering from mental illness,

accompanied by the medical certificate of and a statement of particulars of the said hereby declare that I am satisfied the said is suffering from mental illness.

2. It is necessary for the public safety or for the safety of the said that he/she should forthwith receive mental treatment and I hereby authorise you to provide treatment for the said as a temporary patient in your hospital.

3. I am not a relative of the said or of the spouse of the said or of the petitioner or of the partner or assistant of such person.

4. * I visited/I did not visit the said and *I required/I did not require his/her attendance before me before signing this order.

Signed
A * Resident Magistrate/or a Justice of the Peace.

Address

Date

* Delete whichever is inapplicable.

To The Resident Medical Superintendent,

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

Section 16
Regulation 6

FORM M.T.13A

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

JUDICIAL ORDER FOR TREATMENT AS A TEMPORARY PATIENT UNDER SECTION 16 OF THE ACT.

Re (insert full name).....

Address

1. Information having been given to me on oath by of that the above-named is a person alleged to be suffering from mental illness and is
(a) not under proper care or control
or
(b) being cruelly treated or neglected.

I directed and authorised a medical practitioner of to visit and examine the said and to furnish a certificate to me in the attached form as to his state of mind.

2. I am satisfied that the said is
(a) suffering from mental illness ; and
(b) is not under proper care or control or is being cruelly treated or neglected and
(c) is a proper person to be taken charge of and to receive mental treatment.

3. I hereby direct you to receive the said
as a temporary patient in your hospital.

4. *I visited/I did not visit the said
before signing this order.

Signed
A *Resident Magistrate/or a
Justice of the Peace.

Address

Date

* Delete whichever is inapplicable.

To The Resident Medical Superintendent,
.....
.....
.....

Section 9
Regulation 6

FORM M.T.13B

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

JUDICIAL ORDER FOR TREATMENT OF A PERSON AS A CERTIFIED
PATIENT TO BE MADE BY A RESIDENT MAGISTRATE OR JUSTICE
OF THE PEACE.

Re(insert full name)

Address

1. I, the undersigned being a *Resident Magistrate/or Justice of the Peace upon the petition of of in the matter of the above-named a person alleged to be of unsound mind, accompanied by the medical certificate of and a statement of particulars of the said hereby declare the said to be certified as being of unsound mind and accordingly, I hereby declare the said to be a person of unsound mind and I hereby authorise you to provide treatment for him/her as a certified patient in your hospital.

2. I am not a relative of the patient, or of the spouse of the patient or of the petitioner or of the partner or assistant of the petitioner.

3. *I did not visit/I visited the said and *I did not require/I required his/her attendance before me before signing this order.

Signed
A *Resident Magistrate/or a
Justice of the Peace.

Address

Date

* Delete whichever is inapplicable.

To The Resident Medical Superintendent,
.....
.....
.....

Section 16
Regulation 6

FORM M.T.14

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

ORDER OF JUDICIAL AUTHORITY TO A MEDICAL PRACTITIONER TO VISIT A PERSON SUFFERING FROM MENTAL ILLNESS AND CRUELLY TREATED, ETC.

Re.....(insert full name)

Address

Information having been given to me on oath that the above-named is a person alleged to be suffering from mental illness and—

- *(1) is not under proper care or control,
- or
- (2) is being cruelly treated or neglected,

I do hereby direct and authorise.....a Medical Practitioner of.....to enter any premises where the said.....is and to examine the said.....and to furnish a certificate to me as to his state of mind, and you are hereby informed that it is your duty to comply with this direction.

If in your opinion the said.....is suffering from mental illness a medical certificate in the attached form should be furnished to me.

Signed.....
*Resident Magistrate/or a Justice of the Peace.

Address.....

Dated this.....day of.....19.....

* Delete whichever is inapplicable.

To :—
.....
.....

NOTE :— The order must be directed to the medical practitioner providing general medical services for the person cruelly treated etc., or if that practitioner is not available some other medical practitioner.

Section 14
Regulation 6

FORM M.T.15

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL
SPECIAL REPORT AND CERTIFICATE

Date of Original Judicial Order.	Date of Expiration of Judicial Order.	Reg. No.
----------------------------------	---------------------------------------	----------

Name of Patient

Report as to Mental Condition :—

Diagnosis :—.....

Present Mental Condition :—.....

Report as to Bodily Condition :—.....

I certify that the patient named in this report is still of unsound mind, and a proper person to remain in the hospital for the purpose of receiving treatment.

Signed

Resident Medical Superintendent

Dated this day of 19.....

To The Ministry of Health and Local Government for Northern Ireland.

Section 17
Regulation 9

FORM M.T.16

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

..... HOSPITAL

APPLICATION FOR DISCHARGE OF A PATIENT BEFORE RECOVERY.

Re (insert full name)

Address

1. I, of

..... hereby request that the above-named at present a temporary/certified patient in Hospital may be delivered over to me.

2. I am related to the said in the following manner :—

.....
.....

or.

* My connection with the said is as follows :—

.....
.....

* To be used if applicant is not a relative.

3. I undertake that the said.....will receive proper care and will be prevented from doing injury to himself and to others.

Signed.....

Address.....

Witness

Date.....

Name of Witness

Address.....

To The Resident Medical Superintendent,

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

Section 17
Regulation 10

FORM M.T.17

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

CERTIFICATE OF RESIDENT MEDICAL SUPERINTENDENT AGAINST DISCHARGE OF A PATIENT BEFORE RECOVERY.

Name of Patient.....Registered No.....

1. Application has been made to me by..... of..... for the discharge of above-named temporary/certified patient before recovery.
2. The applicant is related to or connected with the patient in the following manner :—
.....
.....
3. I have declined to discharge the patient because ;
 (a) I am satisfied that the patient is dangerous or otherwise unfit to be at large ; or
 (b) I am not satisfied that the patient will receive proper care.
4. The above conclusions are based on the following grounds :—
.....
.....
.....

Signed.....
Resident Medical Superintendent

Date.....

To :— The Ministry of Health and Local Government for Northern Ireland.

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

TRANSFER OF PATIENT

MEDICAL CERTIFICATE TO ACCOMPANY THE PATIENT ON
TRANSFER

I..... Resident Medical Superintendent of above-
named Hospital hereby certify that, in my opinion, the patient.....
(Reg. No.....) admitted to this Hospital on the.....
day of..... may be safely removed to*.....
in the following manner :—

- (1) Mode of conveyance.....
- (2) Nurse attendance required.....
- (3) Whether any, and if so, what
special precautions are required

The patient is suffering from mental illness and the form of mental disorder is
†.....

His physical condition is as follows :—.....

A copy of/Extracts from the patient's clinical record is/are enclosed.

Dated this..... day of..... 19.....

.....
Resident Medical Superintendent

* Give name of hospital.
† State Diagnosis.

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE OF DESIRE TO BE VISITED BY A RESIDENT MAGISTRATE

Name of patient..... Registered No.

I desire to be visited by a Resident Magistrate

Signed.....

Date.....

Section 65
Regulation 21

FORM M.T.20

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

NOTICE OF ADMISSION

Name of Patient.....Registered No.....

Previous Registered No. (if any).....

I hereby give you notice that.....of.....
.....was admitted into.....Hospital as a *vol-
untary patient/temporary patient/criminal lunatic on the.....day of
.....19....., and I transmit copies of the documents
on which he/she was received.

*A statement upon the mental and physical condition of the patient is attached, or

*A statement upon the mental and physical condition of the patient will be for-
warded within ten days from the date of admission.

Dated this.....day of.....19.....

Signed.....

Resident Medical Superintendent

* Delete whichever is inapplicable.

To The Ministry of Health and Local Government for Northern Ireland, and
The Ministry of Home Affairs (If patient has been admitted from a Prison or a
Reformatory or Industrial School.)

Section 65
Regulation 21

FORM M.T. 21

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

NOTICE OF REGRADING

Name of Patient.....Present Registered No.....

New Registered No. on Regrading.....

I hereby give you notice that.....of.....
.....who was admitted to this
Hospital as a * voluntary patient/temporary patient/criminal lunatic on the.....
day of.....was regraded on the.....
day of.....as a *voluntary/temporary/certified patient.

I transmit copies of the documents on which the said.....
became a * voluntary/temporary/certified patient on regrading.

† I attach a statement upon the mental and physical condition of the patient.

Dated this.....day of.....19.....

Signed.....

Resident Medical Superintendent

* Delete whichever is inapplicable.

† Not to be completed if the patient is regraded to the certified class.

To The Ministry of Health and Local Government for Northern Ireland and
The Ministry of Home Affairs (If patient was admitted from a Prison or a
Reformatory or Industrial School.)

Section 65
Regulation 21

FORM M.T. 22

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

NOTICE OF * DISCHARGE/DEPARTURE

Name of patient.....Registered No.....

I hereby give you notice that.....
of

* voluntary patient/temporary patient/certified patient/criminal lunatic received into
this Hospital on the.....day of.....19.....,
left/was discharged * recovered/relieved/not improved on the.....
day of.....19.....

The discharge was effected on the authority of.....

Dated this.....day of.....19.....

Signed.....
Resident Medical Superintendent

* Delete whichever is inapplicable.

To The Ministry of Health and Local Government for Northern Ireland, and
The Ministry of Home Affairs. (If patient was admitted from a Prison or a
Reformatory or Industrial School.)

Section 65
Regulation 21

FORM M.T. 23

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

NOTICE OF * TEMPORARY REMOVAL/TRANSFER

Name of Patient.....Registered No.....

I hereby give you notice that a *voluntary
patient/temporary patient/certified patient/criminal lunatic received into this hospital
on the.....day of.....was on the.....day of.....
*temporarily removed to/transferred to.....and on
that date the patient was * relieved/not improved.

The reasons for *removal/transfer were as follows :—

.....

Signed.....
Resident Medical Superintendent.

Dated this.....day of.....19.....

* Delete whichever is inapplicable.

To The Ministry of Health and Local Government for Northern Ireland and
The Ministry of Home Affairs (If patient was admitted from a Prison or a
Reformatory or Industrial School.)

Mental Health

605

Section 65
Regulation 21

FORM M.T. 24

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE OF ADMISSION OF A PATIENT TEMPORARILY REMOVED/OR
TRANSFERRED FROM ANOTHER MENTAL HOSPITAL

Name of patient.....Registered No.....

I hereby give you notice thata *voluntary
patient/temporary patient/certified patient/criminal lunatic temporarily removed/
transferred fromHospital was received into
this Hospital on the.....day of19.....

I attach a copy of the medical certificate which accompanied the patient.

Signed.....
Resident Medical Superintendent

Dated thisday of.....19.....

* Delete whichever is inapplicable.

To The Ministry of Health and Local Government for Northern Ireland
and

The Ministry of Home Affairs. (If patient was admitted from a Prison or a
Reformatory or Industrial School.)

Section 65
Regulation 21

FORM M.T. 25

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE OF DEATH

Name of Patient.....Registered No.....

I hereby give you notice thata *voluntary
patient/temporary patient/certified patient/criminal lunatic in this hospital died
therein on the.....day of.....

Signed.....
Resident Medical Superintendent

Dated theday of.....19.....

* Delete whichever is inapplicable.

To The Ministry of Health and Local Government for Northern Ireland,
and

The Ministry of Home Affairs. (If patient was admitted from a Prison or a
Reformatory or Industrial School.)

STATEMENT RESPECTING THE ABOVE-NAMED PATIENT

Sex and Age.....Married, single, or widowed.....

Profession or occupation.....

Usual residence (postal address) before ad-
mission. If the patient has been transferred
from another Hospital or Institution the
place of residence before admission to the
first Hospital or Institution should be given. }

CAUSE OF DEATH

I.

Immediate cause † a.....

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). } b.
c.

II.

Other morbid conditions (if important) contributing to death but not related to immediate cause }

†This means the disease, injury or complication which caused death, not the mode of dying, e.g. not such as heart failure, asphyxia, asthenia, etc.

Whether or not ascertained by post-mortem examination.

Time of and any unusual circumstances attending the death; also a description of any injuries known to exist at time of death or found subsequently on body of deceased, or a statement that there were none. }

Names and description of persons present at the death.

I hereby certify that the particulars contained in the above statement are true to the best of my knowledge and belief.

Signed.....
Resident Medical Superintendent

Dated the.....day of.....19.....

Section 65
Regulation 21

FORM M.T. 26

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE OF BOARDING OUT OR ABSENCE ON TRIAL

Name of patient.....Registered No.....

I hereby give you notice that..... a *temporary/
certified patient who was admitted to this Hospital on the
day of.....19..... was *boarded out/allowed
absence on trial as from the.....day of.....19.....

Period for which boarded out.....
or
allowed absence on trial.....

With whom boarded out †.....

Signed.....
Resident Medical Superintendent.

Dated.....day of.....19.....

* Delete whichever is inapplicable.

† Insert Name and Address.

Mental Health

607

Section 65
Regulation 21

FORM M.T. 27

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE OF RECALL FROM BOARDING OUT OR ABSENCE ON TRIAL.

Name of patient.....Registered No.....

I hereby give you notice that..... a *temporary /certified patient who was *boarded out/permitted to be absent on trial from this Hospital on the.....day of.....was recalled to the hospital and re-admitted on the.....day of.....

REASONS FOR RECALL

.....
.....

Signed.....
Resident Medical Superintendent

Dated this.....day of.....19.....

* Delete whichever is inapplicable.

To The Ministry of Health and Local Government for Northern Ireland.

Section 65
Regulation 21

FORM M.T. 28

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

NOTICE OF UNAUTHORISED ABSENCE

Name of Patient.....Registered No.....

I hereby give you notice that above-named a *temporary patient/certified patient/criminal lunatic absented *himself/herself from the hospital without authority on the.....day of.....19.....

The state of mind of the patient at the time of *his/her unauthorised absence was

.....
.....

† The circumstances attending the unauthorised absence were as follows :

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

Dated this.....day of.....19.....

Signed.....
Resident Medical Superintendent

* Delete whichever is inapplicable.

† State circumstances in full.

To The Ministry of Health and Local Government for Northern Ireland,

and
The Ministry of Home Affairs. (If patient was admitted from a Prison or a Reformatory or Industrial School.)

Section 65
Regulation 21

FORM M.T. 29

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

NOTICE OF RETURN OF PATIENT FROM UNAUTHORISED ABSENCE

Name of patient..... Registered No.....

I hereby give you notice that the above-named *temporary patient/certified patient/
criminal lunatic who absented *himself/herself without authority on the.....

day of.....19....., was, on the.....

day of.....19....., brought back under the following

circumstances :—

†.....

The patient has been again received without a new application for admission.

Dated this.....day of.....19.....

Signed.....
Resident Medical Superintendent.

* Delete whichever is inapplicable.

† State circumstances in full.

To The Ministry of Health and Local Government for Northern Ireland.

and

The Ministry of Home Affairs. (If patient was admitted from a Prison or a
Reformatory or Industrial School.)

Section 65 (5)
Regulation 21

FORM M.T. 30

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

MEDICAL REPORT

Name of Patient..... Registered No.....

I have this day seen and examined the above-named received into this hospital as a
voluntary patient/temporary patient/criminal lunatic on the.....

day of.....19....., and I hereby certify that the mental

state of the patient is as follows :—

Diagnosis :—.....

Present mental condition (including probability of early recovery and ability to
manage his/her affairs)

.....
and his *bodily health and condition are as follows :—.....

.....

†Dated the.....day of.....19.....

Signed.....
Resident Medical Superintendent.

To The Ministry of Health and Local Government for Northern Ireland.

and

The Ministry of Home Affairs. (If the patient has been admitted from a
Prison or a Reformatory or Industrial School).

* Any marks, bruises or injuries on admission, or the absence of them should be noted.

† The medical report must be forwarded within ten clear days from the commence-
ment of the treatment of the person as a voluntary or temporary patient or crimi-
nal lunatic.

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

POST MORTEM RECORD

Name and Number in General Register.....
 Status (voluntary, temporary, or certified).....
 Sex, age, and previous occupation.....
 Date of admission.....
 Date of death.....
 Form of mental disorder { on admission.....
 at death.....
 Certified cause of death.....
 Date and hour of post mortem examination.....

Condition of body and external appearances, including bedsores if any.

Head.....

Thorax (describe condition of ribs).....

Abdomen.....

Weights of organs.....

Microscopic appearances and any special notes.....

(Signed)

(NOTE :—This record may be either in book or in loose leaf form. The form may be elaborated at will.)

FORM M.T. 33

Regulation 25

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

CASUALTY BOOK.

Ward.....

Date	Name of Patient	Apparent Casualty or Injury	How caused	Time	Persons present	Signed by Nurse in Charge	Initialed by Medical Officer in charge of case

(NOTE :—This book must be kept in duplicate. The duplicate must be detachable and may take the form of a carbon copy.)

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

.....HOSPITAL

REGISTER OF INFECTIOUS DISEASES

NAME	Member of Staff	Patient	Sex	Age	Date of admission to the Mental Hospital	Ward (at time of onset)	Date of onset	Form of Infection	Date of Recovery	Date of Death	Remarks

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

EPILEPTIC REGISTER

RECORD SHOWING DAILY NUMBER OF EPILEPTIC ATTACKS DURING EACH MONTH THROUGHOUT THE YEAR

612

MENTAL HEALTH

PATIENT'S NAME.....

Regd. No.....

Date of Admission.....

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	REMARKS	
JANUARY																																		
FEBRUARY																																		
MARCH																																		
APRIL																																		
MAY																																		
JUNE																																		
JULY																																		
AUGUST																																		
SEPTEMBER																																		
OCTOBER																																		
NOVEMBER																																		
DECEMBER																																		

Signed.....
Resident Medical Superintendent.

MENTAL HEALTH ACT (NORTHERN IRELAND), 1948

HOSPITAL

CHAPLAIN'S BOOK

Date 19	Nature of Service	No. of Patients attending Service		No. of Nurses attending Service		Duration of Service		General Conduct of Patients attending and remarks	Chaplain's Signature	Particulars regarding interment of patients.					Chaplain's Signature	
		M	F	M	F	Commenc- ed at	Terminat- ed at			Date of Interment	Name of deceased Patient	Private Residence if known	Place of Interment	Whether Funeral Service was Performed		