ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

MENTAL HEALTH ACT
R.S.A. c. M72

Showing the Law as at 15 December 2010

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

Regulation	Citation	Page
MENTAL HEALTH REGULATIONS *Revises: R.A. 19/2006, in force 31 October 2006* *Consolidates: R.A. 10/2010, in force 31 March 2010*	R.R.A. M72-1 *(15/12/2006)* *(15/12/2010)*	3

Published by the
Attorney General's Chambers
Printed under Authority by
The Regional Law Revision Centre Inc.
ANGUILLA

ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

MENTAL HEALTH ACT
R.S.A. c. M72

Showing the Law as at 15 December 2010

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

Regulation	Citation	Page
MENTAL HEALTH REGULATIONS *Revises: R.A. 19/2006, in force 31 October 2006* *Consolidates: R.A. 10/2010, in force 31 March 2010*	R.R.A. M72-1 *(15/12/2006)* *(15/12/2010)*	3

Published by the
Attorney General's Chambers
Printed under Authority by
The Regional Law Revision Centre Inc.
ANGUILLA

© Government of Anguilla

All rights reserved. No part of this publication may be reproduced in any form or by any means (including photocopying) without the written permission of the Government of Anguilla except as permitted by the Copyright Act or under the terms of a licence from the Government of Anguilla.

Revised Regulations of Anguilla: M72-1

MENTAL HEALTH ACT (R.S.A. c. M72)

MENTAL HEALTH REGULATIONS

Note: These Regulations are enabled under section 47 of the Mental Health Act, R.S.A. c. M72.

TABLE OF CONTENTS

SECTION

1. Interpretation
2. Designation of facility
3. Admission certificate
4. Renewal certificate
5. Information
6. Warrant
7. Extension of warrant
8. Statement of police officer
9. Grant of leave of absence
10. Order to return patient
11. Certificate to admit a person into Anguilla
12. Transferof formal patient out of Anguilla
13. Determination of competency
14. Directing administration of treatment
15. Cancellation of certificates
16. Order to remove formal patient
17. Citation

SCHEDULES: Forms

Interpretation

1. (1) In these Regulations, "Act" means the Mental Health Act.

(2) A reference in these Regulations to a form is to that form as prescribed in the Schedule.

Designation of facility

2. For the purposes of the Act, the following places are designated as facilities—

(a) Her Majesty's Prison in The Valley;

(b) the Psychiatric Unit of the Princess Alexandra Hospital.

(R.A. 10/2010, s.1)

Admission certificate

3. An admission certificate under section 3 or 4 of the Act shall be in Form 1.

Renewal certificate

4. A renewal certificate under section 10 of the Act shall be in Form 2.

Information

5. An information under section 12 of the Act shall be in Form 3.

Warrant

6. A warrant directing a police officer to apprehend a person for an examination under section 12 of the Act shall be in Form 4.

Extension of warrant

7. An extension of a warrant under section 12 of the Act shall be in Form 5.

Statement of police officer

8. The statement of a police officer who conveys a person to a facility under section 13 of the Act shall be in Form 6.

Grant of leave of absence

9. A grant of leave of absence from a facility under section 20 of the Act shall be set out in Form 7.

Order to return patient

10. An order to return a formal patient to a facility under section 20(4) or section 21(1) of the Act shall be in Form 8.

Certificate to admit person into Anguilla

11. A certificate to admit into Anguilla a person suffering from mental disorder under section 22(1) of the Act shall be in Form 9.

Transfer of formal patient out of Anguilla

12. A transfer of a formal patient to a jurisdiction outside Anguilla undersection 23 of the Act shall be in Form 10.

Determination of competency

13. (1) A medical practitioner's certificate of mental competency and notice of the Board under section 25 of the Act shall be in Form 11.

(2) An application under section 25(3) of the Act to a review panel to have a medical practitioner's certificate of mental competency reviewed by a review panel shall be in Form 12.

(3) A notice of hearing before a review panel under section 38 of the Actshall be in Form 13.

(4) A report of a decision of a review panel under section 39 of the Actshall be in Form 14.

Directing administration of treatment

14. (1) An application under section 27(2) of the Act for an order directingthat treatment be administered to a formal patient shall be in Form 12.

(2) A notice of hearing before a review panel under section 38 of the Actshall be in Form 13.

(3) An order of a review panel under section 39 of the Act shall be inForm 15.

Cancellation of certificates

15. (1) An application under section 36(1) of the Act for cancellation ofadmission certificates or renewal certificates shall be in Form 12.

(2) A notice of hearing before a review panel under section 38 of the Actshall be in Form 13.

(3) A report of a decision of a review panel under section 39 of the Actrelating to an application under section 36(1) of the Act shall be in Form16.

(4) A report of a decision of a review panel under section 39 of the Actrelating to a deemed application under section 37 of the Act shall be inForm 17.

Order to remove formal patient

16. An order to remove a formal patient from Anguilla to a facility in another country under section 50 of the Act shall be in Form 18.

Citation

17. These Regulations may be cited as the Mental Health Regulations, Revised Regulations of Anguilla M72-1.

SCHEDULE

(Section 1)

FORMS

FORM 1
(Section 3)

MENTAL HEALTH ACT
(Section 3 or 4)
ADMISSION CERTIFICATE

I, ……..*(print name of medical practitioner*), of ……*(address)* certify that I personally examined …… *(print name of person examined)* of ……..……..*(home address)*on ……..... *(date)*at ……...……. *(time)* ……at…….*(place of examination).*

In my opinion the person examined is:

(a) suffering from mental disorder; and

(b) in a condition presenting or likely to present a danger to himself or herself or to others.

(Note: BOTH criteria above must be met.)

I have formed my opinion:

(a) on the following facts observed by me:

(b) on the following facts communicated to me by others:

(Note: BOTH (a) and (b) must be completed.)

The person is not in a facility and is to be conveyed to …… *(name of facility)*for examination.

Date of Issue: ……..……..

Time of Issue: ……..…….

Signature of Medical Practitioner: …….

Printed Name of Medical Practitioner: ……..

_____

FORM 2
(Section 4)

MENTAL HEALTH ACT
(Section 10)
RENEWAL CERTIFICATE

I, ……..…….…. *(print name of medical practitioner)*, of ……..……..*(address)*certify that I personally examined …….. *(print name of person examined)* on ……...…….*(date)*at ……*(time)* separately from any other medical practitioner.

In my opinion the person examined is:

(a) suffering from mental disorder; and

(b) in a condition presenting or likely to present a danger to himself or herself or to others.

(Note: BOTH criteria above must be met.)

I have formed my opinion:

(a) on the following facts observed by me:

(b) on the following facts communicated to me by others:

(Note: BOTH (a) and (b) must be completed.)

The person was examined at ……..…….……..*(name of facility)*.

Date of Issue:……..……..

Time of Issue:……..……..

Signature of Medical Practitioner: …….

Printed Name of Medical Practitioner: ……..

FORM 3
(Section 5)

MENTAL HEALTH ACT
(Section 12(1))
INFORMATION

This is the information of ……..…… *(name of informant)* of ……..…….. *(address of informant)*who says that he or she has reasonable and probable grounds to believe that …….…….. ……..…… *(name of person)* of…..…… *(address of person)* is:

(a) suffering from mental disorder; and

(b) in a condition presenting or likely to present a danger to himself or herself or to others.

Sworn before me this …day of ……..,

20…. at ……., Anguilla

Signature of Informant: …….

Printed name of informant: ……

Magistrate

FORM 4
(Section 6)

MENTAL HEALTH ACT
(Section 12(2))
WARRANT

TO ALL OR ANY POLICE OFFICERS IN ANGUILLA:

……..*(Name of informant)* has brought before me an information on oath that ……..…….*(name of person)* of ……*(address of person)*:

(a) is suffering from mental disorder; and

(b) is in a condition presenting or likely to present a danger to himself or herself or to others.

I am satisfied that ……..……*(name of person)* is in a condition presenting or likely to present a danger to himself or herself or to others and that an examination cannot reasonably be arranged in any way other than by apprehension.

I hereby order you to apprehend ……..……..… *(name of person)* and convey him or her to ……..……..……*(name of facility)*for an examination.

Brief reasons: ……
……
……

Dated this ….....day of …….., 20…… at ..…….....……. .

……
Magistrate

Clerk of the Court: ……..

Date of Filing: …….

FORM 5
(Section 7)

MENTAL HEALTH ACT
(Section 12(7))
EXTENSION OF WARRANT

TO ALL OR ANY POLICE OFFICERS IN ANGUILLA:

The Magistrate issued a warrant dated ……..to apprehend ……..……
…… *(name of person).*

The warrant has not been executed.

……..……. *(Name of police officer)* has appeared before me to apply for an extension of the warrant.

This order therefore extends the duration of the warrant for a period of 7 days from the day on which the warrant expires.

Dated at ……..……. *(place)* on the …….
dayof ……..,20…….. at ……
(time).

……
Magistrate

Clerk of the Court: ……..

Date of Filing: …….

FORM 6
(Section 8)

MENTAL HEALTH ACT
(Section 13(3))
STATEMENT OF POLICE OFFICER ON APPREHENSION

……..……. *(Name of person apprehended, if known)* was apprehended on ……*(date)* at ……..……..….. *(time).*

He or she was apprehended at ……..…….
……...……..……
……*(describe place and address).*

I have reasonable and probable grounds to believe that:

(a) the person apprehended is suffering from mental disorder;

(b) the person apprehended is in a condition presenting a danger to himself or herself or others;

(c) the person apprehended should be examined in the interests of his or her own safety or the safety of others; and

(d) the circumstances are such that to proceed under section 12 of the Mental Health Act would be dangerous.

(Note: ALL FOUR criteria above must be met.)

The grounds for my belief are: ……..……
……...……..……
……

Dated this ….....day of …….., 20……. .

Signature of Police Officer: …….……..

Printed Name of Police Officer: …….

_____

FORM 7
(Section 9)

MENTAL HEALTH ACT
(Section 20(2))
GRANT OF LEAVE OF ABSENCE

……...……...….. *(Name of formal patient)* is hereby granted a leave of absence subject to the following terms and conditions:

(a) the condition that he or she remain under the supervision and subject to the treatment of

……..…..……

……..…..……

(a designated person);

(If more than one person is designated, the names of all designated persons shall be indicated.)

(b) ……...……...…..……

……..…..…….

……..…..…….

……..…..…….

……...…..…….

(List any other terms or conditions prescribed by the Board)

Dated this ….....day of ……., 20…… .

Signature of Representative of the Board: ……..

Printed Name of Representative: …….…….……..

FORM 8
(Section 10)

MENTAL HEALTH ACT
(Sections 20(4) and 21(1))
ORDER TO RETURN A FORMAL PATIENT TO FACILITY

TO ALL OR ANY OF THE POLICE OFFICERS IN ANGUILLA:

……..…….….*(Name of formal patient)* is absent without leave pursuant to the Mental Health Act.

You are hereby ordered to return the formal patient to ……..…… *(name of facility).*

Admission certificates (or renewal certificates) expire on …….*(date).*

Dated this ….....day of …….., 20…… .

Signature of Representative of the Board: ……..

Printed Name of Representative: …….…….……..

FORM 9
(Section 11)

MENTAL HEALTH ACT
(Section 22(1))
CERTIFICATE TO ADMIT A PERSON INTO ANGUILLA

I have reasonable and probable grounds to believe that ……*(full name of person)* may come or be brought into Anguilla and is:

(a) suffering from mental disorder; and

(b) in a condition presenting or likely to present a danger to himself or herself or to others.

(Note: BOTH criteria above must be met.)

Pursuant to section 22(1) of the Mental Health Act, I authorize a police officer or ……..…….. ……..…..…… *(name of person authorized)* to apprehend and convey ……..……..…… *(full name of person)*to …… *(name of facility)* for examination.

Date of Issue: ……..

Signature of the Minister of Health
or Person Designated by the Minister of Health: …….

Printed Name of Minister of Health
or Designated Person: …….

FORM 10
(Section 12)

MENTAL HEALTH ACT
(Section 23)
TRANSFER OF FORMAL PATIENT TO A JURISDICTION OUTSIDE ANGUILLA

It appears to me:

(a) that……. *(name of formal patient),* has come or been brought into Anguilla and that his or her care and treatment is the responsibility of …… *(name of other jurisdiction).*

(b) that it would be in the best interests of …… *(name of formal patient)* to be cared for in ……*(name of other jurisdiction).*

(Delete (a) or (b) as appropriate.)

Therefore, I authorize that ……..……..…. *(name of formal patient)* be transferred to ……...…….. *(name of other jurisdiction).*

Date of Issue: ……..

Signature of the Minister of Health
or Person Designated by the Minister of Health: ……..……..…….

Printed Name of Minister of Health
or Designated Person: ……..…….

FORM 11
(Section 13(1))
MENTAL HEALTH ACT
(Section 25)

MEDICAL PRACTITIONER'S CERTIFICATE OF MENTAL COMPETENCY AND NOTICE OF THE BOARD

PART ONE

(TO BE COMPLETED BY A MEDICAL PRACTITIONER)

I, …… *(name of medical practitioner),* am of the opinion that …….*(name of formal patient)* is not mentally competent to make treatment decisions.

The reasons for my opinion are as follows: ……..……
……
……
……
……

Dated this ….....day of …….., 20…… .

Signature of Medical Practitioner: ……..

Printed Name of Medical Practitioner: ……

PART TWO

(TO BE COMPLETED BY THE BOARD)

To: ……..*(name of formal patient)* of ……. *(address)*

And: …….*(name of patient's guardian, if any)* of …… *(address)*

And: ……...…… *(name of nearest relative of formal patient)* of ……..…… *(address)*

And: ……...…… *(name of person designated by patient)* of ……..……*(address).*

Take notice that ……..…….. *(name of formal patient)* is entitled to have the Medical Practitioner's Certificate reviewed by a review panel by sending to the chairperson of the review panel an application in Form 12.

Dated this ….....day of …….., 20…… .

Signature of Representative of Board: …….

Printed Name of Representative: …….

FORM 12
(Sections 13(2), 14(1) and 15(1))

MENTAL HEALTH ACT
(Sections 25(3), 27(2), and 36(1))
APPLICATION

To:…….*(print name of chairperson of the review panel)*

…… *(address of chairperson)*

I, ……..……..*(printed name of applicant),* of …… *(printed address of applicant)*bearing a relationship of ……..…….. *(self, relative, guardian, medical practitioner or other)* to ……...…… *(name of formal patient),* apply:

(a) under section 25(3) of the Mental Health Act for a review of the attached Medical Practitioner's Certificate of Mental Competency dated ……and signed by ……..*(nameof medical practitioner).*

(b) under section 27(2) of the Mental Health Act for an order directing that the following treatment …… *(nature of treatment)* be administered to ……*(name of formal patient).*

(c) under section 36(1) of the Mental Health Act for cancellation of admission certificates or renewal certificates issued on …….. *(date of issue).*

(Choose one of the above and delete the others, as appropriate.)

Dated this ….....day of …….., 20…… .

Signature of Applicant: …….

_____

FORM 13
(Sections 13(3), 14(2) and 15(2))

MENTAL HEALTH ACT
(Section 38)
NOTICE OF HEARING BEFORE REVIEW PANEL

Application received by the review panel ……..*(date)*

Take notice that a hearing will be held:

(a) under section 25(3) of the Mental Health Act for a review of the attached Medical Practitioner's Certificate of Mental Competency relating to ……. *(name of formal patient)* dated ……..…… and signed by ……..……. *(nameof medical practitioner).*

(b) under section 27(2) of the Mental Health Act for an order directing that the following treatment ……..…….*(nature of treatment)* may be administered to …….. *(name of formal patient).*

(c) under section 36(1) of the Mental Health Act for cancellation of admission certificates or renewal certificates relating to ……..*(name of formal patient).*

(d) under section 37 of the Mental Health Act for cancellation of renewal certificates relating to ……. *(name of formal patient).*

(Choose one of the above and delete the others, as appropriate.)

The review panel will hear the application on ……..*(date)* at ……. *(time)*at …… *(place).*

Date of Issue: ……

Signature of Chairperson of Review Panel: …….

Printed Name of Chairperson: ……..……

Address: ……

FORM 14
(Section 13(4))

MENTAL HEALTH ACT
(Sections 25(3) and 39)
DECISION OF REVIEW PANEL REGARDING MENTAL COMPETENCE TO MAKE TREATMENT DECISIONS

The review panel has heard and considered the application of ……..*(name of formal patient)* and has decided:

(a) to cancel the attached Medical Practitioner's Certificate of Mental Competencydatedand signedby …… *(name of medical practitioner).*

(b) to refuse to cancel the Medical Practitioner's Certificate of Medical Competencydated and signedby ……*(name of medical practitioner).*

(Choose one of the above and delete the other, as appropriate.)

Date of Decision: ……

This decision may be appealed to the High Court within 14 days of receipt.

Signature of Chairperson of Review Panel: …….

Printed Name of Chairperson:……..

FORM 15
(Section 14(3))

MENTAL HEALTH ACT
(Sections 27 and 39)
DECISION OF REVIEW PANEL REGARDING TREATMENT

The review panel has heard and considered the application of ……*(name of representative of Board or medical practitioner*) and has decided:

(a) to authorize the following treatment ……..…… *(nature of treatment)* to be administered to ……. *(name of formal patient).*

(b) to refuse to make an order authorizing the following treatment …… ……. *(nature of treatment)* to be administered to ……*(name of formal patient).*

(Choose one of the above and delete the other, as appropriate.)

Date of order: ……

This order may be appealed to the High Court within 14 days of receipt.

Signature of Chairperson of Review Panel: ……..

Printed Name of Chairperson: ……..

FORM 16
(Section 15(3))

MENTAL HEALTH ACT
(Sections 36(1) and 39)
DECISION OF REVIEW PANEL REGARDING ADMISSION CERTIFICATES OR RENEWAL CERTIFICATES

The review panel has heard and considered the application of ……..*(name of applicant)*, bearing a relationship of …….. *(self, relative, guardian, medical practitioner, other)* to ……*(name of formal patient)*, and has decided:

(a) to cancel the admission certificates or renewal certificates relating to ……. ……*(name of formal patient).*

(b) to refuse to cancel the admission certificates or renewal certificates relating to …….. ……*(name of formal patient)* for the following reasons:

…….
…….

(Choose one of the above and delete the other, as appropriate.)

Date of Decision: …… .

This decision may be appealed to the High Court within 14 days of receipt.

Signature of Chairperson of Review Panel: ……..

Printed Name of Chairperson: ……...

FORM 17
(Section 15(4))

MENTAL HEALTH ACT
(Sections 37 and 39)
DECISION OF REVIEW PANEL REGARDING
RENEWAL CERTIFICATES (DEEMED APPLICATION)

The review panel has heard and considered the application of ……..*(name ofapplicant)* bearing a relationship of ……..……... *(self, relative, guardian, medical practitioner,other)* to ……. *(name of formal patient)* and has decided:

(a) tocancel the renewal certificates relating to …….. *(name offormal patient).*

(b) to refuse to cancel the renewal certificates relating to ……*(name of formal patient)* for the following reasons:

…….
…….
…….

(Choose one of the above and delete the other, as appropriate.)

Date of decision:…….

This decision may be appealed to the High Court within 14 daysof receipt.

Signature of Chairpersonof Review Panel:……..

Printed Name of Chairperson: ……...

FORM 18
(Section 16)

MENTAL HEALTH ACT
(Section 50)
ORDER TO REMOVE A FORMAL PATIENT TO FACILITY IN ANOTHER COUNTRY

TO ALL OR ANY OF THE POLICE OFFICERS IN ANGUILLA AND THE OFFICER IN CHARGE OF

…… *(name of Anguilla facility)*:

WHEREAS an arrangement or agreement has been made under section 49 of the Mental Health Act with the Government of ……*(name of other country)* for the treatment and detention of ……*(name of formal patient)* at …… *(name of facility in other country)*.

You are hereby ordered to remove the formal patient from Anguilla and deliver the formal patient to …….. *(name of facility in other country)*in …… *(name of country)*.

Date of Issue: ……..

Signature of the Minister of Health
or Person Designated by the Minister of Health: …….

Printed Name of Minister of Health
or Designated Person: …….