

CAYMAN ISLANDS



**Mental Health Act
(2024 Revision)**

MENTAL HEALTH REGULATIONS

(2024 Revision)

Supplement No. 5 published with Legislation Gazette No. 7 of 8th February, 2024.

PUBLISHING DETAILS

Revised under the authority of the *Law Revision Act (2020 Revision)*.

The Mental Health Regulations, 2013 made 22nd October, 2013 as amended by the Citation of Acts of Parliament Act, 2020 [Act 56 of 2020].

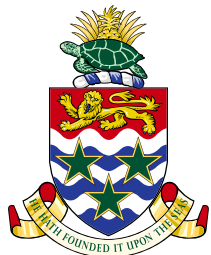
Consolidated with —

Mental Health (Amendment) Regulations, 2023 made 25th January, 2023.

Consolidated and revised this 31st day of December, 2023.



CAYMAN ISLANDS



Mental Health Act
(2024 Revision)

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CAYMAN ISLANDS

Mental Health Act
(2024 Revision)MENTAL HEALTH REGULATIONS
(2024 Revision)

Citation

1. These Regulations may be cited as the *Mental Health Regulations (2024 Revision)*.

Definitions

2. In these Regulations —

“**Commission**” means the Mental Health Commission established by section 3 of the *Mental Health Commission Act (2024 Revision)*;

“**patient**” means a person who is suffering from or is suspected to be suffering from a mental impairment or serious mental illness; and

“**principal Act**” means the *Mental Health Act (2023 Revision)*.

Reference to a place of safety

3. (1) Where a patient is detained in a place of safety following the issuance of an Emergency Detention Order, Observation Order or Treatment Order, paragraphs (2) to (6) shall apply.
(2) The person making the order shall as soon as it is reasonably practicable inform the patient or that patient’s nearest relative, in writing, of the rights of appeal contained in section 6(3), 8(4) or 9(5) of the principal Act.



- (3) Where an emergency detention order has been made and the patient is held in a hospital ward but the patient is too disturbed to remain in the ward, the responsible medical officer, after consultation with the Chief Medical Officer shall cause the patient to be removed to another place of safety.
- (4) Where an inpatient in a mental health unit of a hospital presents a danger to themselves or others to the extent that the level of risk is not reasonably manageable, the responsible medical officer, after consultation with the Chief Medical Officer may cause the patient to be removed to another place of safety.
- (5) The patient's files shall, at least once every 12 hours, be reviewed by a medical officer or an appropriate designate, who shall act in accordance with such general or specific directives as the medical officer may give.
- (6) For patients on Cayman Brac and Little Cayman, the review of the patient may be carried out by a medical doctor after consultation with a medical officer.

Functions of Commission: *Quasi- judicial*

4. The functions of the Commission shall be to —
 - (a) hear and determine appeals made under sections 6(3), 8(4) and 9(5) of the principal Act;
 - (b) conduct reviews under section 6(4) of the principal Act;
 - (c) exercise the powers referred to in section 9(3) of the principal Act in relation to treatment orders;
 - (d) hear and determine appeals made under section 12(7) of the principal Act; and
 - (e) hear and determine appeals made under section 16(4) of the principal Act.

Grounds of appeal to the Commission

5. An appeal made in the instances referred to in regulation 4 may be made —
 - (a) on the grounds that there were no reasonable grounds for the making of the order concerned or extension of the order concerned by a similar or other order;
 - (b) on the grounds that the procedure set out in the principal Act was not complied with; or
 - (c) any other grounds recognised by law.

Conduct of appeals

6.
 - (1) Appeals against the orders referred to in regulation 4 shall be made within the respective time limits provided in the principal Act.
 - (2) Appeals shall be by notice in writing addressed to the Secretary to the Commission and the notice shall set out —



- (a) the decision against which the appeal is made;
 - (b) the grounds of appeal; and
 - (c) whether or not the appellant wishes to be heard personally, or through a nearest relative or any other person.
- (3) On receipt of a notice of appeal, the Commission shall, if the appellant has applied to be heard personally, or through a nearest relative or any other person, fix a time for such hearing and inform the appellant.
- (4) At the hearing of an appeal, the Commission shall allow all parties to be heard and may, in its discretion, call upon any party or witness to address it again or to return to give further evidence.
- (5) Representatives appearing on behalf of either party need not be qualified to practice law.
- (6) Parties shall be notified of decisions of the Commission as soon as reasonably practicable but in not more than twenty-eight days.

Places of safety

7. The following are declared to be places of safety —

- (a) government hospitals;
- (b) police stations; and
- (c) prisons.

Decision of Commission

8. (1) On appeal the Commission may make such order (including an order for costs of damages) as it thinks fit and it may either confirm, modify or quash the decision against which the appeal is made, or any part of such decision.
- (2) The Commission shall render its decision within a reasonable time after the hearing and such period shall not exceed twenty-eight days.
- (3) Where a decision is confirmed, the confirmation shall take effect from the date on which the original decision was made.

Forms

9. For purposes stated in the principal Act and these Regulations, the forms set out in the Schedule shall be used.

SCHEDULE

(Regulation 9)

FORMS

1. Assessment
2. Request for an Emergency Detention Order
3. Observation Order
4. Request for Review
5. Treatment Order
6. Assisted Outpatient Treatment Order
- 6A. Order for Protective Custody
7. Order to Send Patient Overseas

FORM 1 - ASSESSMENT

(For possible issuance of an emergency detention order under section 6, 7 or 12 of the Mental Health Act (2023 Revision))

Medical Record Number.....

1. TO THE EXAMINER: The following is a statement that must be read, where possible, to the individual before proceeding with any questions.

I am a ☐ medical doctor: registered to practise in accordance with the *Health Practice Act (2021 Revision)*

☐ medical doctor who has consulted with a medical officer within 12 hours: Name of Medical Officer _____ (time_____) or

☐ medical officer: a psychiatrist or a clinical psychologist registered to practise in accordance with the *Health Practice Act (2021 Revision)*

I am authorised under the *Mental Health Act (2023 Revision)* to examine you with a view to determining whether you are suffering from a mental impairment or serious mental illness.

I am empowered to order your detention in a hospital or other place of safety for up to 72 hours. (*only applicable where the examiner is a medical officer*)

If an emergency detention order is made, you or your nearest relative may, within 24 hours of the order being made, request a second opinion from another medical officer. If it is the opinion of that medical officer that an emergency detention order should not have been made, the order will be revoked and you will be released. Further, the matter, together with all records, will be referred to the Mental Health Commission, which will make such decision as it thinks fit.

You may, at any time after the making of the order and up to 14 days from the expiration of the order, personally or through a nearest relative, file an appeal with the Mental Health Commission and the Commission may affirm or expunge the order.

☐ *I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.*



- ☐ *I certify that on this date I was unable to read the above statement to the individual before asking any questions or conducting any examination for the following reasons:* _____

_____.

2. I further certify that I, _____ personally examined _____ at _____ on _____ starting at _____ a.m./p.m., and continuing for _____ minutes.

3. I believe the person concerned is or may be suffering from: (check applicable box)

- a) ☐ **mental impairment** and I base the conclusion on the following facts:

- b) ☐ **serious mental illness** and I base the conclusion on the following facts:

- c) ☐ **inability to attend to basic physical needs** and I base the conclusion on the following facts:

- d) ☐ **inability to understand need for treatment** and I base the conclusion on the following facts:



- e) ☐ **danger to self or others** and I base the conclusion on the following facts:

- f) ☐ other (specify):

4. My determination is that the person is:

- a) ☐ suffering from a serious mental illness or mental impairment as defined in the *Mental Health Act (2023 Revision)*
- b) ☐ not suffering from a serious mental illness or mental impairment as defined in the *Mental Health Act (2023 Revision)*

5. My diagnosis is:

Please insert the relevant Diagnostic Statistical Manual /International Classification of Diseases (DSM/ICD) code or clinical term

6. Additional facts serving as the basis for my determination are:

7. I conclude that the individual ☐ is ☐ is not a person requiring treatment

8. I recommend ☐ hospitalisation ☐ alternative treatment as follows: _____



Name _____ Signature _____ Date _____

Examiner

TO BE COMPLETED BY MEDICAL OFFICER

I certify that I am a person authorised by the *Mental Health Act (2023 Revision)* to certify as to the individual's mental condition. I declare that this certificate has been examined by me and that its contents are true to the best of my information, knowledge and belief.

Date (DD/MM/YY) _____

Time _____

Signature _____

Title ☐ Psychiatrist ☐ Clinical Psychologist _____

Print Name & Business Telephone Number _____

EMERGENCY DETENTION ORDER**(Medical Officer Use Only)**

I declare that in addition to the diagnosis that is made above, I hereby order that _____ be detained under an emergency detention order for _____ hours under [section 6 of the *Mental Health Act (2023 Revision)*] or [section 7 of the *Mental Health Act (2023 Revision)*] or [section 12 of the *Mental Health Act (2023 Revision)*]

Date (DD/MM/YY) _____

Time _____

Signature _____

Title ☐ Psychiatrist ☐ Clinical Psychologist _____

Print Name & Business Telephone Number _____



FORM 2 - REQUEST FOR AN EMERGENCY DETENTION ORDER

(By a constable of the Royal Cayman Islands Police Service under section 7 of the Mental Health Act (2023 Revision))

Medical Record Number.....

Name: _____ DOB: _____
First Middle Last (DD/MM/YY)

Gender: ☐ M ☐ F

Person's street address: _____

District: ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ OTHER _____

- **File this statement with the receiving medical doctor immediately.**
- **Please print or type all information below. All blanks must be filled in.**

I am a constable in the Royal Cayman Islands Police Service and have cause to believe, pursuant to section 7 of the *Mental Health Act (2023 Revision)*, that the person named above is —

- ☐ by reason of suspected mental impairment or serious mental illness, an immediate danger, or is likely to become a danger to themselves, or others; or
- ☐ threatening, attempting or preparing to harm themselves.

My belief is based on specific and recent dangerous acts, attempts, threats or omissions by the person named above as observed by me or reliably reported to me as stated below:

When the behaviour occurred: _____

Where the behaviour occurred: _____

Description of the behaviour: _____



The witnesses (including other constables) who observed the behaviour are as follows:

Name of witness	Telephone No.	Mailing Address	E-mail address	Relationship of witness to the person to be detained

Note: Witnesses are not a requirement under section 7 of the *Mental Health Act (2023 Revision)* but where there are witnesses this should be stated and witness statements, if any, should be attached to this form.

The person was brought to

(Name of facility)
on _____ at _____.
Date (DD/MM/YY) *Time (a.m./p.m.)*

_____ Signature of the Medical Doctor	_____ Name Printed	_____ License No.	_____ Telephone No.
_____ Signature of the Constable	_____ Name Printed	_____ Badge No.	_____ Telephone No.



FORM 3 - OBSERVATION ORDER**(Under section 8 of the Mental Health Act (2023 Revision))****Medical Record Number.....****In the matter of:****First, Middle, Last Names:****DOB (DD/MM/YY):****Gender:** ☐ F ☐ M**District:** ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ Outside the**Cayman Islands: [Specify town, state, country]**

Emergency Detention Order has been made in relation to [insert name of patient] initiated pursuant to section 6 of the *Mental Health Act (2023 Revision)* and who was brought to [Insert hospital or other designated place of safety] for evaluation.

☐ I have conducted an examination of the above person, including documenting observations of the person's recent behaviour, reviewing the form initiating this examination and this person's functioning while being treated under the Emergency Detention Order; this has been completed by conducting a brief psychiatric history, conducting a face-to-face examination of the person or in consultation with a medical officer who has conducted a face-to-face examination in consultation with me.

Tick applicable boxes:

This person suffers from a serious mental illness or mental impairment as defined in the *Mental Health Act (2023 Revision)* and I have determined that the person does meet the criteria for continued involuntary inpatient placement in a hospital or other place of safety based upon one or more of the following reasons (*Tick as applicable*):

1. ☐ Person has refused placement or is unable to determine for themselves that placement is necessary
2. ☐ Person is likely to suffer from neglect posing a real and present threat of substantial harm, or there is the substantial likelihood that in the near future that person will inflict serious bodily harm on self or others as evidenced by recent behaviour causing, attempting, or threatening such harm
3. ☐ Person suffers from mental impairment or serious mental illness, as defined in the *Mental Health Act (2023 Revision)* and exhibits active symptoms
4. ☐ Person is NOT likely to survive safely in the community without supervision, based on my clinical determination



- 5. ☐ Person has history of non-compliance with treatment for a serious mental illness or mental impairment
- 6. ☐ Person has within the preceding 36 months been involuntarily admitted to a treatment facility, or received mental health services in a forensic correctional facility or engaged in one or more acts of serious violent behaviour toward self or others, or attempts serious bodily harm to themselves or others
- 7. ☐ Person has been found to be unlikely to voluntarily participate in recommended treatment and has either refused voluntary placement or been found to be unable to determine whether placement is necessary
- 8. ☐ Person has been found, based upon that person's treatment history and current behaviour, to need involuntary outpatient placement to prevent a relapse or deterioration that would be likely to result in serious bodily harm to self or others, or a substantial harm to that person's well-being
- 9. ☐ There have been clinical findings that it is likely the person will benefit from involuntary outpatient placement
- 10. ☐ There are no less restrictive treatment alternatives available that offer an opportunity for improvement of that person's condition
- 11. ☐ Other (please specify)

This examination was conducted at [*insert time, date and place of examination*]

As a medical officer registered to practice under the *Health Practice Act (2021 Revision)*, eligible to perform the involuntary examination, I have:

- ☐ Recommended continued involuntary placement of this person; or
- ☐ Recommended immediate placement in an approved place of safety as per the *Mental Health Act (2023 Revision)*

Section 8 of the principal Act

- ☐ has been read to the patient
- ☐ a copy of the relevant section has been provided

[*Insert name of Responsible Medical Officer, designation, licence number, organisation, date and time*]

FORM 4 - REQUEST FOR REVIEW**(Under section 5 of the Mental Health Act (2023 Revision))****Medical Record Number.....****In the matter of:****First, Middle, Last Names:****DOB (DD/MM/YY):****Gender:** ☐ F ☐ M**District:** ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ Outside the**Cayman Islands: [Specify town, state, country]**

I, *[insert name]*, being a nearest relative of the above-named patient (herein referred to as “the person”) hereby request the involuntary examination of the person.

This request for review will be included in the person’s clinical record and may be viewed by the person.

I understand that by filling out this form, the person may be taken by law enforcement to a health care facility for an examination.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

- 1 (a) I live at *[Print your full residential address (or, if nearest relative is acting in a professional capacity, the place of business), phone number, email address and district/town, state and country]*
- 1 (b) I work as *[Insert your occupation, work street address, email address, work phone number and district (or, if from outside the country, the town, state and country)]*
- 1 (c) The person lives at, or may be found at, the following address (es) *[Insert home address and district; and work address and district]*
2. I am a *[insert relationship]* to the person.
3. *(Tick those that apply)*
 - 3 (a) ☐ I have or ☐ I have not previously made allegations to law enforcement involving this person in relation to things such as domestic violence, trespassing, battery, child abuse or neglect, or neighbourhood disputes: *[Insert description and dates allegations were made]*



- 3 (b) A family member ☐ has or ☐ has not previously made allegations to law enforcement involving the person in relation to things such as domestic violence, trespassing, battery, child abuse or neglect, or neighbourhood disputes: *[Insert description and dates allegations were made]*
- 3 (c) This person has or has not previously made allegations to law enforcement about me or my family for things such as domestic violence, trespassing, battery, child abuse or neglect, or neighbourhood disputes: *[Insert description and dates allegations were made]*

4. (Tick ONE box that applies)

- 4 (a) ☐ I have been or ☐ I have never been involved in a court case with the person.
- 4 (b) I am aware that a family member ☐ has or ☐ has not been involved in a court case with the person.

If yes, explain: *[Insert explanation here]*

5. I have known the person for *[State for how long]* and (Tick as applicable):

- 5 (a) The person has only recently displayed unusual kinds of behaviour ☐Y ☐N
- 5 (b) The person has, over a period of time, acted in a strange manner ☐Y ☐N
- 5 (c) The person's behaviour has deteriorated over a period of time ☐Y ☐N

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

6. I have seen the following behaviours, which cause me to believe that there is a good chance that the person will cause serious bodily harm to themselves or others. On *[date]* at approximately *[time]* I saw the person: *[Insert behaviours]*.

7. Other behaviour of concern that I have personally seen is as follows:

[Insert]

8. To my knowledge I believe these actions were a result of ☐ developmental disability ☐ intoxication ☐ conditions resulting from antisocial behaviour or ☐ substance abuse impairment or ☐ none of the above.

CIRCLE AND/OR ANSWER APPLICABLE SECTIONS

9. (Indicate as applicable)

- 9 (a) Y/N I have attempted to get the person to agree to seek assistance for a mental or emotional problem(s). (Describe when, who was present, and whether you or another person explained the need for the examination): *[Insert]*



Note: At the time of issuing the Mental Health Regulations (2024 Revision), of which this form is a part, the Mental Health Act (2023 Revision), contained the following definitions:

*“**mental impairment**” means a state of arrested or incomplete development of mind, which may or may not be due to a trauma or injury and includes significant impairment of intelligence and social functioning and which may or may not manifest itself in abnormally aggressive or seriously irresponsible conduct.*

*“**serious mental illness**” means a substantial disorder of thought, mood, perception, orientation or memory which —*

(a) grossly impairs a person’s —

(i) judgement;

(ii) behaviour;

(iii) capacity to recognise reality; or

(iv) ability to meet the ordinary demands of life; or

(b) poses a danger to the person concerned or others,

but does not include a sole diagnosis of alcoholism or drug abuse, that is, a diagnosis of alcoholism or drug abuse without any other ailment of a mental nature.

9 (b) Y/N I have attempted to get the person to agree to a voluntary examination because: *[Insert explanation]*

9 (c) Y/N The person refused a voluntary examination because: *[Insert explanation]*

10. Have you taken any steps to get the person to go to a hospital for mental health care?

☐YES (If yes, provide details) ☐NO ☐DON'T KNOW

11. Do you believe that the person is unable to determine for themselves, why the examination is necessary?

☐YES (If yes, provide details) ☐NO ☐DON'T KNOW

12. Do you believe that the person has a mental impairment or serious mental illness as defined in the Mental Health Act?

☐YES (If yes, provide details) ☐NO ☐DON'T KNOW

13. Do you believe that without care or treatment, the person is likely to suffer from neglect or refuse to care for themselves or others?

☐YES (If yes, provide details) ☐NO ☐DON'T KNOW

14. Do you believe that this lack of care or neglect will lead to the person hurting themselves or others?



☐ YES (If yes, provide details) ☐ NO ☐ DON'T KNOW

15. Are family or close friends able to provide enough care to avoid harm to the person or others?

☐ YES (If yes, provide details) ☐ NO ☐ DON'T KNOW

Provide the following identifying information about the person (if known)

Height: Weight: Hair Color: Eye Color:

Does the person have access to any weapons? ☐ NO ☐ YES ☐ DON'T KNOW

If yes, describe: *[Insert description]*

Is the person violent now? ☐ NO ☐ YES ☐ DON'T KNOW

Has the person been violent in the recent past? ☐ NO ☐ YES ☐ DON'T KNOW

If yes, describe: *[Insert description]*

Does the person have any pending criminal charges against the said person?

☐ NO ☐ YES ☐ DON'T KNOW

If yes, describe: *[Insert description]*

Describe: *[Insert description]*

GUARDIANSHIP:

(1) Does the person have a legal guardian ☐ NO ☐ YES ☐ DON'T KNOW

(2) Is there a pending petition to determine the person's capacity and for the appointment of a guardian? ☐ NO ☐ YES ☐ DON'T KNOW

If yes to either of the above, provide the name, address and phone number of the current or proposed guardian.

Name:

Phone:

Address:

District:

Post Code:

Physician: *[Name, phone]*

Medications: *[Provide name of medications if known]*

Case management: Provide name and phone number of case manager or case management agency, if known. (Social Worker/Probation Officer/Mental Health Professional)



I understand that if in this form I have made a statement which I do not believe to be true I may be exposed to criminal penalties under section 21 of the *Mental Health Act (2023 Revision)*.

I declare that I have read the foregoing document and that the facts stated in it are true to the best of my knowledge.

Signature of Nearest Relative:

Printed Name of Nearest Relative:

Date:

Signature of Person assisting Nearest Relative:

Printed Name of Person assisting Nearest Relative:

Date:

Signature of Person acting on behalf of Nearest Relative:

Printed name of Person acting on behalf of Nearest Relative:

Date:



FORM 5 - TREATMENT ORDER**(Under section 9 of the Mental Health Act (2023 Revision))****Medical Record Number.....****In the matter of:****First, Middle, Last Names:****DOB (DD/MM/YY):****Gender:** ☐F ☐M**District:** ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ Outside the
Cayman Islands: [Specify town, state, country]

I, [name] the Responsible Medical Officer have personally examined [insert full name of person, that person's date of birth] under an Observation Order issued under section 8 of the *Mental Health Act (2023 Revision)* and find from such examination that the person meets the following criteria for the initiation of a Treatment Order under section 9.

1. The said person is (tick one) ☐ mentally impaired or ☐ has a serious mental illness and for that reason:

1 ☐ (a) The said person has been treated under an Observation Order and persists in that said person's mental impairment or serious mental illness to an extent that renders that person unfit.

OR

1 ☐ (b) The said person is unable to determine for themselves whether placement is necessary.

AND

2. Either (tick one or both):

2 ☐ (a) The said person is manifestly incapable of surviving alone or without the help of willing and responsible family or friends, including available services, and without treatment, the said person is likely to suffer from neglect or refuse to care for themselves and such neglect or refusal poses a real and present threat of substantial harm to that person's well-being; OR

2 ☐ (b) There is substantial likelihood that in the near future the said person will inflict serious bodily harm on themselves or another person as evidenced by recent behaviour causing, attempting, or threatening such harm.

AND



- 2 ☐ (c) All available less restrictive treatment alternatives which would offer an opportunity for improvement of the said person's condition have been judged to be inappropriate based on a treatment discussion with the following medical officer:

[Name of Medical Officer]

This person should be detained for treatment until *[insert date and time]* or until such time as that person is deemed to be fit for release.

Date:

Signature of Responsible Medical Officer

Time:

Printed Name of Responsible Medical Officer:

Licence Number

NOTE: THIS ORDER MAY BE RENEWED UNDER SECTION 9(2) OF THE MENTAL HEALTH ACT (2023 REVISION) AND IN THAT REGARD THE PROCEDURE SHALL BE THE SAME AS THE PROCEDURE FOR AN INITIAL ORDER

CONSULTATION REPORT

(Opinion of second medical officer under section 9 of the Mental Health Act (2023 Revision))

I *[print name]* , medical officer authorised to provide a second opinion on this matter pursuant to section 9, have personally examined *[full name of person, date of birth]* on *[date]*, (within 72 hours of the signing of the above Treatment Order) and find that the said person meets the criteria for involuntary inpatient placement as stated in this matter.

[Insert signature, print name and insert also the date]:



FORM 6 - ASSISTED OUTPATIENT TREATMENT ORDER**(Under section 12 of the Mental Health Act (2023 Revision))****Medical Record Number.....****In the matter of:****First, Middle, Last Names:****DOB (DD/MM/YY):****Gender:** ☐ F ☐ M**District:** ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ Outside the
Cayman Islands: [Specify town, state, country]**THE RESPONSIBLE MEDICAL OFFICER (RMO) FINDS:**

1. ☐ By clear and convincing evidence, the individual is a person requiring treatment because the individual has a serious mental illness or mental impairment, and as a result of that serious mental illness or mental impairment, the individual's understanding of the need for treatment is impaired to the point that individual is unlikely to participate in treatment voluntarily.
2. ☐ The individual is currently noncompliant with treatment which has been recommended by a mental health professional registered under a mental health category under the *Health Practice Act (2021 Revision)* and which treatment has been determined by that mental health professional to be necessary to prevent a relapse or harmful deterioration of the individual's condition, and the individual's noncompliance with this treatment has been a factor in that individual's placement in a place of safety.
3. ☐ The individual ☐ is ☐ is not scheduled to begin a course of assisted outpatient treatment as defined under the *Mental Health Act (2023 Revision)*.

The undersigned Responsible Medical Officer therefore recommends that the person be placed on an Assisted Outpatient Treatment Order from [date and time] for a period of [insert] months, ending on [insert date and time]

☐ PROPOSED TREATMENT PLAN IS AS FOLLOWS [Insert]☐ SEE ATTACHED PAGE(S) FOR PROPOSED TREATMENT PLAN

[Insert signature of Responsible Medical Officer, print that person's name and insert also the date]



Submitted to the Mental Health Commission on [date]

Submitted to the court on [date]

FORM 6A - ORDER FOR PROTECTIVE CUSTODY

(By a Medical Officer under section 6 or section 12 of the Mental Health Act (2023 Revision))

Medical Record Number.....

Name: _____ DOB: _____
First Middle Last (DD/MM/YY)

Gender: ☐ M ☐ F

District: ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYB ☐ OTHER _____

I am a Medical Officer and have cause to believe that pursuant to:

- ☐ section 6 of the ***Mental Health Act (2023 Revision)***, that the patient above may be suffering from a mental impairment or serious mental illness; or
- ☐ section 12 of the ***Mental Health Act (2023 Revision)***, that the patient named above has failed to comply with the assisted outpatient treatment order made on the _____ day of _____ 20____ by _____.

The PATIENT lives at, or may be found at, the following address(es):

Home Address: _____ District: _____

Work Address: _____ District: _____

The Patient MUST be brought to:

☐ **Accident and Emergency (H.S.A)**

☐ **Other place of safety**

Signature of the Medical Officer

Name Printed

License No.

Telephone No.

Date



_____ Signature of the Constable	_____ Name Printed	_____ Badge No.	_____ Telephone No.
-------------------------------------	-----------------------	--------------------	------------------------

Date

Contact information of Medical Officer/Medical Doctor receiving:

_____ Signature of the Medical Officer/Medical Doctor	_____ Name Printed
--	-----------------------

_____ License No.	_____ Telephone No.	_____ Date
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FORM 7 - ORDER TO SEND PATIENT OVERSEAS**(Section 14 of the Mental Health Act (2023 Revision))****Medical Record Number.....****In the matter of:****First, Middle, Last Names:****DOB (DD/MM/YY):****Gender:** ☐ F ☐ M**District:** ☐ WB ☐ GT ☐ BT ☐ EE ☐ NS ☐ CYB ☐ LYBTo: *[insert name of hospital]* of *[insert country]*

This is to require you to take charge of *[insert name of person]* detained at *[name place]* and to convey that person to *[insert country to which to be conveyed]* by *[insert means of conveyance]* and there deliver the said person into the custody of *[insert name and designation of receiving practitioner]* of *[insert name of receiving facility]* aforesaid with the enclosed duplicate copy of this Order.

Dated the day of , 20__
Governor

**Publication in consolidate and revised form authorised by Cabinet the 30th day of
January, 2024.**

Kim Bullings
Clerk of the Cabinet.



ENDNOTES

Table of Legislation history:

SL #	Act/Law #	Legislation	Commencement	Gazette
4/2023		Mental Health (Amendment) Regulations, 2023	26-Jan-2023	LG5/2023/s2
	56/2020	Citation of Acts of Parliament Act, 2020	3-Dec-2020	LG89/2020/s1
39/2013		Mental Health Regulations, 2013	1-Nov-2013	GE87/2013/s4







(Price: \$6.40)

