



THE STATUTES OF THE REPUBLIC OF SINGAPORE

MENTAL HEALTH (CARE AND TREATMENT) ACT

(CHAPTER 178A)

(Original Enactment: Act 21 of 2008)

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Mental Health (Care and Treatment) Act

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An Act to provide for the admission, detention, care and treatment of mentally disordered persons in designated psychiatric institutions.

[1st March 2010]

PART I

PRELIMINARY

Short title

1. This Act may be cited as the Mental Health (Care and Treatment) Act.

Interpretation

2.—(1) In this Act, unless the context otherwise requires —

“designated medical practitioner”, in relation to any psychiatric institution, means a medical practitioner who is working in the psychiatric institution and who is designated by name or office in writing by the Director or such public officer as he may appoint, for the purposes of this Act;

“Director” means the Director of Medical Services;

“medical practitioner” means any person who is registered as a medical practitioner under the Medical Registration Act (Cap. 174);

“mental disorder” means any mental illness or any other disorder or disability of the mind, and “mentally disordered” shall be construed accordingly;

“patient” means any person who has been detained or is receiving treatment in a psychiatric institution;

“principal officer”, in relation to any psychiatric institution, means the chairman, medical board of the hospital which has been designated as a psychiatric institution or a part of which has been designated as a psychiatric institution, as the case may be, and includes any acting chairman of the medical board or any person acting in a similar capacity as chairman, medical board, whether or not he is known by such designation;

“property” includes any thing in action and any interest in real or personal property;

“psychiatric institution” means a psychiatric institution designated by the Minister under section 3;

“psychiatrist” means any medical practitioner who is registered as a psychiatrist in the Register of Specialists under the Medical Registration Act;

“relative”, in relation to a person suffering or appearing to be suffering from mental disorder, means any of the following persons being, in the case of any of the persons referred to in paragraphs (b) to (i), a person of or above the age of 18 years:

(a) husband or wife, or reputed husband or wife who is living with the person or, if the person is for the time being an inpatient in a hospital, was so living when the person was last residing at liberty out of a hospital;

(b) son or daughter;

(c) father or mother;

- (d) brother or sister;
- (e) grandparent;
- (f) grandchild;
- (g) uncle or aunt;
- (h) nephew or niece;
- (i) any person with whom the person ordinarily resides or, if the person is for the time being an inpatient in a hospital, with whom he was ordinarily residing when last at liberty out of a hospital;

“treatment” includes observation, inpatient treatment, outpatient treatment and rehabilitation.

(2) In deducing relationships for the purposes of this section, any relationship of the half-blood shall be treated as a relationship of the whole blood, an illegitimate child shall be treated as the legitimate child of his mother and reputed father, and an adopted child shall be treated as a child of the adopting parent.

[MDTA, s. 2]

PART II

ADMISSION AND DETENTION OF MENTALLY DISORDERED PERSONS IN PSYCHIATRIC INSTITUTIONS

Designated psychiatric institutions

3. The Minister may, by notification in the *Gazette*, designate any hospital or any part of a hospital to be a psychiatric institution for the detention or treatment of mentally disordered persons under this Act.

[MDTA, s. 28]

Management of psychiatric institutions

4.—(1) The management of every psychiatric institution and the care and custody of its patients shall be regulated according to such rules as shall from time to time be made under this Act by the Minister.

(2) The Minister shall appoint for every psychiatric institution not fewer than 12 visitors, 6 of whom shall be medical practitioners.

[MDTA, s. 29]

Inspection by visitors

5.—(1) Two or more visitors, one of whom shall be a medical practitioner, shall —

- (a) at least once every 3 months, together inspect any part of any psychiatric institution of which they are visitors;
- (b) see and examine, as far as circumstances will permit, any patient therein and the order for the admission of every patient admitted since the last visitation of the visitors; and
- (c) report to the Director on such matters as they may consider proper in regard to the management and condition of the psychiatric institution and the patients therein.

(2) The Director may direct one or more visitors to inspect any psychiatric institution and to report to him on such matters as he may consider proper in regard to the management and condition of the psychiatric institution and the patients therein.

[MDTA, s. 30]

Admission for treatment

6.—(1) A person may be admitted to a psychiatric institution and there detained for treatment in accordance with the provisions of this Act for the period allowed by the provisions of this Act.

(2) Nothing in this Act shall be construed as preventing a person who requires treatment for any mental disorder —

- (a) from being admitted to a psychiatric institution without any order or directive rendering him liable to be detained at a psychiatric institution; or
- (b) from remaining in a psychiatric institution after he has ceased to be so liable to be detained.

[MDTA, s. 31]

Apprehension of mentally disordered person

7. It shall be the duty of every police officer to apprehend any person who is reported to be mentally disordered and is believed to be dangerous to himself or other persons by reason of mental disorder and take the person together with a report of the facts of the case without delay to —

- (a) any medical practitioner for an examination and the medical practitioner may thereafter act in accordance with section 9; or
- (b) any designated medical practitioner at a psychiatric institution and the designated medical practitioner may thereafter act in accordance with section 10.

[MDTA, s. 32]

Ill-treatment or neglect of mentally disordered person

8.—(1) If it appears to a Magistrate on the report of a police officer or on the information of a person that any person supposed to be mentally disordered is not under proper care and control or is ill-treated or neglected by any relative or other person having the charge of him, the Magistrate may —

- (a) send for the person supposed to be mentally disordered and summon the relative or other person as has or ought to have the charge of him; and
- (b) after due inquiry make an order for the person to be sent to a designated medical practitioner at a psychiatric institution for treatment and the designated medical practitioner may thereafter act in accordance with section 10.

(2) It shall be the duty of every police officer to report to a Magistrate every such case of lack of proper care and control, ill-treatment or neglect as specified in subsection (1) which may come to his knowledge.

(3) Any police officer not below the rank of sergeant may visit any person supposed to be mentally disordered in the care of any relative or other person having the charge of him for the purpose of

ascertaining whether or not the person is under proper care and control or is ill-treated or neglected by any such relative or other person.

(4) Any relative or other person referred to in subsection (3) shall be legally bound to produce the person for the inspection of the police officer and in the event of his refusing to do so shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$4,000.

[MDTA, s. 33]

Mentally disordered person may be referred to psychiatric institution

9. Where a medical practitioner has under his care a person believed to be mentally disordered or to require psychiatric treatment, he may send the person to a designated medical practitioner at a psychiatric institution for treatment and that designated medical practitioner may thereafter act in accordance with section 10.

[MDTA, s. 34]

General provisions as to admission and detention for treatment

10.—(1) A designated medical practitioner at a psychiatric institution who has examined any person who is suffering from a mental disorder and is of the opinion that he should be treated, or continue to be treated, as an inpatient at the psychiatric institution may at any time sign an order in accordance with Form 1 in the Schedule —

- (a) for the admission of the person into the psychiatric institution for treatment; or
- (b) in the case of an inpatient, for the detention and further treatment of the person,

and the person may be detained for a period of 72 hours commencing from the time the designated medical practitioner signed the order.

(2) A patient who has been admitted for treatment or detained for further treatment under an order made under subsection (1) may be

detained for a further period of one month commencing from the expiration of the period of 72 hours referred to in that subsection if —

- (a) before the expiration of the period of 72 hours, the patient has been examined by another designated medical practitioner at the psychiatric institution and that designated medical practitioner is of the opinion that the patient requires further treatment at the psychiatric institution; and
- (b) that designated medical practitioner signs an order in accordance with Form 2 in the Schedule.

(3) A patient who has been detained for further treatment under an order made under subsection (2) shall not be detained for any further period at the psychiatric institution for treatment unless before the expiration of the period of one month referred to in that subsection, the patient has been brought before 2 designated medical practitioners working at the psychiatric institution, one of whom shall be a psychiatrist, who have examined the patient separately and who are both satisfied that he requires further treatment at the psychiatric institution.

(4) Each of the designated medical practitioners referred to in subsection (3) shall sign an order in accordance with Form 3 in the Schedule.

(5) Two orders signed in accordance with subsection (4) shall be sufficient authority for the detention of the patient to whom they refer for a period not exceeding 6 months commencing from the date of the order.

(6) A person shall not be detained at a psychiatric institution for treatment unless —

- (a) he is suffering from a mental disorder which warrants the detention of the person in a psychiatric institution for treatment; and
- (b) it is necessary in the interests of the health or safety of the person or for the protection of other persons that the person should be so detained.

Prohibition

11. A medical practitioner who —

- (a) is the husband, wife, father, father-in-law, mother, mother-in-law, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister or sister-in-law of the patient;
- (b) stands in a fiduciary relationship to the patient; or
- (c) is treating the patient,

shall not sign any order under this Act.

[MDTA, s. 36]

Discharge by principal officer or psychiatrist

12. Subject to the provisions of any other written law, the principal officer or a psychiatrist of a psychiatric institution may by writing under his hand order the discharge of any patient from the institution.

[MDTA, s. 37]

Visitors to apply for Magistrate's order of detention

13.—(1) It shall be the duty of the visitors of every psychiatric institution, upon being satisfied by the report of the principal officer of the institution and by personal inspection that any patient detained under section 10(3) should be further detained for care and treatment, to make an application in accordance with Form 4 in the Schedule to a Magistrate for an order of detention.

(2) The Magistrate may on an application made under subsection (1), with or without further inquiry at his discretion, sign a detention order in accordance with Form 5 in the Schedule ordering the patient to be further detained in a psychiatric institution for care and treatment.

(3) An order made under subsection (2) shall be sufficient authority for the further detention of the patient for a period not exceeding 12 months.

(4) The visitors may, when making an application for an order of detention under this section, order by endorsement upon the detention order made under section 10(4) that the patient be detained until the

order of detention has been received or until the Magistrate has made other order in the case.

(5) Any endorsement under subsection (4) shall be sufficient authority for the detention of the patient during such period.

(6) Where a patient has been detained at a psychiatric institution under an order made by a Magistrate under this section, the visitors of the psychiatric institution, upon being satisfied by the report of the principal officer of the institution and by personal inspection that the patient should be further detained at the institution for care and treatment, may make one or more further applications in accordance with Form 4 in the Schedule to a Magistrate for an order of detention.

(7) Subsections (2) and (3) shall apply, with the necessary modifications, to any application made under subsection (6).

[MDTA, s. 38]

Discharge by visitors

14. Subject to the provisions of any other written law, 2 of the visitors of a psychiatric institution, of whom one shall be a medical practitioner, may by writing under their hands order the discharge of any patient from the psychiatric institution.

[MDTA, s. 39]

Temporary absence from psychiatric institution

15.—(1) Two of the visitors of a psychiatric institution may, upon the recommendation in writing of the principal officer of the institution, permit a patient to be absent from that institution for as long as they think fit.

(2) If before the expiration of the period of absence, a certificate of 2 designated medical practitioners working in the psychiatric institution that it is no longer necessary that the patient be detained in the institution for care and treatment is forwarded to the principal officer or the visitors of the institution, the patient shall be deemed to be discharged from the institution.

(3) If the patient does not return to the psychiatric institution within 28 days of the expiration of the period of absence, and no such

certificate referred to in subsection (2) has been received, the patient may be retaken as in the case of an escape.

(4) The principal officer of a psychiatric institution may permit a patient of the institution to be absent from the institution for any period not exceeding 6 months, and if upon the expiration of the period of absence the patient does not return to the institution the patient may be retaken as in the case of an escape.

(5) Without prejudice to the generality of subsection (4), the principal officer of a psychiatric institution may, where it appears that a patient detained in the psychiatric institution requires treatment for an illness other than mental disorder, direct that the patient —

- (a) reside in and be kept in the custody of any other hospital for a period of time for the purpose of receiving such treatment; and
- (b) if it is necessary in his interests to do so, continue to receive treatment for mental disorder in that other hospital during that period.

[MDTA, s. 40]

Removal of patient from one psychiatric institution to another

16.—(1) The Director or such public officer as he may appoint, may by order in accordance with Form 6 in the Schedule order the removal of any patient from any psychiatric institution in Singapore to any other psychiatric institution in Singapore.

(2) An order under subsection (1) shall be sufficient authority for the removal of the patient and also for his reception into the psychiatric institution to which he is ordered to be removed.

[MDTA, s. 41]

Removal of patient from Singapore

17.—(1) Where a person not being a citizen of Singapore or not domiciled in Singapore is detained in a psychiatric institution under the provisions of this Act and it appears expedient that he should be removed to the country of which he is a national or in which he is domiciled, the Minister may, if he is satisfied that —

- (a) the person's removal is likely to be for his benefit; and
- (b) proper arrangements have been made for his removal and subsequent care and treatment,

direct, by warrant, that the person be delivered to the person named in the warrant for the purpose of removal to the country of which he is a national or in which he is domiciled, and every such warrant shall be obeyed by the person or authority having the charge of the person named therein.

(2) A warrant under this section shall be sufficient authority for the master of any vessel or captain of any aircraft to receive and detain the patient on board the vessel or aircraft for the purpose of conveying him to his destination.

[MDTA, s. 42]

Contents of warrant

18. Any warrant of removal made under section 17 shall be addressed to the principal officer of the psychiatric institution in which the patient is at the time detained and shall direct him to deliver up the patient to the person mentioned in the warrant at such place and in such manner as may be specified in that warrant for the purpose of such removal and the patient shall be delivered up accordingly.

[MDTA, s. 43]

Return to Singapore

19. Any patient removed from Singapore under section 17 shall not return to Singapore except by permission of the Minister.

[MDTA, s. 44]

Application for order for payment of cost of maintenance

20.—(1) If any patient detained in a psychiatric institution under the provisions of this Act has an estate applicable to his maintenance, or if any person legally bound to maintain the patient has the means to maintain him, the principal officer of the institution may apply to the court for an order for the payment of the cost of maintenance of the patient.

(2) The court shall inquire into the matter in a summary way, and on being satisfied that the patient has an estate applicable to his maintenance, or that any person is legally bound to maintain and has the means of maintaining the patient, may make an order for the recovery of the cost of maintenance of the patient, together with the costs of the application, out of the estate or from the person.

(3) An order made by a court under subsection (2) shall be enforced in the same manner and shall be of the same force and effect and subject to the same appeal as a judgment or order made by that court in a suit in respect of the property or person mentioned in that subsection.

[MDTA, ss. 50, 51]

Saving of liability of relatives

21. The liability of any relative or other person to maintain any mentally disordered person shall not be taken away or affected by any provision in this Act.

[MDTA, s. 52]

Offences against patients

22.—(1) Any medical practitioner, nurse, attendant or other person employed by or rendering service in any psychiatric institution or hospital referred to in section 15(5), who ill-treats any patient shall be guilty of an offence.

(2) For the purposes of subsection (1), a person ill-treats a patient if he —

- (a) subjects the patient to physical or sexual abuse;
- (b) wilfully or unreasonably does, or causes the patient to do, any act which endangers or is likely to endanger the safety of the patient or which causes or is likely to cause the patient —
 - (i) any unnecessary physical pain, suffering or injury;
 - (ii) any emotional injury; or
 - (iii) any injury to his health; or

(c) wilfully or unreasonably neglects the patient in circumstances that are likely to endanger the safety of the patient or to cause the patient —

- (i) any unnecessary physical pain, suffering or injury;
- (ii) any emotional injury; or
- (iii) any injury to his health.

(3) For the purpose of subsection (2)(c), a person shall be deemed to have neglected the patient in circumstances likely to cause him unnecessary physical pain, suffering or injury or emotional injury or injury to his health if the person wilfully or unreasonably neglects to provide adequate food, clothing, medical aid or care for the patient.

(4) A person may be convicted of an offence under subsection (1) notwithstanding —

- (a) that any actual suffering or injury on the part of the patient or the likelihood of any suffering or injury on the part of the patient was obviated by the action of another person; or
- (b) the death of the patient.

(5) Any person who has sexual intercourse with a patient of a psychiatric institution, while in that institution, shall be guilty of an offence.

(6) Consent shall not be a defence in any proceedings for an offence under subsection (5) if the accused knew or had reason to suspect that the person in respect of whom the offence was committed was a patient of the psychiatric institution.

(7) Any person who is guilty of an offence —

- (a) under subsection (1) shall be liable on conviction —
 - (i) in the case where death is caused to the patient, to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 7 years or to both; or
 - (ii) in any other case, to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 4 years or to both; or

- (b) under subsection (5) shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 10 years or to both.

[CYPAs, s. 5; MDTA, s. 53]

PART III

GENERAL PROVISIONS

Construction of laws

23. Where in any written law or other document any reference to a lunatic or to lunacy or to a lunatic asylum, an asylum or a psychiatric institution is contained, that reference, unless the context otherwise requires, shall be read as a reference to a mentally disordered person or a patient within the meaning of this Act, or to mental disorder, or to a psychiatric institution, respectively.

[MDTA, s. 54]

Order or certificate

24. Every order or certificate of a designated medical practitioner shall be evidence of the facts appearing in the order or certificate and of the judgment therein stated to have been formed by the person certifying on such facts, as if the matters therein appearing had been verified on oath.

[MDTA, s. 55]

Protection of person enforcing Act

- 25.—(1)** Where a person has —
- (a) made a request for the reception of any patient, or signed or carried out or done any act with a view to signing or carrying out any report, application, recommendation, or certificate purporting to be a report, application, recommendation or certificate under this Act; or
 - (b) done anything under this Act,

he shall not be liable to any civil or criminal proceedings, whether on the ground of want of jurisdiction or on any other ground, unless he has acted in bad faith or without reasonable care.

(2) No proceedings, civil or criminal, shall be brought against any person in any court in respect of any such matter as is mentioned in subsection (1) without the leave of the court, and leave shall not be given unless the court is satisfied that there is substantial ground for the contention that the person, against whom it is sought to bring the proceedings, has acted in bad faith or without reasonable care.

(3) Notice of any application under subsection (2) shall be given to the person against whom it is sought to bring the proceedings, and the person shall be entitled to be heard against the application.

[MDTA, s. 57]

Penalty for improper reception or detention

26.—(1) Subject to section 25, any person who —

- (a) otherwise than in accordance with the provisions of this Act receives or detains in a psychiatric institution a person who is or is alleged to be mentally disordered; or
- (b) for gain detains in any place, not being a psychiatric institution, 2 or more mentally disordered persons,

shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 3 years or to both.

(2) No prosecution under this section shall be commenced without the consent of the Public Prosecutor.

[MDTA, s. 58]

Sum payable by Government to mentally disordered person

27. Where any sum is payable in respect of pay, pension, gratuity or other similar allowance to any person by the Government, and the person to whom the sum is payable is found under the provisions of this Act to be mentally disordered, the Government may —

- (a) pay so much of that sum as it thinks fit to the person having charge of the mentally disordered person; and

- (b) pay the surplus, if any, or such part thereof as it thinks fit, for the maintenance of such members of the family of the mentally disordered person as are dependent on that person for maintenance.

[MDTA, s. 59]

Order for payment of cost of maintenance

28.—(1) Where any person has been received into a psychiatric institution in accordance with section 249 or 252 of the Criminal Procedure Code (Cap. 68) or section 43 of the Prisons Act (Cap. 247), the court —

- (a) on the application of the principal officer of the psychiatric institution, shall make an order for the payment of the cost of maintenance of the person in the psychiatric institution; and
- (b) may direct that any sum of money payable under that order shall be recovered from the estate of the person, or of any person legally bound to maintain him.

[15/2010]

(2) If at any time it appears to the satisfaction of the court that the person referred to in subsection (1) has no sufficient property and that no person legally bound to maintain the person has sufficient means for the payment of such cost, the court shall so certify instead of making an order under that subsection for the payment of the cost.

(3) An order under subsection (1) shall be enforced in the same manner and shall be of the same force and effect and subject to the same appeal as a judgment or order made by the court in a suit in respect of the property or person therein mentioned.

[MDTA, s. 60]

Mental Capacity Act matters

29. Nothing contained in this Act shall be taken to interfere with the power of the court over any person found to be lacking capacity under the Mental Capacity Act (Cap. 177A).

Composition of offences

30.—(1) The Director or any public officer authorised by him may, in his discretion, compound any offence under this Act which is prescribed as a compoundable offence by collecting from a person reasonably suspected of having committed the offence a sum not exceeding \$2,000.

(2) On payment of such sum of money, no further proceedings shall be taken against that person in respect of the offence.

(3) All sums collected under this section shall be paid into the Consolidated Fund.

Power to amend Schedule

31. The Minister may, by order published in the *Gazette*, amend, add to or vary the Schedule.

Rules

32.—(1) The Minister may make rules for carrying out the purposes and provisions of this Act.

(2) Without prejudice to the generality of subsection (1), the Minister may make rules to prescribe —

- (a) the conditions and circumstances under which mechanical means of restraint or seclusion may be applied to patients;
- (b) the books and records to be kept in psychiatric institutions; and
- (c) anything which may be prescribed or is required to be prescribed under this Act.

(3) The Minister may, in making any rules prescribe a fine not exceeding \$5,000 or imprisonment for a term not exceeding 6 months or both with which the contravention thereof shall be punishable.

[MDTA, s. 62]

Savings

33. All orders and applications made and things done under Parts II and III of the repealed Mental Disorders and Treatment Act before

1st March 2010 in relation to a person of unsound mind shall be deemed to be made or done under this Act; and for this purpose, the provisions of this Act shall apply to and in relation to the person as if he is a mentally disordered person under this Act.

THE SCHEDULE

FORM 1

Section 10(1)

**MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)**

**ORDER FOR ADMISSION OR FURTHER TREATMENT
OF A PATIENT**

To: The principal officer,
..... Institution.

I, the undersigned designated medical practitioner, hereby order that
..... of be *admitted for
treatment/detained for further treatment under section 10(1) of the Mental Health
(Care and Treatment) Act on account of suspected mental disorder.

Signature:

(Name in block letters).....

Witness:

(Name in block letters).....

Date: Time:

.....

*Delete whichever is inapplicable.

FORM 2

Section 10(2)

THE SCHEDULE — *continued*

MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

ORDER OF DETENTION OF A PATIENT FOR
FURTHER TREATMENT

To: The principal officer,

.....
Institution.

I, the undersigned designated medical practitioner, hereby order that
..... of be detained for
further treatment under section 10(2) of the Mental Health (Care and Treatment)
Act on account of suspected mental disorder.

Signature:

(Name in block letters)

Witness:

(Name in block letters)

Date: Time:

.....

Section 10(4)

THE SCHEDULE — continued

MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

ORDER OF DETENTION OF A PATIENT FOR
FURTHER TREATMENT

To: The principal officer,
..... Institution.

I, the undersigned,

(here enter name and official designation)

hereby certify that I on the day of 20..... at personally examined
(separately from any other practitioner)

(here enter name and residence of person examined)

and that the said is mentally disordered and a proper person to be taken charge of and detained for further
treatment and that I have formed this opinion on the following grounds:

STATEMENT

THE SCHEDULE — continued

- 1. Facts indicating mental disorder observed by myself
-
(here state the facts)
- 2. Other facts, if any, indicating mental disorder communicated to me by others
-

(here state the information and from whom)

And I hereby order that the said be detained at the Institution for further psychiatric treatment.

Dated this day of 20.....

.....
*Designated Medical Practitioner/
Designated Medical Practitioner (Psychiatrist)

*Delete whichever is inapplicable.

THE SCHEDULE — *continued*
FORM 4

Section 13(1) and (6)

MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

APPLICATION BY VISITORS FOR ORDER OF DETENTION

We, the visitors of Institution being satisfied by the report of principal officer of the said Institution, and by personal inspection, that a patient detained under section 10(3) of the Mental Health (Care and Treatment) Act should be further detained for care and treatment hereby make application to a Magistrate for an order for the further detention of the said

Signed
.....
.....

Visitors

FORM 5

Section 13(2)

MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

MAGISTRATE'S ORDER OF DETENTION

Whereas

.....
.....
..... the Visitors of Institution, have applied to me for an order that a patient detained under section 10(3) of the Mental Health (Care and Treatment) Act should be further detained for care and treatment:

THE SCHEDULE — *continued*

Now therefore, I, the undersigned Magistrate, do hereby order that the said be further detained.

Dated this day of 20.....

Signed
Magistrate

FORM 6

Section 16(1)

MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

TRANSFER ORDER

To: The principal officer
of the
and to

Whereas I have seen fit to order that who is detained as a patient in Institution be removed from that Institution and transferred to Institution.

Now I do hereby require you the principal officer of the Institution to deliver up the said patient to at

And I do hereby require you to bring or cause to be brought the said patient to the Institution and to deliver him to the officer in charge of the Institution.

THE SCHEDULE — *continued*

Given under my hand, this day of 20.....

.....
Director of Medical Services

LEGISLATIVE SOURCE KEY
MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

Unless otherwise stated, the abbreviations used in the references to other statutory provisions are references to the following statutory provisions. The references are provided for convenience and are not part of the Act:

CYPA	:	Singapore, Children and Young Persons Act (Chapter 38, 2001 Revised Edition)
MDTA	:	Singapore, Mental Disorders and Treatment Act (Chapter 178, 1985 Revised Edition — <i>repealed</i>)

LEGISLATIVE HISTORY
MENTAL HEALTH (CARE AND TREATMENT) ACT
(CHAPTER 178A)

This Legislative History is provided for the convenience of users of the Mental Health (Care and Treatment) Act. It is not part of the Act.

1. Act 21 of 2008 — Mental Health (Care and Treatment) Act 2008

Date of First Reading	: 21 July 2008 (Bill No. 11/2008 published on 22 July 2008)
Date of Second and Third Readings	: 16 September 2008
Date of commencement	: 1 March 2010 (except paragraph (i) of item 1(8)(a), item 1(8)(b) and item 1(41) of Second Schedule)

Note: The Mental Health (Care and Treatment) Act 2008 repealed the Mental Disorders and Treatment Act (Chapter 178, 1985 Revised Edition).

2. Act 18 of 2009 — Central Provident Fund (Amendment) Act 2009

(Consequential amendments made to Act by)

Date of First Reading	: 25 May 2009 (Bill No. 11/2009 published on 26 May 2009)
Date of Second and Third Readings	: 20 July 2009
Date of commencement	: 1 March 2010 (section 18 — Amendment of Mental Health (Care and Treatment) Act 2008)

3. Act 15 of 2010 — Criminal Procedure Code 2010

(Consequential amendments made to Act by)

Date of First Reading	: 26 April 2010 (Bill No. 11/2010 published on 26 April 2010)
Date of Second and Third Readings	: 19 May 2010
Date of commencement	: 2 January 2011

4. Act 2 of 2012 — Statutes (Miscellaneous Amendments) Act 2012

Date of First Reading : 21 November 2011
(Bill No. 22/2011 published on
21 November 2011)

Date of Second and Third Readings : 18 January 2012

Date of commencement : 1 March 2012 (section 27 —
Amendment of Mental Health
(Care and Treatment) Act 2008)

**5. 2012 Revised Edition — Mental Health (Care and Treatment) Act
(Chapter 178A)**

Date of operation : 31 December 2012