



Enquiries: **Mental Health Act**
Telephone: **4616 5303**
File Ref: **1015820**

Stephen Cooke
7a Bakeri Cct
Warabrook NSW 2304

Dear Stephen Cooke

As you know, a Treatment Authority was made for you on 08/03/2025 18:42. A copy of the Treatment Authority is attached.

The Treatment Authority means that treatment for mental illness can be provided to you without your consent. However, your treating team will, as much as possible, include you in discussions and decisions about your treatment and care. Your views will be listened to and considered before decisions are made and treatment and care is provided.

Your family and other people who are important in your life (your 'support persons') are able to help you with decisions about your treatment and care and to talk to your treating team about those decisions. Your treating team is required to explain certain things to you and one of your support persons. For example, explaining the Treatment Authority and the treatment and care to be provided to you.

If there is a particular person you would like to have involved in your treatment and care, you can appoint the person as your 'nominated support person'. You are entitled to appoint one or two nominated support persons. The attached factsheet gives more information about nominated support persons.

Your right to have support and other important rights are set out in a Statement of Rights. A copy of this document is also included with this letter.

It is important that you understand the Treatment Authority and your rights as an involuntary patient. If you would like more information, I encourage you to talk to a member of your treating team or an Independent Patient Rights Adviser. Contact details are:

- an Independent Patient Rights Adviser on 4616 6000

Yours sincerely

Iris Ponce

Iris Ponce

Administrator / Delegate of Administrator


Darling Downs Network Authorised Mental Health Service

10/03/2025

CC

Office	Postal	Phone	Email
Level 2 Acute Mental Health Unit Toowoomba Hospital Pechey Street TOOWOOMBA	Level 2 Acute Mental Health Unit PMB 2 TOOWOOMBA	07 4616 5303	MHA.Toowoomba@health.qld.gov.au

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Contact: MHA2016@health.qld.gov.au

 <p>Queensland Government</p> <p>Mental Health Act 2016</p> <p>Treatment Authority</p>	(Affix identification label here)	
	URN: Family name: COOKE Given name(s): Stephen Address: 7a Bakeri Cct Warabrook NSW 2304	Date of birth: 27/10/1981 Sex: Male

Mental Health Act (MHA) 2016, Sections 12 - 14, 48 - 58

- A treatment authority allows for the involuntary treatment of a person for a mental illness.
- A treatment authority is made by an authorised doctor. If the authorised doctor is not a psychiatrist, the making of the treatment authority must be reviewed by an authorised psychiatrist.

PART A

1. Person's details

• Not required if patient label affixed in top right corner.

Surname: COOKE	Given name(s): Stephen	
Residential address: 7a Bakeri Cct		
Town / Suburb: Warabrook	State: NSW	Postcode: 2304
Date of birth: 27/10/1981	Sex: Male	

2. Reasons for making a treatment authority

• Provide the reasons that you believe the treatment criteria apply and there is no less restrictive way for the person to receive treatment and care.

The reasons you believe the person may have a mental illness, including diagnosis

BIB QPS following expression of suicidal ideation by texted messages to ex- wife
Recent history of stressors.(Divorce) Ex- wife is in Canada. History of treatment with Vyvanse for ADHD.
Observed delusional content by LMHS. Absconded from LMHS and found in high way walking barefooted today.

? **Psychosis or Depression with acute crisis suicidal intensions**

The reasons you believe the person does not have capacity to consent to be treated for the illness

Does not engage with MHS. Does not understand needs further assessment and management.
Does not understands consequences of not treating current condition.
So no capacity to consent.

The reasons you believe that not providing involuntary treatment for the illness may result in:

i. **imminent serious harm to the person or others; or**
 ii. **the person suffering serious mental or physical deterioration**

Not providing appropriate treatment would worsen the situation and worsen risks to commit suicide.

The reason you believe that there is no less restrictive way for the person to receive treatment and care for the person's mental illness

No other less restrictive way of managing the situation.

3. Treating AMHS

Name of authorised mental health service (AMHS):
Darling Downs Network Authorised Mental Health Service

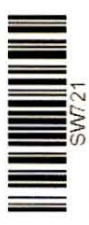
4. Category of treatment authority

• The category may only be inpatient if one or more of the following cannot reasonably be met under a community category:

- » the person's treatment and care needs
- » the safety and welfare of the person

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MHA2016 - FORM - TREATMENT AUTHORITY



» the safety of others.

Treatment authority category: Inpatient Community**5. Limited community treatment (LCT)**

- A single episode of LCT cannot be more than 7 consecutive days.
- 'Escorted' means the patient must remain with a designated health service employee at all times while on leave.
- 'Supervised' means the patient must be in the company of a person approved by the authorising doctor while on leave. The approved person must be specified on the form.
- All LCT types that are authorised must be provided on this form.

Is LCT authorised? Yes (complete details below) No

Duration of authorisation (inclusive) – Start date: _____ End date: _____

The following conditions are authorised by the Doctor:

LCT authorised (more than one type can be authorised)		Conditions / Details associated with authorised level of LCT (include timeframes / hours)
ON GROUNDS	<input type="checkbox"/> Escorted	
	<input type="checkbox"/> Supervised	
	<input type="checkbox"/> Unescorted and unsupervised	
OFF GROUNDS	<input type="checkbox"/> Escorted	
	<input type="checkbox"/> Supervised	
	<input type="checkbox"/> Unescorted and unsupervised	
OVERNIGHT	<input type="checkbox"/> Supervised	
	<input type="checkbox"/> Unescorted and unsupervised	

Requirements before LCT is accessed:

- Access to LCT is subject to a health practitioner assessment that LCT is appropriate having regard to the patient's mental state
- LCT conditions and consequences of non-compliance to be discussed with the patient prior to accessing LCT
- Other - specify: _____

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Actions to be taken if LCT conditions not adhered to:

6. Conditions of treatment authority

Is this treatment authority subject to any conditions? Yes (specify below) No

7. Declaration

I have assessed the person and I am satisfied that the treatment criteria apply to the person and there is no less restrictive way for the person to receive treatment and care for the mental illness.

Name: Udaya Kumari Johnge	Designation: Authorised Doctor		
Signature: Udaya Kumari Johnge	Contact number: 07 4616 5202	Date: 07/03/2025	Time (24 Hr): 23:57
Address: Acute Mental Health Toowoomba Hospital Pechey Street	Town / Suburb: TOOWOOMBA	Postcode: 4350	
TO: AMHS Administrator Mental Health Review Tribunal (if declaration is made by an authorised psychiatrist)			

PART B: Review by authorised psychiatrist (if treatment authority was not made by authorised psychiatrist)

8. Authorised psychiatrist review

- If the treatment authority is confirmed, any amendments to the category, conditions or limited community treatment **must** be recorded on an *Order / Authority Amendment* form.

Date and time examination by authorised psychiatrist commenced:	Date (dd/mm/yyyy):	Time (24 Hr):
The treatment authority is: <input checked="" type="checkbox"/> Confirmed without amendment <input type="checkbox"/> Confirmed with amendment <input type="checkbox"/> Revoked <i>provide reasons</i> Reasons for revocation:		

9. Authorised psychiatrist details

Name: Arash Danesh	Designation: Authorised Psychiatrist		
Signature: Arash Danesh	Contact number: 46165217	Date: 08/03/2025	Time (24 Hr): 18:42
Address: Toowoomba hospital	Town / Suburb: Toowoomba	Postcode: 4350	
TO: AMHS Administrator Mental Health Review Tribunal			

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