

CAYMAN ISLANDS



**Mental Health Act
(2022 Revision)**

MENTAL HEALTH (AMENDMENT) REGULATIONS, 2023

(SL 4 of 2023)

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PUBLISHING DETAILS



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Arrangement of Regulations

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CAYMAN ISLANDS**Mental Health Act
(2022 Revision)****MENTAL HEALTH (AMENDMENT)
REGULATIONS, 2023****(SL 4 of 2023)**

In exercise of the powers conferred by section 20 of the Mental Health Act (2022 Revision), the Cabinet makes the following Regulations —

Citation and commencement

1. (1) These Regulations may be cited as the Mental Health (Amendment) Regulations, 2023.
- (2) These Regulations shall come into force immediately after the *Mental Health (Amendment) Act, 2022* comes into force.

Amendment of regulation 3 of the Mental Health Regulations, 2013 - reference to a place of safety

2. The *Mental Health Regulations, 2013*, in these Regulations referred to as the “principal Regulations”, are amended in regulation 3(1) by deleting the words “under section 6, 8 or 9 of the Law, respectively”.

Amendment of regulation 4 - functions of Commission: Quasi-judicial

3. The principal Regulations are amended in regulation 4 as follows —
 - (a) in paragraph (c), by deleting the word “and” appearing at the end of that paragraph;



- (b) in paragraph (d), by deleting the full stop and substituting the words “; and”;
- (c) by inserting after paragraph (d) the following paragraph —
 - “(e) hear and determine appeals made under section 16(4) of the Act.”.

Amendment of the Schedule - forms

4. The principal Regulations are amended in the Schedule as follows —
- (a) in the list under the heading “**FORMS**”, by inserting after item 6, the following item —
 - “6A. Order for Protective Custody”;
 - (b) by deleting Form 1 and substituting the following form —

“FORM 1

ASSESSMENT

(For possible issuance of an emergency detention order under section 6, 7 or 12 of the Mental Health Act (2022 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 authorized under the Mental Health Act (2022 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 (2022 Revision)

b) not suffering from a serious mental illness or mental impairment as defined in the Mental Health Act (2022 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 hospitalization alternative treatment as follows: _____

Name _____ Signature _____ Date _____

Examiner



.....
TO BE COMPLETED BY MEDICAL OFFICER

I certify that I am a person authorized by the Mental Health Act (2022 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 (2022 Revision)] or [section 7 of the Mental Health Act (2022 Revision)] or [section 12 of the Mental Health Act (2022 Revision)].

Date (DD/MM/YY)

Time

Signature

Title Psychiatrist Clinical Psychologist

Print Name & Business Telephone Number ”;



(c) by deleting Form 2 and substituting the following form —

“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 (2022 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 (2022 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 himself or herself, or others; or
- threatening, attempting or preparing to harm himself or herself.

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 (2022 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.”; and



(d) by inserting after Form 6, the following form —

“FORM 6A

Order for Protective Custody

(By a Medical Officer under section 6 or section 12 of the Mental Health Act (2022 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 (2022 Revision)**, that the patient above may be suffering from a mental impairment or serious mental illness; or
- section 12 of the **Mental Health Act (2022 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 ”.

Made in Cabinet the 25th day of January, 2023.

Kim Bullings
Clerk of the Cabinet

