

1961/154



**THE MENTAL HEALTH REGULATIONS 1912,
AMENDMENT NO. 3**

COBHAM, Governor-General

ORDER IN COUNCIL

At the Government Buildings at Wellington this 4th day of December
1961

Present:

THE RIGHT HON. KEITH HOLYOAKE PRESIDING IN COUNCIL

PURSUANT to the Mental Health Act 1911, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

REGULATIONS

1. (1) These regulations may be cited as the Mental Health Regulations 1912, Amendment No. 3, and shall be read together with and deemed part of the Mental Health Regulations 1912* (hereinafter referred to as the principal regulations).

(2) These regulations shall come into force on the 1st day of January 1962.

2. (1) The particulars of all persons, other than voluntary inpatients, admitted to an institution pursuant to Part I of the Mental Health Amendment Act 1961 shall be entered in the Register of Admissions of Patients in accordance with regulation 3 of the principal regulations, as if they were patients.

(2) Regulation 3 of the principal regulations is hereby amended by omitting the words "determined in accordance with definition of 'mentally defective person'".

3. Regulation 9 of the principal regulations is hereby amended—

(a) By omitting from subclause (1), and also from subclause (2), the word "patient", and substituting in each case the word "inmate":

(b) By omitting from subclause (1) the word "patient's", and substituting the word "inmate's".

4. Regulation 13 of the principal regulations is hereby revoked.

5. The Schedule to the principal regulations is hereby amended by revoking forms 5, 6, 7, 8, and 9, and substituting the forms set out in the Schedule hereto.

**Gazette*, 1912, Vol. I, p. 891

Amendment No. 1: *Gazette*, 1929, Vol. II, p. 2018

Amendment No. 2: S.R. 1958/41

Reg. 5

SCHEDULE

NEW FORMS SUBSTITUTED IN SCHEDULE TO PRINCIPAL
REGULATIONS

Form 6

REQUEST FOR ADMISSION AS A VOLUNTARY INPATIENT

To the Medical Superintendent, [*Name of hospital*] Hospital.

I, [*Full name*], [*Occupation*], of [*Address*], being not less than 16 years of age, hereby request you to admit me for care and treatment as a voluntary inpatient.

My reason for seeking admission is:

I understand that I am required to give to the Medical Superintendent, in writing, 24 hours' notice of my intention to leave the hospital.

Dated at this day of 19.....

Ordinary signature:

NOTE: Would applicant please supply the following information:

Name and address of next of kin or friend [*state relationship*]:

Name and address of usual doctor:

Age, sex, civil state [*S., M., Sep., Div., or W.*], religion:

If born in New Zealand, state whether Maori or European:

If born outside New Zealand, state country of birth:

Form 6A

REQUEST FOR ENROLMENT AS A VOLUNTARY OUTPATIENT

To the Medical Superintendent, [*Name of hospital*] Hospital.

I, [*Full name*], [*Occupation*], of [*Address*], being not less than 16 years of age, hereby request you to enrol me for treatment as a voluntary outpatient.

My reason for seeking enrolment is:

Dated at this day of 19.....

Ordinary signature:

NOTE: Would applicant please supply the following information:

Name and address of next of kin or friend [*state relationship*]:

Name and address of usual doctor:

Age, sex, civil state [*S., M., Sep., Div., or W.*], religion:

If born in New Zealand, state whether Maori or European:

If born outside New Zealand, state country of birth:

SCHEDULE—continued

Form 7

APPLICATION FOR ADMISSION OF A MENTALLY INFIRM PERSON

To the Medical Superintendent, [Name of hospital] Hospital.

I, [Full name], [Occupation], of [Address], being not less than 21 years of age, hereby apply for the admission of [Full name], who I believe is a mentally infirm person requiring care and treatment in the [Name of hospital] Hospital.

I make this application for the following reasons:

My application is accompanied by a medical recommendation from Dr [Name of doctor] of [Address of doctor], which is dated not more than seven days earlier than the date of this application.

The following particulars in respect of the mentally infirm person are true to the best of my knowledge and belief:

Age, sex, civil state [S., M., Sep., Div., or W.], religion:

If born in New Zealand, state whether Maori or European:

If born outside New Zealand, state country of birth:

Dated at this day of 19.....

Ordinary signature:

Please state if mentally infirm person has been under care for any form of mental or nervous disorder before this application, giving dates and names of hospitals (if possible); and also state name and address of mentally infirm person's usual doctor:

Relatives of Mentally Infirm Person

Relationship	Name	Address
Husband or wife		
Father		
Mother		
Sons		
Daughters		
Brothers (of whole or half blood)		
Sisters (of whole or half blood)		

Form 7A

MEDICAL RECOMMENDATION FOR ADMISSION OF A MENTALLY INFIRM PERSON

I, [Full name], of [Address], being a medical practitioner registered in New Zealand, have this day personally examined [Full name], and I am of opinion he (she) is a mentally infirm person.* I recommend his (her) admission to the [Name of hospital] Hospital for care and treatment.

The following are the facts on which my opinion is based:

Dated at this day of 19.....

Ordinary signature:

*"Mentally infirm person" means any person who, by reason of mental infirmity arising from age or from deterioration or disease of or injury to the brain, requires care and treatment.

SCHEDULE—continued

Form 8

APPLICATION FOR ADMISSION OF A MENTALLY SUBNORMAL PERSON
To the Medical Superintendent, [Name of hospital] Hospital.

I, [Full name], [Occupation], of [Address], hereby apply for the admission of [Full name], who I believe requires care, treatment, training, and occupation in the [Name of hospital] Hospital.

I am the father (or mother or guardian or person not less than 21 years of age acting in the place of a parent) of the above-named person.

I make this application for the following reasons:

My application is accompanied by a medical recommendation from Dr [Name of doctor] of [Address of doctor], which is dated not more than seven days earlier than the date of this application.

The following particulars in respect of the mentally subnormal person are true to the best of my knowledge and belief:

Date of birth, sex, religion:

If born in New Zealand, state whether Maori or European:

If born outside New Zealand, state country of birth:

Dated at this day of 19.....

Ordinary signature:

Please state if mentally subnormal person has been under care for any form of mental or nervous disorder before this application, giving dates and names of hospitals (if possible); and also state name and address of mentally subnormal person's usual doctor:

Relatives of Mentally Subnormal Person

Relationship	Name in Full	Address
Father		
Mother		
Grandfather (paternal)		
Grandfather (maternal)		
Grandmother (paternal)		
Grandmother (maternal)		
Brothers (of whole or half blood)		
Sisters (of whole or half blood)		

Form 8A

MEDICAL RECOMMENDATION FOR ADMISSION OF A MENTALLY
SUBNORMAL PERSON

I, [Full name], of [Address], being a medical practitioner registered in New Zealand, recommend the admission of [Full name], who is in my opinion a mentally subnormal person,* to the [Name of hospital] Hospital, for care, treatment, training, and occupation.

The following are the facts on which my opinion is based:

Dated at this day of 19.....

Ordinary signature:

SCHEDULE—continued

*“Mentally subnormal person” means any person within the meaning of Class III or Class IV or Class V of the definition of the term “mentally defective person” in section 2 of the Mental Health Act 1911, i.e.—

Class III: Persons so deficient in mind from birth or from an early age that they are unable to guard themselves against common physical dangers and therefore require the oversight, care, or control required to be exercised in the case of young children:

Class IV: Persons who though capable of guarding themselves against common physical dangers are incapable, or if of school age will presumably when older be incapable, of earning their own living by reason of mental deficiency existing from birth or from an early age:

Class V: Persons who may be capable of earning a living under favourable circumstances, but are incapable from mental deficiency existing from birth or from an early age of competing on equal terms with their normal fellows, or of managing themselves and their affairs with ordinary prudence.

Form 9

APPLICATION FOR ADMISSION OF A MINOR

To the Medical Superintendent, [*Name of hospital*] Hospital.

I, [*Full name*], [*Occupation*], of [*Address*], hereby apply for the admission of [*Full name*], who I believe requires care, treatment, training, and occupation in the [*Name of hospital*] Hospital.

I am the father (*or mother or guardian or person not less than 21 years of age acting in the place of a parent*) of the above-named person.

I make this application for the following reasons:.....

My application is accompanied by a medical recommendation from Dr [*Name of doctor*] of [*Address of doctor*], which is dated not more than seven days earlier than the date of this application.

The following particulars in respect of the minor are true to the best of my knowledge and belief:

Date of birth, sex, religion:

If born in New Zealand, state whether Maori or European:

If born outside New Zealand, state country of birth:

Dated at this day of 19.....

Ordinary signature:

Please state if minor has been under care for any form of mental or nervous disorder before this application, giving dates and names of hospitals (if possible); and also state name and address of minor’s usual doctor:

Relatives of Minor

Relationship	Name in Full	Address
Father		
Mother		
Grandfather (paternal)		
Grandfather (maternal)		
Grandmother (paternal)		
Grandmother (maternal)		
Brothers (of whole or half blood)		
Sisters (of whole or half blood)		

SCHEDULE—*continued*

Form 9A

MEDICAL RECOMMENDATION FOR ADMISSION OF A MINOR

I, [Full name], of [Address], being a medical practitioner registered in New Zealand, recommend the admission of [Full name], who is in my opinion suffering from a form of mental disorder, to the [Name of hospital] Hospital for care, treatment, training, and occupation.

The following are the facts on which my opinion is based:

Dated at this day of 19.....

Ordinary signature:

T. J. SHERRARD,
Clerk of the Executive Council.

EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect.

Regulation 5 of these regulations prescribes the forms of applications and recommendations for the admission to mental hospitals of voluntary patients, mentally infirm persons, mentally subnormal persons, and minors, pursuant to Part I of the Mental Health Amendment Act 1961.

Regulations 2 to 4 amend the Mental Health Regulations 1912, and are consequential upon the passing of the Mental Health Amendment Act 1961.

These regulations come into force on 1 January 1962, when the 1961 Act comes into force.

Issued under the authority of the Regulations Act 1936.

Date of notification in *Gazette*: 7 December 1961.

These regulations are administered in the Department of Health.