

Statutory Instrument No. 33 of 1971

THE MENTAL DISORDERS ACT, 1969
(1 of 1969)

THE MENTAL DISORDERS (FORMS) REGULATIONS, 1971

(Published on 19th March, 1971)

In the exercise of the powers vested in him by section 51 of the Mental Disorders Act, 1969 (No. 1 of 1969), the Minister of Health, Labour and Home Affairs has made the following regulations –

1. These regulations may be cited as the Mental Disorders (Forms) Citation Regulations, 1971.

2. The forms set out in the Schedule and enumerated in the subjoined Forms table are prescribed for the purposes of the sections of the Act which are set opposite such forms in such table –

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Form 1

SCHEDULE

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Application for Reception Order
(Section 5)

To: The District Commissioner,

.....

(a) Particulars of Applicant Full names
Age Sex
Occupation
Address

(b) Particulars of person for whom reception order is sought Full names
Age Sex
Occupation
Nationality
Address

(c) I declare that I am the person described in paragraph (a) above and I hereby make application for a reception order under the Mental Disorders Act, 1969, for the person described in paragraph (b) (hereinafter called the patient).

(d) I believe the patient is mentally disordered or defective.

(e) My reasons for so believing are as follows -
.....
.....

(f) The patient is my
(state precise relationship)

or I am not a near relative of the patient and the reason why the application is made by me instead of by a near relative is
.....

(g) I personally saw the patient on the day of, 19 .. (within fourteen days immediately preceding the day on which this application is signed).

Date Signed
Applicant

Place

Form 2

REPUBLIC OF BOTSWANA

THE MENTAL DISORDERS ACT, 1969

Medical Practitioner's Certificate as to Mental State of Patient
(Section 6, 16, 17 or 29(1))

(a) I, (give full names) residing at

.....

being a registered medical practitioner, hereby certify that at (state hour) on the

day of, 19--, at I personally

examined being a male/female approxi-

mately years of age whose address is

(b) As a result of the examination I am of the opinion that the patient belongs to Class I/Class II/Class III of mentally disordered or defective persons specified in Section 3 of the Mental Disorders Act, 1969.

(c) The following facts indicative of mental disorder or defect were observed by me during the abovementioned examination -

.....
.....
.....

(d) The following facts indicative of mental disorder or defect have been observed by me on previous occasions (give approximate dates)

.....
.....
.....

(e) The following facts indicative of mental disorder or defect have been communicated to me (set out facts communicated by other persons with names and addresses of those persons)

.....
.....
.....
.....

(f) In my opinion the factors which have caused the mental disorder or defect are

.....
.....

(g) In my opinion the patient is/is not suicidal/homicidal/in any way dangerous to himself or others (strike out what is inapplicable).

(h) The following treatment has been received by the patient in respect of his/her mental condition –

.....
.....
.....
.....

(i) The bodily health and condition of the patient is as follows –

.....
.....
.....

(j) Is any communicable disease present? Yes/No.

If so, what?.....
.....

(k) Is any recent injury present? Yes/No.

If so, what?.....
.....

(l) In my opinion the patient does/does not require skilled medical attention.

(m) (Under Section 17). In my opinion this is/is not a case of urgency in which the patient should be immediately removed to an institution/hospital/prison/cell.

(n) (Under Section 29 (1)). In my opinion it is/is not desirable that the patient shall remain under private care for the following reasons –

.....
.....
.....
.....

I certify that I am not prohibited by the Mental Disorders Act, 1969 from signing this certificate and that I am a duly registered medical practitioner.

.....
Signature and qualifications
of Medical Practitioner

Date

Place

Form 3

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Medical Practitioner's Certificate as to desirability of Further Detention of Patient
(Section 15)

- (a) I (give full names) residing at
....., being a registered medical practitioner,
and being the practitioner on whose certificate a reception order endorsed under section 10 of the Mental Disorders
Act, 1969, was granted on the day of, 19.... by the District
Commissioner,, in respect of the patient
..... being a male/female
approximately years of age whose address is
hereby certify that at (state hour) on the day of, 19....
at, I again personally examined the said patient.
- (b) As a result of the examination I am of the opinion that the patient belongs to Class I/Class II/Class III of mentally
disordered or defective persons specified in section 3 of the Act.
- (c) The following facts indicative of mental disorder or defect were observed by me during the above-mentioned
examination :-
.....
.....
.....
- (d) The following facts indicative of mental disorder or defect have been observed by me on previous occasions (give
approximate dates) :-
.....
.....
.....
- (e) The following facts indicative of mental disorder or defect have been communicated to me (set out facts communi-
cated by other persons with names and addresses of those persons)
.....
.....
.....

(f) In my opinion the factors which have caused the mental disorder or defect are

.....
.....

(g) In my opinion the patient is/is not suicidal/homicidal/in any way dangerous to himself or others (strike out what is inapplicable).

(h) The following treatment has been received by the patient in respect of his/her mental condition -

.....
.....
.....

(i) The bodily health and condition of the patient is as follows -

.....
.....
.....

(j) Is any communicable disease present? Yes/No.

If so, what?

(k) Is any recent injury present? Yes/No.

If so, what?

(l) In my opinion the patient does/does not require skilled medical attention.

I certify that the further detention of the patient for a period of at least days is desirable for the following purposes.....

.....
.....

I certify that I am not prohibited by the Mental Disorders Act, 1969, from signing this certificate and that I am a duly registered Medical Practitioner.

.....
Signature and qualifications
of Medical Practitioner

Date

Place

Form 4

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Reception Order
(Section 9)

To the Officer in Charge,

..... (institution or place of detention);

I,, District Commissioner of,

....., being satisfied (1) that the undermentioned

(1) that the undermentioned patient is mentally disordered or defective, and

(2) that he/she

* (a) is not under proper care, treatment or control; or

* (b) is cruelly treated or neglected by a relative or other person having the care or charge of him/her; or

* (c) is of suicidal or homicidal tendency or is in any way dangerous to himself/herself or others; or

* (d) has committed or attempted to commit a crime or offence or has acted in a manner offensive to public decency; or

* (E) that the person having the care, treatment or control of the patient consents, do hereby authorise the patient to be

removed to and do hereby order you to receive and to detain him/her under the provisions of the Mental Disorders Act, 1969, in the institution/place of detention under your

charge for (a period not exceeding 30 days).

Full names of patient

Sex Age Nationality

Address

I have determined that the patient belongs to Class I/Class II/Class III specified in Section 3 of the Act.

Dated at this day of 19

*Delete whichever is inapplicable.

.....
District Commissioner

Endorsement (if any) under Section 10 -

This order is granted for the temporary treatment of the patient only.

Dated at this day of 19

.....
District Commissioner

Endorsement (if any) under Section 15 of order endorsed under Section 10 -

I hereby extend the period of detention authorised above for a period of (not exceeding 30 days).

Dated at this day of 19

.....
District Commissioner

Endorsement (if any) under Section 16 of order not endorsed under Section 10 -

I hereby extend the period of detention authorised above for a further period of
(not exceeding 60 days).

Dated at this day of 19 ..,

.....
District Commissioner.

Form 3

REPUBLIC OF BOTSWANA

THE MENTAL DISORDERS ACT, 1969

Application by Police Officer for Reception Order
(Section 12)

To: The District Commissioner,

.....
(a) Particulars of Applicant Full name

Rank

(b) Particulars of patient for whom reception order is required Full names

Age Sex

Occupation Nationality

Address

(c) I declare that I am the person described in paragraph (a) and that I am an officer of the Botswana Police and hereby make application for a reception order under the Mental Disorders Act, 1969, for the person described in paragraph (b) (hereinafter called the patient).

(d) I believe that the patient is mentally disordered or defective.

(e) My reasons for so believing are as follows -

.....
(f) I further believe that the patient -

*is neglected or cruelly treated by a person having the care or charge of him/her;

*acts in a manner offensive to public decency;

*is not under safe and proper supervision, care or control;

*is dangerous to himself/herself or others.

(g) My reasons for so believing are as follows -

Date
.....

Place Signature and Rank of Applicant

*Delete whichever is inapplicable.

Form 6

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Urgency Application
(Section 17)

To: The Officer in Charge,

..... (institution/hospital/prison/cell)

(a) Particulars of applicant -

Full names

Address:

Occupation Age Sex

Precise relationship to patient

If not near relative, state reason why application is being made by applicant instead of by near relative

.....

.....

(b) Particulars of person for whom urgent reception is sought -

Full names

Address:

Occupation Age Sex

(c) Grounds on which Applicant believes patient is mentally disordered or defective -

.....

.....

.....

(d) The matter is one of urgency for the following reasons -

.....

.....

I, the applicant whose particulars are stated in paragraph (a), request you to receive and detain the patient described in paragraph (b) in your institution/hospital/prison/cell.

I have personally seen the said patient within the last forty-eight hours.

I attach a medical certificate from Dr. I am of full age

Date

.....
Signature of Applicant

Place

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Application for Reception Order
(Section 20)

To: The District Commissioner,

(a) Particulars of applicant -

Full names -----

Address -----

Official position or rank -----

(b) Particulars of patient for whom reception order is sought -

Full names -----

Sex ----- Age ----- Occupation -----

Nationality ----- Address -----

1. On the ----- day of ----- 19 ----- the above-named patient was received into ----- (specify institution/hospital/prison/cell) *on an urgency application made by me under section 17 of the Mental Disorders Act, 1969, accompanied by a medical certificate, of which application and certificate I attach copies hereto. *after being approached and conveyed by me to the said ----- (specify institution/hospital/prison/cell) under section 19 of the Mental Disorders Act, 1969, in the belief that the said patient was mentally disordered or defective and dangerous to himself or others and that it was necessary for the public safety/for the welfare of the patient that he should be placed under immediate care and control. I still hold this belief, which is based on the following facts: -

2. (Save where copy of a medical certificate accompanying an application under section 17 is stated in paragraph 1 to be retained) I have called in the advice of Dr. ----- a registered medical practitioner of ----- and for the purposes of section 9 I attach a copy of a certificate made by him after examining the said patient.

3. In terms of section 20(1) of the Mental Disorders Act, 1969, I make application for a reception order to be issued in respect of the said patient.

Dated at ----- this ----- day of ----- 19 -----

*Delete whichever is inapplicable

Signature of Applicant

Form 3

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Order for Further Detention
(Section 21)

To: The Officer in Charge,

..... (institution;hospital;prison;cell)

I,, District Commissioner of,
having considered an application under section 20 of the Mental Disorders Act, 1969, relating to the patient

.....
(full name)

Sex: Age: Occupation:

Nationality: Address:

do hereby order that the said patient be further detained for a period;periods of
not exceeding fourteen days; for the purpose of deciding whether or not the patient is mentally disordered or
delirious

Dated at this day of

.....
District Commissioner

Form 9

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Master's Order for Further Detention
(Section 27(1)(a))

To: The Officer in Charge,

..... (Institution or place of detention)

I,, Master of the High Court of Botswana, having
considered the reception order made on the day of 19 -- by
the District Commissioner, in respect of the patient (full names)

Sex Age Nationality

Address
and additional documents, and being satisfied that an order for the further detention of the said patient should be
made, do hereby, in terms of section 27(1)(a) of the Mental Disorders Act, 1969, order you to detain him/her under
the provisions of the said Act in the institution/place of detention under your charge for
(state a definite or indefinite period).

Dated at this day of 19

.....
Master of the High Court

Copy to: Director of Medical Services

Form 10

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Direction for Patient's Removal to an Institution
(Section 28)

To: The Officer in Charge,

..... (Institution or place of detention)

To: The Officer in Charge,

..... (Institution)

Whereas on the day of 19 .. the District Commissioner

..... issued a reception order in respect of the
patient (full names)

Sex: Age: Nationality:

Address:

*authorising the said patient to be detained in (institution or
place of detention);

*and whereas on the day of 19 .. the
Master of the High Court made a further detention order in respect of the said patient;

I, Director of Medical Services, do now in terms of Section 28

of the Mental Disorders Act, 1969, authorise the officer in charge of

(Institution or place of detention) to cause the said patient to be removed to
(Institution), there to be detained until legally discharged or transferred to some other place.

Dated at: this day of 19 ..

.....
Director of Medical Services.

*Delete if inapplicable

Copy to: The Master of the High Court.

Form 11

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Superintendent's Annual Report on Patient
(Section 32(1)(c))

To: The Director of Medical Services.
Copy to: The Master of the High Court.

Full names of patient

Sex Age Nationality

Hospital number date of admission

Date of Master's Order for further detention

(a) Present state of physical condition:

.....
.....
.....
height weight

Note gain or loss during the year:

(b) Diseases or injuries suffered since last report (if any):

.....
.....
.....

(c) Diagnosis and comment on mental condition:

.....
.....
.....

(d) Recommendations and general remarks or observations, if any:

.....
.....

Signed
Officer in Charge
Medical Superintendent

.....
Institution or place of detention.

Form 12

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Notification of Death or Escape of Detained Patient
(Section 32(3))

I have to report that _____ (full name)
Sex _____ Age _____ Nationality _____
Hospital number _____ who has been detained at _____
Institution or place of detention, since the _____ day of _____ 19____
died/escaped at _____ hour on the _____ day of _____ 19____

Signed _____
Officer in Charge, Medical Superintendent

Institution or place of detention

Date _____

In case of death

- To: (1) The District Commissioner, _____
(2) The District Registrar of Births and Deaths, _____
(3) The Director of Medical Services
(4) The Master of the High Court
(5) Where patient detained in prison: The Director of Prisons

In case of escape

- To: (1) The District Commissioner, _____
(2) The Officer in Charge, _____ Police Station
(3) The Director of Medical Services
(4) The Master of the High Court
(5) Where patient detained in prison: The Director of Prisons

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Form 13

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Medical Certificate that Patient no longer mentally disordered or defective
(Section 34)

I, _____ a registered Medical Practitioner of
_____ certify that I have on the _____ day of
_____ 19 _____ examined (full names) _____
(sex) _____ (age) _____ (hospital number) _____ who has been detained
at _____ (institution or place of detention) as a mentally
disordered or defective person under the Mental Disorders Act, 1969.

From this examination I find that the said _____
is no longer mentally disordered or defective.
His/her mental state I find to be as follows -

I recommend/do not recommend that he/she be released from detention.

Signature and qualification

Date

Place

Form 14

REPUBLIC OF BOTSWANA

THE MENTAL DISORDERS ACT, 1969

Application for Own Admission as Voluntary Patient
(Section 36(1))

To: The Superintendent,

..... (institution, hospital, nursing home or authorised place)

I, (full names)

(sex) (age) (occupation) (nationality)

..... (address)

being over the age of 16 years and desirous of voluntarily submitting myself to treatment for mental disorder or defect, namely

.....

.....

do hereby apply to be received and detained without a reception order as a voluntary patient at

..... (institution, hospital, nursing home or authorised place).

.....
Applicant

Date

Place

Form 16

REPUBLIC OF BOTSWANA
THE MENTAL DISORDERS ACT, 1969

Medical Recommendation
(Section 36)

I, a registered Medical Practitioner of
..... certify that I examined (full names)
..... (sex) (age)
(address) on the
..... day of 19, From this examination I find
his/her mental state to be as follows

.....
.....
.....

I am of the opinion that he/she is likely to benefit by being received and treated for mental illness under section 36 of the
Mental Disorders Act, 1969, and I recommend that he/she be so received and treated. My qualifications are

.....

Signed.....

Date

Place

Form 17

REPUBLIC OF BOTSWANA

THE MENTAL DISORDERS ACT, 1969

Warrant for Removal of Patient from Botswana
(Section 52)

(a) Person to be removed under warrant

Full names -----
Sex ----- Age ----- Occupation -----
Nationality -----
State where residing, cared for or detained -

I, -----, Minister of -----
being satisfied -

- (i) that the person described in paragraph (a) has been declared by the High Court to be mentally disordered or defective;
- (ii) that he/she should be removed from Botswana to -
----- (name other country);
- (iii) that such removal is likely to be for his/her benefit;
- (iv) that proper arrangements have been made for such removal and for his/her subsequent care and treatment;

do hereby authorise such removal and do direct that the said person be delivered to -----
(name of person) for the purpose of removal from Botswana to -----
(name other country).

Dated at ----- this ----- day of ----- 19-----

Minister of

M.P.K. Nwako,
Minister of Health, Labour and Home Affairs.

Ministry of Health, Labour and Home Affairs, GABORONE.
12th March, 1971.
L2/7/169.