Granting and Management of Leave for Acute Psychiatric Unit (APU) Inpatients Guideline - WACHS Mental Health

Effective: 30 March 2020

1. Guiding Principles

Leave for admitted mental health inpatients is encouraged to support person-centred recovery, sustain community-based living and ensure that treatment is provided in the least restrictive manner possible. Decisions to support or refuse leave requests are based on assessment and management of clinical risk and should be made through active collaboration with the treating team, the patient, carers and families. Decisions regarding a patient's leave and the rationale for leave are to be documented in the patient's medical record.

2. Guideline

Regardless of the legal status of the patient under the Mental Health Act (MHA) 2014, the allocated clinician and/or treating medical officer are to review the patient's current risk assessment and mental state before each episode of leave, in collaboration with the patient, carer/s and/or escort where appropriate. This assessment, together with any identified risk mitigation strategies must be documented in the patient's medical record at the earliest opportunity prior to leave commencing.

Consideration is to be given to the patient's:

- Risk to self;
- Risk to others;
- Risk/vulnerability from others;
- Assessment of clinical state, and
- Physical health status.

There are risks involved in both granting and restricting leave. If a patient is granted leave for three or more days, there is no guarantee a bed will be available on their return and a multidisciplinary review will be required to assess the patient with a view to discharge. Where leave has been restricted, the patient is to be advised of the leave restrictions and the timeframe for the review of these restrictions by the Psychiatrist.

Risks are to be weighed against the positive benefits of empowering the patient to take more responsibility and control of their life with recognition of the cultural, social, and individual needs of the patient, carer and family. Particular consideration may be needed for people of Aboriginal or Torres Strait Islanders descent who may require cultural leave, e.g. Sorry Time.

When assessing the granting of leave and determining an escort, the multidisciplinary team is to take into account the role and relationship of the patient and the escort. Information is to be gathered from stakeholders involved with the patient, carer and family.

In the event that a patient becomes aggressive / violent during leave, the escort is to take reasonable steps to ensure the supervision and safety of the patient only after

they have ensured their own personal safety. If, during a period of leave, serious imminent threat to/from the patient, or to a staff member or the public arises, staff are to contact the police for assistance.

All episodes of leave MUST be documented in the patient's medical record, and in accordance with the MHA (2014) and relevant local procedure. See section 2.6 below.

Risk mitigation strategies are to be documented and shared with the patient, carer and family prior to commencement of leave.

If a patient has impaired decision making capacity a substitute decision maker is to be identified for the purpose of leave management and this information recorded in the patient's medical record.

2.1 Voluntary Patients

- Although voluntary patients are free to leave the hospital premises, staff are to communicate the local processes and general responsibilities held by both voluntary patients and staff for supporting treatment adherence and safety during periods of leave. Patients, carers and families are encouraged to inform staff when they are taking periods of leave. Staff are to ensure patients, carers and families are provided the opportunity to discuss leave arrangements prior to leave, on all occasions of leave.
- Leave for voluntary patients under the age of 18 years who are admitted to an adult APU should adhere to the same principles of risk assessment, safety planning, balanced with promotion of autonomy and a recovery orientation. Particular attention to the involvement of family and carers in this assessment and their support for such leave is vital
- Leave for voluntary patients under the age of 18 years who are admitted to an adult APU should adhere to the same principles of risk assessment and safety planning, balanced with promotion of autonomy and recovery orientation. Particular attention to the involvement of family and carers in this assessment and their support for such leave is vital.
- Absence from the ward is to be documented in the patient's medical record to facilitate staff awareness of any absence and for information in the event of an internal emergency.
- Voluntary patients who unexpectedly leave the APU without notifying staff are to have a risk assessment performed (including attempts to contact the patient to verify safety) based on the most recent clinical contact with the patient. If the voluntary patient is assessed as high risk, action is to be taken in line with the WACHS Missing or Suspected Missing Inpatient Procedure.

2.2 Involuntary Patients

- Involuntary patients are only to be granted leave of absence by a psychiatrist. The psychiatrist's decision to grant leave will consider the forms of risk outlined in Section 2 and include the views of the patient, carer/s, family and the multidisciplinary team.

- The granting of leave may be for escorted or unescorted leave.
- Overnight leave for involuntary patients is to be documented in accordance with the MHA 2014 and documented on a 'Form 7A Grant of Leave to an Involuntary Patient'.
- The granting of day leave for involuntary patients is to be documented in the patients' medical record, in the manner prescribed by local policy or procedure, and must include the period of leave granted, the frequency of the leave and any restrictions that are necessary.
- When considering whether to grant a leave of absence to an involuntary patient, a psychiatrist should consider whether voluntary status or a Community Treatment Order (CTO) would be more appropriate.
- Length of leave may range from minutes to several days. Leave extended for longer than three days is to prompt multidisciplinary review about whether discharge is more appropriate.
- For further guidance on Leave for involuntary patients, please refer to s. 105 – s. 112 of the MHA 2014.

2.3 Escorted Leave

- If the psychiatrist authorises escorted leave, then the person(s) considered suitable to provide the escort must be specified by name or by role in the granting of leave.
- The appointment of an escort should be consistent with the wishes of the patient unless the:
    - Nominated escort does not consent to escorting the patient; or
    - Psychiatrist is concerned that the person nominated as escort is likely, based on current risk assessment, to be placed in a situation they are unable to manage during leave.
- The patient's next of kin / carer / support person or another identified responsible person can escort the patient at the treating psychiatrist's discretion, subject to them agreeing to the conditions of the leave.
- The escort is to be provided information with regards to the expectations of their role. This is to include awareness of:
    - The duration of leave and any conditions placed on it;
    - The need to stay with the patient for the duration of the leave;
    - The need to be able to contact the hospital, and to be contacted, by mobile phone during the leave;
    - The need to debrief with nursing staff on return of the patient to the ward;
    - If the proposed escort person does not agree to the above conditions, the grant of leave may be withdrawn until alternative arrangements can be made.

2.4 Escorted Leave by a Clinician

- Infrequently, it may be necessary or desirable for a clinician to conduct the escort.
- Clinical handover must take place before and after all leave escorted by a clinician, in accordance with the WA Health Clinical Handover Policy.
- Escorted leave by a clinician is to be provided in the manner prescribed by local policy or procedure and is subject to:
    - The patient's need for supervision;
    - The capacity of the service to provide an escort, given the existing or anticipated clinical acuity;
    - The availability of suitable non-staff escorts.

2.5 Staff Consultation

The patient's allocated nurse or the Shift Coordinator must be consulted before any patient is escorted from the ward by any staff member of any profession.

Mental health clinicians are to exercise their discretion to decline leave that has been granted, pending review by a doctor, if it is assessed that there has been a change in the risk assessment or an adverse change in the patient's mental state or physical condition. This situation, and the rationale for revoking approved leave, is to be documented in full in the patient's medical record and discussed with the patient and carer / family.

2.6 Documentation

The responsible mental health clinician must document any leave taken at the time of leave in the patient's medical record, and is to include:

- The patient's status under the MHA 2014;
- The clinical risk assessment and safety / risk mitigation plan;
- Communication of the approved leave, the purpose, duration and form of leave, any escort details, special conditions of leave, specific instructions for continuing care and contact details of the escort and the patient;
- Accommodation and/or destination and transport arrangements during the leave period;
- Any medications or equipment given to the patient to take during their leave period;
- The time leave commences and the time of returning;
- Handover of leave arrangements to the next shift where applicable;
- Any notable incidents / events which are reported to have occurred during the leave, including any deterioration in the patient's physical health status or mental condition and any debriefing or other actions that followed return from leave;

- Where applicable, the reason for the patient not returning by the agreed time and actions thereafter.

2.7 Patient goes missing or fails to comply with granting of leave conditions

If the patient goes missing whilst on leave, fails to comply with any conditions attached to the granting of leave or is missing from the APU, this is to be reported immediately to the Ward Coordinator / Clinical Nurse Specialist or Nurse Unit Manager and the responsible medical staff. The patient's Care Coordinator is to be informed of patients that do not return from leave and are currently active with the community service.

Regardless of the patient's status under the MHA 2014, if a mental health inpatient on leave does not return at the agreed time and cannot be contacted to establish their safety, the patient will be considered as missing. In these circumstances, actions as prescribed in the WACHS Missing or Suspected Missing Inpatient Procedure are to be initiated.

2.8 Revoking Leave

Leave may be revoked by the psychiatrist prior to or during periods of leave. Patients who have had leave revoked and remain in the ward should be placed on increased observations.

3. Definitions

Not applicable.

4. Roles and Responsibilities

The Clinical Director has overall responsibility for ensuring that services are delivered in accordance with this guideline.

The WACHS Regional Managers/Inpatient Managers are to provide orientation and education to relevant WACHS clinicians and staff on the use of this guideline.

All WACHS staff are required to work within this guideline.

5. Compliance

Failure to comply with this guideline may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System as per the Records Management Policy.

7. Evaluation

This document is to be reviewed every three years at minimum.

8. Standards

National Safety and Quality Health Care Standards (2017); 1, 2, 5 & 8
National Standards for Mental Health Services (2010); 2.11, 7.6.12. 10.4.4, 10.6.8
National Standards for Disability Services (2013); 1, 2, 3

9. Legislation

Mental Health Act 2014

10. References

Clinicians' Practice Guide to the Mental Health Act 2014

11. Related Forms

Clinical Documentation Mental Health Assessment Form SMHMR902
Risk Assessment and Management Plan (RAMP) SMHMR905

12. Related Policy Documents

OD 0526/14 State Wide Standardised Clinical Documentation (SSCD) for Mental Health Services

13. Related WA Health System Policies

Department of Health Missing Person Policy
Principles and Best Practice for the Clinical Care of People Who May Be Suicidal
WA Health Clinical Handover Policy

14. Policy Framework

Clinical Governance, Safety and Quality Policy Framework
Mental Health Policy Framework

15. Acknowledgement

WACHS wishes to acknowledge the South Metropolitan Health Service; Granting and Management of Leave for Mental Health Inpatients Policy upon which this document is based.

This document can be made available in alternative formats on request for a person with a disability

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Directorate:	Mental Health	**TRIM Record #**	ED-CO-20-16657
Version:	1.00	**Date Published:**	30 March 2020