



# Inpatient Leave Procedure

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## 1. Background

Leave for admitted mental health inpatients is an important component supporting patient-centred recovery, preserving community-based living and ensuring that treatment is provided in the least restrictive manner possible. Leave can enable and encourage positive risk-taking, functional/environmental assessments and aid discharge planning. Decision to support/refuse leave should be based on the patient's current clinical risk and in collaboration with the patient, their carers and or person support person/s to the fullest extent possible.

Part 7, Division 5 and 6 of the *Mental Health Act 2014* (MH Act) provides guidance on the management of leave for involuntary patients.

## 2. Procedure

### 2.1 Granting leave all patients

- Regardless of whether the patient is voluntary or involuntary a [SMHMR905 Mental Health Risk Assessment and Management Plan](#) and mental state examination is to be completed before leave is granted or taken, taking into account any history of absconding and or previous compliance with leave arrangements.
- All leave is to be approved by the treating psychiatrist or a member of the psychiatry team (e.g. on call psychiatrist) in consultation with the Clinical Nurse Manager (CNM) or senior clinician, documented in the patient's medical record and recorded on the Inpatient Leave Form. This decision is to be made in partnership with the patient, escort, carer, their personal support person/s and or advocate.
- The decision is to be based on assessment of clinical state, risk to safety, level of observation currently required on the ward, gradual leave, escorted or unescorted leave, capacity for informed consent and decision-making, having regard to the patient's individual needs, wishes and preferences.
- Refer to the GMHS [Missing or Absent Without Leave Procedure](#) for risk mitigation strategies (2.1).
- Where leave is granted, staff are to discuss consequences with the patient if they do not return from leave as agreed.
- Where leave is restricted, the patient is to be advised of the leave restrictions and the timeframe for the review of these restrictions by the psychiatrist. The carer and or personal support person/s are to be notified and their views considered in this review.
- A safety plan is to be developed and documented with the patient prior to leave outlining what steps are to be taken by the patient in the event that they begin to feel unsafe or their circumstances change. Inpatient staff are to ensure that the patient has phone numbers e.g. Emergency Department (ED) and the inpatient unit prior to leave and that the patient's contact details are checked and recorded in the medical record.

- The nursing staff are to ensure that all equipment / supplies / medications necessary for the patient are taken on leave.
- If staff are escorting the patient the inpatient unit mobile phone is to be taken in order to be able to contact the ward should a need arise.
- If staff are escorting the patient a transport risk assessment is to be completed.
- Where possible the patient is to remain in the same bed upon return to the service.
- All leave is logged on webPAS system by the ward clerk or admissions (out of hours).
- Staff are to seek the patients agreement to refrain from the use of illicit substances and alcohol use while on approved leave. Patients who return to the ward under the influence of illicit substances or alcohol are to be managed according to GMHS [Admission to Inpatient Unit Procedure](#).
- For a patient who fails to return from leave refer to the MH Act, [MP0012/16 Missing Person Policy](#) and the GMHS [Missing or Absent Without Leave Procedure](#).

### 2.2 Voluntary Patient

- Voluntary patients are encouraged to maintain connections with community and home during their hospitalisation, including by the taking of leave. This leave should be reflected in the patient's care plan.
- Staff are to ensure patients and carers are provided the opportunity to discuss leave arrangements prior to leave. Any periods of leave taken by a voluntary patient should be discussed with the treating nurse with appropriate involvement of carer and or their personal support person/s.
- Absence from the ward should 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 depart the inpatient unit without notifying staff are to have a risk assessment performed (including attempts to contact the patient to verify safety). Staff are to adhere to the GMHS [Missing or Absent Without Leave Procedure](#) if the risk assessment indicates a risk to self and others.
- If staff are concerned that a voluntary patient's safety may be at risk if they are granted leave, the Clinical Nurse Manager (CNM) or Shift Coordinator (SC) is to advise the patient to stay in the hospital until such time as a formal risk assessment and safety plan can be developed. If the patient insists on leaving, detention under [Form 2 - SMHMR938 Order to detain Voluntary Inpatient in Authorised Hospital for Assessment](#) to permit review by a psychiatrist is to be considered.
- A Progressive Risk Assessment (sticker) is to be completed before the first period of leave each day and repeated for any subsequent leave in a day if clinically indicated or based on the concerns of others.
- The patient is to be encouraged to contact the Shift Coordinator (SC) if there is a likely to be a delay in return from leave or an extension of leave required, who may then approve extensions of leave for the current outing.
- Length of leave may range from minutes to several days. **Leave extended for longer than three days is to prompt a multi-disciplinary review** about whether discharge is more appropriate.

Example of Progressive Risk Assessment Sticker

PROGRESSIVE RISK ASSESSMENT (Inpatient)			
REASON FOR STICKER: <i>(please circle)</i> : Team Meeting <input type="checkbox"/> Change in Mental State <input type="checkbox"/> Transfer <input type="checkbox"/> Other.....			
RISKS	LOW	MODERATE	HIGH
Harm to Self		✓	
Harm to Others		✓	
Harm from Others	✓		
Impulsivity		✓	
Absconding	✓		
Psychosocial		✓	
Concern expressed by significant others <i>(comment if any)</i> : J.Hocks (paternal g'mo) advised on 13/4/17 that patient had stolen money from her whilst on daily leave.			
Action Required: Inform team of recent concern. Liaise with g'mo for further information as necessary. Consider visual obs for absconding – for medical review. SW to investigate social circumstances of pt.			
Name: Tina Sparkle Designation: RN			
Signature .....Date: . 15/4/17 Time: 15.30			
Any changes in the patients risk level during their treatment needs to be reflected on the Client Management Plan			

“LOW”: Little or no evidence to support current risk.  
 “MODERATE”: Requires monitoring and action to minimise risk.  
 “HIGH”: Definite risk factors that requires immediate attention.

**2.3 Involuntary Patient**

- Leave is to be granted in accordance with the MH Act.
- All leave is to be approved by the treating Psychiatrist or a member of the psychiatry team (e.g. on call psychiatrist) in consultation with the CNM or senior clinician, the multidisciplinary team, the patient and where applicable their carers, advocate, personal support person/s, escort and or nominated person in accordance with the MH Act s.105.
- The psychiatrist is to consider whether a change in legal status is appropriate when granting leave to an involuntary patient

- Included in the patient's medical record are:
  - [Form 7A - SMHMR960 Grant of Leave to an Involuntary Inpatient for overnight leave granted to involuntary patients.](#)
  - [SMHMR902 Mental Health Risk Assessment](#) and the Progressive Risk Assessment Sticker for every subsequent approved leave.
  - Inpatient Leave Form.
  - Patient agreement stamp.
  - Whether an escort is or is not required. Where an escort is required the name, relationship to the patient and contact details are to be recorded, and any directions given to the escort and/or patient for the duration of leave.

### 2.4 Escorted Leave

- The treating nurse is to be consulted before any patient is escorted from the inpatient unit.
- Patients who have not met pre-requisite requirements for unaccompanied leave is to be accompanied by a staff member at all times. An additional staff member is to accompany the patient if there is a risk of the patient absconding or becoming aggressive.
- A mental health clinician, the patient's next of kin, carer, nominated support person/s, advocate or another identified responsible and suitable person (e.g. Aboriginal MH Worker) can escort the patient at the treating Psychiatrist's discretion.
- The escort is to agree to all conditions/restrictions attached to the leave, is to be able to contact the inpatient unit and be contactable by the inpatient unit via mobile phone during leave. The means of communication is to be checked prior to leave commencing.
- A debrief is to be conducted with the patient, the escort/s and nursing staff on return to the ward. This is to be recorded in the medical record.

### 2.5 Absent Without Leave

- The response by staff is to depend on the status of the patient under the MH Act 2014 and the level of assessed risk. Inpatient staff are required to discuss the situation with the treating Psychiatrist, senior clinician and treating nurse to agree on and document the course of action in accordance with MH Act 2014 Division 5 and decide whether or not an Apprehension and Return Order is required to request Police assistance to return the patient to the service.
- If Police assistance is requested the first point of call at the Police station is the Shift Supervisor. If there is a delay in the Police response and if you have concerns with regard your or the patient's safety you may ring the Senior Sergeant to further progress your request.

### 2.6 Documentation

- Nursing staff are to document in the patient's medical record, the following information:
  - Communication of the approved leave plan with the patient, escort, carer and or their personal support person/s.
  - Accommodation and or destination and contact details during the leave period.
  - Transport arrangements to and from the hospital.
  - Name of the person accompanying the patient.

- Any medications or equipment given to the patient to take during their leave period.
- Any specific instructions for continuing care.
- Departure and return times of the patient.
- Any issues arising in the course of the leave.

### 2.7 Transport requirements for patients granted leave

- Transport is to be arranged prior to leaving the inpatient service as per the risk assessment.
- Private vehicles belonging to staff are not to be used for the transport of patients.
- GMHS, patient, escort, carer and or their personal support person/s vehicles or public transport may be used.
- Public taxis are to be used for wheelchair dependent patients who are unable to transfer into a car.
- Refer to the WACHS [Safe Transport and Transfer of Care of Country Mental Health Patients Flowchart](#)

### 2.8 Costs

- The cost of the public transport or taxis for the patient and staff member is borne by this service, where the purpose of the leave is non-recreational.
- Before any expense occurs staff are to check whether these expenses are accepted reimbursable expenses and if not sure contact the CNM or the Hospital Coordinator prior to incurring an expense.
- Expenses incurred by the staff accompanying patients are to be reimbursed by completing the [ST2 Travel Accommodation / Incidental Allowances Claim Form](#)

### 2.9 Security issues during a period of patient leave

- 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 patient only after they have ensured their own personal safety.
- In the event of a patient absconding during an outing, the Shift Coordinator is to be notified immediately. The Shift Coordinator is to refer to the [MP0012/16 Missing Person Policy](#) and the GMHS [Missing or Absent Without Leave Procedure](#).
- If the patient, staff or public safety is threatened, staff are to contact the police for assistance.

### 2.10 Home Visits

- Home visits are to be carried out in accordance with the [OD 644/16 Community Mental Health Welfare Checks: Role of Mental Health Clinicians](#), WACHS [Working in Isolation - Minimum Safety and Security Standards for all Staff Policy](#), [DOH Prevention of Workplace Violence & Aggression Policy and Guidelines 2004](#) and the GMHS [Working Alone - Community Visiting Procedure](#).

### 2.11 Incident Reporting

- Any incident that occurs during a period of leave is to be reported immediately to the CNM and subsequently to the Regional Manager Mental Health.
- On return to the unit, the staff member is to complete the Clinical Incident Management within [Datix](#) and or the WACHS [Safety Risk Report Form](#). Refer to the [Clinical Incident Management Policy](#) and the WACHS [Risk Management Policy](#).
- Absconding by involuntary patients or instances in which there is likely to be media coverage are to be reported to the Office of the Chief Psychiatrist as a serious incident.

## 3. Roles and Responsibilities

**The Clinical Director and Regional Manager, Mental Health** are to:

- oversee and ensure clinical governance within the GMHS.
- assist staff in the resolution of any issues or problems that arise in the use of this procedure.
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

**Clinical Nurse Manager - Mental Health Inpatient Unit** is to:

- ensure that all GMHS staff receive sufficient training, instruction, and supervision in the use of this procedure.
- monitor this document and ensure staff comply with its requirements.

All Staff are to:

- ensure they comply with all requirements of this procedure.
- promote a safe recovery oriented, a patient-centred culture within the GMHS.
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

## 4. Compliance

This procedure is a mandatory requirement under the *Mental Health Act 2014*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) 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.

## 5. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory.

This process is to include a routine review of patient leave and individual incidents.

## 6. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012) – 1.5.2, 1.8.1, 1.8.2

[National Safety and Quality Healthcare Standards](#) (Second edition 2017) –1.11b, 1.13a, 2.6, 2.7

[EQulPNational Standards](#) (11-15) – 12.2.1, 12.3.1

[National Standards for Mental Health Services](#) – 1.7, 2.11, 6.10, 10.1.7, 10.5.2

## 7. Legislation

*Mental Health Act 2014*

## 8. Related Forms

[SMHMR905 Mental Health Risk Assessment and Management Plan](#)

[Form 2 - SMHMR938 Order to detain Voluntary Inpatient in Authorised Hospital for Assessment](#)

[Form 7A - SMHMR960 Grant of Leave to an Involuntary Inpatient](#)

[SMHMR902 Mental Health Risk Assessment](#)

[ST2 Travel Accommodation / Incidental Allowances Claim Form](#)

WACHS [Safety Risk Report Form](#)

## 9. Related Policy Documents

GMHS [Missing or Absent Without Leave Procedure](#)

GMHS [Admission to Inpatient Unit Procedure](#)

GMHS [Working Alone - Community Visiting Procedure](#)

WACHS [Risk Management Policy](#)

WACHS [Working in Isolation - Minimum Safety and Security Standards for all Staff Policy](#)

WACHS [Safe Transport and Transfer of Care of Country Mental Health Patients Flowchart](#)

## 10. Related WA Health System Policies

[MP0012/16 Missing Person Policy](#)

[OD 644/16 Community Mental Health Welfare Checks: Role of Mental Health Clinicians  
Clinical Incident Management Policy](#)

[DOH Prevention of Workplace Violence & Aggression Policy and Guidelines 2004](#)

## 11. Policy Framework

[Mental Health Framework](#)

## 12. Appendices

**Appendix 1 - [My Leave Agreement](#)**

**Appendix 2 - [Patient Leave Form](#)**

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

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