



Mental Health Personal Property Management Policy

1. Purpose

The purpose of this policy is to set out the minimum standards for the management of patient and visitor personal property in WA Country Health Service (WACHS) Mental Health Inpatient Units (MHIU).

2. Policy

2.1 Guiding Principles

The management of patient and visitor personal property in the MHIU is to be guided by the following:

- The aim of supporting patients in keeping and accessing their personal belongings whenever it can be done safely, respecting their sense of comfort and autonomy. If something cannot be safely used, staff are to explain the reasons and work with the patient to find alternatives that support their recovery.
- Staff are to provide patients:
 - with clear, easy to understand information, both verbally and in writing about how their belongings will be cared for, so they feel informed and reassured
 - with secure storage for personal property
 - the opportunity to declare possession and relinquish items
 - encouragement to not bring valuables or large sums of money to the MHIU or leave their vehicle on site
 - advice that WACHS does not take responsibility for the safe keeping of personal property.
- The MHIU Clinical Nurse Manager has overall management of personal property in the MHIU, including storage, patient access, return of items and record keeping in the MHIU property register. In addition, valuables and money may need to be kept in the hospital safe in accordance with local procedure or arrangements.
- Where an item poses a risk of harm to a patient, or another person, access may be restricted to it; refer to the [Mental Health Search and Seizure Procedure](#) for guidance on patient access to potentially harmful items.
- Prohibited items are not permitted in the MHIU and are to be stored securely until they can be collected by the police or returned to the owner, if appropriate, (refer to the Mental Health Search and Seizure Procedure).
- Access to potentially harmful items may be restricted.
- The patient's own medications are to be managed in accordance with the [Medication Handling and Accountability Policy](#).
- Keys, including vehicle keys, must be stored securely and access to them is not permitted while in the MHIU.
- Patient vehicles should not be left on the hospital grounds; the patient should nominate a person to remove the vehicle from the hospital grounds. The *Health Services (Conduct and Traffic) Regulations 2016* allows for the removal of vehicles after three days. The multidisciplinary team is to provide guidance as appropriate to facilitate suitable arrangements.

- Any risks associated with patient personal property are to be documented in the patient's Risk Assessment and Management Plan.
- Assistive devices (e.g. hearing aids, glasses) may be labelled with patient's name to mitigate loss or damage.
- For all patients including those who are of Aboriginal descent and culturally and linguistically diverse background understanding is to be facilitated, where appropriate, by:
 - using the approved interpreter service
 - involvement of an Aboriginal Mental Health Worker
 - involvement of a personal support person.

This policy is to be read in conjunction with the:

- [Mental Health Act 2014](#) (WA) (MHA)
- MP 0181/24 [Safety Planning for Mental Health Consumers Policy](#)
- WACHS [Mental Health Search and Seizure Procedure](#)
- WACHS [Mental Health Visitor Management Policy](#).

2.2 Electronic Devices

Patients may keep electronic devices when it supports their recovery and safety. If limits are needed, staff are to explain why and explore other ways to help patients stay connected.

The decision to restrict access to an electronic device is to be made by the MHIU Clinical Nurse Manager (or authorised delegate) based on the:

- the patient's therapeutic needs
- promotion of the patient's recovery in the least restrictive manner
- legal orders prohibiting access
- the safety and privacy of other patients, visitors, and staff in the MHIU.

In addition to this, a psychiatrist may prohibit or limit a patient's access to means of communication, including mobile phones and other electronic communications if they are satisfied that it would not be in the patient's best interest to use them (Form 12C).

The use of photography, video, and audio recording by patients and visitors is prohibited in the MHIU. Appropriate signage is to be posted to reflect this; refer to the WACHS [Photography and Filming of Clinical Care by Patients, Carers, Relatives, Visitors or Contractors Policy](#). Patients are to be requested to delete any material that is captured, recorded, or filmed.

2.3 Food and Drink

WACHS aims to ensure that all consumers have access to appropriate nutrition and hydration during their admission to any WACHS facility. The WACHS [Nutrition and Hydration Procedure](#) covers this and provides the following resources:

- Food from home: hospital guide - outlines food safety requirements to support families and carers who are bringing food from home for patients or residents.
- Bringing food from home: consumer resource - outlines suitable foods that can be provided to patients and residents, including transport and storage to ensure safe food practices.

The patient's own food and drinks are permitted at the discretion of the MHIU Clinical Nurse Manager (or authorised delegate) based on:

- the patient's dietary needs, wellbeing, cultural beliefs and customs (for Aboriginal patients use the [MR23 WACHS Cultural Information Gathering Tool](#))
- promotion of the patient's recovery in the least restrictive manner
- available provisions for the proper storage, safe handling and consumption of food and drinks in line with safe food handling requirements
- the safety of other patients, visitors, and staff in the MHIU.

Some food and drink will need to be stored in the patient's locker, or locked patient fridge with patient labels attached. Nurses are to provide access as appropriate.

2.4 Documentation

All personal property is to be recorded in the MHIU property register. The minimum information required is:

- date and time of recording the entry to the property register, and
- brief description
- photograph of the item, if appropriate, (refer to the WACHS [Clinical Image Photography and Videography Policy](#)).

A copy of the entry in the property register is to be given to the patient and scanned into to the patient's healthcare record.

2.5 Visitors

To keep everyone safe, visitors are to be asked not to bring items that could cause harm. Staff are to explain what these items are and work with visitors to resolve any concerns.

Visitors are to be informed by signage and verbal advice from staff that certain items are potentially harmful or prohibited.

If staff are concerned that a visitor is in possession of a prohibited item or an item which poses a risk to a patient, or another person, the staff member is to request that the visitor relinquish the item or remove the item from the MHIU. The rationale for the request is to be provided by staff.

Where the visitor denies possession of such an item, but reasonable suspicion is held to the contrary, staff may request that the visitor consent to a search. A visitor may not be searched without consent, however, if the visitor does not consent to a search, the visitor can be refused entry to the MHIU.

Visits to the MHIU will be monitored and a patient may be searched if there is a suspicion that the patient has obtained a prohibited or potentially harmful item. A urine drug screen may also be required. Refer to the Mental Health Search and Seizure Policy for further information.

Staff are to escalate visitor-related concerns to the MHIU Clinical Nurse Manager (or authorised delegate).

2.6 Loss and Theft

WACHS is responsible only for property that is placed in its custody and all property kept by the patient is done so at the patient's own risk.

Staff are to report the loss or suspected theft of a patient's or visitor's personal property to the MHIU Clinical Nurse Manager and note the loss and circumstances against the item recorded in the property register. The loss or theft is then to be investigated.

If a patient feels their belongings are missing or stolen, staff are to provide support and guidance, including helping the patient to contact the police if they choose.

Where it is known that a patient has made a report to the police, this is to be recorded in the patient's healthcare record.

Refer to the WACHS [Closed-Circuit Television Footage and Security Data Policy](#) for guidance on the use of this technology in reducing the incidence of crime in WACHS facilities.

2.7 Return and Disposal of Personal Property

Personal property is to be returned to the patient upon the patient's discharge from the MHIU.

Prohibited items and medication not prescribed may not be returned to the patient, but will be disposed of in line with:

- sections 167 and 168 of the [Mental Health Act 2014](#) (WA).
- the WACHS [Mental Health Search and Seizure Procedure](#)
- local arrangements (e.g. contact with Police or security team), and
- cultural considerations.

When returning or disposing of personal property cultural significance is to be considered; refer to [MR23 WACHS Cultural Information Gathering Tool](#).

The return of the property is to be checked against the property register. Once completed, staff are to sign the discharge checklist.

Where personal property belonging to a discharged consumer is not taken on discharge, the consumer or personal support person must be contacted to collect the items. This contact is to be documented in the patient's healthcare record.

Property not taken on discharge may be returned to the consumer via mail with the approval of the MHIU Clinical Nurse Manager.

Property is not to be discarded without consultation with the patient or their personal support person. The exception to this is for soiled personal property posing an infection control risk that is not subject to coronial or police investigation.

In accordance with Section 259 of the MHA, any personal possessions of a consumer left at an authorised hospital for more than six months after the day on which the consumer is discharged by the hospital may be sold or otherwise disposed of by the person in charge of the hospital, but only:

- after the person in charge gives at least one month's notice of the proposed disposal to a carer, close family member or other personal support person of the person, or
- if no carer, close family member or other personal support person of the person claims those possessions within that six-month period.

Refer to the WACHS [Care of the Deceased Policy](#) for guidance on the handling the personal property of a deceased patient.

3. Roles and Responsibilities

Executive Directors are responsible for oversight of policy implementation across their region including the allocation of resources to support the policy.

Regional Directors are responsible for the provision of patient property management processes, and the availability of a property register at the MHIU.

The **Mental Health Clinical Director** is responsible for providing clinical leadership to the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

The **Hospital Operations Manager/Mental Health Manager** is responsible for:

- providing managerial support to the MHIU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these
- monitoring the team performance against the agreed performance indicators.

The **MHIU Clinical Nurse Manager** is responsible for:

- identifying and communicating organisational and local ward clinical governance structures
- providing day to day monitoring of the ward clinical governance processes including monitoring of the implementation of this policy
- ensuring compliance with this policy.

The **Shift Coordinator** is responsible for supervising, monitoring, delegating, and communicating all operational processes of the ward and overseeing the provision of safe and effective nursing care.

Nursing staff are responsible for delivering care within the scope of practice for registration and competence. Undertaking tasks as delegated or as scheduled by shift coordinator instructions. Escalating to the shift coordinator any clinical, OSH, or security incidents, near misses, and consumer complaints. Communicating immediately with the shift coordinator if there is any deterioration in a consumer's condition or when the delivery of care is outside of the nurse's scope of practice or competence.

Aboriginal Mental Health Workers are responsible for providing support to Aboriginal consumers and the multidisciplinary team to ensure cultural considerations are appropriately addressed in undertaking search and seizure processes. When returning or disposing of personal property cultural considerations should be taken into account; refer to MR23 WACHS Cultural Information Gathering Tool at multidisciplinary team meetings.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Clinical incidents captured in clinical incident management system (CIMS) are monitored through regional mental health governance meetings and the Mental Health Central Office Safety, Quality and Risk Steering Committee.

Any incident that meets the criteria for a notifiable incident as defined by the MHA, must be reported to the Chief Psychiatrist in accordance with the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist. The Office of the Chief Psychiatrist actively monitors and reviews reported notifiable incidents for all Health Service Providers.

The MHIU Clinical Nurse Manager in consultation with the person in charge of the ward, is responsible for monitoring completed Form 12C to ensure the requirements of the MHA are met.

The Mental Health Advocacy Service is an independent body that has authority under the MHA to review consumer care and advocate for the protection of consumer rights and responsibilities. Advocates will identify and raise systemic issues in mental health services affecting the health, safety or wellbeing of consumers.

Evaluation of this procedure is to be carried out by the WACHS Mental Health directorate in consultation regional WACHS Mental Health Services.

Evaluation methods and tools may include:

- staff feedback and consultation
- carer and consumer feedback / consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

5. References

Nil

6. Definitions

Term	Definition
Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Personal property	Refers to any item in the possession of a patient or visitor to the MHIU and includes electronic devices, medications, clothing, and “personal possessions” as defined in s.259 of the MHA, including assistive devices and valuables
Personal support person	As defined by the MHA, and includes parent, guardian, nominated person, carer, close family member
Potentially harmful item	Any object that may pose a risk to the health or wellbeing of an individual (refer to Appendix A of the Mental Health Search and Seizure Procedure)
Prohibited Items	Prohibited items are as defined in Section 7 of the Health Services (Conduct and Traffic) Regulations 2016 and include alcoholic beverages, firearms, weapons and prohibited drugs
Property register	Any book, ledger, register or database kept as an official record of personal property for the MHIU

7. Document Summary

Coverage	WACHS-wide
Audience	Mental Health Inpatient staff
Records Management	Clinical: Health Record Management Policy Non-Clinical: Corporate Recordkeeping Compliance Policy
Related Legislation	Disposal of Uncollected Goods Act 1970 (WA) Health Services (Conduct and Traffic) Regulations 2016 Mental Health Act 2014 (WA) Unclaimed Money Act 1990 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0181/24 Safety Planning for Mental Health Consumers Policy • Mental Health Policy Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Care of the Deceased Policy • Clinical Image Photography and Videography Policy • Closed-Circuit Television Footage and Security Data Policy • Medication Handling and Accountability Policy • Mental Health Admission Procedure (under development) • Mental Health Discharge Procedure (under development)

	<ul style="list-style-type: none"> • Mental Health Search and Seizure Procedure • Mental Health Visitor Management Policy • Nutrition and Hydration Procedure • Photography and Filming of Clinical Care by Patients, Carers, Relatives, Visitors or Contractors Policy
Other Related Documents	<ul style="list-style-type: none"> • Food from home – hospital guide • Brining food from home – consumer resource
Related Forms	<ul style="list-style-type: none"> • MR23 WACHS Cultural Information Gathering Tool • Risk Assessment and Management Plan
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5045
National Safety and Quality Health Service (NSQHS) Standards	1.30, 5.04, 5.10
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Authorisation of Hospitals under the <i>Mental Health Act 2014</i> , Criterion 2.39
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	10 February 2026	10 February 2026	New policy

9. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Nil
Contact	Senior Project Officer - Policy
Business Unit	Mental Health Directorate
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