



Missing Person or Suspected Missing Mental Health Inpatient Procedure

Effective: 28 April 2021

1. Guiding Principles

This procedure is to be read in conjunction with [WACHS Missing or Suspected Missing Inpatient Procedure](#) which provides clear direction and actions required when an inpatient is missing or suspected missing.

The Goldfields Mental Health Inpatient Service (MHIS) has a duty of care to all patients admitted. This duty includes the responsibility to protect and care for people who because of illness or vulnerability, may come to harm by leaving the hospital. This procedure also applies to any patients admitted under Psychiatry to General Wards of the Hospital (referred to as Mental Health Outliers).

The Goldfields MHIS does not have the right to detain patients who choose to leave except patients admitted to the Mental Health Inpatient Unit (MHIU) under the WA Mental Health Act 2014, (MHA2014), or deemed an acute risk and detained under a duty of care.

An involuntary patient who is Absent Without Leave (AWOL) must be reported to the Chief Psychiatrist via the Clinical Incident Management System (CIMS) as per the [Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#). Notifications are to be made within 48hrs.

For further guidance on missing or suspected missing mental health inpatients refer to [MP 0012/16 Missing Person Policy - WA Public Mental Health Services](#).

For all patients including those who are of Aboriginal¹ descent and Culturally Linguistically Diverse (CALD) understanding is to be supported where appropriate by:

- Using leaflets/signs
- Using approved [interpreter service](#)
- Involvement of an Aboriginal Mental Health Worker (AMHW)
- Involvement of a carer, close family member or other personal support person (PSP).

Please refer to the [WACHS Discharge Against Medical Advice Policy](#) where indicated.

¹Within 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.

2. Procedure

2.1 Risk Assessment and Management

All patients admitted under the Psychiatrist to the MHIU must have a current risk assessment (BRA or RAMP), a recent mental state examination completed and documented in the patient's medical record and on PSOLIS. The level of clinical observations is then determined according to the level of risk (including absconding risk) and clinical presentation by the treating team.

Risk management strategies to be used for all patients with any level of risk of absconding:

- Documented history of previous absconding (PSOLIS alerts), or identification of those at risk of going missing.
- Admission information for voluntary patients to include the need to notify staff of their whereabouts if they plan to leave the inpatient unit.
- Maintaining an appropriate level of observation by staff.
- Granting of leave for patients when appropriate to do so.
- Informing patients of their leave entitlements throughout their admission
- Encouraging consumers to let staff know if they have concerns regarding remaining in Hospital and receiving treatment (i.e. fear of others, lack of privacy, boredom, isolation etc.).
- Support and validation of the patient's everyday responsibilities (i.e. property, pets, care of significant others).
- Consideration of any other concerns from patient or carers that are adversely affecting the patient's capacity to remain as an inpatient.

2.2 Response to Missing or Suspected Missing Inpatient

Please refer to [Appendix 1 - Missing or Suspected Missing Mental Health Inpatient Flowchart](#)

When staff become aware that a patient is missing:

- The Shift Coordinator (SC) during hours the Clinical Nurse Manager (CNM) or after hours the most Senior Clinical Staff member must be informed immediately.
- A rapid sweep of the area to try and locate the patient is conducted.
- Establish where and when the patient was last seen.
- Attempt phone contact if a mobile phone number is available.
- If the patient is not immediately located, and further to the Key Steps outlined in the WACHS Missing or Suspected Missing Inpatient Procedure, the Shift Coordinator is to escalate and establish a plan to manage the missing or AWOL patient.
- Inform next of kin/carers/PSP/family and discuss potential search areas.
- The Shift Coordinator is to ensure the [GFMR34 - Absconded/ Missing Person Notification Form](#) is completed and filed in the patient's medical record.
- The MHIU Consultant Psychiatrist during business hours (on call after hours) is to be informed.
- The Hospital Coordinator and Security are informed and are to assist in conducting and coordinating searches and any other response as indicated.

- Assistance from law enforcement and other appropriate agencies is to be requested as needed to carry out the search.
- Inform Regional Manager Mental Health (RMMH) and Regional Clinical Director (CD). Available within and outside of working hours for notification. RMMH will advise Regional Executive.

2.2.1 If the missing person is not found the Shift Coordinator is to ensure:

- Determination of the patient's clinical risk at the time of the individual going missing including consideration of their status under the MHA2014 and risk management documentation.
- If the patient is an involuntary or referred patient under the MHA2014, that a [Form 7D – Apprehension and Return](#) Order is completed.
- Police are informed of the missing or AWOL patient (telephone Police Assistance Centre on 131 444) and the Form 7D (MHA2014) and GFMR34 are faxed to the Police.
- WA Police (WAPOL) will require a [Mental Health Absconder Report](#) in Word format emailed to pacprocessingsmail@police.wa.gov.au.
- Police are updated daily on patient status.
- Feedback to the patient's next of kin/carers/PSP/family to occur at regular intervals to update regarding status of service actions as the situation changes.
- An involuntary patient who is absent without leave *and* considered "at risk" requires reporting as a SAC1 incident under the Department of Health [MP 0122/19 Clinical Incident Management Policy](#).
- For involuntary patients, the Chief Psychiatrist is notified via CIMS as per [Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#). Notification must occur within 48 hours.
- Where appropriate, Community Mental Health Service and or AMHW staff can be requested to visit the patient's residence. If risk is deemed to be high, then request police support to accompany mental health service staff. Refer to [Mental Health Case Management Policy](#).

All information related to the search for the missing person and notifications made is to be documented in the medical record, including personnel informed, actions taken to find the patient, forms completed and forwarded to WAPOL, and the outcome at that time.

2.2.2 If the missing person is found:

A review is required by the treating team of the patient's level of risk after an episode of being missing or other significant events occur.

- If the patient returns to the unit, upon arrival the patient is to undergo a full medical assessment, identifying any changes of mental state and physical condition and appropriate treatment undertaken, which may or may not include use of MHA2014 if not already in place.
- Ensure next of kin/carers/PSP/Family are informed and ongoing treatment planning is to be discussed with the patient and the next of kin/carers/PSP/family.
- Ensure collateral information is gathered and considered in treatment planning.
- Where the patient is located and returned to the unit or discharged, ensure police are informed that the person is no longer missing or AWOL and that the

Form 7D is revoked. Complete and email the Absconder Located form in Word format to WAPOL at pacprocessingsmail@police.wa.gov.au

- PSOLIS is to be updated with any changes to Risk Assessment, Management Plan, Alerts, and Incidents.

If the patient chooses not to return to the MHIU and is low risk, then the WACHS [Discharge Against Medical Advice Policy](#) is to be implemented. Appropriate community follow up is to be arranged and all efforts and actual contacts documented. A summary of the incident is to be documented within the medical records and where indicated a Clinical incident notification and report is to be completed within Datix CIMS.

If appropriate, a post incident debrief for staff involved is to be coordinated by the RMMH or Regional Clinical Director.

3. Definitions

Definitions of Absent without Leave, Discharge Against Medical Advice, Involuntary Patients, Missing Patient, Senior Clinical Staff Member, Voluntary Patient and Clinical Incident are all located within the WACHS Missing or Suspected Missing Inpatient Procedure.

4. Roles and Responsibilities

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

- oversee and ensure clinical governance within the Goldfields Mental Health Service (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.

The Clinical Director is responsible for:

- overseeing and ensuring clinical governance within the GMHS
- assisting the CNM and RMMH in the resolution of any issues or problems that arise in the use of this procedure.

Clinical Nurse Manager - Mental Health Unit is to:

- ensure that all MHIU 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
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure the Goldfields Mental Health Inpatient Unit is a safe, equitable and positive environment for all

- Promote a safe, recovery oriented and patient-centred culture within the Goldfields Mental Health Service.

5. Compliance

This procedure is a mandatory requirement under the *WA 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 [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, WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process on at least every three years.

Monitoring of compliance with this procedure is to be carried out by the Clinical Nurse Manager every 12 months using Clinical Incident Review.

8. Standards

[National Safety and Quality Healthcare Standards](#) (Second edition) – 1.11 5.11, 5.13d, 8.8

[National Standards for Mental Health Services](#): 2.11 6.13 7.2 7.10 7.12 9.3

[National Standards for Disability Services](#): 1.4; 6.2

9. Legislation

[WA Mental Health Act 2014](#)

10. References

[Stokes, B \(2012\). Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia. Perth, Government of Western Australia, Department of Health and Western Australian Mental Health Commission](#)

11. Related Forms

[SMHMR902 Mental Health Assessment Form](#)

[Mental Health Patient Transport Risk Assessment](#)

[Form 7D Apprehension and Return Order](#)

[1A Referral for Examination by Psychiatrist / Revocation of Referral](#)

- [3A Detention Order](#)
- [GFMR34 - Absconded/ Missing Person Notification Form](#)
- [SMHR905 Risk Assessment and Management Plan](#)
- [SMHMR904 Mental Health Physical Appearance](#)

12. Related Policy Documents

- [WACHS Discharge Against Medical Advice Policy](#)
- [Goldfields Mental Health Service - Inpatient Leave Procedure](#)
- [WACHS Missing or Suspected Missing Inpatient Procedure](#)
- [Broome Mental Health Unit, Absent Without Leave and Missing Persons Procedure](#)
- [Broome Mental Health Unit, Absent Without Leave and Missing Persons Flowchart](#)
- [WACHS Mental Health Care in Emergency Department and General Wards Policy](#)

13. Related WA Health System Policies

- [MP 0012/06 Missing Person Policy WA Public Mental Health Services](#)
- [MP 0099/18 Community Mental Health Status Assessments Role of Mental Health Clinicians](#)
- [MP 0063/17 Requesting Road-Based Transport for Mental Health Patients Subject to Transport Orders Policy](#)
- [MP 0122/19 Clinical Incident Management Policy 2019](#)
- [MP 0074/17 Clinical Care of People Who May Be Suicidal Policy](#)
- [MP 0101/18 Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy](#)

14. Policy Framework

- [Mental Health Policy Framework](#)

15. Appendices

- [Appendix 1 - Missing or Suspected Missing Mental Health Inpatient Flowchart](#)

16. Useful Resources

- [WAPOL Mental Health Absconder Report](#)
- [WAPOL Missing Person - Absconder Located Form](#)

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

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APPENDIX 1

**KALGOORLIE REGIONAL HOSPITAL
MISSING or SUSPECTED MISSING MENTAL HEALTH INPATIENT FLOWCHART**

SHIFT COORDINATOR (SC)

1. Perform Rapid Sweep of area.
2. Establish and **confirm date and time**, when and where patient was last seen.
3. Telephone the patient, and Next of Kin/Carer/Family/PSP.
4. Inform Senior Clinical Staff Member (CNM or SC), Duty/ on-call Psychiatrist and Hospital Coordinator (HC). HC to advise ED and MH Liaison Staff as needed.
5. Inform security and organise search of immediate area/grounds.
6. Assistance from Police to be requested as needed to carry out search.
7. Where available and indicated request CMHT and AMHT to assist search, and potential home visit, if risk high then request Police support.
8. Inform GMHS Regional Manager Mental Health and GMHS Clinical Director.

PA TIENT STILL MISSING

PA TIENT LOCA TED and returned to Unit

SHIFT COORDINATOR

- Instigate the following actions:
1. Contact Case Manager, inform Next of Kin/Carer/Family/PSP.
 2. Complete GFMR34- Absconded/Missing Person Notification Form.
 3. Complete Form 7D if patient involuntary or referred under MHA 2014.
 4. Contact Police and report patient as AWOL or missing. Email WAPOL Mental Health Absconder Report to pacprocessingsmail@police.wa.gov.au. Email/Fax GFMR34 and Form 7D if completed. Update Police on daily basis regarding patient status.
 5. Complete Clinical Incident Form (Datix CIMS).
 6. An Involuntary patient who is AWOL and considered "at risk" requires reporting as a SAC 1 and notification to Chief Psychiatrist.
 7. Documentation completed in patient health record.

SHIFT COORDINATOR

1. *Business hours:* Arrange for MHIU Medical team to undertake full medical review, including cognitive and physical assessment.
2. *After hours:* Prior to return to unit present patient to KRH ED for a full medical review, including cognitive and physical assessment.
3. Inform Next of Kin/Carer/Family/PSP, gather any collateral information.
4. Inform MH Liaison Nurse.
5. Inform Police, the MHIU Duty /on-call Psychiatrist, CNM, HC, Security, Regional Manager Mental Health and Clinical Director.
6. Email WAPOL Missing Person – Absconder Located Form to pacprocessingsmail@police.wa.gov.au. Ensure Form 7D is revoked.
7. Formulate any changes to treatment plan, update risk assessment and consider location for treatment in consultation with Duty/on-call Psychiatrist.
8. Include Patient and Next of Kin/Carer/Family/PSP in treatment planning.
9. Patient is reviewed by Duty Psychiatrist or SMP within 24 hours of return.
10. Complete Clinical Incident Form (Datix CIMS).
11. Documentation completed in patient health record.

FOR ALL PA TIENTS AWOL OR MISSING REGARDLESS OF MHA STATUS

Business Hours: CNM inform GMHS Regional Manager and Clinical Director; RMMH informs RD.
After hours: Hospital Coordinator inform GMHS Regional Manager and Clinical Director; RMMH informs RD.

DOCUMENT EACH ACTION AND STEP, INCLUDING ALL NOTIFICATIONS MADE IN MEDICAL RECORD