



# Patient Leave, Home Visits, Leave for Therapeutic Activities and Other Leave Procedure

Effective: 24 August 2018

## 1. Guiding Principles

A legitimate aspect of a patient's rehabilitation program involves re-integration into the community through participating in functional or environmental assessment or discharge planning, therapeutic or recreational activities external to the hospital environment.

1.1 Leave for admitted mental health inpatients should be encouraged in order to support:

- person-centred recovery
- sustain community-based living
- participate in occupational therapy activities
- and ensure that treatment is provided in the least restrictive manner possible.

1.2 Decisions to support, or refuse leave requests are to be made on:

- assessment and management of clinical risk
- active collaboration with patients, carers, close family member or other personal support person to the fullest extent possible

Leave decisions and their rationale are to be documented in the patients' care plan / medical record.

1.3 Part 7, Divisions 5 and 6 of the [Mental Health Act 2014](#) provides guidance on the management of leave for involuntary patients.

## 2. Procedure

2.1 Patients assessed as high risk are not to be granted leave.

2.2 All leave for involuntary patients is to be approved by the treating psychiatrist or on-call psychiatrist in consultation with the treating team and documented in BMHU MRK 7024 Patient Leave Form

2.3 All leave for voluntary patients can be approved by the treating medical officer in consultation with the treating team and documented in BMHU MRK 7024 Patient Leave Form.

2.4 Regardless of legal status of the patient under the *Mental Health Act*, risk assessment (suicide/self-harm, harm to others/harm from others) is to be completed and documented prior to leave approval as per [Clinical Risk Assessment and Management \(CRAM\) in Western Australian Mental Health Services](#).

- 2.6 Wherever possible for Aboriginal patients, an Aboriginal Mental Health Liaison Officer should be involved in any discussion with patient/carer/personal support person, of leave and conditions of leave.
- 2.7 Management plan for low/moderate risk factors is to be developed and documented e.g. safety plan, management of finances, support people.
- 2.8 A safety plan is to be developed and documented with the patient prior to the leave outlining what steps are to be taken by the person on leave in the event that they begin to feel unsafe.
- 2.8 Mabu Liyan staff must ensure that the patient has safety numbers. (Emergency Department, inpatient phone numbers) prior to leave.
- 2.10 Mabu Liyan staff are to seek the patients' agreement to:
- refrain from the use of illicit substances and excessive alcohol use while on approved leave.
  - provide a urine sample and/or breathalysed on return from leave on request.
- 2.11 When assessing the granting of leave and determining an escort, the multidisciplinary team is to take into account:
- the role of the patient and escort as a parent, including information from stakeholders involved with the family e.g. Department of Child protection and Family Support, family members etc.
  - the wishes of the children and parent using the [The Good Practice Guide to Child Aware Approaches: Keeping children Safe and Well](#).

Access to patients' motor vehicles while on leave must comply with the [Vehicles Belonging to Patients Procedure - Broome Mental Health Inpatient Unit](#).

### 3. Occupational Therapy Activities

- 3.1 Granting of escorted leave with staff for both voluntary and involuntary patients to engage in therapeutic activities is only to occur where there is:
- leave approval and a current risk assessment.
  - a consultation about the activity and patients going on leave between the Occupational Therapist / CNS / Ward Coordinator / Aboriginal Mental Health Coordinator or delegates prior to leaving the ward.

### 4. Failure to return from Approved leave

- 4.1 Mabu Liyan staff are to:
- contact the patient, carer, close family member or other personal support to clarify location and reason for delay in returning
  - take immediate action if there is indication of escalating risk that has occurred whilst the patient is on leave.
  - contact the treating psychiatrist or on-call psychiatrist to discuss requesting Community Mental Health Services assistance (in hours) or police assistance (after hours).

Refer to [Absent Without Leave and Missing Persons Flowchart - Broome Mental Health Unit](#).

- 4.2 Notification must be made to the Office of the Chief Psychiatrist when:
- an involuntary patient is absent without leave (AWOL) because of failure to return from approved leave;
  - there is likely to be media coverage.

Refer to [Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#).

## 5. Definitions

<b>Mabu Liyan</b>	Broome Mental Health Unit
<b>Absent without leave</b>	Refers to incidents in which a patient either fails to return from approved leave or a patient who absconds from the inpatient unit

## 6. Roles and Responsibilities

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

The **Consultant Psychiatrist** is responsible for the medical management of patients in accordance with this procedure

The **Clinical Nurse Manager** is responsible for the implementation of this procedure

All staff are required to work within procedure to make sure that Broome Mental health Unit is a safe, equitable and positive place to be.

## 7. Compliance

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.

## 8. Evaluation

This procedure is to be reviewed every five (5) years.

## 9. Standards

[National Safety and Quality Healthcare Standards](#) (Second Edition 2017): 1.6 (b); 1.7(a); 1.10(b); 1.10 (c); 1.11(a); 1.15(a); 1.15(c); 1.26; 1.30(a); 1.33; 2.7; 2.8; 2.10(c); 5.10 (a); 5.10(b); 5.10(c); 5.11; 5.12; 5.13(c); 5.13(f); 5.14(d); 5.31(a); 5.31(b); 5.31(c);5.33; 5.34(a); 5.34(c); 6.4(c); 6.10;6.11(c); 8.5(e).

[National Standards for Mental Health Services](#) – 1.1; 1.9; 1.10; 1.11; 1.12; 2.3; 4.1; 10.1.1; 10.1.7; 10.4.4.

[National Standards for Disability Services](#) – 1:1; 1:4; 2:4; 2:6.

## 10. Legislation

*Mental Health Act 2017 (WA)*

(see also: [Clinicians' Practice Guide to the Mental Health Act 2014](#))

## 11. References

Patient Leave Procedure – Albany Hospital Acute Psychiatric Unit

Patient Leave – Rockingham Peel Group Code: RKPG CO: 17

Granting and Management of Leave for Mental Health Inpatients – EMHS: 16

## 12. Related Policy Documents

WACHS [Missing or Suspected Missing Inpatient Procedure](#)

## 13. Related WA Health System Policies

[Clinical Incident Management Policy](#)

## 14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

[Mental Health Policy Framework](#)

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

<b>Contact:</b>	Senior Project Officer (G.Rolfe)		
<b>Directorate:</b>	Mental Health	<b>EDRMS Record #</b>	EM-CO-18-98600
<b>Version:</b>	1.00	<b>Date Published:</b>	24 August 2018

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

Printed or saved electronic copies of this policy document are considered uncontrolled.  
Always source the current version from [WACHS HealthPoint Policies](#).