

# Use of Force



TASMANIA'S  
MENTAL  
HEALTH  
ACT

Rights, Respect, Recovery

## Chief Forensic Psychiatrist Standing Order 21

### Provisions to Which the Order Relates

*Mental Health Act 2013* – sections 92 and 93.

### Purpose

This Standing Order directs controlling authorities, authorised persons, other secure mental health unit staff members and other persons exercising responsibilities under the *Mental Health Act 2013* in the use of force, and related matters.

The Order is designed to ensure that force is used minimally; and that when force is used it is used appropriately, safely, and in a way that respects the dignity and rights of persons against whom the force is used.

Failure by an individual to have regard to this Standing Order is not an offence but may, particularly if it leads to unfavourable patient outcomes that might otherwise have been avoided or if there is a history of such disregard, constitute proper grounds for instigating professional or occupational disciplinary action against that individual.

### Preamble

Force is one of the most restrictive options available to staff in managing the behaviour of forensic patients in secure mental health units. It may only be applied to a forensic patient if the requirements of section 93 of the *Mental Health Act 2013* are met.

### Direction

I, Professor Kenneth Clifford Kirkby, being and as the Chief Forensic Psychiatrist pursuant to sections 152 and 153 of the *Mental Health Act 2013* and section 22 of the *Acts Interpretation Act 1931* hereby:

Revoke all previous directions (standing orders) issued under section 152 of the *Mental Health Act 2013* with respect to the use of force with effect from 11.59 pm on 30 June 2017, and

Issue the following direction (standing order) to controlling authorities, authorised persons, other secure mental health unit staff members and other persons exercising responsibilities under the *Mental Health Act 2013* in the use of force and related matters with effect from 12.00 am on 1 July 2017:

1. The decision to apply force to a forensic patient must only be made after less restrictive interventions and de-escalation techniques have been tried to manage the physical violence, resistance or disturbance of the patient without success, or when these have been considered but excluded as inappropriate or unsuitable in the circumstances.

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2. A forensic patient to whom force has been applied must be examined for injuries as soon as possible after the use of force has ceased.
3. Any application of force must be documented in the patient's clinical record.
4. Incidents leading to the application of must be logged via the incident management systems in place at the relevant time within the secure mental health unit.

A handwritten signature in black ink, appearing to read 'K Kirkby', is positioned above the typed name.

Professor Kenneth Clifford Kirkby

Chief Forensic Psychiatrist

Date: 1 July 2017