Seclusion and Restraint

# TASMANIA'S MENTAL HEALTH ACT

Mental Health, Alcohol and Drug Directorate
Department of Health and Human Services

Chief Psychiatrist Approved

Tasmania
Explore the possibilities

# Outline

- Overview
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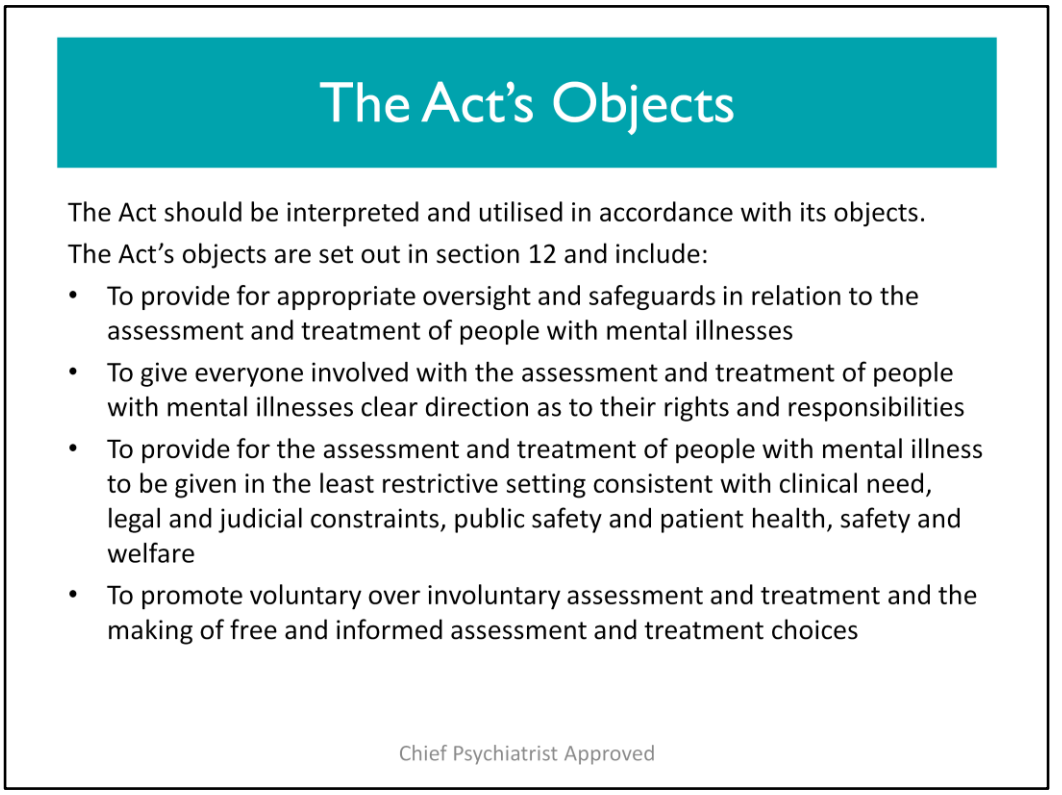
# Overview

- The *Mental Health Act 2013* regulates the involuntary assessment and treatment of people with mental illness
- The Act provides for protective custody, Assessment Orders, Treatment Orders and urgent circumstances treatment; regulates seclusion and restraint; and establishes the statutory offices of Chief Civil Psychiatrist and Chief Forensic Psychiatrist
- The Act also establishes Official Visitors and the Mental Health Tribunal and provides the Tribunal with a range of powers and functions
- The Act is consumer centred and recognises that competent adults have the right to make their own decisions about assessment and treatment. It requires decisions which infringe a person's rights to be independently oversighted; and provides consumers with specific rights




The Act's objects and principles should guide and influence any decisions made, or actions taken, under the Act; and every person exercising responsibilities under the Act is required to have regard to them.

This is important because the validity of any decisions made or actions taken under the legislation will be judged with reference to the extent to which they are consistent with the Act's objects and principles.

The Act's objects and principles reflect international human rights instruments and national service delivery priorities. This includes the United Nations *Convention on the Rights of Persons with a Disability*, the *Fourth National Mental Health Plan* and the *National Mental Health Standards*.

**12. Objects of Act**

The objects of this Act are as follows:

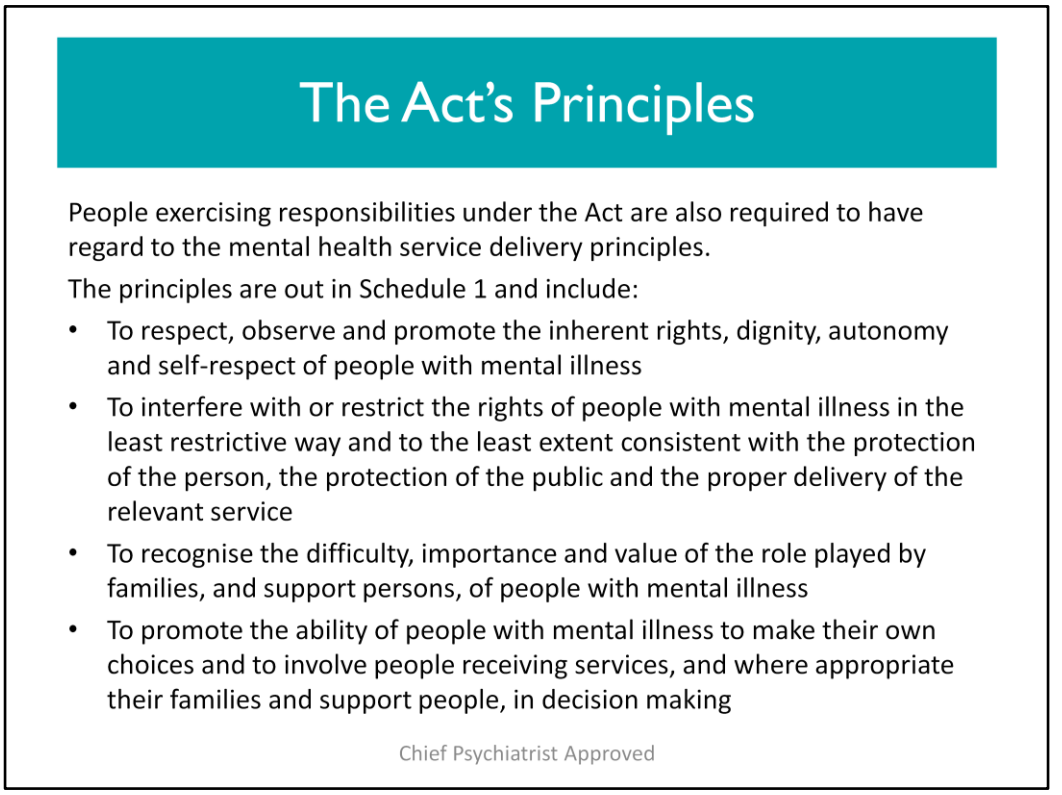
**(a)** to provide for the assessment and treatment of persons with mental illnesses;

**(b)** to provide for appropriate oversight and safeguards in relation to such assessment and treatment;

**(c)** to give everyone involved with such assessment and treatment clear direction as to their rights and responsibilities;

**(d)** to provide for such assessment and treatment to be given in the least

restrictive setting consistent with clinical need, legal and judicial constraints, public safety and patient health, safety and welfare;
**(e)** to promote voluntary over involuntary assessment and treatment and the making of free and informed assessment and treatment choices;
**(f)** to provide for all incidental and ancillary matters.




**15. Mental health service delivery principles**

All persons exercising responsibilities under this Act are to have regard to the mental health service delivery principles set out in Schedule 1.

**SCHEDULE 1 - Mental health service delivery principles**

**1.** The mental health service delivery principles are as follows:

**(a)** to respect, observe and promote the inherent rights, liberty, dignity, autonomy and self-respect of persons with mental illness;

**(b)** to interfere with or restrict the rights of persons with mental illness in the least restrictive way and to the least extent consistent with the protection of those persons, the protection of the public and the proper delivery of the relevant service;

**(c)** to provide a service that is comprehensive, accessible, inclusive, equitable and free from stigma;

**(d)** to be sensitive and responsive to individual needs (whether as to culture, language, age, religion, gender or other factors);

**(e)** to emphasise and value promotion, prevention and early detection and intervention;

**(f)** to seek to bring about the best therapeutic outcomes and promote patient recovery;

**(g)** to provide services that are consistent with patient treatment plans;

**(h)** to recognise the difficulty, importance and value of the role played by families, and support persons, of persons with mental illness;
**(i)** to recognise, observe and promote the rights, welfare and safety of the children and other dependants of persons with mental illness;
**(j)** to promote the ability of persons with mental illness to make their own choices;
**(k)** to involve persons receiving services, and where appropriate their families and support persons, in decision-making;
**(l)** to recognise families, and support persons, of persons with mental illness as partners, with mental health service providers, in the provision of their treatment and care to the extent that this is appropriate and consistent with their own wishes;
**(m)** to respect the wishes of persons receiving services, and the wishes of their families and support persons, to the maximum extent consistent with the health and safety of those persons and the safety of others;
**(n)** to promote and enable persons with mental illness to live, work and participate in their own community;
**(o)** to operate so as to raise community awareness and understanding of mental illness and to foster community-wide respect for the inherent rights, liberty, dignity, autonomy and self-respect of persons with mental illness;
**(p)** to be accountable;
**(q)** to recognise and be responsive to national and international clinical, technical and human rights trends, developments and advances.

## Seclusion

- Seclusion is the deliberate confinement of an involuntary patient or forensic patient, alone, in a room or area that the patient cannot freely exit
- This includes isolating a patient in a room or area that the patient believes that they cannot leave; and may extend to a patient's isolation in a suite of rooms or a courtyard
- Under the *Mental Health Act 2013,* a person may only be secluded if they are an involuntary patient within an approved hospital, or a forensic patient within a secure mental health unit

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Seclusion is one of the most restrictive options available to staff in managing the behaviour of involuntary patients and forensic patients and should be invoked as a last resort.

**3. Interpretation**

**(1)** In this Act, unless the contrary intention appears –
***seclusion*** means the deliberate confinement of an involuntary patient or forensic patient, alone, in a room or area that the patient cannot freely exit;

**56. Seclusion**

**(1)** Except if authorised under any other law, an involuntary patient who is not a forensic patient may be placed in seclusion if, and only if -

**(a)** the patient is in an approved hospital; and
**(b)** the seclusion is authorised as being necessary for a prescribed reason, by -

**(i)** for a patient who is a child, the CCP; or
**(ii)** for any other patient, the CCP, a medical practitioner or approved nurse; and

**(c)** the person authorising the seclusion is satisfied that it is a reasonable intervention in the circumstances; and
**(d)** the seclusion lasts for no longer than authorised under this section; and

**(e)** the seclusion is managed in accordance with any relevant CCP standing orders or clinical guidelines.

**(2)** If an involuntary patient who is not a forensic patient is placed in seclusion under this section -

**(a)** the patient must be clinically observed by a member of the approved hospital's nursing staff at intervals not exceeding 15 minutes or at such different intervals as CCP standing orders may mandate; and

**(b)** the patient must be examined by a medical practitioner or approved nurse at intervals not exceeding 4 hours to see if the seclusion should continue or be terminated; and

**(c)** the patient must also be examined by an approved medical practitioner at intervals not exceeding 12 hours; and

**(d)** the seclusion must not extend beyond 7 hours unless –

**(i)** the patient has been examined by a medical practitioner within those 7 hours; and

**(ii)** the extension is authorised by the CCP within those 7 hours; and

**(iii)** if applicable, each subsequent extension (regardless of duration) is also authorised in advance by the CCP; and

**(e)** the CCP may impose conditions on any extension authorised under paragraph (d); and

**(f)** the CCP, on authorising an initial extension of the seclusion, must stipulate the maximum timeframe for its continuance; and

**(g)** the patient must be provided with -

**(i)** suitable clean clothing and bedding; and

**(ii)** adequate sustenance; and

**(iii)** adequate toilet and sanitary arrangements; and

**(iv)** adequate ventilation and light; and

**(v)** a means of summoning aid; and

**(h)** the administration of any prescribed medications to the patient must not be unreasonably denied or delayed;

**(i)** the patient must not be deprived of physical aids except as may be strictly necessary for the patient's safety or the preservation of those physical aids for the patient's future use; and

**(ia)** the patient must not be deprived of any communication aid that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the communication aid for the patient's future use; and

**(j)** regardless of authorisation, the seclusion must not be maintained to the obvious detriment of the patient's mental or physical health.

**(3)** To avoid doubt, an involuntary patient's seclusion is not taken to have been interrupted or terminated merely by reason of –

**(a)** a scheduled observation or examination under subsection (2); or

**(b)** the giving of any necessary treatment or general health care.

**(4)** Nothing in this section is to be taken as conferring any kind of authority for a patient to be placed in seclusion as a means of punishment or for reasons of mere administrative or staff convenience.

**(4A)** Notwithstanding the discretionary nature of the power under section 152(1), the CCP must ensure that standing orders are issued for this section.

**(5)** In this section –
**"prescribed reason"**, for placing a patient in seclusion, means –

**(a)** to facilitate the patient's treatment; or
**(b)** to ensure the patient's health or safety; or
**(c)** to ensure the safety of other persons; or
**(d)** to provide for the management, good order or security of an approved hospital.

*Note 1* The seclusion of an involuntary patient is reviewable by the Tribunal – see Division 2 of Part 3 of Chapter 3.
*Note 2* The CCP has power to intervene in such circumstances – see section 147.

**92. Interpretation of Division**
In this Division –
**"prescribed reason"**, for applying force to a forensic patient or placing a forensic patient in seclusion or under restraint, means –

**(a)** to facilitate the patient's treatment; or
**(b)** to facilitate the patient's general health care; or
**(c)** to ensure the patient's health or safety; or
**(d)** to ensure the safety of other persons; or
**(e)** to prevent the patient from destroying or damaging property; or
**(f)** to prevent the patient's escape from lawful custody;
**(g)** to provide for the management, good order or security of the SMHU; or
**(h)** to facilitate the patient's lawful transfer to or from another facility, whether in this State or elsewhere.

**94. Seclusion**

**(1)** Except if authorised under any other law, a forensic patient may be placed in seclusion if, and only if -

**(a)** the seclusion is authorised as being necessary for a prescribed reason, by -

**(i)** for a patient who is a child, the CFP; or
**(ii)** for any other patient, the CFP, a medical practitioner or approved

nurse; and

**(c)** the person authorising the seclusion is satisfied that it is a reasonable intervention in the circumstances; and

**(d)** the seclusion lasts for no longer than authorised under this section; and

**(e)** the seclusion is managed in accordance with any relevant CFP standing orders or clinical guidelines.

**(2)** If a forensic patient is placed in seclusion under this section -

**(a)** the patient must be clinically observed by a member of the SMHU's nursing staff at intervals not exceeding 15 minutes or at such different intervals as CFP standing orders may mandate; and

**(b)** the patient must be examined by a medical practitioner or approved nurse at intervals not exceeding 4 hours to see if the seclusion should continue or be terminated; and

**(c)** the patient must also be examined by an approved medical practitioner at intervals not exceeding 12 hours; and

**(d)** the seclusion must not extend beyond 7 hours unless –

**(i)** the patient has been examined by a medical practitioner within those 7 hours; and

**(ii)** the extension is authorised by the CFP within those 7 hours; and

**(iii)** if applicable, each subsequent extension (regardless of duration) is also authorised in advance by the CFP; and

**(e)** the CFP may impose conditions on any extension authorised under paragraph (d); and

**(f)** the CFP, on authorising an initial extension of the seclusion, must stipulate the maximum timeframe for its continuance; and

**(g)** the patient must be provided with -

**(i)** suitable clean clothing and bedding; and

**(ii)** adequate sustenance; and

**(iii)** adequate toilet and sanitary arrangements; and

**(iv)** adequate ventilation and light; and

**(v)** a means of summoning aid; and

**(h)** the administration of any prescribed medications to the patient must not be unreasonably denied or delayed;

**(i)** the patient must not be deprived of physical aids except as may be strictly necessary for the patient's safety or the preservation of those physical aids for the patient's future use; and

**(ia)** the patient must not be deprived of any communication aid that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the communication aid for the patient's future use; and

**(j)** regardless of authorisation, the seclusion must not be maintained to the obvious detriment of the patient's mental or physical health.

**(3)** To avoid doubt, a forensic patient's seclusion is not taken to have been interrupted or terminated merely by reason of –

**(a)** a scheduled observation or examination under subsection (2); or

**(b)** the giving of any necessary treatment or general health care.

**(4)** Nothing in this section is to be taken as conferring any kind of authority for a forensic patient to be placed in seclusion as a means of punishment or for reasons of mere administrative or staff convenience.

**(4A)** Notwithstanding the discretionary nature of the power under section 152(1), the CFP must ensure that standing orders are issued for this section.

## Restraint

- The *Mental Health Act 2013* regulates the use of physical restraint, mechanical restraint and chemical restraint
- Physical restraint is bodily force that controls a person's freedom of movement
- Mechanical restraint is a device that controls a person's freedom of movement
- Chemical restraint is medication given primarily to control a person's behaviour, not to treat a mental illness or physical condition
- Under the *Mental Health Act 2013,* a person may only be physically restrained, mechanically restrained or chemically restrained if they are an involuntary patient within an approved hospital or approved assessment centre, or a forensic patient within a secure mental health unit

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**3. Interpretation**

**(1)** In this Act, unless the contrary intention appears –
***restraint*** means any form of chemical, mechanical or physical restraint;
***chemical restraint*** means medication given primarily to control a person's behaviour, not to treat a mental illness or physical condition;
***mechanical restraint*** means a device that controls a person's freedom of movement;
***physical restraint*** means bodily force that controls a person's freedom of movement;

**57. Restraint**

**(1)** Except if authorised under any other law, an involuntary patient who is not a forensic patient may be placed under restraint if, and only if -

**(a)** the patient is in an approved assessment centre or approved hospital; and
**(b)** the restraint is authorised as being necessary for a prescribed reason, by -
**(i)** in the case of chemical or mechanical restraint, the CCP; or
**(ii)** in the case of physical restraint where the patient is a child, the CCP; or
**(iii)** in the case of physical restraint where the patient is not a child, the CCP, a medical practitioner or an approved nurse; and
**(c)** the person authorising the restraint is satisfied that it is a reasonable

intervention in the circumstances; and
**(d)** the restraint lasts for no longer than authorised under this section; and
**(e)** the means of restraint employed in the specific case is, in the case of a mechanical restraint, approved in advance by the CCP; and
**(f)** the restraint is managed in accordance with any relevant CCP standing orders or clinical guidelines.

**(2)** If an involuntary patient who is not a forensic patient is placed under restraint under this section -

**(a)** the patient must be clinically observed by a member of the approved hospital's nursing staff at intervals not exceeding 15 minutes or at such different intervals as CCP standing orders may mandate; and
**(b)** the patient must be examined by a medical practitioner or approved nurse at intervals not exceeding 4 hours to see if the restraint should continue or be terminated; and

**(c)** the patient must also be examined by an approved medical practitioner at intervals not exceeding 12 hours; and
**(d)** the seclusion must not extend beyond 7 hours unless –

**(i)** the patient has been examined by a medical practitioner within those 7 hours; and

**(ii)** the extension is authorised by the CCP within those 7 hours; and

**(iii)** if applicable, each subsequent extension (regardless of duration) is also authorised in advance by the CCP; and
**(e)** the CCP may impose conditions on any extension authorised under paragraph (d); and
**(f)** the CCP, on authorising an initial extension of the restraint, must stipulate the maximum timeframe for its continuance; and
**(g)** the patient must be provided with -

**(i)** suitable clean clothing and bedding; and
**(ii)** adequate sustenance; and
**(iii)** adequate toilet and sanitary arrangements; and
**(iv)** adequate ventilation and light; and
**(v)** a means of summoning aid; and

**(h)** the administration of any prescribed medications to the patient must not be unreasonably denied or delayed;
**(i)** the patient must not be deprived of physical aids except as may be strictly necessary for the patient's safety or the preservation of those physical aids for the patient's future use; and

**(ia)** the patient must not be deprived of any communication aid that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the communication aid for the patient's future use; and

**(j)** regardless of authorisation, the restraint must not be maintained to the obvious detriment of the patient's mental or physical health.

**(3)** Nothing in this section is to be taken as conferring any kind of authority for a patient to be placed under restraint as a means of punishment or for reasons of administrative or staff convenience.

**(4)** However, nothing in this section applies to or prevents the emergency short-term physical restraint of a patient, subject to and in accordance with relevant CCP standing orders or clinical guidelines, so as to –

**(a)** prevent the patient from harming himself or herself or others; or
**(b)** prevent the patient from damaging, or interfering with the operation of, a facility or any equipment; or
**(c)** break up a dispute or affray involving the patient; or
**(d)** ensure, if he or she is uncooperative, the patient's movement to or attendance at any place for a lawful purpose

**(5)** Notwithstanding the discretionary nature of the power under section 152(1), the CCP must ensure that standing orders are issued for this section.

**(6)** In this section –
**"prescribed reason"**, for placing a patient under restraint, means –

**(a)** to facilitate the patient's treatment; or
**(b)** to ensure the patient's health or safety; or
**(c)** to ensure the safety of other persons;
**(d)** to effect the patient's transfer to another facility, whether in this State or elsewhere

*Note 1* The restraint of an involuntary patient is reviewable by the Tribunal – see Division 2 of Part 3 of Chapter 3.
*Note 2* The CCP has power to intervene in such circumstances – see section 147.

**92. Interpretation of Division**
In this Division –
**"prescribed reason"**, for applying force to a forensic patient or placing a forensic patient in seclusion or under restraint, means –

**(a)** to facilitate the patient's treatment; or
**(b)** to facilitate the patient's general health care; or
**(c)** to ensure the patient's health or safety; or
**(d)** to ensure the safety of other persons; or
**(e)** to prevent the patient from destroying or damaging property; or
**(f)** to prevent the patient's escape from lawful custody;
**(g)** to provide for the management, good order or security of the SMHU; or
**(h)** to facilitate the patient's lawful transfer to or from another facility, whether in this State or elsewhere.

**95. Restraint**

**(1)** Except if authorised under any other law, a forensic patient may be placed under restraint if, and only if -

**(a)** the restraint is authorised as being necessary for a prescribed reason, by -

**(i)** in the case of chemical or mechanical restraint, the CFP; or

**(ii)** in the case of physical restraint where the patient is a child, the CFP; or

**(iii)** in the case of physical restraint where the patient is not a child, the CFP, a medical practitioner or an approved nurse; and

**(b)** the person authorising the restraint is satisfied that it is a reasonable intervention in the circumstances; and

**(c)** the restraint lasts for no longer than authorised under this section; and

**(d)** the means of restraint employed in the specific case is, in the case of a mechanical restraint, approved in advance by the CFP; and

**(e)** the restraint is managed in accordance with any relevant CFP standing orders or clinical guidelines.

**(2)** If a forensic patient is placed under restraint under this section -

**(a)** the patient must be clinically observed by a member of the SMHU nursing staff at intervals not exceeding 15 minutes or at such different intervals as CFP standing orders may mandate; and

**(b)** the patient must be examined by a medical practitioner or approved nurse at intervals not exceeding 4 hours to see if the restraint should continue or be terminated; and

**(c)** the patient must also be examined by an approved medical practitioner at intervals not exceeding 12 hours; and

**(d)** the seclusion must not extend beyond 7 hours unless –

**(i)** the patient has been examined by a medical practitioner within those 7 hours; and

**(ii)** the extension is authorised by the CFP within those 7 hours; and

**(iii)** if applicable, each subsequent extension (regardless of duration) is also authorised in advance by the CFP; and

**(e)** the CFP may impose conditions on any extension authorised under paragraph (d); and

**(f)** the CFP, on authorising an initial extension of the restraint, must stipulate the maximum timeframe for its continuance; and

**(g)** the patient must be provided with -

**(i)** suitable clean clothing and bedding; and

**(ii)** adequate sustenance; and

**(iii)** adequate toilet and sanitary arrangements; and

**(iv)** adequate ventilation and light; and

**(v)** a means of summoning aid; and

**(h)** the administration of any prescribed medications to the patient must not be unreasonably denied or delayed;

**(i)** the patient must not be deprived of physical aids except as may be strictly necessary for the patient's safety or the preservation of those physical aids for the patient's future use; and

**(ia)** the patient must not be deprived of any communication aid that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the communication aid for the patient's future use; and

**(j)** regardless of authorisation, the restraint must not be maintained to the obvious detriment of the patient's mental or physical health.

**(3)** Nothing in this section is to be taken as conferring any kind of authority for a forensic patient to be placed under restraint as a means of punishment or for reasons of administrative or staff convenience.

**(4)** However, nothing in this section applies to or prevents the emergency short-term physical restraint of a patient, subject to and in accordance with relevant CFP standing orders or clinical guidelines, so as to –

**(a)** prevent the patient from harming himself or herself or others; or
**(b)** prevent the patient from damaging, or interfering with the operation of, a facility or any equipment; or

**(c)** break up a dispute or affray involving the patient; or
**(d)** ensure, if he or she is uncooperative, the patient's movement to or attendance at any place for a lawful purpose

**(5)** Notwithstanding the discretionary nature of the power under section 152(1), the CFP must ensure that CFP standing orders are issued for this section.

*Note 1* The restraint of a forensic patient is reviewable by the Tribunal – see Division 2 of Part 3 of Chapter 3.
*Note 2* The CFP has power to intervene in such circumstances – see section 147.

# Restraint – emergency, short term

- The Act does not regulate - nor does it prevent - the emergency short term physical restraint of a patient, subject to and in accordance with relevant Chief Psychiatrist standing orders or clinical guidelines, which is needed:
  - To prevent the patient from harming himself or herself or others, or
  - To prevent the patient from damaging, or interfering with the operation of, a facility or any equipment, or
  - To break up a dispute or affray involving the patient, or
  - To ensure, if the patient is uncooperative, the patient's movement to or attendance at any place for any lawful purpose
- Restraint of this kind is to be managed in accordance with the approved facility's usual policies and procedures

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# Authorisation - prescribed reasons

An involuntary or forensic patient may only be restrained (R) or secluded (S) if the restraint or seclusion is authorised as being necessary for a prescribed reason. These are:

| Reasons | Involuntary | | Forensic | |
|---|---|---|---|---|
| | R | S | R | S |
| To facilitate the patient's treatment | √ | √ | √ | √ |
| To ensure the patient's health or safety or the safety of other people | √ | √ | √ | √ |
| To provide for the management, good order or security of an approved hospital | | √ | √ | √ |
| To effect the patient's transfer to or from an approved facility | √ | | √ | √ |
| To facilitate the patient's general health care | | | √ | √ |
| To prevent the patient from destroying or damaging property | | | √ | √ |
| To prevent the patient's escape from lawful custody | | | √ | √ |
| For a reason sanctioned by Chief Forensic Psychiatrist Standing Orders | | | √ | √ |

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Seclusion may only be authorised for an involuntary patient to maintain order in, and security of, an approved hospital when this is necessary to prevent significant damage to property or to staff members, other patients, or visitors.

# Authorisation – reasonable intervention

Seclusion or restraint may only be authorised:

- If the person authorising the seclusion or restraint is satisfied that the seclusion or restraint is a reasonable intervention in the circumstances
- After less restrictive interventions and de-escalation techniques have been tried without success, or when these have been considered but excluded as inappropriate or unsuitable in the circumstances
- Following a risk assessment and after taking into account matters such as:
  - Whether de-escalation has been implemented
  - Whether "time out" or 1:1 nursing have been attempted
  - Whether "pro re nata" (PRN or "as needed") medication has been offered
  - How long the seclusion or restraint is expected to last for and the criteria that will be used to determine whether the seclusion or restraint should cease
  - The patient's post-seclusion or post-restraint plan

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The requirement for less restrictive interventions and de-escalation techniques to have been tried without success and for a risk assessment to have been conducted is set out in the Chief Civil Psychiatrist and Chief Forensic Psychiatrist Standing Orders and Clinical Guidelines.

Seclusion and restraint may never be authorised as a means of punishment or for reasons of administrative or staff convenience.

## Authorisation – seclusion

Seclusion of an involuntary patient may be authorised by:

- If the patient is a child – the Chief Civil Psychiatrist or delegate
- If the patient is an adult – the Chief Civil Psychiatrist or a delegate, a medical practitioner or an approved nurse

Seclusion of a forensic patient may be authorised by:

- If the patient is a child – the Chief Forensic Psychiatrist or delegate
- If the patient is an adult – the Chief Forensic Psychiatrist or a delegate, a medical practitioner or an approved nurse

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An approved nurse or medical practitioner who authorises a patient's seclusion or restraint is to take immediate steps to contact the approved medical practitioner on duty at the relevant time to discuss the seclusion and to seek advice about whether the seclusion should be continued, or should cease.

# Authorisation – chemical or mechanical restraint

- Chemical or mechanical restraint of an involuntary patient may be authorised by the Chief Civil Psychiatrist or a delegate
- Chemical or mechanical restraint of a forensic patient may be authorised by the Chief Forensic Psychiatrist or a delegate
- The means of mechanical restraint employed in the specific case must be approved in advance by the relevant Chief Psychiatrist

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# Authorisation – physical restraint

Physical restraint of an involuntary patient may be authorised by:

- If the patient is a child – the Chief Civil Psychiatrist or delegate
- If the patient is an adult - the Chief Civil Psychiatrist or a delegate, a medical practitioner or an approved nurse

Physical restraint of a forensic patient may be authorised by:

- If the patient is a child – the Chief Forensic Psychiatrist or delegate
- If the patient is an adult - the Chief Forensic Psychiatrist or a delegate, a medical practitioner or an approved nurse

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# Authorisation – in person or over the phone

- Seclusion or restraint may be authorised in person, over the phone or by email
- Authorisation may only be given over the phone or by email if:
  - The person authorising the seclusion or restraint is satisfied, from the information given to him or her by members of nursing staff who are at the approved facility with the patient, that the patient meets the criteria to be secluded or restrained, and
  - There is nobody else at the approved facility who could authorise the patient's seclusion or restraint in person, and within a timeframe that is appropriate in the circumstances

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# Duration

- A patient may be secluded or placed under restraint if, and only if, the seclusion or restraint lasts for no longer than the period authorised
- Despite the period of seclusion or restraint that is authorised or extended, a patient's seclusion or restraint must not be allowed to continue where this would be detrimental to the patient's mental or physical health
- A patient's seclusion or restraint must be ended as soon as it is no longer considered to be necessary

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# Duration – seclusion

- Seclusion may be authorised for an initial period of up to three (3) hours
- However, the Chief Civil Psychiatrist (or delegate)'s approval is required for seclusion that has been authorised to maintain order in, and the security of, an approved hospital, for a period of more than 30 minutes
- Seclusion may also be extended for one or more additional periods of up to three (3) hours each
- Each extension must be approved by the Chief Civil Psychiatrist (for involuntary patients) or Chief Forensic Psychiatrist (for forensic patients) or their delegates

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# Duration – restraint

- Physical and chemical restraint may be authorised for an initial period of up to three (3) hours
- Physical and chemical restraint may also be extended for one or more additional periods of up to three (3) hours
- Each extension must be approved by the Chief Civil Psychiatrist (for involuntary patients) or Chief Forensic Psychiatrist (for forensic patients) or their delegates and may be subject to conditions
- Mechanical restraint may be authorised for an initial period of:
  - Up to three (3) hours, if the restraint is authorised to facilitate the patient's treatment or ensure the patient's health or safety or the safety of others
  - Up to seven (7) hours, if the restraint is authorised to transport a patient from one approved facility to another

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# Observation and examination

- Patients who are secluded must be:
  - Clinically observed by a member of the facility's nursing staff at least every 15 minutes
  - Examined by a medical practitioner or approved nurse at least every four (4) hours
  - Examined by an approved medical practitioner at least every 12 hours
- The purpose of the examination is to see if the seclusion or restraint should continue, or be terminated
- Children and vulnerable patients who are secluded must be continually observed at all times while in seclusion
- Patients who are restrained (whether mechanically, physically or chemically) must be continually observed at all times by a registered nurse or medical practitioner

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# Obligations

- Patients who are secluded or restrained, regardless of the duration must be provided with:
  - Suitable clean clothing and bedding
  - Adequate sustenance, toilet and sanitary arrangements, and ventilation and light
  - A means of summoning aid
- Patients who secluded or restrained also must not be deprived of physical aids, or communication aids that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the aid for the patient's future use
- The administration of prescribed medications must not be unreasonably denied or delayed

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# Useful Resources

The *Mental Health Act 2013* can be accessed at Tasmanian Legislation Online

A range of useful information about the Act is available to read, download and print from the Mental Health Act website including:

- Approved Forms
- Flowcharts
- Standing Orders and Clinical Guidelines
- Online Training Packages and other Education Resources
- A Clinician's Guide to the *Mental Health Act 2013*
- Fact Sheets and other Information for Consumers
- Statements of Rights

Chief Psychiatrist Approved

## Questions

# Any questions?

Chief Psychiatrist Approved