Canberra Health Services
Clinical Procedure
Seclusion of Persons with Mental Illness or Mental Disorder Detained under the Mental Health Act 2015

Contents

Purpose

This procedure provides guidance to Canberra Health Services (CHS) staff on the seclusion of people under the *Mental Health Act 2015*. It aims to ensure that the human rights and dignity of any person who may be subject to an episode of seclusion are protected and that seclusion where indicated is provided in the least restrictive environment.

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Alerts

- Only a person on a mental health order under the *Mental Health Act 2015* may be secluded. That is, only a person:
  - On an Emergency Detention three day order (ED3) or an Emergency Detention 11 day order (ED11)(ss. 85(1)(b)(2)), *or*
  - Already on a Psychiatric Treatment Order (PTO) or Forensic Psychiatric Treatment Order (FPTO), where the Treatment Plan and Location Determination states that they may be admitted to an approved mental health facility (ss. 59(1)(a) and 102(1)(a)(*5*)), or
  - Already on a Community Care Order (CCO), Forensic Community Care Order (FCCO), or where the Treatment Plan and Location Determination states that they may be admitted to an approved community care facility (ss. 102(1)(d)(ii) and 109(1)(c)(ii)).
- Seclusion should only ever be used as a last resort when all standard methods for keeping the person and/or others safe have failed, or as an emergency measure in extreme circumstances to ensure the immediate safety of a person and/or others.
- A period of seclusion may only be authorised for a period of four hours at any one time. If further seclusion is required a new authorisation must be obtained.
- The Public Advocate must be notified, in writing and within twelve hours when a person is secluded.
- Wherever possible, a consumer's Advance Consent Directions (ACD) and Advance Agreements (AA) must be considered during a seclusion episode. An ACD and AA cannot over-ride the clinical decision to seclude a person.

This procedure should be read in conjunction with the *Restraint of Person Policy* and the *Occupational Violence Policy and Procedure*.

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Scope

This procedure applies to all Canberra Health Services staff providing care to people being secluded under the *Mental Health Act 2015*.

For the purposes of this procedure, seclusion is defined as the involuntary placing of a person alone, in a room with the door closed or in an area from which free exit is prevented.

This procedure applies to the following CHS staff working within their scope of practice:

- Medical Officers
- Nurses and Midwives
- Allied Health Professionals
- Students under direct supervision.

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Section 1 – Authorisation

1.1 General Information

- Seclusion can be a traumatic experience for people. All actions undertaken during the seclusion process should be trauma informed, including treating people with respect and dignity, communicating what is happening and why and providing psychological support following seclusion. The person's treating team is responsible for ensuring that the person is told about what is happening and why in a manner that they can understand and that they are offered the opportunity of engaging in psychological support following seclusion.
- Seclusion must be authorised by:
    - Consultant Psychiatrist, for a period of no more than four hours immediately prior to seclusion of a person with mental illness or mental disorder.
    - Nursing staff, only when a person is in immediate danger of harming themselves or others and where a Consultant Psychiatrist is not available. As soon as it is safe to do so, the Nurse in Charge (NIC) must seek authorisation from the Consultant Psychiatrist via telephone. During business hours in Paediatrics, this will be the Child and Adolescent Mental Health Services (CAMHS) Consultant Psychiatrist.
- If authority is not provided by the Consultant Psychiatrist, the person must be released from seclusion immediately.
- Authorisation must be sought for each episode of seclusion and documented in the Mental Health, Alcohol, Justice Health Integrated Care Electronic Record (MAJICeR) or the patient's clinical record in Paediatrics.

1.2 Emergency Department

- The secure de-escalation rooms should be used if a person is receiving treatment in the Emergency Department and requires seclusion.
- Authorisation for the seclusion, must be sought the Mental Health Community Liaison (MHCL) Psychiatrist or on-call Psychiatrist either immediately prior to seclusion or within 30 minutes of the commencement of seclusion. If no such authority is given, the person must be released from seclusion immediately.

- If a Psychiatrist is not immediately available and the person is in immediate danger of harming themselves or others, a relevant doctor as defined in the *Mental Health Act 2015,* may authorise seclusion in collaboration with senior nursing staff. A Psychiatrist must be contacted, and their authorisation documented in the person's file within 30 minutes of the commencement of seclusion.

1.3 Adult Acute Mental Health Units

All staff across Acute Mental Health Units have undertaken approved Occupational Violence training which enables staff to recognise the early signs of clinical deterioration and effectively manage escalating behaviours that may result in an episode of seclusion. Clinical staff will provide rapid assessment and intervention in an attempt to reduce the likelihood of an episode of seclusion.

1.3.1 Mental Health Short Stay Unit (MHSSU)

- If a person in MHSSU presents as an immediate risk to themselves or others and all other options for their safe clinical management have been exhausted, MHSSU staff may request access to use one of the two secure de-escalation rooms in the Emergency Department. This request must be directed to the senior Emergency Department Nurse Navigator and Senior Emergency Department Doctor on shift.
- The senior Emergency Department Nurse must document that the room is in use.
- The authorisation to proceed with seclusion, is as 1.3.3.

1.3.2 Ward 12b Mental Health Unit (12b)

- As an interim measure when a person's behaviour is noted to be escalating and staff are concerned about a risk of harm, the person should be guided by staff to the de-escalation area in 12b.
- The authorisation to proceed with seclusion, is as 1.3.3.

1.3.3 Adult Mental Health Unit (AMHU)

- As an interim measure when a person's behaviour is noted to be escalating and staff are concerned about a risk of harm, the person should be guided by staff to the de-escalation area in the High Dependency Unit (HDU). At no time is the person to be left alone in the HDU.
- If the decision is made to proceed with seclusion staff must ensure that all interior doors to the seclusion room are locked prior to the person entering the room and the period of seclusion commencing.
- Business hours (0830 – 1700) authority must be sought from the AMHU Consultant Psychiatrist and ideally this should be the treating Psychiatrist for the person. If the treating AMHU psychiatrist is not available, authority can be given by any of the Consultant Psychiatrists at AMHU.
- After hours (1700 – 0830), Weekends and Public Holidays, authorisation for seclusion must be sought from the on-call Consultant Psychiatrist for the division (contacted through Canberra Hospital switchboard).
- When seclusion is required for longer than the initial four hours:

- **Business hours** – the treating Consultant Psychiatrist or another AMHU Consultant Psychiatrist will carry out an examination and in consultation with the nursing staff, will authorise up to a further four hours of seclusion. This process of four hourly reviews and examination will continue to be carried out by the AMHU registrar.
- **After hours** - the on-call Psychiatrist gives the initial authority for seclusion after attending AMHU and examining the person. The process of four hourly reviews and examination will continue to be carried out by the on-call Psychiatry Registrar or if not available, the on call Consultant Psychiatrist until the seclusion is ceased, or the on-going examinations and reviews can be handed back to the treating team during normal business hours.

- The person in seclusion is automatically placed on an At-Risk Category (ARC) score of five and should be observed constantly by clinical staff during their period in seclusion (refer to *Adult Mental Health Unit Operational Procedure*).Seclusion should be broken as soon as risk is mitigated or there is a change in presentation or state such that seclusion is no longer required.

1.3.4 Dhulwa Mental Health Unit (DMHU)

- As an interim measure when a person's behaviour is noted to be escalating and staff are concerned about a risk of harm, the person should be guided by staff to the de-escalation area, adjacent to the seclusion rooms on Lomandra. While in the de-escalation area, further de-escalation techniques should be attempted to manage the situation. Consideration might be given to unlocking the courtyard to facilitate this. At no time is the person to be left alone in the de-escalation area.
- If the decision is made to proceed with seclusion staff must ensure that all interior doors to the seclusion room are locked prior to seclusion.
- Business hours authority must be sought from the DMHU Consultant Psychiatrist, and ideally this should be the treating Psychiatrist for the person. If the treating psychiatrist is not available, authority can be given by any of the Consultant Psychiatrists at DMHU.
- After hours, authorisation for seclusion must be sought from the on-call Consultant Psychiatrist for the division (contacted through Canberra Hospital switchboard).
- When seclusion is required for longer than the initial four hours:
  - **Business hours** – the treating Consultant Psychiatrist or another DMHU Consultant Psychiatrist will carry out an examination and in consultation with the nursing staff, will authorise up to a further four hours of seclusion. This process of four hourly reviews and examination will continue to be carried out by the DMHU registrar.
  - **After hours** - the on-call Psychiatrist gives the initial authority for seclusion after attending DMHU and examining the person. The process of four hourly reviews and examination will continue to be carried out by the on-call Psychiatry Registrar or if not available, the on call Consultant Psychiatrist until the seclusion is terminated or the on-going examinations and reviews can be handed back to the treating team during normal working hours.

1.4 Paediatric Unit –Adolescent Ward, Centenary Hospital for Women and Children

- The Adolescent Unit at the Centenary Hospital for Women and Children uses sensory modulation and de-escalation techniques to manage escalating behaviours that may

result in an episode of seclusion. Clinical staff will provide rapid assessment and intervention in an attempt to reduce the likelihood of an episode of seclusion.

- As an interim measure when a young person's behaviour is noted to be escalating and staff are concerned about a risk of harm, the young person should be guided by staff to one of the multi-purpose rooms, i.e. rooms 7 and 8. Whilst in the multi-purpose room, further de-escalation techniques should be attempted to manage the situation.
- If the young person is detained under the *Mental Health Act 2015* and the young person's behaviour cannot be managed safely, a decision may be made to seclude the young person.
- **During business hours** weekdays (0830 – 1700) authority must be sought from the CAMHS Consultant Psychiatrist. If the CAMHS Psychiatrist is not available, authority is to be made by the afterhours Consultant Psychiatrist (see step below).
- **After hours** weekdays (1700 – 0830), weekends and Public Holidays authorisation for seclusion must be sought from the on-call Consultant Psychiatrist from AMHU (contacted through Canberra Hospital switchboard).
- When seclusion is required for longer than the initial four hours:
  - **During business hours** – the CAMHS Psychiatrist will carry out an examination and in consultation with the nursing staff, will authorise up to a further four hours of seclusion. This process of four hourly reviews and examination will continue to be carried out by the CAMHS registrar.
  - **After hours** - the on call Psychiatrist gives the initial authority for seclusion after attending the Adolescent Unit and examining the young person. The process of four hourly reviews and examination will continue to be carried out by the on call Psychiatry Registrar or if not available, the Paediatric Registrar until the seclusion is terminated or the on-going examinations and reviews can be handed back to the treating team during business hours.
- Where appropriate and if consent is given, people who are directly involved in a persons' treatment and care must also be informed as soon as practicable of the seclusion episode. These people may include but are not limited to family, a person's guardian, a person with nominated power of attorney, a nominated person identified in accordance with the *Mental Health Act 2015*, the persons health attorney as requested and for a young person, each person with parental responsibility.

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Section 2 – Placing a person in seclusion

2.1 General Information

- All people placed in seclusion must be advised of the plan to seclude them and the reasons for this.
- Staff must ensure that the room is free of objects that may be dangerous for the person or staff. All clothing and contents of pockets must be checked for prohibited items such as drugs or sharp implements before placing a person into seclusion; (for DMHU see *DMHU Prohibited and Restricted Items and Items Requiring Approval Procedure,* for Adult Acute Mental Health Inpatient Units (AAMIU) see *Adult Mental Health Unit*

Procedure. Other items to be removed include shoelaces, belts, any cords or ties, elastic bands and jewellery.

- When there is reasonable suspicion that the person has hidden a harmful item about their body, an appropriate search is to be completed; (see *Searching of a Consumer's Person or Property Policy* or *Dhulwa Mental Health Unit (Dhulwa) – Searching Policy and Procedure*). The reasons for search must be documented in the person's ECR.
- A minimum of two staff must be present for such a search, at least one of which should be of the same gender as the person being searched.
- In DMHU any person being placed in seclusion must be searched in accordance with directives contained in the *DMHU Searching Procedure*. This includes documenting the completion of any search in the DMHU Clinical Search Register.
- The person is to be placed in the seclusion room in a safe manner and respecting their dignity as far as possible. It should involve as many staff as necessary, including a mix of genders as required, to ensure the safety and wellbeing of all. This should be balanced with least restrictive practices and recognising the potential for trauma related to the experience of seclusion and the significance of maintaining a rapport with the person. At least one of the staff should be of the same gender as the person being secluded.
- Tear-proof bed linen is to be used when a person is at risk of self-harm.

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Section 3 – During Seclusion

3.1 General Information

- Authorisation for seclusion from a Consultant Psychiatrist is valid from the time seclusion begins for a **maximum of four hours**. If the seclusion period needs to be extended, new authorisation must be sought from a Consultant Psychiatrist.
- All people in seclusion must be under constant visual observation. If a person is still or asleep the nursing observations must note respirations. Any concerns for the person's health should be immediately notified to the Nurse in Charge (NIC) and responsible Doctor.
- Seclusion is considered not to have been broken, when the person is attending to their personal hygiene such as toileting, showering, or being given medication, food or fluid. Seclusion is considered to be broken when the door is left open and the person can exit the room of their own accord.
- When a period of seclusion crosses between business and after hours shifts nursing staff will liaise with the regular treating Consultant Psychiatrist or Registrar and the on-call Consultant as necessary.
- During the period of seclusion, the NIC must ensure that the person's needs are met, and the person's dignity is protected by the provision of appropriate facilities and supplies. This includes, but is not limited to the following:
  - Discussion with the person and providing explanation and reassurance
  - Meeting individual needs (based on culture, language, age, disability, religion, gender, sexuality, trauma history and vulnerability)

- Meals, wherever possible, should be provided without the use of utensils, served on a paper plate and fluids are to be served in disposable cups
- Access to the ensuite as necessary, including for washing and showering, and
- Ensuring clothing is comfortable and appropriate.

- The person who is secluded must undergo a physical and mental health assessment every four hours by a relevant Doctor, i.e. by a Psychiatric Registrar, a Medical Officer or a Junior Medical Officer (if on rotation and as outlined as part of their routine duties). This assessment is to be documented in the person's electronic clinical record (ECR) or patient file in Paediatrics.
- The Medical Officer is to consider what vital signs are to be attended. Observations should be conducted by nursing staff and the Medical Officer, together with nursing staff, who will determine the need to continue seclusion. When continuation of seclusion is deemed necessary, a new authorisation is required.
- Within the Paediatric Adolescent ward the Medical Officer is only responsible for the medical assessment, all other assessments including the continuation and ceasing of seclusion are to be made by the CAHMS Consultant Psychiatrist, CAHMS Registrar or on-call Psychiatrist.
- If the period of seclusion is to continue, a management and safety plan is to be developed by the person's assigned nurse in collaboration with the treating team, aimed at moving the person out of seclusion at the earliest opportunity.

Note: Each seclusion room within all MHJHADS inpatient facilities has an ensuite bathroom containing a toilet, basin and shower facilities. The door to this is generally kept closed to ensure safety of patients and staff and only accessed when required. An external control is fitted to all seclusion rooms which allows staff to provide access to the ensuite facilities without staff having to break an episode of seclusion or enter the seclusion room. People subject to an episode of seclusion are never left alone and have a staff member in attendance outside of the seclusion room at all times. A consumer is able to request access to the ensuite facilities at any time.

3.2 Emergency Department

- The secluded person must be under constant visual observation by clinical staff during their period in seclusion. If a person is still or asleep the nursing observations must note respirations. Any concerns for the person's health should be immediately notified to the Person in Charge and responsible Doctor.

3.3 Mental Health Short Stay Unit (MHSSU)

- If a person requires seclusion while in the care of MHSSU, MHSSU must request to use one of the two secure de-escalation rooms in the ED. This request must be directed to the senior ED Nurse Navigator and Senior ED Doctor on shift. The senior ED Nurse must document that the room is in use.
- The relevant room must appear on the Emergency Department Information System (EDIS) as locked and Emergency Department triage informed to avoid allocation of other persons to this space.

- The person remains an inpatient of the MHSSU, remains on ACT Patient Administration System (ACTPAS).
- The secluded person is automatically placed on an ARC score of five and must be under constant visual observation by clinical staff during their period in seclusion.
- At least three staff members trained in approved Occupational Violence techniques must be available to attend a person when the seclusion room is opened for any reason. Additional staff may be required if there are safety concerns.

3.4 Adult Mental Health Unit (AMHU) and Ward 12b

- The secluded person is automatically placed on an ARC score of five and must be under constant visual observation by clinical staff during their period in seclusion (see *Adult Mental Health Unit Procedure*).
- At least three staff members trained in approved Occupational Violence techniques must be available to attend a person when the seclusion room is opened for any reason. Additional staff may be required if there are safety concerns.

3.5 Dhulwa Mental Health Unit (DMHU)

- All people in seclusion must be under constant visual observation. These will be recorded in the *Seclusion/Confinement Observations Form*, available on MAJICeR.
- At least three staff members trained in approved Occupational Violence techniques must be available to attend a person when the seclusion room is opened for any reason. Additional staff may be required if there are safety concerns.

3.6 Paediatric Unit –Adolescent Ward, Centenary Hospital for Women and Children

- All young people in seclusion must be under constant visual observation. This will be recorded in the *Seclusion/Confinement Observations Form*, available on the CHS Clinical Forms Register. If the young person is still or asleep the nursing observations must note respirations. Any concerns for the person's health should be immediately notified to the Nurse in Charge (NIC) and responsible Doctor.

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Section 4 – Cessation of Seclusion

4.1 General Information

- Seclusion must be ceased as soon as practicable, when the person is no longer an acute risk of either danger to themselves or others.
- When a person falls asleep while secluded, staff should assess whether it is appropriate to cease seclusion. If seclusion is continued, reasons for this must be documented in the person's ECR.
- All people who have been secluded are to be offered an opportunity for psychological support from a clinician who is a member of their treating team within 24-48 hours after being released from seclusion, or as requested by the person. If the person declines offer

of psychological support or is too unwell to engage, attempts to offer support must be recorded in the person's ECR or patient clinical record in Paediatrics.

- Where appropriate and if consent is given by the person secluded, people who are directly involved in a persons' treatment and care must also be informed of the seclusion episode. Theses may include but are not limited to carers, family, a person's guardian, a person with nominated power of attorney, a nominated person identified in accordance with the *Mental Health Act 2015*, the persons health attorney as requested and for a young person, each person with parental responsibility.
- The person is to be reviewed within 24 hours after the seclusion episode by the treating team and/or on-call clinical staff and a treatment plan formulated. The review is to include the nursing observations and details of food and fluids provided and consumed.
- Details of the debrief and reflection provided for the person and others who witnessed or were involved in the incident
- In addition to psychological support, a staff member will also conduct a seclusion review with the person following the period of seclusion to examine in more detail what happened to lead to the seclusion and how the person feels. This information is presented in the 5 W's format (when, where, who, what, and why) and provided to the Restraint, Seclusion and Restrictive Practices Committee.
- As soon as practicable after the incident, those staff members involved in episodes of seclusion will hold a debriefing, including discussion in relation to identifying early warning signs and alternative management strategies, chaired by the Assistant Director of Nursing (ADON), clinical Nurse Consultant (CNC) or NIC. The NIC will be mindful of the potential traumatic impact on staff involved and support them at this time and assist in seeking further assistance if needed.

4.2 Emergency Department

- Prior to seclusion being ceased, the senior nurse on duty and another nurse must conduct an assessment to determine the person's level of risk. The MHCL Psychiatrist must ratify the risk assessment as soon as practicable.
- If the MHCL Psychiatrist or Psychiatry Registrar is not present, then two staff members, one of whom must be a Registered Nurse, can ratify the risk assessment, on authorisation from the Consultant Psychiatrist or Psychiatric Registrar. An entry is to be made in the person's ECR that authorisation for this was obtained, via telephone, by the Consultant Psychiatrist/Psychiatry Registrar.
- Each episode of seclusion will be documented at the Medicine Clinical Governance Meeting and individual cases reviewed by the committee as clinically relevant. The outcome of the review will be circulated to all staff to ensure ongoing efforts to maintain high standards of care.

4.3 MHSSU, AMHU, Ward 12b Mental Health Unit and DMHU

- Prior to seclusion being ceased, the senior nurse on duty and another nurse are to complete a risk assessment to determine the person's level of risk. The risk assessment must reflect the person's reduced risk level before the person is released from seclusion. The Consultant Psychiatrist or Psychiatry Registrar must ratify the revised risk score as soon as practicable.

- If the Psychiatrist or Psychiatry Registrar is not present, then two staff members, one of whom must be a Registered Nurse, can revise the risk assessment score. Following authorisation of seclusion, an entry is to be made in the person's MAJICeR indicating the date, name and time of the Consultant Psychiatrist/Psychiatry Registrar authorising seclusion.
- Each episode of seclusion will be presented at the Seclusion and Restraint Committee and individual cases reviewed by the committee as clinically relevant. The outcome of the review will be circulated to all staff to ensure ongoing efforts to maintain high standards of care.

4.4 Paediatric Unit –Adolescent Ward, Centenary Hospital for Women and Children

- Prior to seclusion being ceased, the CAMHS Psychiatrist or Psychiatry Registrar must review and document the assessment within the medical records, including the At Risk Category (ARC). The ARC score must be below five to reflect the person's reduced risk level before the person is released from seclusion.
- If the CAMHS or Psychiatry Registrar is not present, then two staff members, one of whom must be a Registered Nurse, can revise the ARC score. An entry is to be made in the young person's medical records that this review occurred and was discussed with the Consultant Psychiatrist/Psychiatry Registrar and authorisation for seclusion to be ceased was obtained.
- Each episode of seclusion will be reviewed within a month at a multidisciplinary team (MDT) meeting with appropriate staff (including CAMHS Consultant Psychiatrist, ADON Division of Women, Youth and Children and Director of Paediatrics) present. These meetings are held Monday and Thursday 10:30 and will be documented.
- The outcome of the review will be circulated to all staff to ensure ongoing efforts to maintain high standards of care.
- Other people involved in, or who witnessed the incident resulting in seclusion, are to be offered appropriate supports, which may include debriefing, if requested.

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Section 5 – Documentation

- When a person is secluded, the Public Advocate must be notified, using the Seclusion Form, available on the ECR (and available in paper form on the Paediatric Adolescent Ward). A copy of the Seclusion form must be sent to the Public Advocate within twelve hours at JACSPublicAdvocate-MentalHealth@act.gov.au or 6207 0688 (fax).
- The original Seclusion form must be scanned and entered into the person's ECR or patient clinical record in Paediatrics.
- For each episode of seclusion, an entry needs to be made in the person's ECR or patient clinical record in Paediatrics indicating the following:
  - When authorisation of seclusion was obtained by the Consultant Psychiatrist (including the name of the authorising Consultant).
  - The date and time of when seclusion was commenced and ceased.
  - A description of the person's behaviour prior to the episode of seclusion.

- A description of alternatives to seclusion that were implemented, and outcomes where applicable.
- The explanation given to the person regarding the reason for seclusion and their response.
- If a person undertakes debriefing about the incident, an outline of this discussion.
- The health and personal care provided including the administration of medications during seclusion.
- The psychological support and reflection provided for the person and others who witnessed or were involved in the incident.

- A clinical incident report must be completed in Riskman for each episode of seclusion.
- If any restraint, use of force or the forcible giving of medication is used during the seclusion, this must be documented in MAJICeR.
- Seclusion Register:
  - All seclusions occurring the Emergency Department must be documented in the *Emergency Department Seclusion Register*, available at the nurses' station.
  - All seclusions occurring on the Adolescent Ward must be documented in the *Paediatric Department Seclusion Register*, available in the medication room located in the Adolescent Ward.
  - For all other areas, i.e AMHU, 12b, MHSSU and DMHU, a register of seclusions may be printed from MAJICeR for viewing by the Public Advocate.

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Evaluation

Outcome

Patients assessed as requiring seclusion will be managed as per this procedure.

Measures

- Annual review of clinical incident reports of seclusion
- Monthly review of seclusion episodes reported to WYC, MHJHADS and Medicine Governance Committees.

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Related Policies, Procedures, Guidelines and Legislation

Policies

- Dhulwa Mental Health Unit Searching
- Dhulwa Mental Health Unit Use of Force
- Searching a Consumer's Person or Property
- Occupational Violence
- Informed Consent (clinical)
- Restraint of a person

Procedures

- Adult Mental Health Unit
- Dhulwa Mental Health Unit Searching
- Dhulwa Mental Health Unit Use of Force
- Dhulwa Mental Health Unit Prohibited and Restricted Items and Items Requiring Approval
- Emergency Department and Mental Health Interface
- Occupational Violence
- Patient Identification and Procedure Matching
- Clinical Handover
- Advance Agreements, Advance Consent Directions and Nominated Persons under the Mental Health Act 2015
- Care of Persons subject to Psychiatric Treatment Orders (PTOs) with or without a Restriction Order (RO)

Legislation

- *Mental Health Act 2015*
- *Mental Health (Secure Facilities) Act 2016*
- *Human Rights Act 2004*
- *Children and Young People Act 2008*
- *Public Advocate Act 2005*
- *Work Health and Safety Act 2011*

Other

- Australian Charter of Healthcare Rights

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Definition of Terms

Community Care Order – means an order made under s. 66 of the *Mental Health Act 2015* Forensic Community Order – means an order made under s. 108 of the *Mental Health Act 2015*

Confinement – any restriction of movement or liberty of a person that does not include placing the person in a room on their own and preventing them from leaving (e.g. telling a person that they must stay in a room and having a security officer or other staff member observe them to ensure that they do not leave.)

Emergency Detention 3 (ED3) – 3 day emergency detention

Emergency Detention 11 (ED11) – 11 day emergency detention

Forensic Psychiatric Treatment Order (FPTO) – means an order made under s. 101 of the *Mental Health Act 2015*

Psychiatric Treatment Order (PTO) – means an order made under s. 58 of the *Mental Health Act 2015*

Seclusion – the involuntary placing of a person alone, in a room with the door closed or in an area from which free exit is prevented.

Young Person – for the purpose of this document a young person is someone who is 16 years and under and admitted to the Paediatric Adolescent ward. Once the person turns 17 years, they are considered an adult.

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Search Terms

Mental Health, Seclusion, Dhulwa Mental Health Unit, DMHU, AMHU, MHSSU, Emergency Department, Paediatric, Paed, Adolescent, Adolescence, MH.

Policy Team ONLY to complete the following:

Date Amended	*Section Amended*	*Divisional Approval*	*Final Approval*
6/06/2019	*Complete Review*	*Bruno Aloisi, A/g ED MHJHADS*	*CHS Policy Committee*
04/12/2019	*Information pertaining to WY&C – Paediatrics added throughout*	*Tina Bracher, ED WY&C*	*CHS Policy Committee Chair*

This document supersedes the following:

Document Number	*Document Name*