# Approved procedure 166A

Controlled Document

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| **Target Audience** | Approved Treatment Facilities under the Mental Health and Related Services Act |
| **Jurisdiction** | Northern Territory |
| **Document Owner** | Chair Mental Health and Related Services Act Approved Procedures and Quality Assurance Committee |
| **Approval Authority** | Chief Executive |
| **Author** | Approved Procedures and Quality Assurance Committee |

# Purpose

To outline the requirements for managing inpatients that are absent without approved leave under section 166A of the *Mental Health and Related Services Act 1998* (the Act)and those missing under section 166B.

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| **Community management**  Information on missing people who are subject to community management orders can be found in Approved Procedure 4 Community Management. |

# Introduction

Patients that are absent without approved leave or missing may represent a risk to their own life, health or safety or the safety and wellbeing of others.

All approved treatment facilities (ATFs) must ensure governance and reporting structures are in place to facilitate the oversight of patients that are absent without approved leave within their service. This must include escalation strategies for patients who are subsequently deemed to be missing.

This procedure promotes:

* The prevention and reduction of the risk of patients g leaving the facility without approval to do so or going missing from an ATF as part of the clinical governance of the relevant service or facility;
* implementation of evidence-based, recovery-oriented strategies to reduce the risk of patients being absent without leave or going missing from an ATF and working towards a least restrictive model of care; and
* the active inclusion of patients, their families, other support persons and service providers, in comprehensive care planning, problem solving and identifying strategies to reduce the risk of patients taking leave without approval or going missing from an ATF.

# Procedure

## Requirements under the Act

### Involuntary patients absent without approval

Under the provisions of section 166A(1), the definition of absent without approval, is that the person:

1. is absent from the facility without leave granted under section 166 (i.e. leave granted to involuntary patients only); or
2. has been granted leave under section 166 and any of the following occurs:
   1. the person fails to return to the facility by the end of the leave;
   2. the leave is cancelled;
   3. the person fails to comply with a condition of the leave.

Section 166A of the Act therefore only applies to involuntary patients.

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| **Voluntary patients absent without leave**  A voluntary patient cannot be “absent without approval” under the definition provided in the Act. As such, they cannot be forcibly returned to hospital. However the treating team may follow up their absence without leave and encourage them to return to hospital or attend their next appointment.  A patient who has been admitted to an ATF as a voluntary patient is considered to be absent without leave when any of the following circumstances occur:   * The patient is not accounted for during regular census check or is noticed to be missing from the ward and is determined to not be in any scheduled activity or being otherwise supervised by staff at the facility. * The patient is seen leaving designated ATF facilities without a scheduled appointment or when discharge is not planned. * The patient leaves the ward for an appointment and either does not arrive as scheduled or does not return to the ward after the appointment. * The patient does not return as scheduled from a home visit or other authorised off-site activity. * Staff have some other reason to believe that the patient may have left the facility without their knowledge. |

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| **Recording of absence on the approved form**  Once a person is noted to be absent without approved leave (involuntary) or leave (voluntary) (including when a patient has failed to return from leave at the agreed time) **Form 52 Inpatient Absent without (Approved) Leave or Missing** is to be commenced.  Please note - This form is suitable for use for voluntary and involuntary patients. |

### Notifications regarding absconded involuntary patients

Section 166A(5) requires that where an involuntary inpatient is absent without approved leave, the following are to be notified:

* the person's adult guardian;
* if the person has a decision maker – the decision maker;
* the person's representative;
* the person's primary carer;
* the Tribunal.

Notifications can be provided by the PIC of the ATF, an APP, a medical practitioner, the Senior RNOD at the ATF, the person’s primary nurse or psychiatric case manager.

NB: Under section 166A(6), these entities must also be notified when the person is subsequently located.

### Apprehension and return of patients

Section 166A(2)provides for police or someone authorised by an APP to apprehend **involuntary patients** that are absent without approved leave and return them to the facility.

Under section 166A(3) reasonable force and assistance may also be used for this purpose.

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| **Reasonable attempts to locate and return patients absent without leave prior to apprehension**  Unless there is a risk that the patient may harm themselves or others, reasonable attempts must be made to contact involuntary patients prior to requesting that security staff or police retrieve them.   |  | | --- | | **Note: Voluntary patients that are absent without leave or missing cannot be forcibly returned to hospital when located. Even so, efforts are still required to contact and/or locate voluntary patients as quickly as possible and encourage them to return to hospital or attend their next appointment. If clinically appropriate and safe to do so, an assessment of the person in the community could be considered to determine their level of risk from non-return/attendance.** |   Such attempts to contact patients also includes contacting their carers or other appropriate people to encourage the patient’s return to the ATF voluntarily.  The Crisis Assessment and Triage Team (CATT)/Mental Health Access Team (MHAT) and relevant NT Health mental health community teams should also be notified of the patient’s absence.  The decision to notify police regarding the apprehension and return of involuntary patients must be made by senior staff after considering the individual patient’s goals, duration of absence, their mental state and risk assessment prior to leave and any previous issues with leave.  **Form 60 Police Assistance Request** must be completed if police assistance is required to locate patients and/or return involuntary patients to the ward |

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| **Apprehension by an APP authorised person**  An APP authorised person apprehension should only be initiated in exceptional circumstances. APP authorisations are given through the completion of **Form 52** **Inpatient Absent without (Approved) Leave or Missing**.  APP authorised apprehension by someone other than the Police may be considered where   * No police assistance is immediately available to apprehend the person; * The person is located within the ATF campus; * The risk to others is low; and * The APP is satisfied the person being authorised to undertake the apprehension is sufficiently experienced and willing to be involved in the apprehension.   **Example**  Where an involuntary patient has remained on the hospital campus and is not considered dangerous, an APP may authorise hospital security personnel to effect the apprehension and return of the person to the ATF. |

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| **Staff safety**  While clinical staff clearly have a role to play in responding to incidents within the ward environment, it may not be safe or appropriate for them to apprehend an involuntary patient outside of the ATF. However it might be necessary to provide assistance to others (i.e. police, security personnel) in this process. Involvement of clinical staff should be based on appropriate risk assessment, skill level of available staff and safety of other patients, visitors and staff. |

### Missing patients

Missing patients can be voluntary or involuntary patients or those on community management orders as section 166B of the Act applies to

* any missing person admitted to an ATF; or
* any missing person for whom a community management order (CMO) has been made *(refer to Approved Procedure 4 Community Management for further information)*.

NB: Information on missing people who are subject to community management orders can be found in Approved Procedure 4 Community Management.

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| **Concept of “missing”**  The term “missing” appears in section 166B of the Act only.  The Australian Federal Police Missing Persons Unit defines a missing person as:  *“anyone who is reported missing to the police, whose whereabouts are unknown and there are fears for the safety or welfare of that person.”*  In this context, the term “missing” should be used in circumstances in which the following apply:   * Considerable efforts have been made to locate the patient, in line with this approved procedure and internal ATF policy; and * Treating staff have concern for the patient’s safety and/or the safety of others; and * In the case of involuntary inpatients, the requirements of s166A have been carried out and the person has still not been located. |

Section 166B(2)requires that the PIC of the ATF (where the patient is admitted either voluntarily or involuntarily) report the patient’s absence to the police as soon as possible.

The report must be accompanied by sufficient information about the person's history to enable an assessment of the risk posed by the patient and their vulnerability. It is also to be made and in the approved form.

Section 91(2)(ga) specifically allows for the release of information about patients to police when they are deemed to be missing**.**

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| **Report to Police**  A report to police is to be made via **Form 52 Inpatient Absent without (Approved) Leave or Missing** which should have already been commenced when the person was first noted to be absent.  Information provided to police will include:   * details including a description of the patient’s appearance, likely whereabouts and legal status under the Act; and * an outline of the steps that have been taken to locate the person so far.   If the notifications is to include a request for police assistance in locating the person and/or returning them to the facility, a **Form 60 Police Assistance Request** must also be provided to police.  Police should be alerted to the circumstances via phone as soon as possible, advising that **Form 52**is also being sent. The completed **Form 52** (and **Form 60**)must also be emailed to Police Communications. |

### Media releases and information being provided to the Minister or Chief Executive (CE) of NT Health

With respect to the dissemination of information about a missing or absconded patient, Section 91(2), outlines when such information may be disclosed. In particular, information regarding the patient may be disclosed:

(b) with the consent of the patient's adult guardian or decision maker;

(h) when it is required to prevent or lessen a serious or imminent threat to the life or health of the patient, another person or the general community;

(m) to the Minister or the CE; or

(n) if the Minister considers that disclosing the information is in the public interest or necessary to ensure the safety of the general community or a section of the general community.

The Minister must not disclose information under subsection (2)(n) unless he or she has received a recommendation from the CE, the Chief Health Officer (CHO), the President of the Tribunal, the principal community visitor, the Ombudsman or the Commissioner for Health and Community Services Complaints to disclose the information.

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| **Practice note**  The PIC of the ATF should endeavour to seek the consent of the patient’s primary carer or decision maker and consult with the responsible APP before deciding to make public or publish information about a missing patient. The PIC should liaise with the Mental Health Alcohol and Other Drugs Branch within NT Health and/or relevant NT Health media advisor regarding the dissemination of such information. |

## Operational requirements not prescribed by the Act

A patient that is absent without (approved) leave or missing is always concerning. Most people return safely to the ward but some do not.

If a patient is noted to be absent without (approved) leave (including when a patient has failed to return from leave at the agreed time) the Senior RNOD and APP must be notified as soon as practicable.

Every effort is then required to be undertaken to locate the patient as quickly as possible. This is to include:

1. A thorough and complete search of the ATF and grounds - conducted immediately until all possibilities of locating the patient in the ATF and grounds are exhausted.
2. Reasonable attempts to be made to contact the patient - if a mobile phone number is available
3. Communication with the family and/or next of kin – to be done as soon as possible, advising them of the situation. Ongoing communication is to be maintained to inform them of progress with locating the patient.
4. Communication with other relevant people/agencies - i.e. the person’s GP or Community Clinic if they’re from a remote community, the person’s Community Case Manager, Aboriginal Mental Health Worker; and where applicable their accommodation provider.
5. Communication to the police and other appropriate agencies - to assist in a coordinated search for the patient.

A process of assertive follow up should also ensure ongoing efforts are made to locate the patient and either return them to the ATF (where the person is an involuntary patient) or, where further in-patient care is not required, to ensure they are referred to appropriate treatment and support services.

### Once found

In all circumstances where the patient is located, the Senior RNOD in the ATF must:

1. Where the police have previously been notified of the patient’s absence/missing status, notify the police of the patient’s location (and return, where relevant) is they were not located (and returned) by police.
2. Notify all those previously contacted about the person’s absence/missing status.
3. Thoroughly document all information.
4. Finalise reporting requirements.

Staff should refer to ATF internal policy for any additional local notification and/or documentation requirements.

### Debriefing after return to the ward

Most patients who take leave without approval, do so impulsively in response to high, persistent levels of distress. Factors that might contribute to this distress include:

* withdrawal from alcohol or other drugs
* delayed or inadequate treatment of their mental illness
* a perception of poor engagement by clinicians
* a lack of meaningful activity on the ward
* conflict with a co-patient
* an urgent need to attend to matters at home.

Upon returning to the ward, a senior clinician should spend time with the patient to understand the reasons for being absent without (approved) leave and what factors might, from the patient’s perspective, reduce the likelihood of further episodes. This information should inform a review of the treatment plan.

Once the reasons for being absent without (approved) leave have been identified, the treatment and leave plans should be modified to address them.

### Bed Management

#### Involuntary patients

If an involuntary patient that is absent without approved leave or missing has not returned or been returned to the ward after 72 hours, it is at the discretion of the treating team to determine whether the patient’s bed/bay should remain available for their treatment should they return.

#### Voluntary patients

If a patient that is absent without leave or missing has not returned to the unit within 24 hours, then the patient may be discharged and the bed made available for use by other patients.

A bed should not be held for any voluntary patient who has confirmed that they will not be returning to the ward.

### ATF to develop localised staff resources

ATFs should ensure that internal resources are developed for staff to ensure the appropriate response to a patient being absent without (approved) leave, including local responses/information that may be pertinent to the search for the person and clarification on actions to be taken before the person is deemed to be missing under the Act.

### Documentation

All information related to the search for (and location of) the patient and notifications made to relevant parties is to be documented in the clinical record, including personnel informed, actions taken to find the patient and the outcome at that time.

### Useful contact details

|  | **Telephone** | **Email** |
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| **NT Police Communications** | **131 444** | [Police.Assistance@pfes.nt.gov.au](mailto:Police.Assistance@pfes.nt.gov.au) |
| The Tribunal | (08) 8999 5001 | [mentalhealthreviewtribunal.doj@nt.gov.au](mailto:mentalhealthreviewtribunal.doj@nt.gov.au) |

# Document Quality Assurance

|  | **Method** | **Responsibility** |
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| **Implementation** | Document will be accessible via the MHARS Act internet and intranet pages and the PGC. | Senior Compliance and Clinical Policy Co-ordinator MHAOD Branch |
| **Review** | Document will be reviewed within a period of 4 years. | Approved Procedures Quality Assurance Committee |
| **Evaluation** | Document will be informally evaluated at time of review. | Approved Procedures Quality Assurance Committee |

# Key Associated Documents

All related material produced by the Northern Territory Department of Health is available from: **https://health.nt.gov.au/professionals/mental-health-information-for-health-professional/office-of-the-chief-psychiatrist**

Mental Health and Related Services (MHARS) Act 1998 – available from: **https://legislation.nt.gov.au/en/LegislationPortal/Acts/By-Title#**

# Definitions and Search Terms

| **Preferred Term** | **Description** |
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| **APP** | Authorised Psychiatric Practitioner |
| **ATA** | Approved Treatment Agency |
| **ATF** | Approved Treatment Facility |
| **CE** | Chief Executive of NT Health |
| **CHO** | Chief Health Officer |
| **CMO** | Community Management Order |
| **MHARS Act** | *Mental Health and Related Services Act 1998* |
| **Nominated decision maker** | Someone nominated by a person to make decisions on their behalf under an Advance Personal Plan or enduring Power of Attorney. |
| **Patient** | A person who is being assessed or receiving treatment under the Mental Health and Related Services Act 1998 |
| **PIC** | Person in Charge |
| **Senior RNOD** | Senior Registered Nurse on Duty |

#### Alternative Search Terms