

Restrictive Practices

The *Mental Health Act 2016* regulates the use of seclusion, mechanical restraint, physical restraint and the appropriate use of medications in authorised mental health services. Seclusion and mechanical restraint may only be used when strict criteria in the Act are met, including that there is no other reasonably practicable way to protect the relevant patient or others from physical harm.

Seclusion

Seclusion is the confinement of a person, at any time of the day or night, in a room or area from which free exit is prevented.

Seclusion may be used for an involuntary patient in an authorised mental health service (AMHS) who is subject to a treatment authority, forensic order or treatment support order, or a person absent without permission from another State who is detained in an AMHS.

Seclusion cannot be authorised under an advance health directive, or by an attorney or guardian.

Seclusion may be authorised by an authorised doctor for up to 3 hours at a time.

Seclusion may occur for no more than 9 hours in a 24-hour period, but may be extended beyond this time if it is approved under a reduction and elimination plan (see below). In addition, one extension of an additional 12 hours may occur to allow a reduction and elimination plan to be made.

In an emergency, a health practitioner in charge of an inpatient or other unit within an AMHS may seclude a person for up to 1 hour. The health practitioner must, as soon as practicable, tell an authorised doctor of the seclusion.

An authorised doctor must remove a person from seclusion if it is no longer necessary to protect the person or others from physical harm. The health practitioner in charge of the unit must also do this if the initial authorisation by the authorised doctor allows it. The chief psychiatrist may direct the removal of a person from seclusion.

The chief psychiatrist has the power to issue directions about the use of seclusion. This could apply to an individual patient, a class of patients, or all patients in an AMHS. A direction could require the use of reduction and elimination plans.

Mechanical Restraint

Mechanical restraint is the restraint of a person by the application of a device to the person's body, or a limb of the person, to restrict the person's movement. Mechanical restraint does not include the appropriate use of a medical or surgical appliance in the treatment of a physical illness or injury or restraint that is authorised or permitted under another law.

Mechanical restraint may be applied on an involuntary patient in an AMHS who subject to a treatment authority, forensic order or treatment support order, or a person absent without permission from another State who is detained in an AMHS in Queensland.

Mechanical restraint cannot be authorised under an advance health directive, or by an attorney or guardian.

The chief psychiatrist must approve all uses of mechanical restraint. An approval can be for up to 7 days.

The chief psychiatrist may also require that a reduction and elimination plan be prepared for the mechanical restraint to be used.

The device must also be approved by the chief psychiatrist.

Mechanical restraint can only be authorised for up to 3 hours.

Mechanical restraint may occur for no more than 9 hours in a 24-hour period, but may be extended beyond this time if it is approved under a reduction and elimination plan.

A patient must be continuously observed while a mechanical restraint is applied.

An authorised doctor must remove mechanical restraint if it is no longer necessary to protect the relevant patient or others from physical harm. The health practitioner in charge of the unit must also do this if the initial authorisation by the authorised doctor allows it. The chief psychiatrist may direct the removal of mechanical restraint.

Reduction and Elimination Plans

The chief psychiatrist may require a reduction and elimination plan for the use of mechanical restraint and seclusion.

A plan must outline measures to be taken to reduce and eliminate the use of seclusion or mechanical restraint for a patient.

Physical Restraint

Physical restraint, of a patient, is the use by a person of his or her body to restrict the patient's movement.

However, physical restraint of a patient does not include:

- the giving of physical support to enable a patient to carry out daily living activities, or to redirect a disoriented patient
- physical restraint of the patient that is authorised under another law, or
- physical restraint of the patient that is required in urgent circumstances.

An authorised doctor, or a health practitioner in charge of an inpatient or other unit within an AMHS, may authorise the use of physical restraint on a patient if there is no other practicable way:

- to protect the patient or others from physical harm
- to provide treatment and care to the patient
- to prevent the patient from causing serious damage to property, or
- for a patient detained in an AMHS – to prevent the patient from leaving the service.

The requirements for the use of physical restraint, including in urgent circumstances, is outlined in a Chief Psychiatrist Policy.

Obligation to Notify Public Guardian of Treatment of Minors

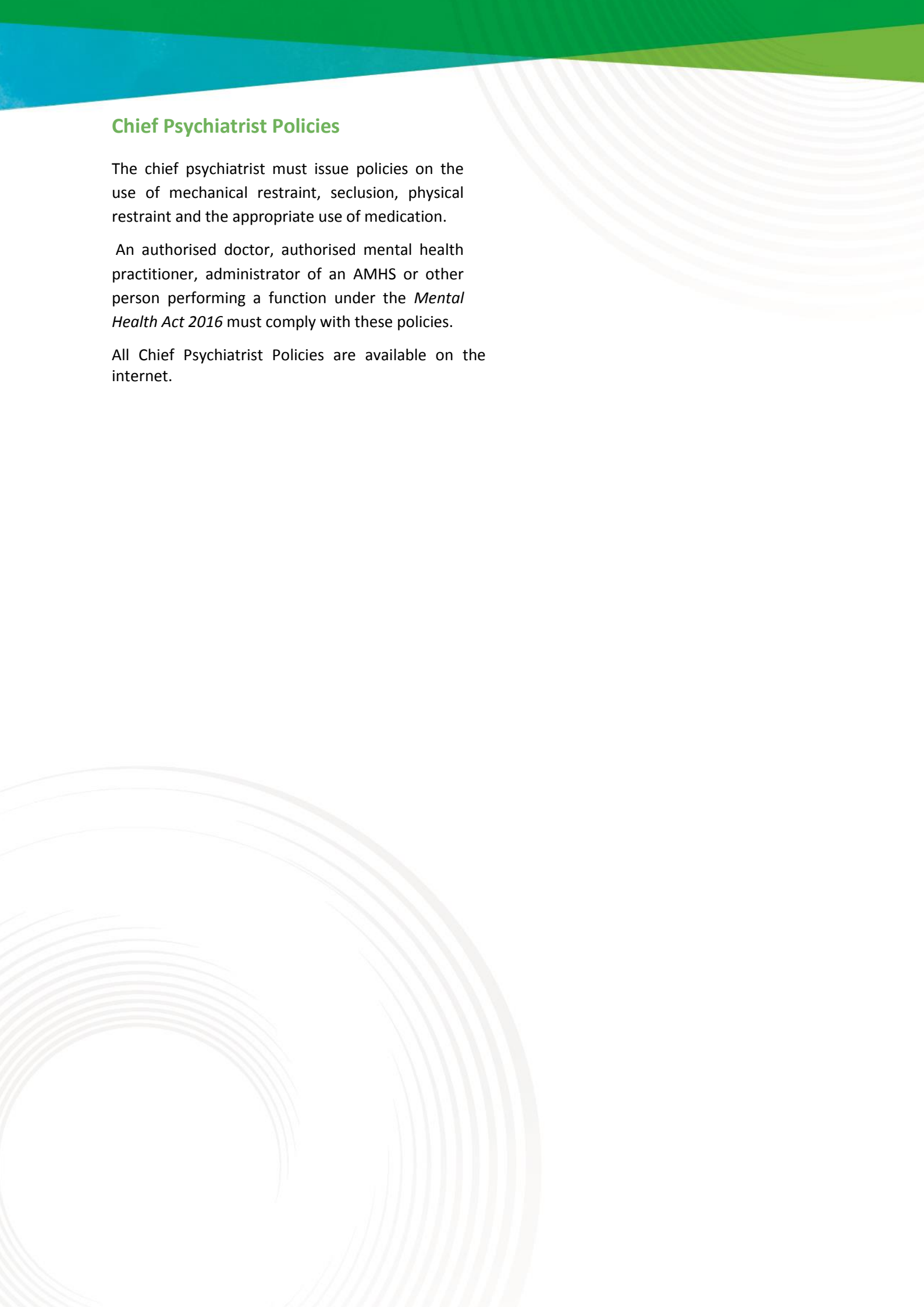
There is an obligation under the Act to notify the public guardian if mechanical restraint, seclusion or physical restraint has been used in an AMHS on a patient who is a minor. The information to be provided is outlined in the Chief Psychiatrist Policy.

Appropriate Use of Medication

The Act provides that a person must not administer medication, including sedation, to a patient unless the medication is clinically necessary for the patient's treatment and care for a medical condition.

A patient's treatment and care for a medical condition includes preventing serious harm to the patient or others.

Requirements in relation to the appropriate use of medications are outlined in a Chief Psychiatrist Policy.



Chief Psychiatrist Policies

The chief psychiatrist must issue policies on the use of mechanical restraint, seclusion, physical restraint and the appropriate use of medication.

An authorised doctor, authorised mental health practitioner, administrator of an AMHS or other person performing a function under the *Mental Health Act 2016* must comply with these policies.

All Chief Psychiatrist Policies are available on the internet.