MHA22

Mental Health Act 1986

Section 52

Local Hospital Patient Number:

Family Name:

Given Names:

Date of Birth: **Sex:**

Alias:

Mental Health Statewide Patient Number

SPECIAL LEAVE OF ABSENCE FOR A SECURITY PATIENT

Notes to completing this form

Please complete to the fullest extent necessary in the circumstances – cross ☒ all relevant boxes.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

(please cross ☒ one option only)

☐ a *sentenced / remanded security patient under section 16(3)(b).

☐ a security patient under section 93A **Sentencing Act 1991**.

a patient of: _____ unit at: _____ approved mental health service

TO THE CHIEF PSYCHIATRIST

Special leave cannot exceed 24 hours, or 7 days in the case of medical treatment.

Period of Leave:

From:

to:

Purpose of leave:

☐ Court
☐ Medical
☐ Other:

Priority for leave:

☐ Necessary no delay
☐ Necessary may be delayed
☐ Alternatives available

Reviewed by special leave review committee:

☐ Yes ☐ No

Destination and purpose:

Recommended Escort Arrangement:

☐ Clinical staff Number of escort:
☐ Security staff Number of escort:
☐ Mechanical restraint

Diagnosis:

☐ Schizophrenia
☐ Delusional Disorder
☐ Bipolar Affective Disorder
☐ Major Depression
☐ Personality Disorder
☐ Self harm/ Behavioural disturbance
☐ Other:

Current mental state:

☐ Stable full remission
☐ Stable partial remission
☐ Unstable partial remission
☐ Unstable no sig. remission

Recent behaviour in unit:

☐ Predictable
☐ Low irritability
☐ High irritability
☐ Unpredictable

Comments:

Nature of Offence:

Risk of absconding:

Physical potential:	Motivation:
☐ High	☐ High
☐ Medium	☐ Medium
☐ Low	☐ Low

Past hospital leave used?

☐ Yes (Any incidents give details)
☐ No

History of violence:

☐ Yes (Give details.)
☐ No

History of absconding:

☐ Yes (Give details.)
☐ No

Comments:

A security patient or a person on their behalf may apply to the chief psychiatrist for special leave of absence.

APPLICATION COMPLETED BY:

NAME & DESIGNATION of person making application

Signed:

Date:

ENDORSED BY: (authorised psychiatrist)

NAME of *delegated/ authorised psychiatrist

Signed:

Date:

TO BE COMPLETED BY THE CHIEF PSYCHIATRIST

☐ Special leave is not granted.

☐ Special leave is granted subject to the above recommended security arrangements and the following additional conditions:

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of *delegated/ Chief Psychiatrist

Signed: Date:

The chief psychiatrist must advise the Secretary to the Department of Justice, the Secretary to the Department of Human Services or the Chief Commissioner of Police (as the case may be) before granting leave.

TO THE *SECRETARY, DEPARTMENT OF JUSTICE / SECRETARY, DEPARTMENT OF HUMAN SERVICES / CHIEF COMMISSIONER OF POLICE

Please note this application for special leave concerning the abovenamed patient.

* delete as necessary

Original - ADMIN. Make copies for PATIENT FILE, PATIENT (If patient made the application), CHIEF PSYCHIATRIST, SECRETARY TO THE DEPARTMENT OF JUSTICE

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OCT 2006

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