

**Mental Health and Wellbeing Act 2022
Section 221, 241, 547A and 576A**

**MHWA 124
Taking care and control of patient
absent without leave**

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Mental Health Statewide UR Number

Local Patient Identifier

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH

SEX

GENDER

Place patient identification label above

Instructions to complete this form

- This form must be completed by an Authorised Psychiatrist or Delegate to arrange for a person who is absent without leave to be transported to a Designated Mental Health Service.
- You must provide 24-hour contact details that an 'Authorised Person' can use to obtain further information or to arrange for the person to be received at the Designated Mental Health Service when they have been apprehended.
- Please cross relevant check boxes in each part.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a patient of:

Designated Mental Health Service

at:

address of Designated Mental Health Service

who is:

- | | |
|--|---|
| <input type="checkbox"/> subject to an Inpatient Temporary Treatment Order | <input type="checkbox"/> a security patient |
| <input type="checkbox"/> subject to an Inpatient Treatment Order | <input type="checkbox"/> a forensic patient |
| <input type="checkbox"/> subject to an Inpatient Assessment Order | |
| <input type="checkbox"/> subject to an Inpatient Court Assessment Order | |

1. The abovenamed person is absent without leave from the Designated Mental Health Service.
Specify the reason for the person being absent without leave, for example absconded from inpatient unit:

2. Description of person:

Female

Male

Height:

Weight:

Eye colour:

Specify other identifying information, such as hair colour, complexion, clothing, tattoos, scars, piercings:

(Further details may be attached)

3. Information that will assist with taking a person into care and control, such as urgency of apprehension, address where person may be found, typical behaviours, communication strategies, known risks, triggers, medical considerations:

(Further details may be attached)

4. 24-hour contact details:

Telephone:

name of service

24-hour contact number

Signature:

signature of Authorised Psychiatrist or Delegate

Date:

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Given Names:

Family Name:

Designation:

Telephone:



MHWA124

ROLLS AUSTRALIA 1300 600 192

JULY
2023

Original – medical record

Make copy for relevant authorised person

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Next steps

After completing this form, you must ensure reasonable steps are taken to:

1. **contact** an Authorised Person to arrange for the person to be taken into their care and control and transported to a Designated Mental Health Service. This form is sufficient authority for the Authorised Person to do this.
2. **send** a copy of this form to the Authorised Person;
3. **notify** the following persons (as applicable) that the person is absent without leave:
 - any nominated support person
 - a parent if the person is under the age of 16 years
 - a carer, if the person's absence will directly affect the carer and the care relationship
 - any guardian of the patient
 - the Secretary, Department of Families, Fairness and Housing if the Secretary has parental responsibility for the person subject to a Relevant Child Protection Order.
4. **ensure** appropriate supports are provided to assist the person/s to understand this information.

Definitions

- An '**Authorised Person**' is:
 - a) a police officer
 - b) a registered paramedic employed by an ambulance service as defined in section 3(1) of the *Ambulance Services Act 1986*
 - c) a protective services officer
 - d) a registered medical practitioner employed or engaged by a Designated Mental Health Service
 - e) an authorised mental health practitioner.
 - f) a member of a prescribed class of person
- '**Relevant Child Protection Order**' means:
 - (a) a therapeutic treatment (placement) order;
 - (b) a family reunification order;
 - (c) a care by Secretary order; or
 - (d) a long-term care order,
each within the meaning of the *Children, Youth and Families Act 2005*.