



MHWA140

ROLLS AUSTRALIA 1300 600 192

JULY
2023

Mental Health and Wellbeing Act 2022
Sections 126, 127, 128, 131, 132, 133, 135, 137, 138

MHWA 140
Authority for use of restrictive interventions

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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 to authorise the use of the following restrictive interventions on a person receiving mental health services in a Designated Mental Health service:
 - physical restraint
 - mechanical restraint
 - seclusion
- This form must be completed as soon as practicable after authorising the restrictive intervention.
- There is a separate form for authorising chemical restraint (MHWA 143: Authority for use of chemical restraint)

Part A of this form:

- A restrictive intervention must be authorised by:
 - an Authorised Psychiatrist or Delegate; or
 - if an Authorised Psychiatrist or Delegate is not reasonably available, a Registered Medical Practitioner or the Nurse in Charge.
- An Authorised Psychiatrist or Delegate must be notified as soon as practicable if the restrictive intervention is authorised by a Registered Medical Practitioner or a Nurse in Charge (complete point 6 in **Part A**).

Part B of this form:

- The Authorised Psychiatrist or Delegate must then examine the person as soon as practicable to decide whether continued use of the restrictive intervention is necessary unless the person has been released in the meantime.
- If the Authorised Psychiatrist or Delegate is not available to examine the person, they must arrange for a Registered Medical Practitioner to examine the person as soon as practicable to decide whether continued use of the restrictive intervention is necessary, unless the person has been released in the meantime.
- Please cross ☒ relevant check boxes in each part.

GIVEN NAMES		FAMILY NAME (BLOCK LETTERS) of patient	
<input type="checkbox"/> a Compulsory Patient	<input type="checkbox"/> a Security Patient	<input type="checkbox"/> a Forensic Patient	
<input type="checkbox"/> a person receiving treatment in a Designated Mental Health Service on a Voluntary Basis			

a patient of:

Designated Mental Health Service

Part A: Authorisation for use of restrictive intervention

1. I am: ☐ an Authorised Psychiatrist or Delegate ☐ a Registered Medical Practitioner
☐ a Nurse in Charge.
2. I authorise: ☐ Physical Restraint ☐ Mechanical Restraint ☐ Seclusion of the Person.
3. The reason for the use of the restrictive intervention is:
 - ☐ to prevent imminent and serious harm to the person
 - ☐ to prevent imminent and serious harm to another person
 - ☐ to administer treatment to the person (applicable to physical and mechanical restraint only)
 - ☐ to administer medical treatment to the person (applicable to physical and mechanical restraint only).
4. All reasonable and less restrictive options have been tried or considered and found to be unsuitable.
5. I have given proper consideration to the decision-making principles for treatment and interventions set out below.
6. Please explain why the restrictive intervention was necessary:

Authority for use of restrictive intervention

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GENDER

Place patient identification label above

7. Please detail all other less restrictive options tried or considered and explain why they were unsuitable:

Complete if Nurse in Charge or Registered Medical Practitioner authorises restrictive intervention because the Authorised Psychiatrist is not reasonably available.

8. I notified:

on:

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at:

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name of Authorised Psychiatrist or Delegate notified

date

time 24 hour

Signature:

signature of Authorised Psychiatrist, Registered Medical Practitioner or Nurse in Charge

Date:

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Given Names:

Family Name:

Part B: Authorisation for continued use of restrictive intervention (if applicable)

To be completed by Authorised Psychiatrist, or if the Authorised Psychiatrist is not reasonably available, a Registered Medical Practitioner.

- I am: ☐ an Authorised Psychiatrist or Delegate ☐ a Registered Medical Practitioner
- I confirm that the person was still subject to the restrictive intervention when I came to examine them.
- I have examined the person and:
☐ I **am satisfied** that the use of: ☐ Physical Restraint ☐ Mechanical Restraint ☐ Seclusion is necessary that all reasonable and less restrictive options have been tried or considered and found unsuitable and approve the continued use of the restrictive intervention/s on the person; or
☐ I **am not satisfied** that the use of: ☐ Physical Restraint ☐ Mechanical Restraint ☐ Seclusion is necessary and direct the person be released from the restrictive intervention/s.
- I have given **proper consideration** to the decision-making principles for treatment and interventions.

Signature:

signature of Authorised Psychiatrist or Delegate / Registered Medical Practitioner

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date

at:

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time 24 hour

Given Names:

Family Name:

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Notes

Victoria is working towards the elimination of restrictive interventions in mental health and wellbeing service delivery. Service providers should aim to reduce and eventually eliminate the use of restrictive interventions in mental health treatment.

1. Less restrictive options

A restrictive intervention must not be used unless all reasonable and less restrictive options have been tried or considered and have been found unsuitable. When considering if there are less restrictive options available you must, to the greatest extent possible in the circumstances, have regard to:

- The likely impact on the person;
- The person's views and preferences relating to restrictive interventions;
- The person's culture, beliefs, values and personal characteristics.

2. Meeting the person's needs

A person who authorises the use of a restrictive intervention must ensure that the person's needs are met and the person's dignity is protected by the provision of appropriate facilities and supplies, including bedding and clothing appropriate to the circumstances, food and drink and adequate hygiene and toilet arrangements.

3. Monitoring

A *MHWA 142 - Restrictive interventions observations* form must be completed and attached to this form to record the required clinical observations/reviews/examinations, noting the following requirements:

- a Registered Nurse or Registered Medical Practitioner must continually observe a person subject to physical or mechanical restraint by for the entire period of the restraint
- a Registered Nurse or Registered Medical Practitioner must clinically review a person subject to a restrictive intervention as often as is appropriate, but not less frequently than every 15 minutes;
- an Authorised Psychiatrist must examine a person subject to a restrictive intervention as often as the Authorised Psychiatrist is satisfied is appropriate in the circumstances to do so, but not less frequently than every 4 hours;
- if it is not practicable for an Authorised Psychiatrist to conduct an examination at the frequency that the Authorised Psychiatrist is satisfied is appropriate, the person must be examined by a Registered Medical Practitioner when so directed by the Authorised Psychiatrist.

4. Release from restrictive intervention

A person who is subject to a restrictive intervention **must be released** from the restrictive intervention as soon as it is no longer necessary.

5. Use of a restrictive intervention on a person receiving treatment in a designated mental health service on a voluntary basis

An Authorised Psychiatrist or Delegate, a Registered Medical Practitioner or the Nurse in Charge should review the person as soon as practicable to determine whether an Assessment Order should be made under section 144 of the *Mental Health and Wellbeing Act 2022*.

6. Notifications

An Authorised Psychiatrist or Delegate must ensure that, as soon as practicable after the commencement of a restrictive intervention, the following persons (as applicable) are notified of the use of the intervention, the type of restrictive intervention and the reason for using it:

- the person's nominated support person;
- the person's parent if the person is under the age of 16 years;
- a carer, if the use of restrictive intervention will directly affect the care relationship between the carer and the person;
- the person's guardian;
- the Secretary to the Department of Families, Fairness and Housing, if that Secretary has parental responsibility for the person under a Relevant Child Protection Order;
- the primary non-legal mental health advocacy service provider.

7. Review

The Authorised Psychiatrist must ensure the use of this restrictive intervention is reviewed as soon as practicable after it ends and the person and support persons of their choosing must be offered an opportunity to participate in this review of the intervention with the Designated Mental Health Service. This review must be completed in a timely manner and carried out in accordance with any guidance from the Chief Psychiatrist.

Decision making principles for treatment and interventions

When authorising the use of restrictive interventions, you must give proper consideration to these principles.

Title	Principle
Care and transition to less restrictive support	Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services.
Consequences of compulsory assessment and treatment and restrictive interventions principle	The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person.
No therapeutic benefit to restrictive interventions principle	The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person.
Balancing of harm principle	Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use.
Autonomy principle	The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment.

Definitions

- **'Bodily restraint'** means physical restraint, or mechanical restraint, of a person;
- **'Compulsory patient'** means a person on an Assessment Order, Court Assessment Order, Temporary Treatment Order or Treatment Order.
- **'Mechanical restraint'** means the use of a device to prevent or restrict a person's movement;
- **'Physical restraint'** means the use by a person of their body to prevent or restrict another person's movement but does not include the person giving of physical support or assistance to a person in the least restrictive way that is reasonably necessary to:
 - Enable the person to be supported or assisted to carry out daily activities: or
 - Redirect the person because they are disoriented;
- **'Relevant child protection order'** means:
 - (a) a therapeutic treatment (placement) order;
 - (b) a family reunification order;
 - (c) a care by Secretary order;
 - (d) a long-term care order,each within the meaning of the *Children, Youth and Families Act 2005*.
- **'Restrictive intervention'** means seclusion, bodily restraint or chemical restraint;
- **'Seclusion'** means the sole confinement of a person to a room or any other enclosed space from which it is not within the control of the person confined to leave.
- **'Nurse in Charge'** means a registered nurse who is undertaking, whether temporarily or permanently, the role of - (a) a nurse unit manager or equivalent: or (b) an associate nurse unit manager or equivalent.