## Mental Health and Wellbeing Act 2022 Sections 545 and 547 **MHWA 151** Leave of absence for security patient

	Local Patient Identifier											
	FAMILY NAME											
	GIVEN NAMES											
DATE OF BIRTH				S	SEX			GENDER				
	Place	Place patient identification label above										

Instructions to complete this form

- This form must be completed by an Authorised Psychiatrist or Delegate.
- The maximum period of leave is:
  - 7 days for treatment or medical treatment

Mental Health Statewide UR Number

- 24 hours for any other purpose the Authorised Psychiatrist is satisfied is appropriate.
- You must advise the Justice Secretary or Chief Commissioner of Police (as applicable) before granting a security patient leave of absence.
- Please cross I relevant check boxes in each part. **GIVEN NAMES** FAMILY NAME (BLOCK LETTERS) a security patient of: Designated Mental Health Service who is subject to: □ a Secure Treatment Order □ a Court Secure Treatment Order 1. I grant the person leave of absence for the period: for the purpose of: □ treatment □ medical treatment attend court □ other (please specify): at: name of destination address of destination I am satisfied the following conditions of the leave are necessary, having regard to the purpose of the leave and the evidence available that the health and safety of the person or the safety of any other person will not be seriously endangered as a result of granting leave of absence. The conditions of the leave are: 4. I am satisfied that it is necessary that the person should be subject to the following additional security conditions (e.g. bodily restraint) to protect the health and safety of the person or the safety of any other person during the leave: Clinical The escort arrangements are: Security specify number 6. I have had regard to: ☐ the person's views and preferences and their ☐ the views of a carer, if granting leave will directly affect the carer and the care relationship  $\Box$  the person's advance statement of preferences  $\Box$ the views of the Secretary to the Department of ☐ the views of the person's nominated person Families, Fairness and Housing if that Secretary has ☐ the views of the person's guardian parental responsibility for the person under a Relevant Child Protection Order ☐ the views of a parent if the person is under the age of 16 years Signature: Date:

ROLLS AUSTRALIA 1300 600 192

JULY 2023

Given Names:

signature of Authorised Psychiatrist or Delegate

## **Next steps**

As soon as practicable after completing this form:

- 1. tell the person that leave of absence has been granted.
- explain the purpose and effect of leave, including any conditions of the leave.
- notify the following persons (as applicable) that leave of absence has been granted:
  - the person's nominated person(s);

  - any carer, if granting leave will directly affect the carer and the care relationship;
- > a person's guardian
- > a parent if the person is under the age of 16 > 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.
- Ensure appropriate supports are provided to assist the person/s to understand this information.
- Notify the Justice Secretary or the Chief Commissioner of Police (as applicable).

## **Notes**

A reference of the Justice Secretary includes a reference to the Chief Commissioner of Police in relation to a person who, or who immediately before being detained in a Designated Mental Health Service as a Security Patient was -

- i. serving a sentence of imprisonment in a police gaol within the meaning of the Corrections Act 1986; or
- ii. being held in police custody on the order of a court.

**MHWA 151**