

**Mental Health and Wellbeing Act 2022
Sections 546 and 547**

**MHWA 153
Revocation of leave of absence
for security patient**

--	--	--	--	--	--	--	--	--	--

Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH					SEX			GENDER	

Place patient identification label above

This form must be completed by an Authorised Psychiatrist or Delegate whenever a leave of absence for a Security Patient is revoked.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS)

a security patient of:

who is subject to:

Designated Mental Health Service

a Secure Treatment Order

a Court Secure Treatment Order

(please cross one option only)

1. The abovenamed person was granted leave of absence for the period:

								at:				
date									time 24 hour			

								at:				
date									time 24 hour			

—for the purpose of:

specify purpose of leave of absence

2. I am satisfied that:

revocation of the leave of absence is necessary to prevent:

serious deterioration in the person's mental or physical health

serious harm to the person or to another person; or

the person has failed to comply with a condition of the leave of absence; or

the purpose for the leave of absence no longer exists.

(please cross one or more relevant options)

3. The reasons for my opinion are:

4. I **revoke** the leave of absence on:

								at:				
date									time 24 hour			

Signature:

Date:

--	--	--	--	--	--	--	--

signature of Authorised Psychiatrist or Delegate

Given Names:

Family Name:



MHWA153

ROLLS AUSTRALIA 1300 600 192

**JULY
2023**

Revocation of leave of absence for security patient

MHWA 153

Next steps

The person *must* be given a copy of this form.

As soon as practicable after providing written notice

1. **tell** the person that leave of absence has been revoked;
2. **explain** the purpose and effect of revocation, including that the person must return to the Designated Mental Health Service;
3. **notify** the following persons (as applicable) that leave of absence has been revoked:
 - the person's nominated person;
 - a parent if the person is under the age of 16 years;
 - a carer, if revoking leave of absence will directly affect the carer and the care relationship;
 - the person's guardian;
 - the Secretary to the Department of Families, Fairness and Housing, if that Secretary has parental responsibility for the Security Patient under a Relevant Child Protection Order;
4. **ensure** appropriate supports are provided to assist the person/s to understand this information; and
5. **notify** the Justice Secretary or the Chief Commissioner of Police (as applicable).

Notes

A reference to the Justice Secretary includes a reference to the Chief Commissioner of Police in relation to a person who, 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.