Restrictive interventions in EDs and UCCs

Practice guidance and reporting flowchart – Effective 1 April 2024

The Chief Psychiatrist's oversight of restrictive interventions is extended beyond people receiving compulsory assessment and treatment to also encompass any person receiving mental health and wellbeing services in EDs and UCCs. This includes people who present voluntarily even in circumstances where consent is unclear.

Is this person receiving a mental health and wellbeing service?
A mental health and wellbeing service means a professional service performed for the primary purpose of -
• improving or supporting a person's mental health and wellbeing; or
• assessing, or providing treatment, care or support to, a person for mental illness or psychological distress; or
• providing care or support to a person who is a family member, carer, or supporter, of a person with mental illness or psychological distress (examples below are not exhaustive).

- Being brought under the care and control of police with or without ambulance services for a mental health examination under s 232 of the Act2 (similar to the previous Act's s 351 powers)
- Voluntarily seeking mental health support
- Being brought in by a family member or friend for a mental health assessment and/or support (e.g. parents bringing in a child)
- A compulsory patient awaiting a bed in an inpatient mental health unit (e.g. a patient is placed on an assessment order in the community or someone on a Community Treatment Order (CTO) is varied to an inpatient Treatment Order (TO))
- Presenting initially with a non–mental health condition but subsequently being assessed as requiring a mental health and wellbeing service.

MHWA principles and proper considerations of decision making
The mental health and wellbeing principles require all consumers and carers to be treated with respect and dignity. Care is to be given in the least restrictive way reasonably possible. Medical and other health needs are to be accommodated and diverse needs are to be actively considered. Furthermore, gender safety and cultural safety are to be given priority, and families, carers and supporters are to be included. Consumers must be supported to make decisions and to be involved in decisions about their assessment, treatment and recovery.
Proper consideration must be given to decision-making principles in the Act before and during a restrictive intervention. There are 5 such principles relevant to restrictive interventions in EDs and UCCs:
• no therapeutic benefit to restrictive interventions principle (s 81)
• balancing the harm principle (s 82)
• autonomy principle (s 83)
• care and transition to less restrictive support principle (s 79)
• consequences of compulsory assessment and treatment and restrictive interventions principle (s 80).

The person authorising the restrictive intervention must consider the person's views of, and preferences relating to, the use of restrictive practices; the views and preferences expressed in any advance statement of preferences (ASP- check CMI/ODS) of the person; the views of any nominated support person (NSP)

Once a practitioner has begun their consideration of whether to authorise a restrictive intervention, the obligations of the Act apply.

Are restrictive interventions only being used as a last resort after all reasonable and less restrictive options have been tried or considered?
May only be used to prevent imminent and serious harm to that person or another person or in the case of bodily restraint to administer treatment or medical treatment

No → Pursue all reasonable and less restrictive options

Yes

Bodily Restraint

- **Physical** → **Authorisation** Document on MHWA 140 or 141 form
- **Mechanical** → **Authorisation** Document on MHWA 140 form

Monitoring – by registered nurse or registered medical practitioner Continuously observe and document minimally every 15 mins for duration on MHWA 142 form

A registered nurse may authorise physical restraint on a person if an authorised psychiatrist, registered medical practitioner or nurse in charge is not immediately available .

Document on MHWA 141 – Authority for urgent physical restraint

Restrictive interventions must be authorised by an authorised psychiatrist, or if they are not reasonably available, a registered medical practitioner or a nurse in charge.

In the instance of chemical restraint, authorisation may also be from a nurse practitioner acting within their ordinary scope of practice, if an authorised psychiatrist is not reasonably available.

The authorisation must be completed on either the MHWA 140 - Authority for use of restrictive interventions or MHWA 143 - Authority for use of chemical restraint

If the person who authorises a restrictive intervention is not an authorised psychiatrist, they must notify the authorised psychiatrist as soon as practicable after the authorisation.

Confirmation relevant people, as listed in the notes section of the MHWA forms 140, 141 and 143 under 'Notifications', have been notified of the use of the restrictive intervention

Pharmacological approaches Establish primary purpose of the medication administration

Is the primary purpose of medication administration to control the person's behaviour by restricting their freedom of movement?

Yes → **Chemical Restraint** → **Authorisation** Document on MHWA 143 form → **Monitor continuously – by registered nurse or registered medical practitioner -** for a minimum of 1 hour and then as clinically appropriate document minimally every 15 mins on MHWA 142 form

No → Primary purpose is for treatment (for mental illness) or medical treatment → Monitor per local guidance; document in medical record → **Not reportable to OCP**

End the restrictive intervention as soon as possible; offer post restrictive intervention support; where practicable offer an experience of care review.

Has this restrictive intervention taken place in a DMHS?

Yes → **CMI/ODS data entry**
- Monthly reporting by Authorised Psychiatrist to OCP (10th of the month)
- Triggers automatic IMHA notification

No → Not reportable to OCP; Use of documentation above allows a non designated service to demonstrate that they have complied with the MHWA

Legend
MHWA 2022 – Mental Health and Wellbeing Act 2022
DMHS – Designated Mental Health Service
CMI/ODS – Client Management Interface and Operation Data Store
IMHA – Independent Mental Health Advocacy
OCP – Office of the Chief Psychiatrist

Rights and Advocacy
- All people receiving a mental health and wellbeing service at a DMHS are entitled to a statement of rights.
- All people receiving a mental health and wellbeing service at a DMHS are also entitled to make a complaint directly to a mental health and wellbeing service provider or to the Mental Health and Wellbeing Commission.
- Any person subject to a compulsory assessment or treatment order OR a restrictive intervention are entitled to opt-out non-legal advocacy services (provided by IMHA).

USE IN CONJUNCTION WITH OCP FACTSHEET, SUMMARY DOCUMENT AND RESTRICTIVE INTERVENTIONS GUIDELINE AND REPORTING DIRECTIVE
PRINT IN A3

To receive this document in another format, phone 1300 767 299, using the National Relay Service 13 36 77 if required, or email the Office of the Chief Psychiatrist <ocp@health.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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