



## OPERATIONAL CIRCULAR

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**Subject: SECLUSION, RESTRAINT AND 'TIME OUT'**  
***MENTAL HEALTH ACT 1996***

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### **Authority**

The *Mental Health Act 1996* states that:

The Chief Psychiatrist has responsibility for the medical care and welfare of all involuntary patients (section 9 (1))

In respect of other patients, the Chief Psychiatrist is required to monitor the standards of psychiatric care provided throughout the State (section 9 (2))

### **Seclusion**

The *Mental Health Act 1996* (MHA) (s.116) states that seclusion means '*sole confinement in a room that it is not within the control of the person confined to leave.*'

### **Restraint**

The MHA only refers to Mechanical Bodily Restraint or the police use of reasonable force. Any other forms of restraint are allowable in line with duty of care and the doctrine of necessity.

### **Principles**

Seclusion and restraint as defined under the MHA are safety interventions of last resort and are **not treatment interventions. Seclusion and restraint should never be used for the purposes of discipline, coercion, or staff convenience such as managing inadequate staffing levels.**

The use of seclusion and restraint creates significant risks for people with mental illness. These risks include serious injury or death, re-traumatisation of people who have a history of trauma, loss of dignity and other psychological harm. In light of these potential serious consequences, seclusion and restraint should be used only when there exists an imminent risk of danger to the individual or others and no other safe and effective intervention is possible.

All mental health services should endeavour to prevent, reduce, and minimize the use of seclusion and restraint and to ensure that, when such interventions are necessary, they are administered in as safe and humane a manner as possible by appropriately trained staff.

### **Good Practice standards can be met by**

- Early identification and assessment of individuals who may require these interventions of last resort. This does not suggest that seclusion be listed as a planned treatment on a management plan.
- High quality, active treatment programs conducted by trained and competent staff who effectively employ individualised alternative strategies to prevent and defuse escalating situations.
- Policies and procedures that clearly state that seclusion and restraint will be used only as last resort safety measures (seclusion is not emergency psychiatric treatment)

- Effective quality assurance programs to ensure standards are met and to provide a methodology for continuous quality improvement.
- Close monitoring of any occasions of use of these interventions and reporting as required by the MHA.

### **Time Out**

In an authorized facility, 'time out' where a door is locked preventing a person from leaving is deemed to be 'seclusion' and all the necessary procedures under the MHA are to be complied with.

In a non-authorized facility placing a person in a room from which they cannot leave may be a breach of s.333 of the Criminal Code. A person may only be placed in a room from which they cannot leave if there are justifiable and proper reasons for doing so. These may include exercising a duty of care to the patient or others and where there is no safe alternative other than placing a person in a room from which they are unable to leave.

'Time out' in a non authorised facility may be part of a treatment or behaviour modification plan. However even as part of a plan whereby the patient agrees to go into a 'time out' room no patient should be placed in a room from which they are unable to leave.

### **Provision of Basic Needs**

Section 120(a) of the MHA states that *'appropriate provision is made for the basic needs of the patient, including bedding, clothing, food, drink and toilet facilities'*.

Only in the most exceptional of cases would it be justifiable not to comply with this requirement. If these requirements are not complied with full details, including the rationale must be documented on the patient's record.

### **Further Details**

More detailed information about Seclusion, Restraint and 'Time Out' can be found in the *Supplement to the Clinicians Guide, Mental Health Act 1996*. The Supplement is available on the Chief Psychiatrist's website: [www.chiefpsychiatrist.health.wa.gov.au](http://www.chiefpsychiatrist.health.wa.gov.au) or a copy may be obtained by contacting the office on 9222 4462.

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