



# Canberra Health Services

## Procedure

### Dhulwa Mental Health Unit (DMHU) and Gawanggal Mental Health Unit (GMHU) Leave Management Procedure

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## Purpose

The purpose of this procedure is to provide Canberra Health Services (CHS) Dhulwa Mental Health Unit and Gawanggal Mental Health Unit staff with information regarding the processes for planning and applying for external leave. i.e therapeutic leave, medical leave, special circumstance leave.

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## Alerts

Staff must refer to the *Mental Health Act 2015*, for understanding and explanation of the applicable legislation, particularly when making any decisions under this Act.

The transfer of patients requiring urgent medical treatment should never be delayed. A telephone order approval to transfer must be sought from the Clinical Director, Forensic Mental Health Services (FMHS) or another Justice Health Service (JHS) Consultant Psychiatrist (business hours) or the Psychiatrist on call (after hours) and be documented in the patients Digital Health Record (DHR) within 12 hours.

If the Chief Psychiatrist (Forensic Psychiatric Treatment Order) or Care Coordinator/delegate (Forensic Community Care Order) detained the patient, they are the only people who can approve leave for a patient. If the patient was detained by the ACT Civil and Administrative Tribunal (ACAT), only ACAT can approve their leave. The Chair of the Leave Panel Committee are authorised to approve leave.

Escorted leave, other than for urgent medical treatment, is always dependent on staff resources.

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## Scope

This procedure pertains to patients admitted to Dhulwa Mental Health Unit and Gawanggal Mental Health Unit and staff working in these facilities.

This document does not pertain to ground access. Ground access is assessed at time of admission assessment and is not viewed as leave.

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## Section 1 – Leave Panel Committee

### 1.1 Role and Function

Leave is an important part of the rehabilitation program, as well as planning for discharge in preparation for the transfer of care to a less restrictive setting.

To ensure transparency and governance of leave approvals all patient leave is considered by the Leave Panel Committee to assess leave with the safety and security of the patient, staff and the community.

The Leave Panel Committee will meet weekly or as required to review applications for leave.

The Leave Panel Committee members will include the following (or their delegates):

- Clinical Director, (Forensic Mental Health) (Chair)
- Operational Director, Justice Health Services (JHS)
- Assistant Director of Nursing (ADON)
- Allied Health Manger
- Clinical Nurse Consultant(s) (CNC)
- Clinical Nurse Educator (CNE)
- Consultant Psychiatrist(s)
- Psychiatry Registrars
- Security Operations Manager and or Security Staff Representative

Additional people who may be called on to attend include:

- Nursing Team Representatives
- Allied Health Team Representatives
- Other people as deemed relevant by the Leave Panel Committee

While members of the Leave Panel will come to a collaborative and consensus-based decision regarding leave, the FMHS Clinical Director, as Chair of the Panel, retains the authority to make a binding decision.

The Chair of the Leave Panel will, in many cases as outlined below, will be making decisions on behalf of the Chief Psychiatrist. In the absence of the Clinical Director, the role of Chair of the Leave Panel may be undertaken by a consultant psychiatrist, as a delegate of the Chief Psychiatrist.

Each separate leave decision must be clearly documented in the patients DHR by the clinical team.

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In urgent circumstances the approval of leave may be sought out of session if agreed by the FMHS Clinical Director, as Chair of the Panel. The Chair of the Panel retains the authority to make a binding decision for out of session approvals.

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## Section 2 – Leave Panel Committee Documentation and Decision

### 2.1 Application for Leave

The application to the Leave Panel Committee for Dhulwa and Gawanggal will be made using the Application for External Leave available on the clinical forms register (See Attachment 1).

The application for leave and appropriate clinical documents must be provided to the leave panel via [DMHU@act.gov.au](mailto:DMHU@act.gov.au). Associated documents will be reviewed by the Leave Panel Committee in session via DHR.

Family and Carers wishing to apply for leave should email the [DMHU@act.gov.au](mailto:DMHU@act.gov.au) by end of business Fridays. This will be discussed at the next Leave Panel Committee. Consumers will be notified of the outcome of the leave application.

### 2.2 Leave Application Discussion with Patient

The patient’s primary/allocated nurse, Consultant Psychiatrist, and any other relevant staff members will discuss the leave application and the process with the patient prior to submission to the leave panel. Wherever possible, the patient’s rights and preferences will be advocated.

Please note: The primary/allocated nurse will discuss the outcome with the patient.

### 2.3 Security Category and Leave Entitlement (SCALE)

SCALE is a clinical tool used to determine the security and leave entitlement as clinically required. SCALE is assessed as part of the admission and clinical risk assessment, management process (See Attachment 2).

### 2.4 Leave Categories

External Leave	
A – Escorted	
A.1 – Controlled Escorted – Mechanical Restraint	
A.2 – DMHU/GMHU Staff	
A.3 – Responsible Person (DMHU/GMHU Staff, Support Worker, Carer, Family Member)	
B – Unescorted	



The Leave Panel will endorse the initial or revised SCALE as required as part of consideration of leave. Any recommended change to the consumers SCALE rating will be forwarded to [DMHU@act.gov.au](mailto:DMHU@act.gov.au) for endorsement and consideration at the next Leave Panel Committee.

### 2.5 Therapeutic Leave Plan

The therapeutic leave plan details are required to be included on the Application for External Leave Form. Therapeutic leave may be granted to a patient as part of their rehabilitation program and be developed in collaboration with the patient and carer, if relevant, as part of the Treatment, Placement, Restrictions, Implementation, Monitoring (TPRIM) assessment. Leave is an important component when preparing for a patient’s care to be transferred to a less secure mental health facility or to community-based care and treatment.

### 2.6 Approval Outcomes and Notification

The following will occur after the conclusion of each Leave Panel Committee:

- The Leave Panel Committee Secretariat will notify Dhulwa and Gawanggal staff via email of leave approval outcomes and SCALE outcomes following the conclusion of each Leave Panel Committee. This will include any decision surrounding the leave and or reasons for refusal of leave.
- Consumers will notify family/carers of leave approval outcomes and SCALE outcomes.
- The Leave Panel Committee Secretariat will upload the signed approved leave application documents into the patients DHR if applicable.
- The primary/allocated nurse will discuss with the patient the decision made by the Leave Panel Committee, including any decisions surrounding the leave or any reasons leave may not have been approved.
- When the date and time for the patients leave is finalised, the clinical team will advise [DMHU@act.gov.au](mailto:DMHU@act.gov.au) and this will be placed in the Dhulwa calendar.

### 2.7 Pre-Leave Assessments

The Pre-Leave section of the Leave Checklist (DHR) will be completed by the patient’s primary/allocated nurse team, prior to going on leave.

### 2.8 Post-Leave Assessment

The Post-Leave section of the Leave Checklist, (DHR), will be completed by the patient’s primary/allocated nurse team when a patient returns from leave. Any concerns relating to the episode of leave should be escalated to the NiC or CNC.

### 2.9 Post leave assessment report (SCALE A3)

NDIS support workers are required to complete a post leave assessment report. Family and Carers have the option of feeding back in writing via the post leave assessment form.

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## Section 3 – Types of Leave

### 3.1 Therapeutic Leave

Therapeutic Leave provides a non-custodial patient with access to the community. Therapeutic Leave **is not** available for Detainees and patients on a Section 309.

### 3.2 Non-Urgent Medical Leave

Non-Urgent Medical Leave may be granted for a patient to be transferred to another health facility for scheduled treatment, including for planned medical treatment or investigations that cannot be provided at Dhulwa or Gawanggal Mental Health Units.

Detainees transferred from the AMC are in the custody of the CEO of CHS. A delegate of the CEO may direct a detainee to be transferred to another health facility to receive medical treatment. Dhulwa & CHS Security are responsible for the urgent & non urgent medical transfers to CHS.

### 3.3 Special Circumstances Leave

Special Circumstances Leave may be granted for example to visit a family member with a life-threatening illness, injury, to attend a relative’s funeral or to attend court (for people on a Mental Health Order).

A correctional patient may be granted special circumstances leave if a delegate of the CEO is satisfied there are special circumstances and the safety of the correctional patients, someone else or the public will not be seriously endangered.

### 3.4 Overnight Leave

Overnight Leave is a type of therapeutic leave provided to a patient that allows access to the community, overnight at a predetermined location.

Application for overnight leave will require a new application to the Leave Panel Committee and will ordinarily be considered after a period of successful unescorted leave.

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## Section 4 – Escort and Transport Management

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Staff must complete the In Vehicle Pre-Start/Pre-Use checklist Work Health Safety Form prior to any transport, and this must include a vehicle cross check with the Nurse in Charge (NiC) to ensure the correct vehicle is being used for the transport as approved by leave panel.

If staff are subject to occupational violence during transport (e.g. patient attempting to exit vehicle without permission/violent towards driver/staff), staff are to stop vehicle as safely as possible, remove keys and take with you, exit vehicle and contact Police via 000 immediately.

#### 4.1 Escort Processes

- Leave will be discussed each morning at Safety Huddle and allocated to staff to facilitate approved leave.
- All staff facilitating escorts at all times must carry the escort mobile phone and Community duress alarms in the event of an emergency.
- If a patient declines to return to their appropriate inpatient unit the staff member, should not place themselves at risk. Where possible keep the patient in line of sight and:
  - Do not attempt to coerce or restrain the patient at any time.
  - Contact Police by dialling 000 for assistance.
  - Inform the ADON/CNC and or NiC.
  - If a patient becomes agitated, intimidating or threatening, staff should immediately remove themselves from the area and request Police by dialling 000 for assistance.

#### 4.2 Safety Vehicle Stop

- If staff feel at risk or threatened during a vehicle transport, they are to stop the vehicle where safe to do so.
- The driver must take out the keys and get out of the vehicle if safe to do so (e.g. after observing surrounding traffic).
- The driver may then assist any staff in the rear of the vehicle to also step out of the vehicle. Staff should not attempt to restrain or contain a patient, rather they should remove themselves from the incident.
- All escorting staff should then remove themselves from the immediate vicinity and Police by dialling 000 for assistance.

Staff should then inform the ADON CNC and or NiC at as soon as practicable.

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## Section 5 – Contravention of Leave

### 5.1 Unauthorised leave

If a patient takes unauthorised leave, fails to return from leave, or absconds during escorted leave, refer to the *CHS Missing Patient Procedure*.

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### 5.2 Suspension of Leave

Suspension of leave refers to the temporary cancellation of leave at the discretion of the MDT and/or Leave Panel Committee. Any member of the team can raise an issue of concern with the CNC/NiC who will review the leave provisions and escalate to MDT. Suspended leave can be reinstated by the MDT and the Leave Panel Committee informed. Suspension of leave does not affect ground access.

### 5.3 Revocation of Leave

Revocation of leave refers to the cancellation of all leave until a new application for leave is submitted to the Leave Panel Committee. Leave cannot be reinstated by the MDT. The SCALE rating will revert to admission SCALE. Revocation of leave does not affect ground access.

### 5.4 Patient on a Forensic Mental Health Order – Detention Ordered by Chief Psychiatrist

Leave may be revoked by the Leave Panel Committee of its own initiative or on application by the Director General responsible for the corrections order.

Before revocation, written notice that revocation of leave is being considered must be given to the patient and the relevant director general for the corrections order (or delegate).

Leave may be revoked if on reasonable grounds it is necessary to do so because:

- Is doing or is likely to do serious harm to themselves or someone else, or
- Is suffering, or is likely to suffer, serious mental or physical deterioration, or
- Is seriously endangering, or is likely to seriously endanger, public safety or
- The person contravenes a condition of leave.

If the decision is made to revoke the leave, written notice of the revocation must be provided to the patient and the relevant director-general of the correctional order.

### 5.5 Patient on a Forensic Mental Health Order – Detention Ordered by ACAT

Leave may be revoked by ACAT on its own initiative or on application by the Chief Psychiatrist/ or Delegate and Director General responsible for the corrections order (or delegate).

Before revocation, ACAT must provide written notice that revocation of leave is being considered must be given to the patient, delegate of the Chief Psychiatrist and the relevant director general for the corrections order (or delegate). Leave may be revoked if on reasonable grounds it is necessary to do so because:

- Is doing or is likely to do serious harm to themselves or someone else, or
- Is suffering, or is likely to suffer, serious mental or physical deterioration, or
- Is seriously endangering, or is likely to seriously endanger, public safety or
- The person contravenes a condition of leave.

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If the decision is made to revoke the leave, written notice of revocation must be provided to the patient, delegate of the chief psychiatrist and the relevant director-general of the correctional order.

Before revocation, consultation with the delegate of the Chief Psychiatrist and the relevant Director General for the corrections order (or delegate) must occur.

### 5.6 Correctional Patient (detainees not subject to a mental health order)

In special circumstances leave may be revoked if the patient:

- Contravenes a condition of the leave ,
- The chief psychiatrist (delegate) considered it is necessary because the patient:
  - Is doing something or is likely to do serious harm to themselves or someone else, or
  - Is suffering, or is likely to suffer, serious mental or physical deterioration, or
  - Is seriously endangering, or is likely to seriously endanger, public safety.

Before revocation, consultation with the delegate of the Chief Psychiatrist and the relevant director general for the corrections order (or delegate) must occur.

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## Section 6 – Appeal of Leave Decisions

Under the *Mental Health Act 2015*, certain decision regarding leave which affects a patient are reviewable by ACAT. The following decisions concerning leave are reviewable:

- Refusal to grant leave to a patient on a FMHO (Mental Health Act 2015, s. 121)
- Refusal to grant leave in emergency or special circumstances to a patient on a FMHO (Mental Health Act 2015, s. 122)
- Revocation of leave by the Chief Psychiatrist (Mental Health Act 2015, s. 123)
- Refusal to grant leave to a correctional patient (Mental Health Act 2015, s. 143), and
- Revocation of leave to a correctional patient (Mental Health Act 2015, s. 144).
- If a leave decision has been made by ACAT, the patient may also appeal that decision using the ACAT Application for Appeal Form

The decision to refuse or revoke leave requires written notice be provided to the patient which outlines the reasons for the decision.

If the patient who applied for leave is unhappy with the reviewable decision, they may apply to ACAT for a review of that decision. To make an application to ACAT, the patient will need to complete the *Application for Review of a Decision* form and lodge it with the ACAT registry, within 28 days of the decision.

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## Section – Reporting Requirements

### 7.1 Incidents

Any incidents or near misses to occur whilst a patient in on leave a Riskman will be placed if appropriate.

### 7.2 Staff Incidents

Any occupational violence, accident or injury to staff must be reported by the staff member involved in the incident and Riskman notification submitted.

As part of the clinical handover process, any events that occurred during leave are to be reported to the NiC to be escalated to the Safety Huddle and documented in the patients DHR.

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## Evaluation

### Outcome

- Reduction in patient complaints.
- Decrease risk of errors.
- Consolidate leave documents.
- Simplify and streamline leave approval process.

### Measures

- Regular review and reporting to relevant managers of clinical activity, applications received, and approval times.
- Clinical and quality outcomes are evaluated through patient experience questionnaires and patient feedback data.
- Quality of leave applications audits.

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## Related Policies, Procedures, Guidelines and Legislation

### Policies

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- Work Health and Safety Policy
- Incident Management Policy

**Procedures**

- Work Health and Safety Procedure
- Clinical Handover Procedure
- Initial Management, Assessment and Intervention for People Vulnerable to Suicide Procedure
- Dhulwa Mental Health Unit – Transfer of Custody Procedure
- Dhulwa Mental Health Unit – Prohibited and Restricted Items
- Dhulwa Mental Health Procedure
- Missing Patient Procedure
- Incident Management Procedure

**Legislation**

- *Mental Health Act 2015*
- *Health Records (Privacy and Access) Act 1997*
- *Human Rights Act 2004*
- *Work Health and Safety Act 2011*
- *Carers Recognition Act 2021*
- *Corrections Management Act 2007*

**Other**

- Australian Charter of Healthcare Rights

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**Definition of Terms**

Correctional patient – a detainee who has been transferred from custody whom a mental health or forensic mental health order cannot be made.

Ground access – is not classified as leave as it includes the Dhulwa walking track, basketball court, therapeutic corridor.

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**Search Terms**

*Leave, Dhulwa, Gawanngal, application, leave panel committee, DMHU, GMHU*

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## Attachments

### Attachment 1 Leave Application Form

Dhulwa Mental Health Unit (DMHU)  
Gawanggal Mental Health Unit (GMHU)

#### APPLICATION FOR LEAVE

Treating Psychiatrist: \_\_\_\_\_

Current Scale: \_\_\_\_\_

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_



**Mental Health Order Status:** *May tick more than one box*

- |  |   |
|--|---|
| <input type="checkbox"/> Psychiatric Treatment Order (PTO)           | <input type="checkbox"/> Voluntary                            |
| <input type="checkbox"/> Conditional Release Order (CRO)             | <input type="checkbox"/> Forensic Community Care Order (FCCO) |
| <input type="checkbox"/> Forensic Psychiatric Treatment Order (FPTO) | <input type="checkbox"/> Community Care Order (CCO)           |

**Custodial Status:**

- Correctional Detainee       Correctional Patient (voluntary detainee)

**External Leave:**

- A – Escorted  
 A.1 – Controlled Escorted - Mechanical Restraint  
 A.2 – With DMHU/GMHU Staff Only  
 A.3 – Responsible Person (DMHU/GMHU Staff, Support Worker, Carer, Family Member)

- B – Unescorted

**Leave Requested:**

- Supervised with DMHU/GMHU Staff  
 Supervised by Support Worker/Carer/Family  
 Unsupervised

**Leave Type:**

- Therapeutic  
 Non-Urgent Medical  
 Special Circumstance

**Supported by MDT:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Requested by:**

RN (print name): \_\_\_\_\_ on behalf of treating Psychiatrist or:

Treating Psychiatrist (print name): \_\_\_\_\_

Psychiatric Registrar (print name): \_\_\_\_\_

**Therapeutic Leave Plan:**

Destination: \_\_\_\_\_

Expected Departure Date/Time: \_\_\_\_\_

Return Date/Time: \_\_\_\_\_

Transport Details: \_\_\_\_\_

Escort Classification and Staffing Ratio: \_\_\_\_\_

**Risk Assessment:**

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<b>Risk Management Plan:</b>
<b>Therapeutic Aim:</b>
<b>Purpose of Leave:</b>
<b>Consumer Acknowledgment:</b> I agree to the terms of this leave application: Print Name: _____ Signature: _____ Date: _____
<b>Leave Panel Outcome: (To be completed by Leave Panel Committee)</b>
<i>Comments:</i>
<b>Leave Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Leave Panel Committee Chair/Chief Psychiatrist (PTO/FPTO) or Delegate of Director General (correctional order): Name: _____ Designation: _____ Date: _____ Signature: _____
2. Delegate of Director-General (Only for correctional order) Name: _____ Designation: _____ Date: _____ Signature: _____



**Attachment 2 Application for SCALE or SCALE Change Form**

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Dhulwa Mental Health Unit (DMHU)  
Gawangal Mental Health Unit (GMHU)

**APPLICATION FOR SCALE or SCALE  
CHANGE**

Treating Psychiatrist: \_\_\_\_\_

Current Scale: \_\_\_\_\_

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_



<b>Mental Health Order Status:</b> <i>May tick more than one box</i>		
<input type="checkbox"/> Psychiatric Treatment Order (PTO)	<input type="checkbox"/> Voluntary	
<input type="checkbox"/> Conditional Release Order (CRO)	<input type="checkbox"/> Forensic Community Correction Order (FCCO)	
<input type="checkbox"/> Forensic Psychiatric Treatment Order (FPTO)	<input type="checkbox"/> Community Correction Order (CCO)	
<b>Custodial Status:</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Correctional Detainee	<input type="checkbox"/> Community Corrections <input type="checkbox"/> Forensic Patient
<b>External Leave:</b>		
<input type="checkbox"/> A – Escorted		
<input type="checkbox"/> A.1 – Controlled Escorted - Mechanical Restraint		
<input type="checkbox"/> A.2 – With DMHU/GMHU Staff Only		
<input type="checkbox"/> A.3 – Responsible Person (DMHU/GMHU Staff, Support Worker, Carer, Family Member)		
<input type="checkbox"/> B – Unescorted		
<b>Requested SCALE:</b>		
<b>Rationale for SCALE Change:</b>		
<b>Endorsed by MDT</b>	<b>Date:</b>	<b>Time:</b>
<b>Requested by:</b>		
RN (print name): _____ on behalf of treating Psychiatrist or:		
Treating Psychiatrist (print name): _____		
Psychiatric Registrar (print name): _____		
<b>Leave Panel Outcome: (To be completed by Leave Panel Committee)</b>		





Comments:

SCALE Change/Application Approved:  Yes  No

1. Leave Panel Committee Chair/Chief Psychiatrist (PTO/FPTO) or Delegate of Director General (Voluntary Correctional Detainee):

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Policy Team ONLY to complete the following:

Date Amended	Section Amended	Divisional Approval	Final Approval

This document supersedes the following:

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