

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>INPATIENT LEAVE PLANNING - ACUTE MENTAL HEALTH</p>	<p>Protocol CPM.M6.2</p>
<p>CLINICAL PRACTICE MANUAL</p>		

PURPOSE

Bay of Plenty District Health Board (BOPDHB) tāngata whai ora / service users use planned leave from an in-patient setting in order to promote recovery, by attending to their personal affairs, engaging in social and leisure activities, and as an exercise of their human rights. For tāngata whai ora / service users subject to inpatient provisions of the Mental Health (Compulsory Assessment & Treatment) Act 1992 (MHA), there is a requirement that care and treatment should be provided in the least restrictive environment.

OBJECTIVE

This procedure is performed as a means of ensuring that:

- There is a planned and pre-arranged process for granted leave
- Leave arrangements are made in a safe and organised manner, in accordance with relevant legal requirements.

STANDARDS TO BE MET

1. General Procedures

	ACTION
1.1	Overnight leave and day leave for tāngata whai ora / service users may only be approved by the Responsible Clinician, Consultant or SMO. The senior registered nurse (RN) on duty may, in consultation with the nursing team may, in line with the person's treatment plan, approve short periods off the ward for informal persons of up to 2 hours
1.2	<p>All leave plans are to be clearly documented in the tāngata whai ora / service user's treatment plan, detailing:</p> <ul style="list-style-type: none"> • Any review requirements or assessment criteria required prior to leave being approved and any specific criteria that needs to be checked prior to leave being approved such as: <ul style="list-style-type: none"> – Risk assessment – Leave Type – Frequency and duration of leave – Support and supervision needed during periods of leave – Any formal requirements for patients subject to the MHA

2. Leave Procedure: Voluntary Patients

Staff have a responsibility to evaluate the wellness of every tāngata whai ora / service user consider the advisability of a period of planned leave for every patient who requests it.

	ACTION
2.1	<p>Leave for voluntary patients can occur after discussion between the tāngata whai ora / service user, their primary RN, Psychiatrist and (where appropriate and consent has been given) family / whānau / caregiver.</p> <p>Whilst the final decision and responsibility to approve leave lies with the Sector Consultant or SMO it is recommended that this decision is made following MDT discussion and input and the tāngata whai ora / service user's family / whānau / caregiver should also be involved in leave planning wherever practicable and appropriate.</p>

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	ACTION
2.2	Once a decision has been taken to grant the person leave the primary RN will: <ul style="list-style-type: none"> • Communicate this decision, and the type of leave granted, to the tāngata whai ora / service user and (where appropriate and consent has been given) family / whānau / caregiver. • Document and update the Treatment Plan in the tāngata whai ora / service user's health record.
2.3	The voluntary tāngata whai ora / service user's primary RN will ensure that before leave commences, clear instructions are given regarding leave arrangements for family or other person(s) supporting the person while on leave. <ul style="list-style-type: none"> • Be given a copy of their leave plan • The period of leave, particularly the date of return • Specify the level of supervision that is needed • Any specific care requirements • Medication management; and, • What to do / who to contact should any problems arise.
2.4	Any tāngata whai ora / service user who fails to return from a period of leave without first contacting the Inpatient Unit will be considered AWOL and the requirements of BOPDHB protocol CPM.M5.14 Patients AWOL will be implemented.
2.5	The voluntary tāngata whai ora / service user's Psychiatrist may at any time during the period of leave, extend or cancel the leave. Notification of this is to be conveyed to the tāngata whai ora / service user, the Clinical Nurse Manager (CNM) and the primary RN. In the event that the Psychiatrist cancels the leave of a voluntary person, and the tāngata whai ora / service user does not agree to return to the unit, and there are reasonable grounds for believing that the person may be mentally disordered and at risk, appropriate liaison with the Case Manager and / or the After-Hours Crisis Service will occur with a view to facilitating a compulsory assessment under the MHA 1992.
2.6	If a tāngata whai ora / service user indicates that they wish to have a period of leave that has not been previously agreed, and wants to leave the unit immediately, staff should consider whether there are reasonable grounds for believing that the tāngata whai ora / service user is mentally disordered and at risk, and if so, nursing staff may use s111 of the MHA 1992 to detain the person in the unit until they can be assessed under s8b by a mental health practitioner.

3. Leave Procedure: Mental Health Act (1992)

	ACTION
3.1	The tāngata whai ora / service user's responsible clinician may authorise leave for persons subject to ss 11, 13 and 15(1) for short periods, such as day leave, and must ensure that the grant of leave and its terms and conditions are recorded in the person's health record. If the grant of leave is greater than 1 day, the responsible clinician must, in addition to the above, also give a written notice of the grant of leave and its terms and conditions to the person.
3.2	A person who is subject to the Mental Health Act (1992) Inpatient order may be granted leave for a period not exceeding 3 months under s31 MHA. The period of leave may be extended for a further period not exceeding 3 months. These periods of 3 months are not to be consecutive (s30).

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ACTION	
3.3	<p>The decision to grant leave for a tāngata ora / service user who is subject to the Mental Health Act (1992) Inpatient order (s30) rests with the person's responsible clinician.</p> <p>When granting leave, the responsible clinician:</p> <ul style="list-style-type: none"> • Will complete the Ministry of Health s31 Leave form outlining the conditions of leave and ensure the patient receives a copy of the leave form. • May impose conditions on the leave for the person and state these on the Ministry of Health Leave of Absence for Inpatient's form. • May at any time during the period of leave, cancel the leave. This is to be communicated in writing to the person and the individual / organisation who is taking care of the person during the period of leave.
3.4	<p>If the tāngata whai ora / service user's responsible clinician cancels the leave, he / she is responsible for ensuring that the person is returned to the inpatient unit or another Mental Health Unit by a DAO, or by any other individual who was taking care of the patient during the period of leave.</p>
3.5	<p>Any tāngata whai ora / service user subject to the MHA and who fails to return from a period of leave without first contacting the Inpatient Unit will be considered AWOL and is still to be considered to be under an inpatient order</p> <p>The requirements of BOPDHB protocol CPM.M5.14 Patients AWOL will be implemented.</p>

REFERENCES

- Mental Health (Compulsory Treatment and Assessment) Act 1992 and Amendments 1999
- Ministry of Health. Guidelines for Clinical Risk Assessment and Management in Mental Health Services. July 1998

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Policy 2.5.1 Protocol 2 Health Information Privacy And Information Sharing - Mental Health & Addiction Services](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.14 MH&AS Patients Absent Without Leave \(AWOL\)](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.17 Transition from MH&AS](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.26 Risk Assessment MH&AS](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.30 Treatment Plan MH&AS](#)
- [AWOL Notification form- Internal](#)
- [AWOL Police Missing Person Report](#)

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