

Memo

To: Approved Hospitals under the Mental Health Act 2013
From: Professor Dinesh Arya, Chief Psychiatrist
Date: 4 October 2024

Subject: Minimising restrictive practices

If an area (e.g. a inpatient unit or a section within it) is locked for safety reasons, this information must be available for everyone, especially consumers, so that they know why the area is locked, where they will be accommodated and how they can contact someone if they wish to exit.

- It is in the spirit of providing appropriate clinical care that autonomy and freedom of movement are respected, however, we must also ensure that no one's safety is compromised. If there are safety concerns, every effort must be made to ensure the intervention considered necessary is the least restrictive possible.
- If there is an imminent risk to anyone's safety, necessary steps must be taken to prevent harm. This may require a restriction of freedom and at times use of restrictive practices, including restraint and seclusion. If so, the least restrictive intervention should be used for the least duration possible. It is also important that there is a clear legal basis for using that restriction (including under the Guardianship and Administration Act, Mental Health Act, etc).

Please note the [Chief Psychiatrist Standing Orders and Advisory Notes](#) on seclusion and restraint related to the use of these restrictive interventions under the Mental Health Act. These documents contain useful information about requirements as well as advice about good clinical practice.

Definitions:

- Restraint – controlling a person's freedom of movement.
- Seclusion is the deliberate confinement of a patient alone, in a room or area that they cannot freely exit.
- It is not seclusion when:
 - It is not a deliberate confinement (e.g. the person requests to be left alone)
 - The person is not alone (e.g. another person or a staff member is present).
 - The person can exit the room themselves or can request to leave.