Chief Psychiatrist Practice Guidelines

Involuntary Patient Absences

Contents

Overview

- These Practice Guidelines:
  - set out procedures for authorised mental health services (AMHS) regarding transporting involuntary patients who are absent without approval under the *Mental Health Act 2016* (MHA 2016)
  - are to be read in conjunction with the relevant provisions of the MHA 2016 (Chapter 11, Division 3) and the *Chief Psychiatrist Policy: Managing Involuntary Patient Absences*, and
  - are mandatory for all AMHS staff exercising a power or function under the MHA 2016.
- These Practice Guidelines do not apply in relation to a person who absconds while being detained under the Emergency Examination Authority provisions of the *Public Health Act 2005*.

Key information

- Arrangements may be made under the MHA 2016 for an involuntary patient who is absent without approval to be returned to an AMHS or a public sector health service facility (PSHSF).
- Unless there are risk issues identified, reasonable efforts must be made to contact and encourage a patient who is absent without approval to attend or return to an AMHS or PSHSF voluntarily.
- All AMHS must ensure governance and reporting structures are in place to facilitate the oversight of absent without approval events within their service.
- Requests to police for assistance or to act alone to return an absent patient must include information outlining the reasons why a police officer is required.
- A flowchart outlining the necessary steps when responding to an absent without approval event is available at Attachment 1.

Definitions

Authorised person – includes a health practitioner, an ambulance officer, a police officer, the administrator of an AMHS, and a health service employee appointed by the administrator[1].

Absent Without Approval Prevention and Response Plan[2] – means a locally developed plan that sets out the clinical strategies to mitigate risk of absence and the actions to be taken by the service if the patient becomes absent without approval.

[1] The Administrator may appoint a specific health service employee, or a class of health service employees (for example all consumer consultants employed in the AMHS) as authorised persons.

[2] For further information on Absent Without Approval Prevention and Response Plans see Chief Psychiatrist Policy, Managing Involuntary Patient Absences section 5.4.1.

Clinical Director – means a senior authorised psychiatrist who has been nominated by the Administrator of the AMHS to fulfil the Clinical Director functions and responsibilities outlined in this Practice Guideline.

Health practitioner – means a person registered under the *Health Practitioner Regulation National Law*, or another person who provides health services, including, for example a social worker.

Guidelines

1 Application of the absent patient transport provisions

- The absent patient transport provisions of the MHA 2016 may be applied when an involuntary patient is absent without approval from an AMHS or a PSHSF. An involuntary patient for this purpose means a person:
  - detained under a Recommendation for Assessment or detained for the purposes of making a Recommendation for Assessment
  - subject to:
    - an Examination Authority made by the Mental Health Review Tribunal (MHRT)
    - a Treatment Authority
    - a Treatment Support Order
    - a Forensic Order
    - a judicial order, or
  - detained for the purposes of making arrangements to return the person to an interstate mental health service.
- The absent patient transport provisions also apply to classified patients (involuntary) and classified patients (voluntary).
- For involuntary patients, the absent patient transport provisions encompass the following circumstances:
  - absconding or leaving an inpatient mental health unit or facility without approval
  - absconding or leaving a community mental health facility without approval
  - absconding or leaving an emergency department, non-mental health unit or facility (e.g. surgical or medical ward), or a PSHSF without approval
  - absconding or not returning from limited community treatment including where the limited community treatment has been suspended or revoked
  - absconding while being transported (i.e. while transferring to another AMHS or while moving between units within the AMHS)
  - not returning from an approved temporary absence, including where the approval has been revoked

- not attending an AMHS or PSHSF as required (e.g. to attend a scheduled appointment or review, to comply with conditions of an order or authority, or due to a change in category from community to inpatient).

- In addition, the absent patient transport provisions apply if:
  - a person becomes subject to a Treatment Authority, Forensic Order, Treatment Support Order or judicial order requiring them to be detained in an AMHS and the person is not in an AMHS when the authority or order is made, or
  - a person subject to Chapter 4, Part 2 of the MHA 2016 (request for psychiatrist report) or an order of the MHRT does not attend a scheduled appointment.

2 Process for returning patients who are absent without approval

- A flowchart outlining the necessary steps when responding to an absent without approval event is available at Attachment 1.
- Once it is determined that a patient is absent without approval, the least restrictive option appropriate to the level of risk should be exercised to return the patient.
- In all cases, the treating psychiatrist (or on-call psychiatrist) must be notified without delay of the patient's absence. The purpose of this notification is to ensure the treating psychiatrist is aware of the absence; however, it does not prevent action to return the patient being initiated by another health practitioner.
- Unless there is a risk that the patient may harm themselves or others, reasonable attempts must be made to contact the person and encourage them to return to the AMHS voluntarily prior to completing an ***Authority to Transport Absent Person*** form.
- Notification of relevant support persons (e.g. nominated support person, guardian, parent) should also occur consistent with clinical appropriateness and local processes.
- If the patient has an *Absent Without Approval Prevention and Response Plan*, the initiation of any process to return them must have regard to the strategies outlined in the plan, noting that a *Prevention and Response Plan* is intended to supplement clinical judgement at the time of an absent without approval event.
- If a patient is on a community category order or authority, there is no automatic requirement to change the category to 'inpatient' prior to authorising the patient's return. However, if the patient is on a community category order when they present or are taken to an AMHS following the *Absent without Approval* event, an authorised doctor must review the patient to determine whether the category of order should be changed to inpatient[3].

[3] The doctor must comply with any order or condition of the Mental Health Court or MHRT in relation to changing a community category authority or order to an inpatient category. Refer to the *Practice Guidelines for Treatment Authorities* and *Forensic Orders and Treatment Support Orders – Amending Category, Conditions and Limited Community Treatment.*

2.1 Authorisation to transport patients who are absent without approval

- If the patient is unable to be located or returned voluntarily, or there are concerns regarding risk of harm to the patient or others, an ***Authority to Transport Absent Person*** form must be initiated.
- The ***Authority to Transport Absent Person*** form is required for all absent without approval events *where the patient cannot be returned voluntarily*, regardless of whether the person authorised to return the patient is a police officer or another authorised person (e.g. health practitioner, appointed employee, ambulance officer).
- An ***Authority to Transport Absent Person*** form provides authority for an authorised person, including a police officer, to return the patient to an AMHS or PSHSF.

2.1.1 Administrator responsibilities

- The Administrator must ensure that, where appropriate, health service employees are appointed as authorised persons to enable them to return patients who are absent without approval.
- In rural and remote AMHS, it is particularly important that the Administrator or person in charge ensures that processes are in place to enable action to be taken in response to an absent without approval event. These processes must ensure, at all times, that there is an authorised doctor or authorised mental health practitioner available to commence an authority to transport an absent patient process if required.
- In a PSHSF, the person-in-charge may delegate the power to commence an authority to transport an absent patient process to an appropriately qualified health service employee.

2.2 Authorising the transport of an absent person

- Using the ***Authority to Transport Absent Person*** form, the following people may authorise an authorised person to transport a patient who is absent without approval to an AMHS or a PSHSF:
  - an AMHS Administrator
  - the person in charge of a PSHSF (or their delegate)
  - an authorised doctor, or
  - an authorised mental health practitioner.
- The ***Authority to Transport Absent Person*** form must include:
  - the name of the AMHS or PSHSF where the patient is to be transported[4]
  - the category or categories of authorised person able to return the patient

[4] The AMHS issuing the authority must be named on the form. However, it should be noted that police will generally transport the person to the closest AMHS if they are located out of their district of origin.

- a summary of risk issues relevant to the patient and others
- any actions taken to locate the person, and
- where a *Police and Ambulance Intervention Plan* (PAIP)[5] is in place, the checkbox on the ***Authority to Transport Absent Person*** form must be marked and the form should include any relevant information from the PAIP.

- The person completing the ***Authority to Transport Absent Person*** form must provide a copy to all categories of persons authorised under the form. Phone contact must also be made, particularly if ambulance officers or police are to be involved in the transport.
- If an ambulance officer has been authorised to transport a person who is absent without approval, regular liaison by the AMHS with the ambulance officers should occur to provide updated information if required and to coordinate joint action.
- A copy of the ***Authority to Transport Absent Person*** form must be recorded on CIMHA.

2.3 Determining least restrictive method for transport

- Decisions regarding who should be authorised to transport a person who is absent without approval should be made, as far as possible, in consultation with the patient's treating psychiatrist or on-call psychiatrist.
- The interagency agreement between Queensland Health, Queensland Ambulance Service (QAS) and Queensland Police, *Safe transport of people with mental illness* outlines factors that should also be taken into account when considering the mode of transport required.
- Consideration should be given to the least restrictive means for safely transporting the patient. Transport options include, but are not limited to:
  - a health practitioner (AMHS/ QAS/ Other agency) returning the patient without police assistance
  - a request for police assistance is completed and a health practitioner returns the patient with the assistance of police, or
  - the police acting alone to return the patient.
- Although the least restrictive method should be used to transport a patient who is absent without approval, in some cases it may be necessary for police to act alone to ensure the safe transportation and return of the patient.

2.3.1 Requesting ambulance assistance to transport an absent patient

- The primary role of QAS is to assist the community with acute healthcare emergencies; this includes emergencies related to mental illness.

[5] A PAIP is a locally developed plan, which is ideally developed in consultation with the consumer, the mental health treating team, and other stakeholders including the Queensland Ambulance Service and Police Service. It extrapolates considerations for intervention and contextualises risks as a means to support the consumer and ambulance and /or police officers to safely resolve a mental health incident.

- QAS are a less restrictive transport option in situations where circumstances prevent transport by the mental health service (e.g. co-morbid physical health concerns).
- QAS assistance can be requested by health service staff or police where there is a healthcare emergency requiring ambulance transport.
- Health service staff should request ambulance assistance by calling '000'.
- When requesting ambulance assistance to transport an absent patient, the ***Authority to Transport Absent Person*** form should be completed and the 'Authorised person other than police' box should be selected in section 5 of the form.
- A copy of the ***Authority to Transport Absent Person*** form should be provided to QAS in person or as locally negotiated.
- QAS do not provide a search and rescue service and as such, are unable to assist in locating consumers whose whereabouts are unknown.

2.3.2 Requesting police assistance (AMHS clinician attending with police)

- A health practitioner or appointed employee who has been authorised to act under an ***Authority to Transport Absent Person*** form may request police assistance for transporting a patient who is absent without approval.
- Requesting police assistance allows the health practitioner or appointed employee and police officer/s to work together to return a person who is absent without approval.
- When requesting police assistance, the ***Request for Police Assistance*** form must be completed. This form must include a statement outlining why it is necessary for police to assist with the transport (see example forms in Attachments 2-6). Generally, police should be involved in transport only where their assistance is required for the management of serious risk to the individual.
- Local police must be contacted by phone if being requested to assist in transporting a patient who is absent without approval to establish collaborative transport arrangements. Where a ***Request for Police Assistance*** is being made under local arrangements agreed to by the relevant QPS district (and not via the regional police communications centre) a QCAD[6] number (the police communications ID number) is not required.
- Where a ***Request for Police Assistance*** is being made via the relevant regional police communications centre (e.g. where local processes are not in situ or outside business hours), a QCAD number must be obtained by the AMHS and recorded on the ***Request for Police Assistance*** form before it is provided to police. This number is obtained by contacting the relevant regional police communications centre (dependent on local protocols).

[6] Some regional police areas continue to use the Information Management System (IMS) rather than the QCAD system. These sites will issue an IMS number which can be entered onto the Authority to Transport Absent Person Form instead of a QCAD number.

- When requesting assistance (not police acting alone) the police do not require a copy of the ***Authority to Transport Absent Person*** form.
- A health practitioner must attend with police when using the ***Request for Police Assistance*** process.
- A copy of the ***Request for Police Assistance*** form must be sent to the Administrator of the AMHS and kept on the patient's clinical record in CIMHA.
- Where police advise that their involvement is not required and decline to provide a QCAD number, the escalation process detailed at section 2.3.4 should be followed.

2.3.3 Requesting police to act alone

- Circumstances in which it may be appropriate for police to act alone to transport a patient include, for example:
  - for the management of serious imminent risk to the individual or others; and/or
  - where it is unsafe for the patient to be returned by an authorised person other than a police officer.
- Prior to making a request for police to act alone, every reasonable attempt to locate the person must be made, and detailed actions and outcomes are to be recorded on the ***Authority to Transport Absent Person*** form (see Attachment 2).
- Using the ***Authority to Transport Absent Person*** form, a police officer may be requested to transport a patient who is absent without approval to an AMHS or PSHSF.
- Completing the ***Authority to Transport Absent Person*** form enables police to act without a health practitioner being present to transport a patient who is absent without approval to an AMHS or PSHSF.
- If requesting police to act alone, the ***Authority to Transport Absent Person*** form must include:
  - a statement outlining why it is necessary for police to transport the person including the serious imminent risk to self or others
  - the name of the AMHS or PSHSF where the patient is to be transported
  - a summary of risk issues relevant to the patient and others, including the authorised person
  - any actions taken to locate the person, and
  - any relevant information from a patient's PAIP (see Attachments 2-6 for examples).
- The ***Authority to Transport Absent Person*** form should be completed electronically on CIMHA or, if this is not practicable, completed in hard copy and uploaded to CIMHA.
- The police must be contacted to notify of the absent without approval event. Where a situation is assessed as urgent, consideration should be given to informing police via a '000' call.
- A QCAD number must be obtained by the AMHS through this contact and recorded on the ***Authority to Transport Absent Person*** form before it is sent to the local police and

Warrant Bureau. This number is obtained by contacting the relevant regional police communications centre.

- ***Authority to Transport Absent Person*** forms without a QCAD number will not be actioned by the police and must not be sent to police.
- To determine whether involvement of police is required the police communications centre will request the following information:
  - whether the clinician considers there is:
    - a **recent** history of violence towards self or others
    - a history of violence or vulnerability when not taking medication or engaging in treatment
    - threats to self or others when the Queensland Health staff contacted the patient
    - a history of vulnerability which may put the patient or others in imminent danger
  - what the clinician considers to be the current level of these risks?
    - Assessment of risk should be based on the most recent examination of the person, collateral information and/or longitudinal historical information including from the patient's clinical record.
    - If historical risks are identified, these should be conveyed to the police in the context of the person's current situation (see Attachments 2-6).
- The ***Authority to Transport Absent Person*** form must be sent to:
  - Regional Police Communications Centre, and/or
  - Local Police station (if required by local protocol), and
  - Police Information Centre (Warrant Bureau) once QCAD provided and ATAP accepted by the Regional Police Communications Centre.
- Liaison with police should continue to occur to confirm that updated information can be provided or to coordinate joint action if required.
- AMHS staff should be aware that If adequate information is not provided to indicate police acting alone is warranted, police will not issue a QCAD number and the ***Authority to Transport Absent Person*** will not be actioned by police.
- Where police advise that their involvement is not required and decline to provide a QCAD number, the escalation process detailed at section 2.3.4 should be followed.

2.3.4 Escalation of matters where police have indicated their involvement is not required.

- Where police advise that their involvement is not required, the treating psychiatrist (or on-call psychiatrist) should be notified to review the circumstances of the absence and the ATAP documentation. The psychiatrist should consider whether the risks can be managed without the involvement of the police.

- If the risks can be safely managed without the involvement of police, this should occur (e.g., a health practitioner or ambulance officer may be able to return the patient).
- If the psychiatrist considers the involvement of the police is required, phone contact with the State Duty Officer, Brisbane Police Communications Centre should be made **by the treating psychiatrist/ psychiatrist on call** to discuss the matter, advise police of the current risk issues and request a QCAD number be issued.
- Where police continue to advise that their involvement is not required, the matter is to be referred to the AMHS Clinical Director (or appropriately delegated person) for resolution at a local level.
- In circumstances where the Clinical Director is unable to resolve the matter locally and the AMHS require police involvement to return a patient, the Clinical Director (or appropriately delegated person) may contact the Office of the Chief Psychiatrist.

3 Transportation

- If authorised to transport a patient following an absent without approval event, the authorised person or police may take the patient to the AMHS or PSHSF stated in the ***Authority to Transport Absent Person*** form.
- While acting to transport a patient who is absent without approval, the authorised person or police may act with the help, and using the force, that is necessary and reasonable in the circumstances. This includes the ability to detain the person if required[7].
- If it is not reasonable or practicable to transport the patient to the stated AMHS, the patient may be transported to the nearest AMHS or PSHSF.
- In determining where the patient should be transported to, the authorised person should consult the treating or on-call psychiatrist.
- While transporting a patient following an absent without approval event, an authorised person must comply with the *Chief Psychiatrist Practice Guidelines – Transfers and Transport*.

4 Notifications of absent without approval events

4.1 Absent without approval events involving patients on an 'inpatient' category, classified patients and judicial order patients

4.1.1 Clinician responsibilities

- Absent without approval events and ***Authority to Transport Absent Person*** forms must be recorded on CIMHA.

[7] Please refer to section 1.5 of Chief Psychiatrist Practice Guidelines – **Examinations and Assessments** for additional information on detention of patients and section 3.8 of Chief Psychiatrist Practice Guidelines **Transfers and Transport** for information pertaining to entry to premises.

- A copy of the ***Authority to Transport Absent Person*** form must be provided to the treating psychiatrist and the Clinical Director (or appropriately delegated person) at the time of issuing for all absent without approval events involving patients subject to a:
  - Treatment Authority (inpatient)
  - Treatment Support Order (inpatient)
  - Forensic Order (inpatient)
  - classified patients, and
  - patients subject to a judicial order (excluding non-attendance for an Examination Order).
- Notification to the Clinical Director is mandatory for all of the above patients, regardless of the type of absent without approval event.
- Email notification to the Clinical Director **must** be followed with a phone call for all forensic patients (inpatient), classified patients, or judicial order patients (excluding non-attendance for an Examination Order).

4.1.2 Clinical Director responsibilities

- The Clinical Director (or appropriately delegated person) must notify the Chief Psychiatrist as soon as practicable of absent without approval events involving:
  - forensic patients (inpatient)
  - classified patients, and
  - patients subject to a judicial order (excluding non-attendance for an Examination Order).
- Notification must be made via phone and email to the Chief Psychiatrist[8]. A copy of the ***Authority to Transport Absent Person*** form must be provided to the Chief Psychiatrist at the time of notification.

4.2 Absent without approval events involving patients other than those on an 'inpatient' category, classified patients and judicial order patients

- This section applies for all absent without approval events involving patient subject to any of the following authorities or orders:
  - an Examination Authority
  - detention under a Recommendation for Assessment, or detained for the purposes of making a Recommendation for Assessment
  - Treatment Authority (community)
  - Treatment Support Order (community)

[8] Chief Psychiatrist contact information is available in the flowchart on QHEPS. See Appendix 1 for hyperlink.

- Forensic Order (community), and
- individuals subject to an Examination Order; Chapter 4, Part 2 of the MHA 2016 (request for psychiatrist report); or an order of the MHRT and who have not attended for an appointment.

4.2.1 Clinician responsibilities

- Absent without approval events and where applicable, ***Authority to Transport Absent Person*** forms must be recorded in CIMHA.
- Where the treating psychiatrist (or on-call psychiatrist) considers there is a significant risk related to an absent without approval event involving a patient in one of the above categories, they should notify the Clinical Director (or appropriately delegated person) of the absence as soon as practicable. Factors that may be relevant for notifying the Clinical Director include clinically significant risks; serious or controversial events; known victim issues and events that may attract media attention.
- If an absent without approval matter is escalated to the Clinical Director, a copy of the ***Authority to Transport Absent Person*** form must be emailed to the Clinical Director and must be followed with a phone call.

4.2.2 Clinical Director responsibilities

- If the Clinical Director considers it is required, they may notify the Chief Psychiatrist as soon as practicable of absent without approval events involving patients in one of the above categories.
- Escalation to the Chief Psychiatrist for absent without approval events not involving a forensic patient (inpatient), classified patient or judicial order patient is at the **discretion of the Clinical Director** (or appropriately delegated person). Escalation should only include matters where the Clinical Director considers additional oversight beyond the AMHS governance structures is warranted.
- Notifications to the Chief Psychiatrist[9] must be made via phone and email. A copy of the ***Authority to Transport Absent Person*** form must be provided to the Chief Psychiatrist at the time of notification.

5 Ending an authority to return a patient who was absent without approval

- An ***Authority to Transport Absent Person*** event ends:
  - when the patient returns or is returned to the AMHS
  - after 3 days if:

[9] Chief Psychiatrist contact information is available in the flowchart on QHEPS. See Appendix 1 for hyperlink.

- the patient was subject to a recommendation for assessment and absconded before the assessment period ended
- the patient was being detained for a one hour period to make a recommendation for assessment, or
- the patient was subject to an Examination Authority, or

– when the person is no longer subject to an order or authority (e.g. their order or authority is revoked or ends).

- A Revocation of Authority to Transport Absent Person form must be issued to end the effect of an Authority to Transport Absent Person form.
- The ***Revocation of Authority to Transport Absent Person*** should be completed electronically in CIMHA or, if this is not practicable, completed in hard copy and uploaded to CIMHA.
- When an ***Authority to Transport Absent Person*** form has been issued to police (see section 3.2.3 Requesting police to act alone):
  – if the patient returned without direct involvement of police, contact local police or relevant regional Police Communications Centre to notify of the patient's return, and
  – send a copy of the ***Revocation of Authority to Transport Absent Person*** form (by email preferably) to the Police Information Centre (Warrant Bureau).
- A copy of the ***Revocation of Authority to Transport Absent Person*** form must also be sent to:
  – the authorised person/s who were authorised to transport the patient, and
  – the Administrator of the relevant AMHS.

5.1 Notification of the return of a patient who was absent without approval

- The treating psychiatrist and Clinical Director (or appropriately delegated person e.g. on-call psychiatrist) must be notified as soon as practicable of the return of a patient who, at the time of the absent without approval event, was:
  – on an inpatient category authority or order
  – a classified patient, or
  – subject to a judicial order.
- The Clinical Director must also be notified for any other matters that were significant either at the time of the absent without approval event, or on the patient's return.
- If the Chief Psychiatrist is notified of any absent without approval event, they must be notified as soon as practicable, via email, of the patient's return and any relevant issues. Phone contact should also be made where the Clinical Director considers immediate advice to the Chief Psychiatrist is warranted.

- The Clinical Director has discretion to notify the Chief Psychiatrist in other circumstances where a patient's return from an absent without approval event is deemed by the Clinical Director to warrant additional involvement and oversight from the Chief Psychiatrist.
- For patients with repeated absence without approval events, or who are assessed by their treating psychiatrist as being high risk of further absences, the treating psychiatrist must provide the Clinical Director with relevant information about the patient including:
  - an assessment of risk issues
  - proposed future management to minimise risk, and
  - actions or recommendations to address any systemic issues identified in relation to the patient's absence.
- The Clinical Director may determine that an Assessment and Risk Management Committee should be arranged to discuss the circumstances and review the patient's treatment and care (refer to Assessment and Risk Management Committee – Terms of Reference in the *Chief Psychiatrist Policy: Treatment and Care of Forensic Order and High Risk Patients*).

6 Notifications to the Mental Health Review Tribunal

- The MHA 2016 mandates that the MHRT be notified of a patient absent without approval event in the following circumstances:
  - the patient is on a Treatment Authority or Treatment Support Order and is absent within 7 days of their MHRT hearing, or
  - the patient is on a Forensic Order and is absent within 14 days of their MHRT hearing.
- Notification to the MHRT occurs by way of the Written Notice of Relevant Patient's Absence – Mental Health Review Tribunal Clinical Report template.
- Once notified, the MHRT may determine whether to adjourn the hearing due to the patient's absence. However, the MHRT may proceed in the patient's absence (if for example, the patient wilfully absents themselves from the hearing). The treating psychiatrist's advice provided in the *Written Notice of Relevant Patient's Absence - Mental Health Review Tribunal* Clinical Report template will be used to inform the decision of the MHRT.
- If the hearing is adjourned, the Administrator of the AMHS will be advised by the MHRT.
- If the hearing is adjourned, the Administrator of the AMHS must also notify the MHRT as soon as practicable of the patient's return using the *Written Notice of Relevant Patient's Return - Mental Health Review Tribunal* Clinical Report template. The MHRT must schedule a new hearing within 21 days after receiving notification of the patient's return.
- All Written *Notices of Relevant Patient's Absence and Return* must be uploaded to CIMHA as soon as practicable.

7 Monitoring absent without approval events

- All AMHS Administrators must ensure there are sufficient governance and reporting structures in place to facilitate oversight of absent without approval events.
- Regular case reviews to re-assess risk and review attempts made to locate the patient are essential to the governance of all absent without approval events. A number of absent without approval events will remain the sole responsibility of the AMHS.
  - Frequency of reviews will be determined based on clinical circumstances, with more regular reviews recommended for absent without approval events considered high risk and requiring notification to the Chief Psychiatrist.
  - Where there is a change in risk status or patient whereabouts, consideration should be given to completing a ***Request for Police Assistance*** or a new ***Authority to Transport Absent Person*** (to enable police to return the patient to the AMHS)
  - Where an ***Authority to Transport Absent Person*** form has been accepted by QPS, ongoing communication and information sharing should be maintained to facilitate patient return. Information sharing should be as per the *Memorandum of Understanding between The State of Queensland acting through Queensland Health and The State of Queensland acting through the Queensland Police Service Mental Health Collaboration 2016.*
- Governance and reporting structures can be determined by the AMHS, however must ensure:
  - clinical and reporting oversight is provided for all absent without approval events that occur in inpatient or community settings, and if applicable PSHSF, where patients of their AMHS are involuntarily detained
  - reporting structures comply with notification and reporting requirements of the Chief Psychiatrist, and
  - all absent without approval events are recorded in CIMHA.
- Data relating to absent without approval events is auditable and publishable (in de-identified formats). It will be utilised by the Chief Psychiatrist and AMHS to support continuous clinical improvement.

Attachments

1. Table – Authority to Transport Absent Person form – Section 6: Assessed level of risk to self and others
2. Table – Authority to Transport Absent Person form – Section 12: Actions taken to locate the person
3. Flowchart – Returning patients from absent without approval events
4. Example Authority to Transport Absent Person form – Inpatient
5. Example Authority to Transport Absent Person form – Community
6. Example Authority to Transport Absent Person form – Emergency Department

Attachment 1. Authority to Transport Absent Person form – Section 6: Assessed level of risk to self and others

Note: Ensure this section is completed in plain non-clinical language.

Risk factor	Yes	No	Provide context (static, dynamic and protective factors) about identified risks. Consider weapon use, property damage, threats and know victim issues
Suicide			*current suicidal ideation, plan and intent, depression, situational crisis, hopelessness, impaired rational thinking, isolation, recent loss/bereavement, history of suicide attempts* *e.g.* • *experiencing suicidal thoughts and has a plan to jump off his 3rd floor balcony;* • *Currently depressed, feeling hopeless and does not see a future for herself* • *Has ceased contact with family and friends and has had a recent relationship break down*
Self-harm			*emotional distress, history of self-harming behaviour, family disturbance, relationship breakup, recent discharge, change in occupational or financial status physical illness* *e.g.* • *Highly distressed and states she is thinking of cutting herself on the forearm. History of difficulty managing emotions and has trouble calming down when distressed. Has previously cut arms badly with razor blade when distressed.*
Violence (including to police or ambulance officers)			*carries weapon/access to firearm, violent ideation/attitudes, active symptoms of psychosis especially persecutory delusions and command hallucinations, non-complaint with treatment, lack of insight, anger, irritability, threats and violent or other aggressive thoughts, intoxication and current substance use, history of violence, identify any prior convictions* *e.g.* • *States he has a samurai sword at home* • *Is currently hearing voices telling him to harm his neighbour, who he believes has been poisoning his food.* • *Has previously acted on his voices and assaulted a member of the public.* • *He is not currently taking his medication, which is needed to control the voices* • *His mother reports he has been using speed this week.*

Risk factor	Yes	No	Provide context (static, dynamic and protective factors) about identified risks. Consider weapon use, property damage, threats and know victim issues
Aggression			*e.g. poor adherence with medication, anger, irritability, threats and aggressive thoughts, impulsivity, exhibits bullying behaviour, active symptoms of psychosis, history of aggression.* • *Verbally abusive during last appointment. Refusing to take medication and believes she is being persecuted by the government and is angry and agitated. Has previously assaulted health staff when unwell.*
Vulnerability (e.g. risk of abuse)			*e.g. impaired decision making, sexually disinhibited, self-neglect, cognitive impairment, at risk of victimisation, homelessness* *e.g.* • *Believes his neighbour is poisoning his food & water and has consequently stopped eating and drinking.* • *Currently not taking medication and having a relapse of Bipolor Disorder. Her symptoms include an impaired ability to make decisions and she is at risk of being sexually assaulted as she has been offering unknown men sex in exchange for accommodation.*

Note: The information outlined in **section 6** of the ATAP form is required by police to determine whether all reasonable and practicable efforts have been made to locate the person given the current risks. If adequate information is not provided to indicate police acting alone is warranted, the ATAP will be not be actioned by the police.

Attachment 2. Authority to Transport Absent Person form – Section 12: Actions taken to locate the person

Action	Date	Time (24hr)	Outcome
Telephone contact with person			*e.g. the number of attempts and outcome of each attempt*
Person home visited			*e.g. the number of attempts and outcome of each attempt, or the reason why a home visit cannot be undertaken (i.e. unsafe to do so without police assistance).* ***Note: Liaison may need to occur with a community team in order for a home visit to occur.***
Contact with relative/friend/associate			*e.g. phone-call with family and outcome of this contact*
Other			*e.g. liaising with other MHS staff to assist (i.e. community teams, case manager, FLO), QAS contacted but are not available to assist (e.g. in rural or remote area).*

Note: The information outlined in **section 12** of the ATAP form is required by police to determine whether all reasonable and practicable efforts have been made to locate the person given the current risks. If adequate information is not provided to indicate police acting alone is warranted, the ATAP will be not be actioned by the police.

Glossary of terms

AMHS	Authorised Mental Health Service
CIMHA	Consumer Integrated Mental Health Application
MHRT	Mental Health Review Tribunal
MHA 2016	*Mental Health Act 2016*
PAIP	Police and Ambulance Intervention Plan
PSHSF	Public Sector Health Service Facility
QCAD	Police Communications ID Number

Referenced Forms, Clinical Notes and Templates

Authority to Transport Absent Person form
Police and Ambulance Intervention Plan (PAIP) clinical note (available in CIMHA)
Request for Police Assistance form
Revocation of Authority to Transport Absent Person form
Written Notice of Relevant Patient's Absence - Mental Health Review Tribunal Clinical Report template (available at www.mhrt.qld.gov.au)
Written Notice of Relevant Patient's Return - Mental Health Review Tribunal Clinical Report template (available at www.mhrt.qld.gov.au)

Referenced Documents and Sources

Chief Psychiatrist Policy: Managing Involuntary Patient Absences
Chief Psychiatrist Policy: Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients
Chief Psychiatrist Practice Guidelines - Transfers and Transport
Safe transport of people with mental illness
Health Practitioner Regulation National Law
Mental Health Act 2016
Public Health Act 2005