This flowchart is a guide only, for use by authorised mental health service staff in relation to the use of seclusion under the Mental Health Act 2016. This flowchart should be read in conjunction with the Chief Psychiatrist’s Policy and Practice Guidelines on Seclusion and with the Mental Health Act 2016.

Effective date: May 2019


Mental Health Act 2016 Seclusion

Flowchart 1

Key points

- Seclusion is the confinement of a person, at any time of the day or night, alone in an area from which free exit is prevented.
- Seclusion is to be used only as a last resort to prevent imminent and serious harm to patients and staff.
- Seclusion must be ceased when no longer justified.
- A patient may be secluded for no more than 9hrs in a 24hr period, unless approved under a Reduction and Elimination Plan or an Extension of Seclusion form (see Flowchart 2).
- 9hrs in a 24hr period is total actual time in seclusion. This time may or may not be continuous and includes time under both Emergency Authorisation(s) AND Authorisation of Seclusion(s).
- An Authorisation of Seclusion made by an Authorised Doctor should not include/cover time person was secluded under an Emergency Authorisation of Seclusion.
- Upon the expiry of a seclusion authorisation, further seclusion is authorised using a new Authorisation of Seclusion form (NOT an Extension of Seclusion).
- A patient in seclusion must be continuously observed, or observed at intervals of no more than 15 minutes (Aboriginal and Torres Strait Islander people to be continuously observed during seclusion).
- A medical review must be conducted as soon as practicable after seclusion ends.
- Ensure seclusion plans, forms and events are recorded in CIMHA as per the Chief Psychiatrist’s Policy and Guideline on Seclusion.

If at any time seclusion is no longer justified the patient is to be removed from seclusion and process is to be concluded.