**Mental Health Act 2016 Seclusion**

**Flowchart 1**

Patient is on Treatment Authority, Forensic Order, Treatment Support Order or detained from interstate.

- **NO**
  - Person cannot be secluded under the **Mental Health Act 2016**

- **NO**
  - Seclusion cannot be authorised
    - Contact an Authorised Doctor / Psychiatrist or Psychiatrist On-Call to discuss alternative intervention(s).

- **YES**
  - All other reasonably practicable ways to prevent harm have been considered / attempted.

- **YES**
  - Seclusion authorisation required
    - Is an Authorised Doctor available immediately to complete a review?

- **NO**
  - Authorisation of Seclusion
    - Health Practitioner in charge to authorise emergency seclusion.
    - Valid for up to 1hr. Max total time spent in seclusion in a 24hr period under Emergency Authorisation(s) is 3hrs.

- **YES**
  - Authorised Doctor to assess the patient to determine whether seclusion is required.
    - If seclusion is required, Authorised Doctor to complete Authorisation of Seclusion form.

  - Authorised Doctor to re-assess the patient to determine whether ongoing seclusion is required.
    - If seclusion is required, Authorised Doctor to complete additional Authorisation of Seclusion form.

  - Each authorisation is valid for up to 3hrs.
    - Max total time spent in seclusion in a 24hr period without a Reduction and Elimination Plan is 9hrs.

  - If the patient is likely to be secluded for more than 9hrs in a 24hr period:
    - Commence Reduction and Elimination Plan (see Flowchart 2)
    - Medically review patient at least every 3hrs
    - Ensure nursing observations as required
    - Continue Authorisations of Seclusion as required
    - Seclusion must be ceased if it is no longer justified.

  - Post-event debriefing with the patient (with consent), staff and any other relevant persons involved in the seclusion.

---

**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).
- While a patient is in seclusion, a medical review and a new seclusion authorisation are required every 3hrs minimum, including when an Extension of Seclusion or Reduction and Elimination Plan is in place.
- A patient in seclusion must be continuously observed, or observed at intervals of no more than 15 minutes.
- 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 on Seclusion.

---

**To contact Chief Psychiatrist:**

In hours:
Phone 3328 9899
Email mha2016@health.qld.gov.au

After hours:
Phone 0408 750 369
Email cp.afterhours@health.qld.gov.au

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: June 2020