MENTAL HEALTH SERVICE PROCEDURE COVER SHEET

Health
South Eastern Sydney
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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Leave, inpatient, transfer of care, discharge, risk assessment and management
SUMMARY	This Procedure outlines the overall clinical care management strategy of authorised leave, unauthorised leave, and refers to approval, review, documentation and reporting of a consumer's leave in an acute inpatient mental health setting

Patient Leave from Acute Inpatient Unit – Mental Health Service

SESLHDPR/484

1. POLICY STATEMENT

The purpose of this procedure is to ensure a safe, standardised, and coordinated planning of consumer leave. Approval of leave should be discussed with the consumer, family/carer/support person, and the multidisciplinary team, as part of the clinical care management strategy for transfer from an inpatient hospital setting to the community.

This document is consistent with NSW Health PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services, the *Mental Health Act 2007* (NSW), South Eastern Sydney Local Health District (SESLHD), SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health, SESLHDPR/615 - Engagement and Observation Procedure, and SESLHDGL/051 - Access and Patient Flow Operational Framework for Mental Health Service.

2. BACKGROUND

Planned leave from an inpatient setting is consistent with recovery-oriented principles. **It is an important strategy in a consumer's transition from inpatient acute care to the community**. Planned leave offers the consumer the opportunity to:

- Be treated in the least restrictive manner.
- Participate in their customary community activities.
- Maintain social networks and support.
- Take part in the monitoring and assessment of their own recovery progress.
- Manage their transition home.

Leave should be *planned in advance* and decisions to grant leave should consider expected benefits, risks (including harm to self, others, and from others), child protection issues, access to non-prescribed substance, and absconding.

Identified risks must be assessed and appropriate safety measures put in place. The decision for leave should be made in collaboration with the consumer, their family/carer(s), the multidisciplinary team, and be approved by the treating Psychiatrist.

Approval and Plans for leave, and outcomes from assessment of risks, should be clearly documented on the electronic medical record (eMR) MH Observation Level and Leave Approval PowerNote.

Leave must align to the consumer's inpatient care plan and treatment goals.

2.1 Definitions

Authorised Leave refers to:

- **Accompanied Leave**. Authorised leave accompanied by a staff member or a support person, who will always remain with the consumer.
- **Unaccompanied Leave**. Authorised leave unaccompanied by a staff member or support person.

Absconding Category 1, 2 and 3: An involuntary patient who absconds from a mental health unit or whilst on accompanied or unaccompanied leave.

These are categorised into the following:

- absconding from mental health unit (Category 1),
- absconding while on accompanied leave (Category 2),
- failure to return from leave (Category 3),

Absconding Category 4: An involuntary or voluntary patient who absconds during transfer or from non-mental health location.

Episode of leave refers to: each episode of leave occurs when the Consumer leaves the Inpatient Unit. Each episode of leave ceases when the consumer returns to the Inpatient Unit.

Leave period there may be multiple episodes of leave granted during a single leave period eg within a 24 hour "Leave period" a consumer may have three episodes of one hour leave.

Risk Assessment refers to consideration of the risks outlined in section 4.2 Risk Assessment. If a consumer has multiple episodes of leave in a 24 hour period, a risk assessment **must** be completed prior to each episode of leave. If the risk assessment indicates that the consumer's level of risk has increased, and this risk is no longer compatible with the Leave Approval, the Medical Officer must be contacted and the Leave Approval reviewed.

Medical Officer for the purpose of this document **Medical Officer** refers to the treating Psychiatrist, or their delegate, who must be an authorised medical officer under the *Mental Health Act 2007* (NSW) if the consumer is an involuntary patient.

Psychiatrist for the purpose of this document refers to a Consultant Psychiatrist.

Treating Team refers to the multidisciplinary team comprised of the consultant psychiatrist, the psychiatric trainee, allied health and nursing staff.

3 RESPONSIBILITIES

3.1 Staff will:

Comply with this procedure whenever therapeutic leave is being considered, granted and managed. Ensure the purpose of leave is relevant to the consumer's care plan and treatment goals.

3.2 Line Managers will:

Liaise with MHS staff in the application of this Procedure, monitor compliance, and address non-compliance. Facilitate staff awareness of their responsibilities regarding planned leave. Ensure that leave reviews occur as a multidisciplinary team process.

3.3 Service Directors will:

Ensure that this Procedure is circulated and implemented at each site.

4 PROCEDURE – Appendix 1 Leave Flowchart summarises the following steps

Note
The terms "***MH My Leave Plan***" and "***leave plan***" are both used within this document. Please be aware that they are **separate** requirements within this procedure.

"***MH My Leave Plan***" is a mandatory form as required by NSW Health.

"***Leave plan***" refers to the local plan developed for the consumer's leave.

4.1 Request for leave

- The consumer, family and carer(s) should be informed of how the treating team assess suitability and monitoring of leave.
- Leave from the Inpatient Unit (the Unit) prior to discharge should be considered by the treating team. A leave request could either be directed to the Allocated Nurse or the consumer's Medical Officer.
- An information sheet with a simple summary of the Unit's leave procedure should also be displayed on the Unit noticeboard.
- The treating team may suggest leave to the consumer where appropriate and in accordance with the care plan and treatment goals
- All requests for leave must be discussed by the consumer's multidisciplinary team. When considering a consumer's request for leave, the treating team should consider:
  - the purpose of the leave for the consumer
  - the context of leave specific to the consumer's treatment and care plan
  - the duration and timing of the leave
- The initial approval of a consumer's leave plan must include a risk assessment documented by a Medical Officer on the MH Observation Level and Leave Approval PowerNote in the consumer's eMR

4.2 Risk Assessment

- On consideration of a leave request, the Medical Officer must consider whether leave is appropriate, and complete the leave approval section within the consumer's eMR (documented in the consumer's MH Observation Level and Leave Approval PowerNote in eMR). The Medical Officer must review the consumer's risk assessment, which addresses identified risks, as part of the development of the consumer's leave approval. The risk assessment should be conducted in line with the principles outlined in SESLHDGL/082 - Clinical Risk Assessment and Management – Mental Health.
  - NB the Allocated Nurse must conduct a further risk assessment prior to each episode of leave being granted. This risk assessment is to be documented in the Consumer's eMR MH Leave Taken PowerNote
- A risk assessment must include consideration of the following risks:
  - Self-harm
  - Violence to others including specific risks to family, carer(s) or any other individual, including children

  - Suicide
  - Absconding
  - Neglect
  - Access to substances
  - At risk from others
- Factors to be considered within the risk assessment include:
  - Support and supervision available to the consumer when on leave in the community, including treatment compliance.
  - Whether the consumer is contactable / have access to a phone.
  - Availability of suitable accommodation.
  - Current mental state and potential exposure to destabilising factors, particularly where there is substance use identified.
  - Access to weapons including firearms. (See SESLHDPR/318 - Firearms and/or Prohibited Weapons: Notification to Police of Consumers Suspected of Having Access to a Firearm and/or Prohibited Weapon)
  - Any other specific issues for example AVOs, family or NSW Police notifications
- Risks identified, and the management of these risks, must be documented clearly in the consumer's eMR using the MH Observation Level and Leave Approval PowerNote.
  - Guidance on measures to manage risk during leave is to be written on the consumer's MH My Leave Plan and provide the basis for a discussion with the consumer (and where appropriate their family/carer).

4.3 Development of the consumer's leave plan

- The treating team must ensure the leave approval (documented in the consumer's eMR MH Observation Level and Leave Approval PowerNote) is developed in collaboration with the consumer, and where possible, the consumer's family/carer, ensuring that all agree with the plan and agree to adhere to it.
  - Note if the family/carer are unwilling or unable to participate in the development of the leave approval, this must be documented in the consumer's eMR.
- When developing the leave approval, consider the purpose of leave, consumer's preferences and wishes of the family or carer(s), as well as the risk assessment (see 4.2 Risk Assessment) to guide the decision of approved leave.
- Review the consumer's Engagement and Observation Level ensuring this aligns with the leave approval/type of leave. (refer to SESLHDPR/615 - Engagement and Observations in Mental Health Inpatient Units Procedure)
- Ensure the persons acting as leave escorts have capacity to recognise and respond appropriately to identified risks, and any risks which they may themselves be exposed to in escorting the consumer.
- Formulation and review of leave should occur at the weekly clinical review. Best practice should aim for a plan to be redocumented each week to ensure the plan is current. The formulation of leave is to be a collaborative approach across the team where consultation with the NUM / in charge / senior nurse prior to granting leave. The agreement needs to have consensus across the team prior to informing the consumer that leave has be granted or withdrawn.

- Consider revising the consumer's leave plan when there is a change to a higher acuity setting or a transfer between units or mental health units across hospitals.
- Formulate the content of the leave approval, in conjunction with the consumer, as part of a clinical review as per SESLHDPR/642 Clinical Review in Mental Health. Include an action if no return that covers failure to return from leave. Consider the urgency of locating the consumer, their legal status, risks to others, legal proceedings and need to contact the NSW Police. This will guide the clinical and possible duty medical officer's decisions to action the plan.

Leave for all inpatients must be authorised by a Medical Officer. Leave granted for "involuntary patients" must be consistent with *Mental Health Act 2007* (NSW) (Chap.3, Part 2, Division 4: Leave of absence from a Mental Health facility).

4.4 When consumers are given leave from a SESLHD MHS Inpatient Unit

It is a condition of approved leave that a consumer agrees to comply with this Leave Procedure.

4.4.1 A comprehensive record of the leave approval should be documented in the eMR MH Observation Level and Leave Approval PowerNote and be approved by the Psychiatrist.

4.4.2 To authorise leave the clinician must check the MH Observation Level and Leave Approval PowerNote in eMR. Be satisfied that the mental state and risks at the time of granting leave is consistent with the presentation when leave was approved. It is recommended that all clinicians liaise with the nurse in charge to determine suitability of consumer taking leave at that time. If there is no MH Observation Level and Leave Approval PowerNote documented within the last two weeks in eMR then there is no valid order for leave.

4.4.3 If the consumers presentation has changed since the leave approval was formulated, the clinician can decline leave. Clinicians can discuss this with the treating team in business hours or the Medical Officer after hours.

4.4.4 A localised record of who is on leave and when they have returned must be completed. This physical record needs to be in a form that can be physically taken by a staff member out of the area in the event of an emergency to evacuate the area.

4.4.5 Before leave is taken. Note clothing attire, check the MH Physical Appearance PowerForm has been completed in eMR. Confirm their contact number is working and where possible in possession of a phone or is with a carer with a phone.

4.4.6 Leave should be graduated to minimise risk and allow progressive assessment of the consumer's capacity to manage leave (escorted/unescorted, short/overnight or longer).

4.4.7 Consumers at high risk are not usually given leave. However, where advisable for therapeutic value, medical staff are to personally inform family/carer(s) about the degree of risk and precautions to be taken. Instructions are to be clearly set out for family/carer(s)/Community Managed Organisations (CMOs) in the event of attempted suicidal actions. A discussion with the local Acute Care Team (ACT) should be considered and documented in the eMR MH Leave Taken PowerNote.

4.4.8 As per NSW Health PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services, the consumer and the family/carer(s) (where possible) must be given written advice for the leave period regardless of the duration. In conjunction with the consumer and family/carer, a member of the treating

team is to complete the MH My Leave Plan form and use this form to facilitate a conversation to discuss:

- Safety Issues including (but not limited to):
  - Purpose of leave (i.e. Explore accommodation, trial of overnight leave for discharge)
  - Medication and supervision requirements (Applicable to those taking medication whilst on leave. Provide guidance and avoid transcription. ie Do sugar level before medications)
  - Guidance on measures to manage risks during leave (i.e. If distressed try deep breathing and distraction, stay with family at all times)
  - Arrangement for crisis support (i.e. speak to family member, return to unit/call if not feeling safe)
  - Any restrictions on the consumers activities and agreed responsibilities (i.e. Do not consume alcohol and or other drugs, do not drive).
- Contact numbers must also be discussed, highlighting the phone numbers for the unit the Consumer is being granted leave from and the relevant ACT (or Mental Health Line for consumers of TSMHS)
- The Carer's contact number and the Consumer's contact number must also be recorded on MH My Leave Plan form.
- The date and time that the consumer is departing and the date and time that the consumer is due back to the Unit must be clearly written in the area provided
- The family/carer/support person should be again reminded that they must accompany the consumer into the Unit and inform the allocated nursing staff or in charge member of the consumers return. They should also provide feedback to the staff about the outcome of the leave. This is to be documented in the MH Leave Returned PowerNote in the consumer's eMR.

4.4.9 MH My Leave Plan Form

- A MH My Leave Plan form should be completed for all instances of planned/extended leave from a MH Inpatient Unit (one plan per extended leave) EXCEPT where:
  - Planned leave is for two hours or less, or
  - Planned leave is from a forensic unit. (Planned leave from a forensic unit will need to comply with legal requirements and current processes). (MH_FAQ_MH Leave Plan Effective Date: June 2024)
- Not every field in the MH My Leave Plan form requires completion. The structured text should be followed where applicable (MH_FAQ_MH Leave Plan Effective Date: June 2024).
- Provide a copy to consumers and accompanying carer and store original in the consumer's hybrid file. Document in the Consumer's MH Leave Taken PowerNote that this form has been completed and who the original was given to ie the Consumer and/or the name of their family/carer/support person.

4.4.10 For episodes of leave less than two hours the allocated nurse is to provide the unit's contact details to the consumer and where applicable (ie accompanied leave) to family/carers. The allocated nurse is also to communicate that short episodes of leave are

usually taken near the unit and therefore should any level of concern arise the consumer is to return to the unit.
The written information for short episodes of leave should include (may be a business card format):

- One section (front of card) is to include:
  - The name of the hospital the consumer is taking leave from, the address and telephone number.
- Other section (back of the card) to include the following principles:

Leave Guidance

1. Return to unit if you are concerned about anything.
2. If you are running late or unable to return, you or your carer can call on the unit.
3. If you are unable or unwilling to return to the unit safely, the unit may call emergency services to support your return.
4. Call 000 in Emergency

4.4.11 Consumers on leave contacting the unit (or ACT/Care Coordinator/Mental Health Line) with increased suicidal ideation should be assessed over the phone and advised to return as soon as possible for re-assessment, if deemed necessary. If the consumer is unable to return, the increased risk is to be discussed immediately with the consumer's Psychiatrist / delegate (business hours) or the On-Call Psychiatrist (after hours).

4.4.12 It is the responsibility of the Allocated Nurse to ensure the documentation in the consumer's eMR MH Leave Taken PowerNote is completed when a consumer proceeds on leave. This documentation should occur for each episode of leave. Should the Allocated Nurse be unavailable at the point of leave/return from leave, these notes must be updated by the Nurse In charge of Shift / delegate. Should the consumer refuse to take the written advice and information for the leave period, this is to be documented in MH Leave Taken PowerNote and the treating team are to be notified.

4.5 Return from leave

At time of return, the assessment of mental state and outcome of the search and any inventory must also be recorded on the MH Leave Returned PowerNote in the consumer's eMR.

Upon return if the clinicians observe a deterioration in mental state, an increase in risks or not adhering to leave conditions the nurse has the authority to cease leave. Discuss with in charge of shift, use the eMR MH Observation Level and Leave Approval PowerNote to cease leave. The consumer should be reviewed the next working day, with the treating team.

Any search of consumers and/or their property for prohibited or potentially dangerous items on return from leave must be carried out in accordance with SESLHDBR/080 - Search to maintain safety in SESLHD Mental Health Inpatient facilities.

4.6 Failure to return from leave

4.6.1 The development of a consumer's leave approval is to include an "action if no return" should the consumer not return from leave as planned.
When a consumer is **overdue** from leave without contacting the unit:

- The Allocated Nurse must initiate contact with the consumer, or the person accompanying them or carer, to ascertain the reasons for the delay.
- If contact is unable to be made, or the consumer is refusing to return from leave, the In-charge / NUM / Treating Team (In hours) or the In charge / Medical Officer (after hours) are to discuss the MH Observation Level and Leave Approval PowerNote -> Action if No Return section.
- Contact Security to search hospital campus.
- If the circumstances / risks have changed from the original development of the leave approval escalate to the treating team or the On-Call Psychiatrist to review the plan.
- Consider whether Case Manager (business hours) can try to locate the consumer first. Inform ACT of the failure to return to the unit, in the event the consumer presents to the Emergency Department.
- If NSW Police are to locate consumer: fax a Missing Person's report first as police will need as much information as possible (clothing, known addresses, contact details etc).
- All absconding incidents should be reported as an incident via the Incident Management System (ims+). In incident type choose concerning behaviour.
- To categorise the incident, select one of the following:
    - absconding from mental health unit (Category 1),
    - absconding while on accompanied leave (Category 2),
    - failure to return from leave (Category 3),
    - absconding during transfer or from non-mental health location (Category 4).
- Notify AHNM in a timely manner
- Contact the site MH Executive on-call (use discretion as to time of call).
- If consumer returns by other means, notify the NSW Police of their return.

5. DOCUMENTATION

- MH Observation Level and Leave Approval eMR PowerNote (via DocLauncer)
- MH Leave Taken eMR PowerNote (via DocLauncer)
- MH Leave Returned eMR PowerNote (via DocLauncer)
- MH My Leave Plan (Product code NH701247)
- MH Physical Appearance eMR PowerForm

6. AUDIT

Compliance with this procedure is monitored via ims+ reports and monthly MHS Inpatient Quality Auditing schedule.

7. REFERENCES

NSW Government

- *Mental Health Act 2007* (NSW)

NSW Health

- MH_FAQ_MH Leave Plan Effective Date: June 2024

- PD2019_045 - Discharge Planning and Transfer of Care for Consumers of NSW Health Mental Health Services
- PD2020_047 - Incident Management Policy
- Safety Notice 035/23 Updated – Provision of written leave information for consumers on leave from mental health inpatient units

SESLHD

- SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health
- SESLHDPR/615 - Engagement and Observation Procedure
- SESLHDGL/051 - Access and Patient Flow Operational Framework Guideline
- SESLHDPR/318 - Firearms and/or Prohibited Weapons: Notification to Police of Consumers Suspected of Having Access to a Firearm and/or Prohibited Weapon
- SESLHDBR/080 - Search to maintain safety in SESLHD Mental Health Inpatient facilities
- SESLHDBR/748 Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager
- SESLHDPR/642 Clinical Review in Mental Health

Other

- National Safety and Quality Health Service Standards (Second edition): Standard 2 Partnering with Consumers in their own care
- National Safety and Quality Health Service Standards (Second edition): Standard 5 Comprehensive Care Standard – Developing the Comprehensive Care Plan
- National Safety and Quality Health Service Standards (Second edition): Standard 6 Communicating for Safety Standard: Communication of critical information

8. VERSION AND APPROVAL HISTORY

Date	Version No.	Version and approval notes
Sept 2014	4v1	Updated by Ian Wilson, SESLHD MHS Quality Manager.
June 2015	4v2	Redrafted as a Procedure by SESLHD MHS Policy and Document Development Officer Victoria Civils-Wood, following advice from SESLHD MHS District Document Development and Control Committee (DDDCC) that new version needed to reflect leave-related content of NSW Ministry of Health Policy Directive 'Transfer of Care from Mental Health Inpatient Services' PD2012_060.
Aug 2015	4v3	Realigned risk references to language of PD2012_060 and added narrative/definitions with focus on strengths and recovery following feedback from ESMHS.
Sept 2015	4v3	Endorsed by SESLHD MHS Clinical Council.
December 2017	5v1	Trinh Huynh, SESLHD MHS Policy and Document Development Officer: amended background information, references and hyperlinks, and format. Minor language change. Revised to include approved accompanied leave with non-staff member process.
January 2018	5v2	Disseminated for preliminary consultation.

March 2018	5v3	Reviewed feedback and scope of the document. Conducted a major revision and update to reflect the management of clinical care.
April 2018	5v4	Reviewed by SESLHD Access and Service Integration Manager and Patient Flow Coordinator (STG, ESMHS)
May 2018	5v5	Redraft procedure completed by SESLHD A/Chief Psychiatrist. Edited by SESLHD MHS Policy and Document Development Officer. Under review by SESLHD Clinical Nurse Manager.
June 2018	5v6	Consulted SESLHD MHS Clinical Risk Manager. Revised by SESLHD MHS Policy and Document Development Officer.
July 2018	5v6	Under review by Sharon Carey, TSH Clinical Operation Manager.
September 2018	5v6	Reviewed by Vivienne Rowlands, Patient Safety and Clinical Quality Manager, TSH/SGH MHS. Updated by Trinh Huynh, Policy and Document Development Officer, SESLHD MHS: Section 6: Documentation.
October 2018	5v7	Feedback incorporated upon final wider consultation across sites and multidisciplinary team. Updated by Peter Young, A/Clinical Director SESLHD MHS and Trinh Huynh, Policy and Document Development Officer. Final consultation with Clinical Operations Managers and local Clinical Directors: A clear plan for voluntary and involuntary consumers should be state in the care plan.
November 2018	5v8	Endorsed by DDDCC with minor changes. Amended by Sharon Carey, Clinical Operations Manager, TSH and Nicola DiMichiel, Clinical Risk Manager, SESLHD MHS. Pending MHS Clinical Council endorsement. Revised by Clinical Directors, Service Directors and Clinical Operations Managers. Endorsed by SESLHD MHS Clinical Council.
May 2019	v6.0	Clinical Directors consensus regarding leave definitions Minimum leave period changed to 30 minutes
June 2019	v6.1	Definition of a “Support person” and “Authorised Leave” categories amended. Circulated to DDCC and IPSM for review and feedback
August 2019	v6.2	Minimum leave period amended to 60 minutes
August 2019	v6.3	Clarification regarding requirements for Leave Care Plans and Risk Assessments for consumers with multiple periods of leave in a 24 hour period. Circulated to DDCC for feedback
September 2019	v6.4	Incorporates feedback from DDCC and key stakeholders
October 2019	v6.5	Consultation with A/Finance & Performance Manager and eHealth Support Manager
October 2019	v6.6	Cross checked against NSW Health Policy directive PD2019_045 Discharge Planning and Transfer of Care for consumers of NSW Health Mental Health Services
September 2020	v6.7	Routine review recommenced. Gap analysis conducted. Working group feedback incorporated into document.

May 2021	v6.8	Review of Sydney LHD's Leave Procedure in relation to documentation. Advanced notice received from NSW Health of three mandatory PowerNote being developed for use regarding Leave
October 2021	v6.8	Three mandatory Mental Health leave notes (NSW Health) added to eMR for inpatient use. Routine review recommenced.
December 2021	v6.8	Circulated to DDCC for review and feedback.
December 2021	v6.9	Factors in feedback from DDCC. Definitions for "Leave period" and "Episode of leave" added. Minor changes to wording.
January 2022	v6.9	Circulated to DDCC. No further changes identified. Endorsed by DDCC. Reviewed by General Manager, no changes identified. Reviewed by Project Manager, Zero Suicides in Care, no changes identified. Endorsed Executive Sponsor for publication.
May 2024	v7.0	Working group review to comply with SN035/23 Updated – Provision of written leave information for consumers on leave from mental health inpatient units
August 2024	v7.1	Minor feedback received. Additional content included to differentiate the process of Acute Care Team involvement (ESMHS and SGMHS) and Mental Health Line involvement (TSMHS) in the leave process.
September 2024	v7.1	Endorsed DDCC. Endorsed Clinical Council. Document published.
17 September 2025	v8.0	Working group finalised extensive review to align to eMR, IMs and My leave plan. Addition of absconding categories. Circulated to DDCC for feedback. Minor feedback received and incorporated. Names of forms reviewed and updated for consistency. Progressed to Clinical Council for review and endorsement. Additional text added to highlighted that the *MH My Leave Plan* and *leave plan* are two separate and distinct requirements within the procedure
17 September 2025	v8.1	Republished to correct file name error.

Appendix 1 Leave Flowchart