

Seclusion and restraint

The *Mental Health Act 2016* regulates seclusion, mechanical restraint, physical restraint and medications in authorised mental health services. Seclusion and mechanical restraint may only be used when strict criteria in the Act are met, including that there is no other reasonably practicable way to protect the relevant patient or others from physical harm.

As far as practicable and safe, verbal strategies, de-escalation techniques and other evidence-based strategies such as sensory modulation are used in the first instance to help the patient safely gain control of their behaviour.

Seclusion

Seclusion is the confinement of a person, at any time of the day or night, alone in a room or area from which free exit is prevented.

Seclusion may only be used for a relevant patient in an authorised mental health service (AMHS).

A relevant patient is:

- a person who is subject to a Treatment Authority, Forensic Order (mental health or disability) or Treatment Support Order, or
- a person absent without approval from another State who is detained in an AMHS.

Seclusion cannot be authorised under an advance health directive, or by an attorney or guardian.

Seclusion may be authorised by an authorised doctor for up to 3 hours at a time. Seclusion may occur for no more than 9 hours in a 24-hour period but may be extended beyond this time if it is approved under a reduction and elimination plan (see below).

In addition, one extension of an additional 12 hours may occur to allow a reduction and elimination plan to be made. A person placed in seclusion must be observed continuously or at 15-minute intervals.

When determining the frequency of observations, consideration should be given to the vulnerabilities of persons at higher risk for trauma or harm, such as minors, persons of Aboriginal and Torres Strait Islander descent, refugees or victims of torture. This may include consultation with appropriate support persons including family members, cultural support persons, Aboriginal and Torres Strait Islander Health workers or peer support workers.

In an emergency, a health practitioner in charge of an inpatient or other unit within an AMHS may seclude a person for up to 1 hour. The health practitioner must, as soon as practicable, tell an authorised doctor of the seclusion. A person placed in emergency seclusion must be continuously observed.

An authorised doctor must remove a person from seclusion if it is no longer necessary to protect the person or others from physical harm.



The health practitioner in charge of the unit must also do this if the initial authorisation by the authorised doctor allows it. If required, the Chief Psychiatrist may direct the removal of a person from seclusion.

The Chief Psychiatrist has the power to issue directions about the use of seclusion. This could apply to an individual patient, a class of patients, or all patients in an AMHS. A direction could require the use of reduction and elimination plans.

Seclusion type management of people not under the Mental Health Act 2016

In urgent and exceptional circumstances, where a person other than a relevant patient under the Act requires seclusion-type management, other legal frameworks and mechanisms authorising the use of seclusion-type management may be used in line with local and Hospital and Health Service policies and procedures.

See Chief Psychiatrist Policy Seclusion

Mechanical Restraint

Mechanical restraint is the restraint of a person by the application of a device to the person's body or a limb of the person to restrict the person's movement. Mechanical restraint does not include the appropriate use of a medical or surgical appliance in the treatment of physical illness or injury or restraint authorised or permitted under another law.

Mechanical restraint may only be applied on a relevant patient in an AMHS. A relevant patient is:

- a person who is subject to a Treatment Authority, Forensic Order or Treatment Support Order, or
- a person absent without approval from another State who is detained in an AMHS in Queensland.

Mechanical restraint cannot be authorised under an advance health directive, or by an attorney or guardian.

The Chief Psychiatrist must approve all uses of mechanical restraint. An approval can be for up to 7 days. The type of device must also be approved by the Chief Psychiatrist.

The Chief Psychiatrist may also require that a reduction and elimination plan be prepared for the mechanical restraint to be used.

Mechanical restraint can only be authorised for up to 3 hours. Mechanical restraint may occur for no more than 9 hours in a 24-hour period but may be extended beyond this time if it is approved under a reduction and elimination plan. A patient must be continuously observed while a mechanical restraint is applied.

An authorised doctor must remove mechanical restraint if it is no longer necessary to protect the relevant patient or others from physical harm. The health practitioner in charge of the unit must also do this if the initial authorisation by the authorised doctor allows it.

If required, the Chief Psychiatrist may direct the removal of mechanical restraint.

Mechanical Restraint and Seclusion cannot be used at the same time.

Reduction and Elimination Plans

The Chief Psychiatrist may require a reduction and elimination plan for the use of mechanical restraint and seclusion.

A plan outlines measures to be taken to proactively reduce use of seclusion or mechanical restraint on a patient by ensuring clinical leadership, monitoring, accountability and a focus on safe alternative interventions.

There is a strong commitment nationally and internationally to the reduction and elimination of seclusion and restraint.

Physical Restraint

Physical restraint, of a patient, is the use by a person of his or her body to restrict the patient's movement. Physical restraint may apply to any person who is:

- an involuntary patient, or
- a person receiving treatment and care for a mental illness in an AMHS, other than as an involuntary patient, including under an advance health directive or with consent of an attorney or guardian.

Physical restraint may be used in any unit within an AMHS, including an emergency department, provided that sufficient resources are available to safely meet the needs of the patient and staff.

Physical restraint of a patient does not include:

- the giving of physical support to enable a patient to carry out daily living activities, or to redirect a disoriented patient
- physical restraint of the patient that is authorised under another law, or
- physical restraint of the patient that is required in urgent circumstances.

An authorised doctor, or a health practitioner in charge of an inpatient or other unit within an AMHS, may authorise the use of physical restraint on a patient if there is no other practicable way:

- to protect the patient or others from physical harm
- to provide treatment and care to the patient
- to prevent the patient from causing serious damage to property, or
- for a patient detained in an AMHS – to prevent the patient from leaving the service.

See Factsheets: *Physical Restraint – Adult Mental Health and Physical Restraint – Child and Youth*

Obligation to notify Public Guardian of treatment of minors

There is an obligation under the Act to notify the public guardian if mechanical restraint, seclusion or physical restraint has been used in an AMHS on a patient who is a minor.

Public Guardian and Community Visitors website:
www.publicguardian.qld.gov.au/child-advocate/child-community-visiting

Appropriate use of medication

The Act provides that a person must not administer medication, including sedation, to a patient unless the medication is clinically necessary for treatment of a medical condition.

Treatment and care for a medical condition includes preventing serious harm to the patient or others.

Requirements in relation to the appropriate use of medications are outlined in the *Chief Psychiatrist Policy Clinical need for medication*.

See Factsheets: *Acute Sedation – Using medicine to calm – Adult Mental Health* and *Acute Sedation – Using medicine to calm – Child and Youth*

More information

Mental Health Act 2016

www.health.qld.gov.au/mental-health-act

Contact your local mental health service
1300 MH CALL (1300 642255)

www.qld.gov.au/health/mental-health/help-lines/services

Resources

Policy: [Seclusion](#)

Policy: [Mechanical restraint](#)

Policy: [Physical restraint](#)

Policy: [Clinical need for medication](#)

Factsheet: [Acute Sedation – Using medicine to calm – Adult Mental Health](#)

Factsheet: [Acute Sedation – Using medicine to calm – Child and Youth](#)

Factsheet: [Physical Restraint – Adult Mental Health](#)

Factsheet: [Physical Restraint – Child and Youth](#)