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| Restrict (| |
| Communication | |
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MHWA144

| Mental Health and Wellbeing Act 2022 | Local Patient Identifier | | | | | | | | | |
|---|--|----------------|--|--|--|--|--|--|--|--|
| Sections 52 - 56 | FAMILY NAME | | | | | | | | | |
| MHWA 144 | | | | | | | | | | |
| Direction to restrict right to | GIVEN NAMES | | | | | | | | | |
| communicate | | | | | | | | | | |
| | DATE OF BIRTH SEX GE | ENDER | | | | | | | | |
| Mental Health Statewide UR Number | Place patient identification label above | | | | | | | | | |
| nstructions to complete this form | Flace patient identification label above | | | | | | | | | |
| This form must be completed by an Authorised Psychia | trist or Delegate. | | | | | | | | | |
| The right to communicate provisions in the Mental Heal | th and Wellbeing Act 2022 only apply to a person on | an | | | | | | | | |
| inpatient order. This direction to restrict the right to communicate may of | only be made if the Authorised Psychiatrist or Delegat | e is | | | | | | | | |
| satisfied that the restriction is reasonably necessary to | | | | | | | | | | |
| another person. An Authorised Psychiatrist or Delegate must ensure an | v restrictions to an innatient's right to communicate ar | e the least | | | | | | | | |
| restrictive possible to protect the health, safety and wel | being of the inpatient or of another person. | | | | | | | | | |
| This direction must be reviewed by the Authorised Psyc when the restriction is no longer necessary. | chiatrist or Delegate on a regular basis and be immed | iately revoked | | | | | | | | |
| A decision cannot be made which restricts an inpatient' | s right to communicate with: | | | | | | | | | |
| a legal representative; or | a non-legal mental health advocacy service | | | | | | | | | |
| the chief psychiatrist; or | provider or a mental health advocate; orthe DFFH Secretary, if that Secretary has pa | arental | | | | | | | | |
| the Mental Health and Wellbeing Commission; or the Mental Health Tribunal; or | responsibility for the inpatient under a releva | | | | | | | | | |
| a community visitor; or | child protection order; ora prescribed person or body. | | | | | | | | | |
| Designated Mental H ho is subject to:] an Inpatient Temporary Treatment Order] an Inpatient Treatment Order] Custodial Supervision Order] Forensic Remand | ☐ an Inpatient Assessment Order☐ an Inpatient Court Assessment Order☐ Secure Treatment Order | Ordor | | | | | | | | |
| 」Forensic Remand blease indicate ⊠ one option only) | Apprehended Non-Custodial Supervision C | rder | | | | | | | | |
| 1. I am satisfied that: | | | | | | | | | | |
| a. it is reasonably necessary to restrict the above n to protect the health, safety and wellbeing of t to protect the health, safety and wellbeing of t to protect the health, safety and wellbeing of t | he inpatient; or another person; and he person & another person | | | | | | | | | |
| I have given proper consideration to the mental health Wellbeing Act 2022. | th and wellbeing principles in the Mental Health and | | | | | | | | | |
| 3. Details of the restriction (e.g. phone, visitors): | | | | | | | | | | |
| 4. Reasons for the restriction: | | | | | | | | | | |
| Reasons for the restriction: | | | | | | | | | | |
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| 5. Other options tried or considered and reasons why u | nsuitable: | | | | | | | | | |
| <u> </u> | | | | | | | | | | |

| | Mental Health and Wellbeing Act 2022 | Local Patient Identifier | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | Sections 52 - 56 | FAMILY NAME | | | | | | | |
| | MHWA 144 | | | | | | | | |
| | Direction to restrict right to | GIVEN NAMES | | | | | | | |
| | communicate | | | | | | | | |
| | | DATE OF BIRTH SEX GENDER | | | | | | | |
| | Mental Health Statewide UR Number | Place patient identification label above | | | | | | | |
| 6. I have had regard to: ☐ the views and preferences of the inpatient and their reasons ☐ the inpatient's advance statement of preferences ☐ the views and preferences expressed by the inpatient's nominated support person ☐ the views of a parent of the inpatient, if the inpatient is under the age of 16 years (please indicate 図 all persons consulted) ☐ the views of a guardian of the inpatient direction will directly affect the carer and the care relationship ☐ the views of the Secretary, Department of Families, Fairness and Housing if that Secretary has parental responsibility for the inpatient under a Relevant Child Protection Order | | | | | | | | | |
| 7. | 7. Date and time right to communicate restricted date at: time 24 hour | | | | | | | | |
| Sign | ature: | Date: | | | | | | | |
| | Signature of Authorised Psychiatrist or Delegate | | | | | | | | |
| Give | | Family Name: | | | | | | | |
| This | This restriction was revoked at: | | | | | | | | |
| date time 24 hour Reasons to revoke the restriction are: | | | | | | | | | |
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| Sign | ature: | Date: | | | | | | | |
| | Signature of Authorised Psychiatrist or Delegate | | | | | | | | |
| Give | n Names: | Family Name: | | | | | | | |

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| Men | tal Health and | | | 2022 | Local Patient Ide | ntifier | | | | | | |
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| | Section | ns 52 - 56 | | | FAMILY NAME | | | | - | • | | |
| _ | | VA 144 | | | | | | | | | | |
| Direction to restrict right to communicate | | 0 | GIVEN NAMES | | | | | | | | | |
| | Comm | Idilicate | - | | DATE OF BIRTH | | | SEX | | | GENDE | R |
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| | Mental Health St | | | | | Place pa | itient iden | tification | label a | bove | | |
| | direction (for | internal ເ | use only | /) | | | | | | | | |
| equency is could b | of review - e expressed | | | | | | | | | | | |
| a time e | g 1 hour, 4 | | | | | | | | | | | |
| our etc | | | | | | | | | | | | |
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| Mental Health and Wellbeing Act 2022 | Local Patient Identifier | | | | Π | | |
|--------------------------------------|--------------------------|-----------------------|-------|---|---|--|--|
| Sections 52 - 56 | FAMILY NAME | | | | | | |
| MHWA 144 | | | | | | | |
| Direction to restrict right to | GIVEN NAMES | | | | | | |
| communicate | | | | | | | |
| | DATE OF BIRTH | SEX | GENDE | R | | | |
| | | | | | | | |
| Mental Health Statewide UR Number | Place patient id | lentification label a | bove | | | | |

Next steps

After making this direction:

- 1. **tell** the person on an inpatient order that this direction has been made;
- 2. **explain** the reason for the restriction on their right to communicate and what it means;
- 3. discuss alternative ways the person can lawfully communicate while this restriction is in place;
- 4. **give** the person a copy of the signed direction (the first part of the form);
- 5. **inform** the following persons (as applicable) that the direction has been made and the reasons for making it:
 - ► the inpatient's nominated support person
 - a parent of the inpatient if the inpatient is under 16 years of age
 - a carer of the inpatient, if making this direction will directly affect the carer and the care relationship
- a guardian of the inpatient
- the Secretary, Department of Families, Fairness and Housing if that Secretary has parental responsibility for the inpatient under a Relevant Child Protection Order
- 6. inform the primary non-legal mental health advocacy service provider that the direction has been made and the reason for it;
- 7. **ensure** restrictions are the least restrictive possible to protect health, safety and wellbeing;
- 8. **provide** appropriate supports to assist the person/s to understand this information; and
- 9. **ensure** this direction **does not restrict** the person's right to communicate with:
 - a legal representative
 - the chief psychiatrist
 - ► the Mental Health and Wellbeing Commission
 - the Mental Health Tribunal
 - a community visitor
 - > a non-legal mental health advocacy service provider or a mental health advocate
 - > the DFFH Secretary, if that Secretary has parental responsibility for the inpatient under a relevant child protection order
 - a prescribed person or body

Notes

- The Authorised Psychiatrist or Delegate must review this direction on a regular basis. This review can be documented in the second part of this form. An initial review interval should be listed under 'frequency of review' and updated if it changes.
- The treating team should also regularly monitor the need to restrict communication and document their comments in the second part
 of this form.
- If there is insufficient room to provide comments about the review of the direction in the second part of this form, please print and attach another page to your record.
- If the treating team considers the restriction is no longer necessary, they should advise the Authorised Psychiatrist or Delegate who can conduct a review to determine if the restriction should be revoked.
- The Authorised Psychiatrist or Delegate who made the direction must immediately end the restriction on the right to communicate, if satisfied it is no longer necessary.
- If the person who made this direction is on leave, another Authorised Psychiatrist or Delegate who is acting in their role should end the restriction if satisfied it is no longer necessary.

Mental Health and Wellbeing Principles

- The Authorised Psychiatrist or Delegate must give proper consideration to the mental health and wellbeing principles in the *Mental Health and Wellbeing Act 2022*. For example:
 - > The rights, dignity and autonomy of people living with mental illness and psychological distress are to be promoted and protected.
 - Mental health and wellbeing services are to be provided with the least possible restriction on a person's rights, dignity and autonomy with the aim of promoting their recovery and full participation in community life.
 - Supported decision-making practices are to be promoted and people receiving mental health and wellbeing services are to be supported to participate in decisions about their assessment, treatment and recovery.
 - People receiving mental health and wellbeing services have the right to take reasonable risks in order to achieve personal growth, self-esteem and overall quality of life.

Definitions

'Communicate', in relation to an inpatient, means:

(a) sending from, or receiving at, a designated mental health service uncensored private communication which may include communication by letter, telephone or electronic communication; or

(b) receiving visitors at a designated mental health service at reasonable times, including an Australian legal practitioner, mental health advocate or nominated support person of the inpatient.

- 'Inpatient' means a patient who is detained in a designated mental health service.
- 'Relevant Child Protection Order' means:
 - (a) a therapeutic treatment (placement) order;
 - (b) a family reunification order;
 - (c) a care by Secretary order;
 - (d) a long-term care order,

each within the meaning of the Children, Youth and Families Act 2005.