



CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA

WA MENTAL HEALTH
ACT 2014

SECTIONS: 215

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 11B – WRITTEN SECLUSION ORDER

Name of authorised hospital: _____

Is this written seclusion order being made to confirm an oral authorisation of seclusion?

☐ No

☐ Yes - Date and time oral authorisation given - Date: DD/MM/YY Time: HH:MM

Period of time person to be secluded under this order: _____

(Cannot exceed 2 hours including the period for which the person was secluded under any oral authorisation being confirmed by this order)

Reasons for authorising seclusion:

The person needs to be secluded to prevent the person from:

☐ physically injuring themselves or another person;
and/or

☐ persistently causing serious damage to property;

and

☐ there is no less restrictive way of preventing the injury or damage.

Room or area where person can be secluded: _____

Any observations made about the person when the person was secluded:

--

Any directions given by a medical practitioner or mental health practitioner about the treatment and care to be provided to the person while secluded:

--

If this seclusion order is made by a mental health practitioner or person in charge of the ward (which can occur if a medical practitioner was not reasonably available, and the person needs to be secluded urgently) state reason for urgency:

--

Name of person making the written seclusion order: _____

Qualifications: _____

☐ Medical practitioner ☐ Mental health practitioner ☐ Person in charge of ward

Signature: _____

Date and time written seclusion order made:

Date: DD/MM/YY Time: HH:MM

FORM 11B – WRITTEN SECLUSION ORDER

When to use this form

Seclusion can commence following an oral authorisation of seclusion or a written seclusion order (this form) (s214, s215).

This form can also be used to confirm an oral authorisation of seclusion. If an oral authorisation is not confirmed within 2 hours of the person being secluded, the person cannot continue to be secluded and must be released from seclusion. The oral authorisation should be confirmed by the practitioner who made the oral authorisation, or if that practitioner is not available, then another medical practitioner, mental health practitioner or person in charge of ward.

Seclusion can be authorised by:

- A medical practitioner (s214, s215); or
- A mental health practitioner or person in charge of a ward at an authorised hospital, if satisfied that the person needs to be secluded urgently and a medical practitioner is not reasonably available to give an oral authorisation or make a seclusion order in respect of a person (s216(2)).

Meaning of seclusion:

Seclusion is the confinement of a person who is being provided with treatment or care at an authorised hospital by leaving the person at any time of the day or night alone in a room or area from which it is not within the person's control to leave. A person is not secluded merely because the person is alone in a room or area that the person is unable to leave because of frailty, illness or mental or physical disability (s212).

Criteria for authorising seclusion:

Seclusion can be authorised when (s216):

- The person needs to be secluded to prevent the person from:
 - physically injuring themselves or another person; or
 - persistently causing serious damage to property; and
- there is no less restrictive way of preventing the injury or damage.

Who can be secluded:

Seclusion can occur in respect of a person who is (s214 & 215):

- a patient admitted by the authorised hospital; or
- referred under Form 1A for an examination to be conducted by a psychiatrist at the authorised hospital; or
- under an order authorising continuation of a person's detention (Form 3C) to enable an examination to be conducted by a psychiatrist at the authorised hospital; or
- under an order authorising the person's reception at an authorised hospital, and the person's detention there, to enable an examination to be conducted by a psychiatrist at the authorised hospital (Form 3D).

Checklist of *Mental Health Act 2014* requirements related to this form:

Notes

- ☐ Give the person a copy of this form as soon as practicable.
- ☐ File this form on the person's medical record.
- ☐ ☒ Email a copy of this form to the Chief Psychiatrist at monitoring@ocp.wa.gov.au as soon as practicable and file a record of having done this.
- ☐ ☒ If the person is a mentally impaired accused, email a copy of this form to the Mentally Impaired Accused Review Board at prisonersreviewboard@justice.wa.gov.au and file a record of having done this.