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Authority for use of chemical restraint

Notes

Victoria is working towards the elimination of restrictive interventions in mental health and wellbeing service delivery. Service providers should aim to reduce and eventually eliminate the use of restrictive interventions in mental health treatment.

1. Less restrictive options

Restrictive interventions must not be used unless all reasonable and less restrictive options have been tried or considered and have been found unsuitable. When considering if there are less restrictive options available you must, to the greatest extent possible in the circumstances, have regard to:

- The likely impact on the person;
- The person's views and preferences relating to restrictive interventions
- The person's culture, beliefs, values and personal characteristics.

2. Meeting the person's needs

A person who authorises the use of a restrictive intervention must ensure that the person's needs are met and the person's dignity is protected by the provision of appropriate facilities and supplies, including bedding and clothing appropriate to the circumstances, food and drink and adequate hygiene and toilet arrangements

3. Monitoring

A *MHWA 142 - Restrictive interventions observations* form must be completed and attached to this form to record the required clinical observations/reviews/examinations, noting the following requirements:

- a Registered Nurse or Registered Medical Practitioner must:
 - continuously observe a person subject to chemical restraint for not less than one hour after it is administered; and
 - clinically review a person as often as is appropriate, but not less frequently than every 15 minutes;
- an Authorised Psychiatrist must examine a person subject to a chemical restraint as often as the Authorised Psychiatrist is satisfied is appropriate in the circumstances to do so, but not less frequently than every 4 hours;
- if it is not practicable for an Authorised Psychiatrist to conduct an examination at the frequency that the Authorised Psychiatrist is satisfied is appropriate, the person must be examined by a Registered Medical Practitioner when so directed by the Authorised Psychiatrist.

4. Release from restrictive intervention

The person being restrained **must be released** from the restrictive intervention as soon as it is no longer necessary.

5. Use of a restrictive intervention on a person receiving treatment in a designated mental health service on a voluntary basis

An Authorised Psychiatrist or Delegate, a Registered Medical Practitioner or the Nurse Practitioner should review the person as soon as practicable to determine whether an Assessment Order should be made under section 144 of the *Mental Health and Wellbeing Act 2022.*

6. Notifications

As soon as practicable after the commencement of a restrictive intervention, the Authorised Psychiatrist must:

- Notify the following persons (as applicable) of the use of the intervention, the type of restrictive intervention and the reason for using it:
 - > the primary non-legal mental health advocacy service provider;
 - the person's nominated support person;
 - the person's parent if the person is under the age of 16 years;
 - > a carer, if the use of restrictive intervention will directly affect the care relationship between the carer and the person;
 - the person's guardian;
 - > the DFFH Secretary, if that Secretary has parental responsibility for the person under a Relevant Child Protection Order.
 - **Ensure** appropriate supports are provided to assist the person/s to understand this information.

7. Review

The Authorised Psychiatrist must ensure the use of chemical restraint is reviewed as soon as practicable after it ends and the person and support persons of their choosing must be offered an opportunity to participate in this review of the intervention with the Designated Mental Health Service. This review must be completed in a timely manner and carried out in accordance with any guidance from the Chief Psychiatrist.

Decision making principles for treatment and interventions

When authorising the use of restrictive interventions, you must give proper consideration to these principles.

Title	Principle
Care and transition to less restrictive support	Compulsory assessment and treatment is to be provided with the aim of promoting the person's recovery and transitioning them to less restrictive treatment, care and support. To this end, a person who is subject to compulsory assessment or treatment is to receive comprehensive, compassionate, safe and high-quality mental health and wellbeing services.
Consequences of compulsory assessment and treatment and restrictive interventions principle	The use of compulsory assessment and treatment or restrictive interventions significantly limits a person's human rights and may cause possible harm including— (a) serious distress experienced by the person; and (b) the disruption of the relationships, living arrangements, education or employment of the person.
No therapeutic benefit to restrictive interventions principle	The use of restrictive interventions on a person offers no inherent therapeutic benefit to the person.
Balancing of harm principle	Compulsory assessment and treatment or restrictive interventions are not to be used unless the serious harm or deterioration to be prevented is likely to be more significant than the harm to the person that may result from their use.
Autonomy principle	The will and preferences of a person are to be given effect to the greatest extent possible in all decisions about assessment, treatment, recovery and support, including when those decisions relate to compulsory assessment and treatment.

Definitions

- 'Bodily restraint' means physical restraint, or mechanical restraint, of a person;
- **'Chemical restraint'** means the giving of a drug to a person for the primary purpose of controlling the person's behaviour by restricting their freedom of movement but does not include the giving of a drug to a person for the purpose of treatment or medical treatment;
- **'Compulsory patient'** means a person on an Assessment Order, Court Assessment Order, Temporary Treatment Order or Treatment Order;
- **'Nurse Practitioner'** means a registered nurse who is endorsed under the Health Practitioner Regulation National Law to practise as a nurse practitioner;
- 'Restrictive intervention' means seclusion, bodily restraint, or chemical restraint.

MHWA 143