

## PURPOSE

It is the Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that a safe, efficient and effective process exists for informal service users and inpatients subject to the Mental Health Act who are absent without leave (AWOL) from Inpatient Mental Health Services.

## OBJECTIVE

- To provide clear guidelines for BOPDHB MH&AS staff when a current inpatient has unauthorised leave or is a missing person and is of concern.
- To enhance the safety of patients and staff of MH&AS.
- To meet the requirements of the Mental Health (Compulsory Assessment and Treatment) Act 1992 and Amendments 1999.

## STANDARDS TO BE MET

### 1. Admission

- 1.1 Patients who are subject to an inpatient Mental Health Act order and have a previous history of AWOL risk, or whose current condition indicates AWOL risk will have an AWOL risk management strategy identified within the care plan and available in the patient's health record.

### 2. Establishing that a patient is either AWOL or A Missing Person

- 2.1 The AWOL/Missing Person policy will be implemented by the registered nurse designated to the patient and who has direct responsibility for the care and welfare of the patient at the time the absence is noted.
- 2.2 When a patient's absence is noted the staff member who notes the absence will check the patient's health record to:
- a) ensure that leave has not been authorised
  - b) determine the person's status under the Mental Health Act.
  - c) ascertain risk factors per the risk assessment.
  - d) Available staff will immediately do a thorough search of the internal and external environment of the Mental Health Unit noting any of the patient's personal property that may be missing.
- 2.3 The patient's designated nurse or available staff are required to make and document all reasonable attempts to ascertain the patient's whereabouts which will include as appropriate:
- a) Contacting next of kin (NOK) / family / whānau
  - b) Contacting known associates (as appropriate).
- 2.4 If the patient's whereabouts cannot be established through search and any other means appropriate at the time then the patient is deemed to be either **AWOL** or **A Missing Person**.

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### 3. Decision on Level of Notification

- 3.1 The nurse reporting the absence of a patient, in conjunction with the following staff and persons, will determine whether the notification procedures are an **AWOL** (internal only) or **Missing Person** (Police and external) Notification:
- a nominated whānau representative
  - Team Leader or Shift Coordinator
  - On call Psychiatric Registrar or SMO
  - On call DAO
- 3.2 The risk assessment of the absent patient is reviewed by the staff listed above i.e. the designated nurse / delegate, clinical team leader, on-call Psych. Reg, and On-call DAO. Factors taken into consideration should include;
- a) The patient's legal status.
  - b) The type and level of risk of the patient to others (including risk to physical health).
  - c) The most recent information about the patient's mental state (including documented and verbal information, clinical handover information and any other relevant information obtained.
  - d) History of AWOL's.
  - e) The current treatment plan (identified risks, strategies and interventions)
  - f) Any other relevant information
- 3.3 A documented decision, recorded in the patient's health record forms the basis for either:
- [AWOL Notification - Internal Only](#)
  - [Missing Person Notification - External](#)

### 4. AWOL Notification - Internal Only

The [internal notification](#) (to MH&AS staff and family) concerning the absence of a patient without authorised leave, occurs when the patient **poses no known threat to themselves, others or property** but has absented themselves from the ward environment and the procedures outlined in Section 3 have been completed.

When a patient is identified as AWOL the following procedures should be completed immediately

- 4.1 The designated nurse is responsible for ensuring that appropriate people and authorities are notified as below.
- a) An AWOL Notification Form is completed as soon as possible. The following parties are verbally informed of the patient's AWOL
    - A nominated whānau representative
    - Inpatient team leader or Shift Coordinator
    - Responsible Clinician / On-call Psychiatrist / Registrar / SMO
    - NOK / identified contact person
    - DAMHS
    - District Inspector

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## 5. Missing Person Notification - External

The [Missing Person \(external\) Notification](#) (to Police, family / whānau and MH&AS staff) concerning the absence of a patient without authorised leave, occurs when the patient is deemed to be a **Serious Risk: A known history of self-neglect / compromised self-management / self-harm / harm to others, or damage to property, or has the potential for this.**

5.1 The designated nurse is responsible for ensuring that appropriate people and authorities are contacted and notified as below.

- a) A [Missing Person's Report](#) is completed as soon as possible and sent/distributed to the parties below:
  - Police
  - DAMHS
  - Crisis Service
  - Patient's RC(SMO) / On-call Psychiatrist / Registrar
  - NOK / nominated whānau representative / contact person
  - Case Manager
  - District Inspector
- b) The DAMHS / Clinical Director is to be notified at the earliest practicable opportunity for **Missing Persons** deemed to be a serious risk (Section 5. above).
- c) For voluntary patients who are **Missing Persons** and considered to be mentally unwell and potentially a serious risk to themselves and / or others, the team may decide to initiate the Mental health Act i.e. An Application s8(a) and a Certificate s8(b). If this happens the ward staff must contact a DAO for assistance.

## 6. Documentation

6.1 The staff member who reports the AWOL or Missing Person Report will ensure that the appropriate forms and notes are completed. That is:

- a) [AWOL Notification](#) Form, or;
- b) [Missing Person Report](#) and Incident Management form (Datix)
- c) Health record updated / care plan updated.
- d) Information / documentation is given to the appropriate people / authorities.

## 7. Apprehension and Transport

7.1 When information is received concerning the whereabouts of the patient, mental health staff involved should first assess the situation and decide whether or not to ask the patient to return to the mental health unit. NB: The patient may require assistance to return.

7.2 If, due to the patient's risk status or other significant factors, Police assistance is required, then a Duly Authorised Officer (DAO) can be asked to review the situation and consider requesting Police assistance under s41 of the Mental Health Act and must facilitate the safe transport of the patient back to the mental health unit.

## 8. Discontinuation of AWOL/ Missing Person's report

8.1 Once it is established that the patient is no longer AWOL or MISSING, the designated nurse will ensure that appropriate people and authorities are notified. That is:

- a) AWOL - Notification Only patients:
  - i. Inpatient team leader / Shift Coordinator
  - ii. Responsible Clinician / On-call Psychiatrist / Registrar

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- iii. Crisis Service
- iv. NOK / nominated whānau representative / contact person
- v. Case Manager
- vi. DAMHS [patients subject to the MH(CAT)Act]
- vii. District Inspector
- b) Missing Person – External Notification Of Serious Concern:
  - i. Inpatient Team Leader/ Shift Coordinator
  - ii. Police
  - iii. DAMHS – via RMO/SMO
  - iv. DAO/Crisis Service
  - v. Responsible Clinician / On-call Psychiatrist / Registrar
  - vi. NOK / whānau representative / contact person
  - vii. Case Manager
  - viii. District Inspector

8.2 The designated nurse will ensure that the [AWOL Notification of Cancellation](#) form and notes are completed. A detailed account of circumstances of situation and action taken to be documented in the patient's health record.

8.3 The designated nurse will ensure that information / documentation is given to the appropriate people / authorities.

8.4 The designated nurse will ensure a debrief with the patient and their family / whānau (with consent) will take place if appropriate.

8.5 The designated nurse will make arrangements for an immediate informal debriefing with staff on duty at the time. A formal debriefing arranged by Team Leader at a later date may also be considered / arranged if appropriate.

## REFERENCES

- Mental Health (Compulsory Treatment and Assessment) Act 1992 and Amendments 1999
- Ministry of Health, Guidelines for Clinical Risk Assessment and Management in Mental Health Services, July 1998

## ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.26 Risk Assessment – MH&AS](#)
- [Absent Without Leave \(AWOL\) Notification Form](#)
- [AWOL Notification of Cancellation](#)
- [Missing Person Report](#)

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**AWOL** – A patient absent without leave for whom no serious concerns exist  
**Missing Person** -A patient absent without leave and there exists Serious Concerns and for which Police “Missing Person” Procedures are required.

**Establishing that a patient is Absent**

- Determine the person’s status under the MH Act
- Check for leave authorisation
- Search internal & external environment and note if any property is missing
- Refer to Risk Assessment to identify possible risks
- Refer to care plan for AWOL risk
- Document all reasonable attempts to ascertain the whereabouts of patient including NOK, family/whanau/known associates and visiting patients known address (Crisis Team/Case Manager)

**AWOL or Missing Person STATUS?**

Risk assessment review of missing patient – decision about whether and AWOL or MISSING PERSON procedure is to be initiated.

The reporting Nurse, the on-call Team Leader, the on-call Psychiatric Registrar and on-call DAO meet as soon as practicable and **consider:**

- Mental Health Act Status
- Risk posed
- Clinical presentation
- History of absences
- Likelihood of return by own volition

**DECISION** on notification level : - **Always! after 3 consecutive missed observations on Level 2**

