



Mental Health Consumers Who Are Missing or Absent Without Leave Policy

1. Purpose

This policy establishes the minimum requirements to:

- reduce the risk of a mental health consumer becoming absent without leave (AWOL) or a missing person
- ensure the safety of mental health consumers who are missing or AWOL
- ensure compliance with the *Mental Health Act 2014* (MHA 2014).

Mental health consumers present throughout the WA health system, including, but not limited to, inpatient and community mental health services and emergency departments.

When a mental health consumer is AWOL or a missing person, the likelihood of the following risks may increase:

- self-harm or suicide
- deterioration of mental and physical health
- harm to others
- exposure to undesirable and unsafe situations.

There may also be increased likelihood of reputational and legal risk to the Health Service Provider (HSP), especially if an adverse outcome eventuates.

This policy is a mandatory requirement for HSPs under the *Mental Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016* (HSA 2016).

This policy must be read in conjunction with:

- [MP 0122/19 Clinical Incident Management Policy](#)
- [MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services](#)
- [MP 0181/24 Safety Planning for Mental Health Consumers Policy](#)
- [MP 0063/17 Requesting Road-Based Transport for Mental Health Patients Subject to Transport Orders Policy](#)
- [MP 0099/18 Community Mental Health Status Assessments: Role of Mental Health Clinicians Policy](#)
- [Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist.](#)

2. Applicability

This policy is applicable to all HSPs that provide public mental health services, including through emergency departments.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or HSP. The State of Western Australia or HSP contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

HSPs must use a person-centred, recovery-oriented, culturally competent, trauma-informed and developmentally appropriate approach to:

- reduce the risk of a mental health consumer becoming AWOL or a missing person
- ensure the safety of mental health consumers who are AWOL or missing persons.

HSPs must have local policies and procedures or protocols that address, at a minimum, the following requirements.

3.1 Risk Assessment and Safety Planning

Risk assessment and safety planning for mental health consumers must consider the likelihood of them becoming AWOL or a missing person, as defined in this policy, and incorporate relevant management strategies.

HSPs must undertake the following measures to ensure the safety of mental health consumers:

- establish a safe, culturally appropriate, and welcoming environment that ensures adequate privacy
- ensure that health professionals conduct an early assessment, with timely reassessment, of the risk of a consumer going missing or AWOL and develop and implement risk management interventions
- ensure that health professionals complete risk assessments in partnership with the mental health consumer, their carers/family and personal support person, and other agencies involved in their care, where possible and appropriate
- ensure that health professionals facilitate and maintain care partnerships with the mental health consumer, their carers/family and personal support person, the mental health team, and others involved in the planning and delivery of the consumer's care across all stages of their care
- ensure that health professionals develop appropriate communication strategies with the mental health consumer, their carers/family and personal support person, the mental health team and others involved in the consumer's care, to inform and engage them in care planning about treatment options, length of stay and decisions about leave notification and reporting requirements.

3.2 Responding to Absence Without Leave and Missing Persons

HSPs must develop local procedures or protocols for responding to mental health consumers who are or may be AWOL or a missing person, which recognise the difference between AWOL and missing person incidents, and include:

- appropriate diligent efforts by staff members to locate the consumer prior to further action being taken

- determining the MHA 2014 status of the consumer and, if subject to an inpatient treatment order or detained under the MHA 2014, establishing whether they meet the definition of AWOL
- assessing risk and determining whether a consumer meets the definition of a missing person, as defined by this policy
- applying powers under the MHA 2014 by those authorised to do so in response to consumers who are AWOL, including understanding the role of Transport Officers and/or the WA Police Force, where an Apprehension and Return Order is made
- appropriate involvement of the WA Police Force, as outlined in section 3.3 of this policy
- communicating, collaborating and sharing information with:
 - carers/family and personal support person (where appropriate)
 - the WA Police Force
 - other agencies involved in the consumer's care (where appropriate)
- reporting to the Office of the Chief Psychiatrist (OCP) in line with the [Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist](#)
- reporting the AWOL or missing person incident (or near miss) in accordance with the [MP 0122/19 Clinical Incident Management Policy](#)
- documenting the AWOL or missing person incident in the consumer's medical record.

3.3 Involving the WA Police Force

In the context of this policy, the WA Police Force may be engaged to assist in the following scenarios:

- where a mental health consumer is AWOL (in emergency situations and/or where an Apprehension and Return Order is made)
- where a mental health consumer is a missing person.

Staff must follow the [Procedures for Involving Police When Mental Health Consumers Are Missing or Absent Without Leave](#).

3.4 Non-attendance, Where Consumers Are Neither Absent Without Leave nor Missing Persons

HSPs must develop local procedures or protocols for responding to non-attendance by mental health consumers who do not meet the definition of AWOL or a missing person, which include, at a minimum:

- in the case of non-attendance, requirements for attempts to be made to contact the mental health consumer and record the outcomes of these attempts in their medical record
- requirements to record the mental health consumer's non-attendance or discharge against medical advice in their medical record
- notification of the mental health consumer's carers/family and personal support person, where appropriate.

HSPs must not require staff to notify police where a mental health consumer is neither AWOL nor a missing person.

3.5 Training and Professional Development

HSPs must provide appropriate training and professional development in relation to AWOL and missing person incidents to health professionals and other relevant staff members, such as security guards. Training and professional development must include, as is relevant to the staff member's role:

- reducing the risk of AWOL and missing person incidents, including through:
 - developing and maintaining therapeutic relationships, and delivering person-centred, recovery-oriented, culturally competent, trauma-informed and developmentally appropriate care
 - engaging mental health consumers and, where appropriate, their carers/family and personal support person in the planning and delivery of the consumer's care
 - risk assessment and safety planning
- appropriate diligent efforts to locate mental health consumers
- the definitions of AWOL and missing person, noting the differences in definitions between the MHA 2014 and those used by the WA Police Force
- responding to AWOL incidents, including WA Police Force involvement, appropriate forms and powers under the MHA 2014, and reporting requirements
- responding to missing persons incidents, including WA Police Force involvement, appropriate forms and powers under the MHA 2014, and reporting requirements
- appropriate involvement of a mental health consumer's carers/family and personal support person in relation to AWOL and missing persons incidents
- communication, collaboration and information sharing with the WA Police Force and other agencies involved in the mental health consumer's care
- reporting and record-keeping.

3.6 Auditing and Analysis

HSPs must undertake annual thematic reviews of all reported AWOL and missing person incidents as separate categories to:

- identify common contributory factors or trends
- enhance the knowledge and skills of health professionals and healthcare teams and promote continuous improvement
- determine whether any systemic factors, such as risk assessment and safety planning, environmental design, staffing levels or staff knowledge or skills, could be addressed to mitigate the risk of future incidents.

If systemic factors are identified, HSPs must implement and evaluate any changes made to address these factors.

4. Compliance Monitoring

The Department of Health's Mental Health Unit, on behalf of the System Manager, will, on an annual basis, monitor compliance with the policy requirements for assurance purposes by analysing data regarding AWOL and missing person incidents involving mental health consumers, sourced from the approved Clinical Incident Management System or Patient Safety Dashboards. The Mental Health Unit may, from time to time, source information

from collateral sources (e.g. the WA Police Force and the Office of the Chief Psychiatrist) to evaluate the effectiveness of this policy.

Each HSP must supply the following to the Department of Health’s Mental Health Unit by 30 June annually:

- local procedures or protocols which meet the requirements of this policy
- the annual thematic reviews required under section 3.6 of this policy, including the changes made to address any systemic factors identified.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Procedures for Involving Police When Mental Health Consumers Are Missing or Absent Without Leave](#)

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Best Practice Guideline: Mental Health Consumers Who are Missing or Absent Without Leave](#)

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Absence without leave (known as ‘absent without leave’ or ‘AWOL’ when referring to an individual consumer)	As defined in section 97 of the MHA 2014.
Apprehension and Return Order	As defined in section 98 of the MHA 2014.
Diligent efforts	Efforts undertaken by health service staff to determine the location and welfare of a mental health consumer which are proactive and involve multiple methods. Examples of diligent efforts can be found in the <i>Best Practice Guideline: Mental Health Missing Persons</i> .
Health professional	As defined under Part 2, Division 1 of the MHA 2014.
Mental health consumer	A consumer who has had contact with, or been treated by, public mental health services, including mental health services provided in emergency departments.
Missing person	The Chief Psychiatrist defines a ‘missing person’ as ‘Any voluntary psychiatric patient at high risk of harm who is missing from a mental health service, general hospital or emergency department, without the agreement of or authorisation by staff.’

	'Harm' includes harm to self, harm to others and harm to property, such as arson.
Public mental health service	Any of these services: <ul style="list-style-type: none"> • a public hospital, but only to the extent that the hospital provides treatment or care to people who have or may have a mental illness • a public community mental health service.
Staff member	For the purposes of this policy, staff member means a person – <ol style="list-style-type: none"> (a) employed in a health service provider by an employing authority pursuant to the HSA 2016 and includes: <ol style="list-style-type: none"> (i) the chief executive of the health service provider (ii) a health executive employed in the health service provider (iii) a person employed in the health service provider under section 140 of the HSA 2016 (iv) a person seconded to the health service provider under section 136 or 142 of the HSA 2016 (b) engaged under a contract for services by a health service provider pursuant to the HSA 2016.
WA health system	The WA health system is comprised of: <ol style="list-style-type: none"> (i) the Department (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services) (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Program Manager, Mental Health Unit

Directorate: Governance and System Support

Email: mhu@health.wa.gov.au

9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0012/16	1 July 2016	January 2019	Original version
MP 0012/16 v.1.1	29 May 2019	January 2019	Minor amendment to update hyperlinks.
MP 0012/16 v.2.0	17 June 2024	June 2027	Policy review and amendment, details below.
<ul style="list-style-type: none"> • Title updated from 'Missing Person Policy' to 'Mental Health Consumers Who Are 			

Missing or Absent Without Leave Policy’.

- High-level requirements from the ‘Missing Person Policy’ were transferred to the Purpose, Applicability, Policy Requirements and Compliance Monitoring sections of the ‘Mental Health Consumers Who Are Missing or Absent Without Leave Policy’.
- Operational requirements from the ‘Missing Person Policy’ have been inserted in a new supporting information document ‘Best Practice Guideline: Mental Health Consumers Who are Missing or Absent Without Leave’.
- New Policy Requirements subsections have been included: Responding to Absence Without Leave and Missing Persons, Involving the WA Police Force, Non-attendance Where Consumers Are Neither AWOL nor Missing Persons, Training and Professional Development, and Auditing and Analysis.
- New related document: ‘Procedures for Involving Police When Mental Health Consumers Are Missing or Absent Without Leave’.
- Definitions for absence without leave, Apprehension and Return Order, diligent efforts, health professional, mental health consumer, public mental health service and WA health system have been added.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Dr D.J. Russell-Weisz, Director General, Department of Health
Approval date	13 June 2016

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