

MENTAL HEALTH SERVICES POLICY

POLICY AND PROCEDUAL GUIDELINES ON SECTION 17 LEAVE

1. Introduction

A detained patient may only leave hospital when granted leave under section 17 of the Mental Health Act (1983) except when being transferred between hospitals or units under the provision of Section 19.

Section 17 makes provision for certain patients who are detained under the Mental Health Act 1983 to be granted leave of absence from the hospital grounds, for any reason. Section 17 applies to patients detained under Sections 2, 3, and 37 of the Act

Only the patient's Responsible Clinician can grant Section 17 leave, this power cannot be delegated to a deputy. If the Responsible Clinician is not at work due to annual leave or sickness (i.e. entirely unavailable not merely working off site) then permission can only be granted by the Approved Clinician who is for the time being acting as the patient's Responsible Clinician. Arrangements for Responsible Clinician responsibility should be stated on the consultants leave application form.

2. Principles and Purpose of Section 17 leave

Leave of absences may be granted for specified occasions or for specific or indefinite periods of time and that period may be extended in the absence of the patient. Granting of leave should not be used as an alternative to discharging a patient, although it may be used to assess an unrestricted patient's suitability for discharge.

Without authorised leave granted under Section 17 any patient detained under these Sections who is absent from the hospital grounds is absent unlawfully. A patient who fails to return from authorised Section 17 leave within the specified period is also defined as absent without leave. When a patient is absent without leave, reference should be made to the Missing Service Users Policy (No. 39 in the General Policy Manual) and those Procedures followed.

3. Planning Leave

The code of practice emphasises that the leave should be well planned and provide an opportunity to assess how the patient would manage if discharged.

When considering leave for more than seven consecutive days or extending leave so that the total period is more than seven days, the responsible clinician must first consider whether the patient should go onto a supervised community treatment (SCT) instead. This does not apply to restricted patients or patients detained under Section 2 of the act.

The requirement to consider SCT does not prevent the Responsible Clinician from using longer-term leave if that is a more suitable option. However the Responsible Clinician will need to record in the patient's notes that both options have been duly considered and reasons for the decision taken (See Chapter 28 in the Code of Practice)

All leave arrangements should involve patients, their carers or other relevant people especially if the patient is to reside with them during their leave. Where a patient does not provide consent to the involvement the Responsible Clinician should reconsider if it is safe to grant the leave.

The discussion must be documented in the health records by whichever profession has made the contact.

Overnight leave should not usually occur without a full multi-disciplinary team review. Both benefits and risks should be carefully considered before each leave is granted. A risk assessment should be completed before the patient is first granted leave.

Consideration should be given to any child protection and child welfare issues before granting leave.

An integrated care programme approach review (including risk assessment) must be undertaken and a care plan put in place prior to a service user being placed on extended Section 17 leave (for more than a period of five working days) and a formal Section 117 meeting should take place (if applicable) Issues surrounding consent to treatment documentation should be taken into account at this meeting. See Joint Protocol and Procedural Guidelines, Integration of Care Programme Approach Care Management and Section 117 Mental Health Act 1983

The Home Manager or named nurse will be responsible for ensuring that the CMHT is aware of a patient who is placed on extended leave in the community. It is the Responsible Clinician's responsibility to ensure that Section 17 leave is reviewed on a monthly basis for patients on leave from Elsadene and Fairfield. The CMHT should also review the Section 17 leave status at their team meetings when patients are discussed to ensure that regular reviews have taken place.

4. Escorted Leave

The Responsible Clinician may direct that the patient must remain in custody (or be placed in the custody) of appropriate escort during his/her leave if it is in the interest of the patient or for the protection of other persons. Any member of clinical staff may then escort the patient whilst on leave and will have the powers to detain and convey the patient if the conditions of leave are broken without having to wait for the person to fail to return to his "base" hospital or for the leave to be revoked under subsection (4) However due consideration as to the expectations of the role of the escort and the actions that can reasonably be expected should be agreed and documented.

DRH does not deem it appropriate for the patient to be placed in the custody of someone other than a member of staff. Leave forms should state that patients are only "**accompanied**" by family and friends and not "**escorted**"

Escorted leave will be taken to mean escorted by one clinical member of staff, who may be of either sex and who need not necessarily be qualified. Any specific or further requirements in relation to staff escorting a patient must be clearly stated e.g. number, gender and/or level of staff escort.

If authorised escorted leave is not able to take place at the scheduled time due to unforeseen circumstances or staff shortages, this must be reported to the Manager or person in charge of the shift without delay and recorded within the patient's notes. To reduce these occasions it is important that leave escorted by one profession is not prescribed by another and should be agreed with the team involved.

It is best practice to explain to the patient that escorted leave may be subject to the availability of staff and dependent on them being available for the duration of leave.

5. Recall

A patient should not be recalled to hospital for the sole purpose of renewing their Section 17 leave or merely because they have refused to co-operate with treatment unless such co-operation has been made a condition of leave.

The Responsible Clinician may recall a patient from leave at any time if it is in the interests of the patient's health or safety or necessary for the protection of others. In such circumstances, the Responsible Clinician must provide written notification to the patient and other relevant persons (ie carers etc) The reason for the recall should be explained to the patient and a record of the explanation kept in the patient's notes.

6. Documentation

The Form at Appendix 2 should be used for recording and granting Section 17 Leave. This should include the conditions attached and the authorisation of the leave. Leave of absence should be recorded in the patient's notes and on this form. Clearly defined parameters for the period of leave should be recorded on the form and a copy given to the patient, carer(if the patient does not object) and any professionals in the community involved in the case.

The conditions of leave must be explained to the patient and the section 17 leave form signed by the member of staff who explained the conditions and the patient to confirm this has been carried out.

If the Responsible Clinician is using the Section 17 form to record leave being taken by a patient subject to Home Office Restrictions, a copy of the authorisation from the Home Office must be attached to the form.

If the patient is attending another site as a day patient Section 17 authorisation is needed.

The outcome of leave should be recorded in the patient's notes and the patient should be encouraged to contribute to that record.

7. Treatment whilst on Section 17 leave

A patient on Section 17 leave remains subject to consent to treatment provisions (Part IV, Mental Health Act 1983). The Responsible Clinician must ensure that General Practitioners are aware that any amendments made to psychiatric medication for a patient on Section 17 leave must be authorised by Form 38 (completed by Responsible Clinician) or Form 39 (Second Opinion Appointed Doctor). Community Mental Health Nurses administering medication to patients on Section 17 leave must ensure medication being administered is authorised on Form 38/39 if applicable.

Attendance at a general hospital for physical treatment requires section 17 leave to be granted. Responsible Clinicians are asked to consider granting advanced authorisation of prospective leave of absence to all patients who may require urgent non-psychiatric hospital treatment. If urgent treatment is required and no such leave has been granted in advance, the Responsible Clinician should be contacted to authorise leave, by telephone if necessary. In genuine emergency the common law doctrine of necessity could be used to justify transfer without prior authorisation but the Responsible Clinician should be contacted as soon as possible.

8. Review of patients on extended leave

Initial authorisation of Section 17 leave must be given by the Responsible Clinician

Good practice determines that Section 17 leave be reviewed at regular intervals. The Consultant Psychiatrist, Associate Specialist or Specialist Registrar or other Section 12 Approved doctor can undertake this review. The date and outcome of the review must be documented in the patient's notes

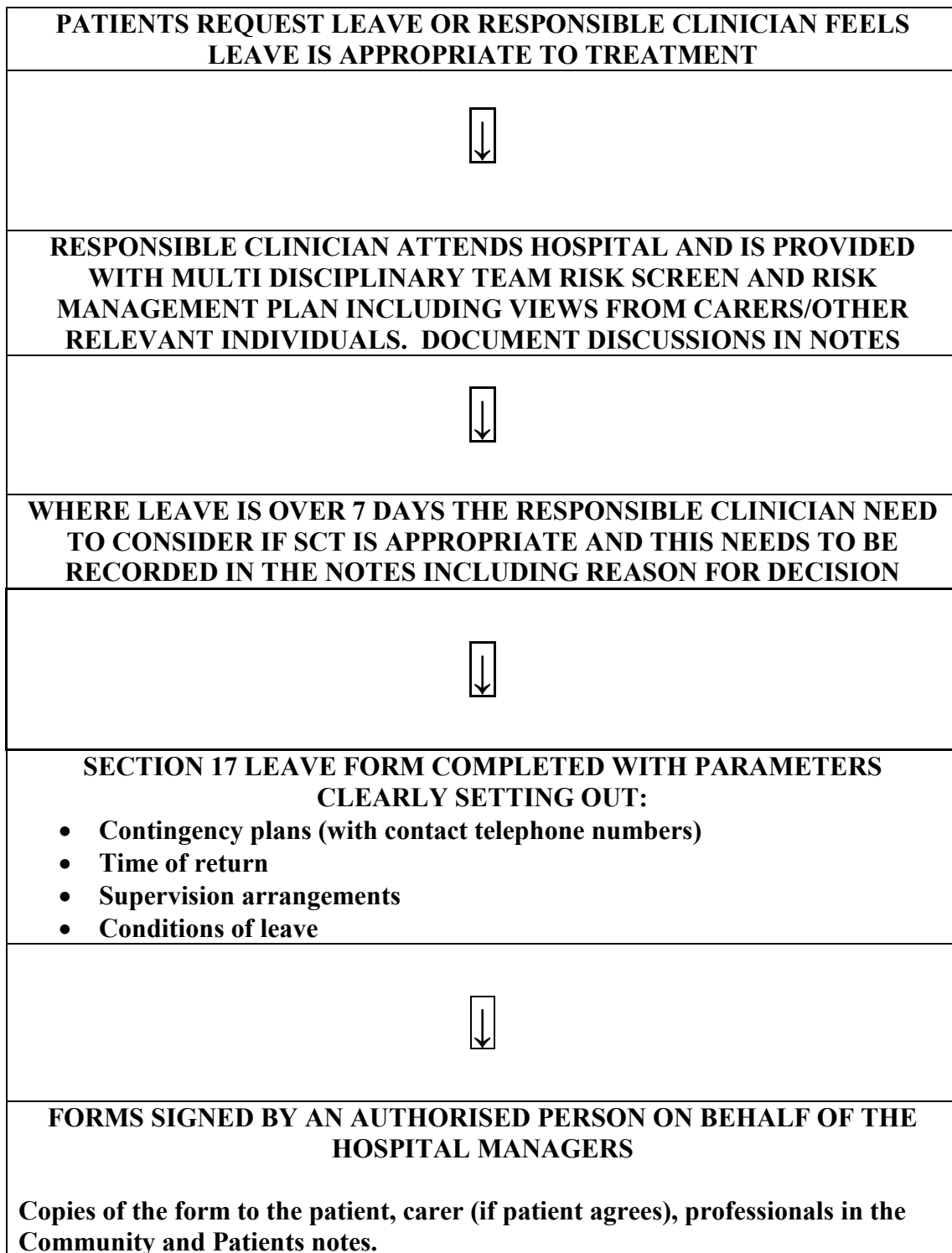
Where the conditions of leave have changed from those authorised on the original Section 17 leave, the Responsible Clinician must complete a new Section 17 leave form to cover the changed conditions and return the form to the Hospital Manager for the patient's file.

9. Monitoring and audit of use of Section 17 leave

The Hospital Manager will arrange for the monitoring and audit use of Section 17 leave, with particular attention to the documentation of care planning and risk assessment and authorised leave.

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NB If nursing staff prevent leave allowed, the Responsible Clinician should be informed as soon as possible.



SECTION 17 LEAVE OF ABSENCE FORM

TO THE HOSPITAL MANAGER

I.....(FULL NAME) am the Responsible Clinician for

.....(FULL NAME)a patient detained

Under Section.....of the Mental Health Act 1983 at.....

I authorise leave of absence under Section 17 (1) for the above patient as follows:

DAY LEAVE:

NATURE/PURPOSE
MADIMUM DURATION AND FREQUENCY

OVERNIGHT AND LONGER LEAVES:

NATURE/PURPOSE
DURING YOUR LEAVE YOU WILL RESIDE AT
MAXIMUM DURATION AND FREQUENCY

SUBJECT TO THE FOLLOWING CONDITIONS (PLEASE USE SEPARATE SHEET IF NECESSARY & ATTACH

WITH EFFECT FROM.....(DATE) (Time).....TO.....(DATE) (Time).....

I have considered SCT and have recorded in the notes my reasons why it is not appropriate in this case (for leave of more than 7 days) and have consulted with the relevant staff/relatives/carers/community services

**Signed.....Responsible Clinician
NB ONLY THE RESPONSIBLE CLINICIAN CAN AUTHORISE SECTION 17 LEAVE**

EXPLAINED TO THE PATIENT BY.....DATE.....

This leave and the conditions have been explained to me: Patients Signature.....

Received on behalf of the managers by.....date.....

Distribution – Original in Patients Notes and copies to all others concerned in the Patients Care