

## Patients Absconding from a Psychiatric Hospital

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**Functional Sub group** Clinical/ Patient Services - Mental Health

**Summary** Accommodating and Controlling Patients and Deciding on Level of Freedom

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**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared

**Distributed to** Dental Schools and Clinics, Health Professional Associations and Related Organisations, Public Hospitals

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

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**CIRCULAR**

<b>File No</b>	C10760
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<b>Contact</b>	Dr Thwaites

**Procedure in the event of Patients Absconding from a Psychiatric Hospital or Psychiatric Unit at a General Hospital**

The current policy attached is in respect of patients absconding. This policy points out that patients in psychiatric hospitals fall into the following groups in respect of the legal restraint under which they are held. The two groups are:

1. Prisoners Under Detention (Part 7 of the Mental Health Act).
2. Patients who have been admitted under Part 5 of the Mental Health Act and may be classified as:

Under Schedule (Section 12)  
Temporary  
Continued Treatment  
Voluntary  
Informal

In addition, however, patients do not represent a homogeneous group in respect of their illnesses and therefore the exact procedure to adopt must necessarily remain both a medical and individual matter.

Distributed in accordance with circular list(s):

**A**      **B**      **C**      **D**      **E**  
**F**      **G** 260 **H**      **I** 173 **J** 139  
**K**      **L**      **M**      **N**      **P**

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

The majority of patients who abscond from a psychiatric hospital simply walk out from open wards where no restraint is placed on their coming and going, or they simply do not return from leave.

Because of the very uniqueness of the possible situations that can arise, the highest standard of clinical acumen must be exercised. There is a need to regularly review procedures and policies of units and hospitals. It is essential that adequate communication and clinical discussion be carried out between members of staff so that the vagaries and likely consequences of the behaviour of all patients is widely known,

In the final analysis a great deal of the responsibility about the routine to be followed in the event of a patient being absent without leave must rest with the usual medical attendant of that patient. Therefore even if that particular doctor is not on duty or the situation occurs on a night or weekend, every effort should be made to consult him if there is any anxiety for the safety of the patient or of the public. When problems arise there should be no hesitation in seeking the advice of the appropriate senior professional.

The general policy remains that a balance must be struck between the needs of the patient and the need to protect the community.

H.C. EAGLETON,  
Secretary.

## Patients Who Abscond from Hospital

Patients in psychiatric hospitals do not represent a homogeneous group either with respect to their disorder or with respect to the legal restraint under which they are held. Two groups must be considered separately:

1. Patients under Detention (Part 7 Mental Health Act).
2. Patients who have been admitted under Part V of the Mental Health Act and may be classified as

Under Schedule (section 12)

Temporary

Continued Treatment

Voluntary

Informal

For certain very long-term patients who require security, Morisset can continue to provide a suitable environment, but where active investigation and treatment is needed and where the sentence is short, these services should be available in suitably appointed facilities within the secure perimeter of the penitentiary. Only in this way can the justifiable anxiety of the public be allayed while, at the same time, the interests of those citizens who require psychiatric treatment in our hospitals are protected.

The second group of patients are those who are not under any form of criminal sanction. There has been considerable misunderstanding about psychiatric patients and their treatment. I have previously discussed this problem with respect to those who are addicted to drugs. Of other psychiatric patients only a very small number require restriction of their liberty because they represent either a danger to themselves, or, in considerably fewer cases, a threat to the community.

The majority of patients who walk out of psychiatric hospitals do so from open wards where no restraint is placed on their coming and going. The decision to allow any patient freedom of movement; of any degree is always a matter of medical judgement. The officers of my Department have satisfied themselves that all the professional staff of our hospitals are fully aware of the need to exercise this judgement carefully and with discretion.

It should also be stressed that public alarm has at times been raised mistakenly, by the belief that certain harmless persons represented some social danger.

The need to regularly review procedures and policies in the observation section of admission wards has been stressed to all hospitals. This will not remove totally the likelihood that patients will walk out of hospitals nor can it be guaranteed that the exercise of even the best professional judgement will be infallible. It can be guaranteed, however, that those incidents which do occur are not the result of any attitude of *laissez faire* on the part of my officers. Each incident is carefully scrutinised and any negligence when detected suitably dealt with.

Finally, comment should be made on the purpose for which psychiatric hospitals are provided. The psychiatric hospital is designed to provide treatment for the mentally ill. Some patients will require custody while they receive treatment, but custody can only be continued for as long as any person is mentally ill. The psychiatric hospital is not a repository for the eccentric, for the nuisances of society, for non-conformists or the socially deviant unless such behaviour is the result of psychiatric illness which can benefit from treatment. The medical superintendent of each hospital is under an obligation to discharge any patient who is no longer mentally ill irrespective of whether he believes that illness may recur and irrespective of the possibility of antisocial behaviour of the discharged person. The policy is frequently misunderstood and yet is an important facet of preserving individual liberty within our society. It is just as important that a patient who does not need to be in a psychiatric hospital should be there as it is to ensure that those who require treatment receive it.”