# Management of Visitors to Acute Psychiatric Units and Mental Health Observation Areas Policy

## 1. Purpose

Maintaining positive relationships with family, carers and support persons during an admission can improve outcomes for mental health consumers. WA Country Health Service (WACHS) Acute Psychiatric Unit (APU) and Mental Health Observation Area (MHOA) staff are to actively encourage and facilitate contact with family members, carers, support persons and others to support the recovery of the patient.

This policy outlines the requirements for the management of all visitors to APUs and MHOAs. For the purposes of this policy, a visitor includes:

- a relative, friend, carer or other significant persons supporting the recovery of the patient
- personal support persons
- religious or pastoral care persons
- Traditional Aboriginal Healers and other cultural healers
- official visitors including Mental Health Advocates
- contractors and other service providers including Aboriginal Community Controlled Health Organisation staff
- legal representatives
- WA Police, Department of Communities and any other government agency representative required to undertake duties in relation to a patient in the APU or MHOA
- assistance, therapy or companion animals (refer to Animals in the Health Care Setting Policy

This policy is to be read in conjunction with the:

- *Mental Health Act 2014* (WA)
  - sections 261-262 and
  - Schedule 1 - Charter of Mental Health Care Principles
- Chief Psychiatrist's Standards for Authorisation of Hospitals under the *Mental Health Act 2014*
- Access Control Procedure
- Child Safety and Wellbeing Policy
- Sexual Safety Policy

## 2. Policy

### 2.1 Rights and Responsibilities

Under section 261 of the *MHA* (WA) mental health patients have a right to private, lawful and uncensored communications, including being able to see and speak to others in the hospital, being visited or contacted by others including the patient's legal representative at all reasonable times, and visits from and contact with, a mental health advocate at any time.

On admission, patients are to be provided with written and verbal information regarding their rights and responsibilities. This information is to include the process for facilitating visits and is to be included in the 'welcome to the unit' pack or consumer information.

Information regarding this policy is also to be provided to family members, carers, personal support persons and others at the earliest opportunity.

The patient has the right to refuse contact with a visitor at any time, and to raise concerns and make complaints regarding care, restriction of visits, and denial of rights. Staff are to support patients in contacting the Mental Health Advocacy Service (MHAS) and lodging feedback and formal complaints.

## 2.2 Environment

Visitor spaces are to be safe and welcoming, and signage at APUs and MHOAs is to clearly display visiting times, advise that Closed Circuit Television (CCTV) monitoring is in use, and that photography and videography are prohibited.

Privacy will be facilitated wherever possible unless risks to the safety of the patient or other persons are identified. These risks are to be managed in the least restrictive manner possible.

Visitors are restricted from entering patient communal areas and bedrooms. At the discretion of the person in charge of the ward, exceptions are to be considered on a case-by-case basis. Approvals of exceptions and the rationale are to be documented in the patient's healthcare record.

## 2.3 Safety Management

Visitors to the APU or MHOA are prohibited from bringing potentially harmful items into the unit. Signage and verbal advice from staff to visitors must clearly identify examples of prohibited items including:

- cigarette lighters, matches, vapes, drug paraphernalia and alcohol
- any item that could be used as a weapon
- unidentified substances in any form including tablets, pastes, plant materials, liquids, powders or crystalline, traditional herbal medicines including Aboriginal Bush Medicine. Refer to section 2.5 of the Medication Prescribing and Administration Policy and the Mental Health Personal Property Management Policy.

Visitors may be asked to consent to a search prior to entry to the APU or MHOA. Items given to consumers are to be subject to a search by staff. Refer to the Mental Health Search and Seizure Policy for further information.

Visitors who appear intoxicated on arrival are to be prohibited from entering the APU or MHOA and asked to return when they are no longer intoxicated.

Visitor behaviour must always be respectful. Threatening, intimidating, aggressive, sexually unsafe or sexually inappropriate, or abusive behaviours are not acceptable and must be reported to the shift coordinator at which time the following may be considered:

- visitor/s may be denied access or be asked to leave
- security services may be requested to attend

- WA Police may be requested to attend.

Where an incident of verbal or physical aggression by a visitor has occurred, a WACHS Safety Risk Report Form must be completed, and a Clinical Incidence Form if the patient is injured.

Where an incident occurs that causes a safety concern, staff must assess the risks posed to all persons on the ward and act to ensure the safety of all persons. This may result in moving the location of the visit, delaying a scheduled visit, or terminating a visit until the risk can be safely managed.

Staff must monitor visitor interactions for inappropriate behaviour (verbal, physical aggression, sexually inappropriate behaviours) and may terminate a visit if there is a risk to the patient or other persons.

Where the service is aware a Violence Restraining Order or Family Violence Restraining Order is in place, staff are to make all reasonable efforts to uphold the conditions of the order.

## 2.4 Restricting a Patient's Access to Visitors

Section 262 of the *MHA* (WA) allows a psychiatrist to make an order restricting a patient's access to visitors if the psychiatrist is satisfied that making the order is in the best interests of the patient. Where a psychiatrist has made an order restricting visits under the MHA (WA) s.262, a Form 12C Restriction of Freedom of Communication is to be completed in PSOLIS and reviewed within 24 hours. A copy of the form must be provided to the consumer and their carer, family member or personal support person.

All restrictions and arrangements regarding visits are to be clearly documented in the Treatment, Support and Discharge Plan (TSDP), consumer's healthcare record, and provided in clinical handover.

## 2.5 Children Visiting APUs and MHOAs

In accordance with the Charter of Mental Health Care Principles – Principle 11: Responsibilities and dependants, Mental Health Services must acknowledge the responsibilities and commitments of people experiencing mental illness, particularly the needs of their children and other dependents.

The safety and wellbeing of a children and young people is paramount, and considerations for children visiting the ward must include:

- risks to the safety or wellbeing of the child
- current court orders with conditions such as supervised access
- identified concerns for family or domestic violence
- the best interests of the child.

Children visiting the ward must be accompanied by an adult other than the patient. Exceptions are assessed on an individual basis at the discretion of the shift coordinator in consultation with the treating team.

Children are not permitted to access communal spaces in the APU or MHOA. Appropriate locations for the visit to occur include a family room, interview room, quiet space, private courtyard or outdoor space.

### 2.4 Facilitating Cultural Requirements

Family-centred practice is particularly important when working with people from diverse backgrounds. Many people from culturally and linguistically diverse communities have strong family and community ties, which are significant supports to recovery from mental illness.

**Aboriginal Cultural Requirements**

It is important to acknowledge that a person requiring an inpatient admission may have been transferred off-country to access services. As such, it is critical that staff of APUs and MHOAs facilitate Aboriginal patients' connection to country and family wherever possible.

Staff are to encourage contact with family, community, traditional healers, and elders. Consideration should be given to the suitability of visit locations to facilitate cultural practices.

Within WACHS, it is mandatory to offer the services of an Aboriginal Mental Health Worker (AMHW) in the patient's care from the first point of contact. Refer to the Aboriginal Mental Health Consultation Guideline and the WACHS MR23 Cultural Information Gathering Tool.

## 3. Roles and Responsibilities

**District Director** is responsible for ensuring policy implementation and monitoring.
**Consultant Psychiatrist** in collaboration with the multidisciplinary treatment team, is responsible for:

- providing clinical care in accordance with this policy, and
- assessing, enacting and reviewing restrictions on visits to patients on a case-by-case basis, in compliance with the requirements in s262 of the *MHA* (WA).

**APU or MHOA Clinical Nurse Manager** is responsible for:

- ensuring patients are provided with written and verbal information on their rights and responsibilities on admission, including the process for facilitating visitors
- ensuring processes are in place to provide visitors with information regarding the visiting process and times at the earliest opportunity, and
- ensuring Safety Risk Reports or clinical incident notifications are submitted and reviewed following incidents and near misses.

**Clinical Staff** are responsible for:

- escalating to the shift coordinator any clinical, WHS, or security incidents, near misses, and consumer complaints in relation to visits; and
- liaising with the Consultant Psychiatrist in relation to s262 of the *MHA* (WA).

**Aboriginal Mental Health Workers** are responsible for providing support to Aboriginal consumers, families, community and the multidisciplinary team to ensure cultural considerations are appropriately addressed.

**All staff** are required to understand and work within this policy to ensure that care is provided in line with all legislation, standards and policy documents.

# 4. Monitoring and Evaluation

## 4.1 Monitoring

Clinical incidents, complaints and safety risk reports related to this policy are to be monitored by the Clinical Nurse Manager and tabled at local governance meetings, with oversight by the Mental Health Central Office Safety, Quality and Risk Steering Committee.

Any incident that meets the criteria for a notifiable incident as defined by the *Mental Health Act 2014* (WA), must be reported to the Chief Psychiatrist in accordance with the Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist. The Office of the Chief Psychiatrist actively monitors and reviews reported notifiable incidents for all Health Service Providers.

The shift coordinator of the APU or MHOA is responsible for ensuring Safety Risk Reports are completed following incidents and near misses. WACHS Work Health Safety and Wellbeing team oversees governance, reporting and monitoring working with district teams.

The consultant psychiatrist in collaboration with the nursing team is responsible for monitoring documentation and timely reviews of a Form 12C Restriction of freedom of communication in effect.

## 4.2 Evaluation

Evaluation of this procedure is to be carried out by WACHS Mental Health in consultation with district leaders and local WACHS Mental Health Services.

Evaluation methods and tools may include:
- staff feedback / consultation
- carer and consumer feedback / consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

# 5. References

Foster, K., Isobel, S. Towards relational recovery: Nurses' practices with consumers and families with dependent children in mental health inpatient units. International Journal of Mental Health Nursing, Volume 27, Issue 2, April 2018, Pages 727-736 [Accessed 9 April 2024]

Government of Western Australia. *Mental Health Act 2014* (WA). [Accessed 9 April 2024]

Government of Western Australia, Clinicians' Practice Guide to the Mental Health Act 2014. Edition 3.3. Perth, Australia: Office of the Chief Psychiatrist; 2015 [Accessed 19 November 2024]

Mind Australia and Helping Minds. A practical guide for working with people with a mental illness. Perth, Australia: Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia, and Mental Health Australia. Available from www.chiefpsychiatrist.wa.gov.au [Accessed 9 April 2024]

Western Australian Department of Health, South Metropolitan Health Service (SMHS). Visiting in Mental Health Inpatient Areas Policy (FSFH-MENH-POL-0016). Perth, Australia: SMHS – Fiona Stanley Fremantle Hospitals Group; 2022 [Accessed 9 April 2024]

North Metropolitan Health Service Mental Health Procedure – Staff and Official Visitors Identification (14 November 2025)

Royal Perth Bentley Group – Visitor Management Policy (12 February 2022)

## 6. Definitions

| Term | Definition |
|---|---|
| **Acute Psychiatric Unit** | Acute Psychiatric Units (APUs) are hospitals authorised by the Chief Psychiatrist. |
| **Carer** | Defined by the *Carer's Recognition Act 2004* (WA) as an individual who provides ongoing care, support and assistance to a person with disability, chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide. |
| **Mental Health Observation Area** | Mental Health Observations Areas (MHOAs) are not authorised by the Chief Psychiatrist. |
| **Personal Support Person** | Personal support persons can be any of the following people who are supporting someone who is experiencing mental illness - close family member, carer, nominated person, the parent or guardian of a child and any guardian or enduring guardian of an adult (section 7 *MHA* (WA)). |
| **Visitor** | For this policy, a visitor is defined as:<br>• a relative, friend, carer or other significant persons supporting the recovery of the patient<br>• personal support persons<br>• religious or pastoral care persons<br>• Traditional Aboriginal Healers and other cultural healers<br>• official visitors including Mental Health Advocates<br>• contractors and other service providers including Aboriginal Community Controlled Health Organisations staff<br>• legal representatives<br>• WA Police, Department of Communities and any other government agency representative required to undertake duties in relation to a patient in the APU or MHOA<br>• assistance, therapy or companion animals. |

## 7. Document Summary

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| **Coverage** | WACHS Wide |
| **Audience** | Staff working in Acute Psychiatric Units and Mental Health Observation Areas |
| **Records Management** | Non-Clinical: Corporate Recordkeeping Compliance Policy<br>Clinical: Health Record Management Policy |
| **Related Legislation** | • *Carer's Recognition Act 2004* (WA)<br>• *Mental Health Act 2014* (WA) |
| **Related Mandatory Policies / Frameworks** | • MP 0095/18 Clinical Handover Policy<br>• MP 0166/21 Mandatory Reporting of Child Sexual Abuse Training Policy<br>• MP 0171/22 Recognising and Responding to Acute Deterioration Policy<br>• MP 0181/24 Safety Planning for Mental Health Consumers Policy<br>• MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy<br>• Clinical Governance, Safety and Quality Framework<br>• Mental Health Framework |
| **Related WACHS Policy Documents** | • Aboriginal Mental Health Consultation Guideline<br>• Access Control Procedure<br>• Acute Psychiatric Unit Clinical Handover Procedure<br>• Animals in the Health Care Setting Policy<br>• Child Safety and Wellbeing Policy<br>• Complaints Management Procedure<br>• Hazard and Incident Management Procedure<br>• Mental Health Cultural Information Gathering Tool (MR23)<br>• Mental Health Search and Seizure Policy<br>• Recognising and Responding to Acute Deterioration (RRAD) Policy<br>• Recognising and Responding to Acute Deterioration (RRAD) Policy<br>• Recognising and Responding to Acute Deterioration Procedure |
| **Other Related Documents** | • Australian Human Rights Commission National Principles for Child Safe Organisations 2019<br>• CAHS Child Safety and Protection Policy<br>• CAHS Guidelines for Protecting Children 2020 |
| **Related Forms** | • Mental Health Act Form 12C – Restriction on Freedom of Communication<br>• WACHS Safety Risk Report Form<br>• WACHS MR23 Cultural Information Gathering Tool |
| **Related Training Packages** | Nil |

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| **Aboriginal Health Impact Statement Declaration (ISD)** | ISD Record ID: 5460 |
| **National Safety and Quality Health Service (NSQHS) Standards** | 1.01, 1.02, 1.07, 1.08, 1.10, 1.11, 1.15, 1.33, 2.01, 2.03, 2.07, 2.10, 5.10, 5.34, 6.03, 8.01, 8.03 |
| **Chief Psychiatrist's Standards for Authorisation of Hospitals under the Mental Health Act 2014** | 1.19, 1.20. 1.31, 2.1, 2.3, 2.6, 2.7, 2.8, 2.36, 2.49, 2.51, 2.63, 4.0, 4.1. |

## 8. Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 1.00 | 26 November 2024 | 26 November 2024 | • Revised policy |
| 2.00 | 6 November 2026 | 6 November 2026 | • Updated include a wider range of visitors.<br>• Amended Section 3 Roles and Responsibilities to provide more clarity. Updated to new policy template.<br>• Included additional Definitions in section 6. |

## 9. Approval

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|---|---|
| **Policy Owner** | Executive Director Mental Health |
| **Co-approver** | Executive Director Clinical Excellence |
| **Contact** | Area Director Clinical Psychiatry |
| **Business Unit** | Mental Health |
| **EDRMS #** | ED-WA-26-420215 |

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