



Mental Health Visitor Management Policy

1. Purpose

Maintaining positive relationships with carers, family and support persons during an admission influences mental health and wellbeing and leads to improved outcomes for mental health consumers. WA Country Health Service (WACHS) Mental Health Services will actively encourage and facilitate contact with carers, family members, support persons, and other significant persons to support the recovery of the consumer.

This policy outlines the requirements for the management of visitors in WACHS Mental Health Inpatient Units (MHIU).

This policy is to be read in conjunction with the:

- [Mental Health Act 2014](#) (WA) s.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](#)
- WACHS [Access Control Procedure](#)
- WACHS [Child Safety and Wellbeing Policy](#).

WACHS Statement of Commitment

WA Country Health Service commits to providing children and young people with safe environments and accessible services that support them to be informed, speak for themselves, make choices, grow and thrive.

No matter their age, background, culture or abilities, when children and young people need help, we notice, we listen, and we respond.

Together, we aim to keep all children and young people safe. We are committed to the [National Principles for Child Safe Organisations](#).

2. Policy

2.1 Rights and Responsibilities

Under the [Mental Health Act 2014](#) (WA) s.261, consumers have a right to private, lawful and uncensored communication, such as being able to see and speak to others in the hospital and being visited or contacted by others, including a legal representative.

Consumers will be provided with written and verbal information regarding their rights on admission. This information will include the process for facilitating visitors. Information regarding the visiting process will also be provided to carers, family members and support persons at the earliest opportunity.

The consumer has the right to refuse contact with a visitor at any time.

Consumers have the right to raise concerns and make complaints regarding care, restriction of visits, and denial of rights. Staff will support consumers in contacting the Mental Health Advocacy Service (MHAS) and lodging feedback and formal complaints.

2.2 Environment

Visitor spaces aim to be a safe and welcoming environment, that facilitates cultural connections to country.

Signage advising of Closed Circuit Television monitoring, restrictions to use of photography and videography, and visiting times are to be clearly displayed.

Privacy will be facilitated wherever possible unless risks to safety of the consumer or other persons are identified, at which point risks will be managed in the least restrictive manner possible.

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

2.3 Safety Management

Visitors to the MHIU must not bring potentially harmful or prohibited items into the unit. Visitors are to be informed by signage and verbal advice from staff that certain items are potentially harmful or prohibited. Visitors may be asked to consent to a search prior to entry. Items given to consumers will also be subject to a search by staff. Refer to the WACHS [Mental Health Search and Seizure Policy](#) for further information.

Visitors who appear intoxicated on arrival may be denied entry to the Mental Health Service and asked to return when they are no longer intoxicated.

Visitor behaviour must be respectful at all times. Threatening, intimidating, aggressive or abusive behaviours are not acceptable and must be reported to the person in charge of the ward at which time the following may be considered:

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

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 temporarily terminating a visit until the risk can be safely managed.

Staff may terminate a visit if there is a risk to the consumer or other persons including as a result of mental state deterioration, escalation of agitation and arousal, or reasonable suspicion the visitor has provided unsafe items to the consumer. Any need to terminate a visit for safety reasons will be clearly and empathetically explained to the visitor and the consumer, documented in the healthcare record and communicated to the treatment team.

Where the consultant psychiatrist has made an order restricting visits under the [Mental Health Act 2014](#) (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.

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

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

2.4 Children Visiting the MHU

In accordance with the Charter of Mental Health Care Principles – Principle 11: Responsibilities and dependants, WACHS 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 child/children is paramount, therefore considerations for children visiting the ward should include:

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

It is not appropriate for children to access communal spaces on the ward. Consideration must be given for identifying an alternative appropriate location for the visit to occur e.g. family room, interview room, quiet space, private courtyard or outdoor space.

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

2.5 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 aids to recovery from mental illness.

Aboriginal Cultural Requirements

It is important to acknowledge that a consumer requiring an inpatient admission may have had to be transferred off-country to access services. As such, it is critical that Mental Health Services facilitate a connection to country wherever possible.

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

Where available, the support of Aboriginal Mental Health Workers is to be offered to consumers to facilitate culturally appropriate care.

3. Roles and Responsibilities

Clinical Director is responsible for:

- clinical leadership of the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Regional Mental Health Manager / Hospital Operations Manager is responsible for:

- providing managerial support to the MHIU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these
- monitoring the team performance against the agreed performance indicators.

Consultant Psychiatrist, in collaboration with the multidisciplinary treatment team, is responsible for:

- providing clinical care in accordance with this procedure
- assessing, enacting and reviewing restrictions of communication, in compliance with requirements stipulated in the *Mental Health Act 2014 (WA)*.

MHIU Clinical Nurse Manager in collaboration with the **Director of Nursing** (where applicable) is responsible for:

- identifying and communicating organisational and local ward clinical governance structures
- providing day to day monitoring of the ward clinical governance processes.

Clinical Staff are responsible for:

- delivering care within the scope of practice for registration and competence
- undertaking tasks as delegated or as scheduled by shift coordinator instructions
- escalating to the shift coordinator any clinical, OSH, or security incidents, near misses, and consumer complaints
- communicating immediately with the shift coordinator if there is any deterioration in a consumer's condition or when the delivery of care is outside of their scope of practice or competence
- liaising with the shift coordinator to communicate the consumer's condition and care, including deterioration in mental state.

Peer Workers and **Aboriginal Mental Health Workers** are responsible for:

- supporting and encouraging positive engagement between consumers, visitors, and the mental health service in collaboration with the multidisciplinary team.

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

4. Monitoring and Evaluation

4.1 Monitoring

Clinical incidents notified via the clinical incident management system (CIMS) under this policy are monitored through regional mental health governance meetings and 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 person in charge of the ward 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.

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

4.2 Evaluation

Evaluation of this procedure is to be carried out by the WACHS Mental Health directorate in consultation regional WACHS Health Services. This procedure is to be reviewed every five (5) years.

Evaluation methods and tools may include:

- staff feedback / consultation
- carer and consumer feedback / consultation
- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

5. Compliance

This policy addresses the mandatory requirement under the Chief Psychiatrist's Authorisation Standard 2.1 to comply with the [Mental Health Act 2014 \(WA\)](#) schedule 1 - Charter of Mental Health Care Principles, specifically *Principle 9: Factors influencing mental health and wellbeing*, and *Principle 11: Responsibilities and dependents*.

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to Section 26 of the [Health Services Act 2016](#) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. 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]

7. Definitions

Term	Definition
Visitor	A person attending the mental health unit with the express purpose of making contact with an admitted consumer. Persons may include carers, family members, support persons, and other significant persons supporting the recovery of the consumer. Staff members, contractors, in-reach service providers, and official visitors, such as police and mental health advocates, are excluded from the scope of this policy.

8. Document Summary

Coverage	WACHS Wide
Audience	Staff working in Authorised Mental Health Inpatient Units
Records Management	Non-Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Carer's Recognition Act 2004 (WA) • Mental Health Act 2014 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0095/18 Clinical Handover Policy • MP 0166/21 Mandatory Reporting of Child Sexual Abuse Training Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0181/24 Safety Planning for Mental Health Consumers Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services Policy • Clinical Governance, Safety and Quality Framework • Mental Health Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Access Control Procedure • Acute Psychiatric Unit Clinical Handover Procedure • Child Safety and Wellbeing Policy • Complaints Management Procedure • Hazard and Incident Management Procedure • Mental Health Search and Seizure Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration Procedure
Other Related Documents	<ul style="list-style-type: none"> • Australian Human Rights Commission National Principles for Child Safe Organisations 2019 • CAHS Child Safety and Protection Policy • CAHS Guidelines for Protecting Children 2020
Related Forms	<ul style="list-style-type: none"> • Mental Health Act Form 12C – Restriction on Freedom of Communication • WACHS Safety Risk Report Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3482
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	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.

under the Mental Health Act 2014	
----------------------------------	--

9. Document Control

Version	Published date	Current from	Summary of changes
1.00	26 November 2024	26 November 2024	<ul style="list-style-type: none"> new policy

10. Approval

Policy Owner	Executive Director Mental Health
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery
Contact	Area Director Clinical Psychiatry
Business Unit	Mental Health
EDRMS #	ED-CO-24-160680
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

This document can be made available in alternative formats on request.