Use of the De-escalation Suite Procedure - Geraldton

1. Purpose

The De-escalation Suite (the Suite) is a new approach that operationalises evidence-based de-escalation principles and practices by providing a low-stimulus environment that supports early intervention, sensory regulation, and collaborative care. The Suite is strictly voluntary and not an alternative to restrictive interventions. It is a short-term therapeutic intervention requiring the patient's ongoing consent and active staff engagement.

This procedure provides for the safe, therapeutic, and lawful use of the Suite that is in the Geraldton Mental Health Inpatient Unit (MHIU). The Suite is designed to support emotional regulation and reduce the need for restrictive practices, in accordance with the least-restrictive principle under the *Mental Health Act 2014* (WA). It provides a culturally safe space for healing.

2. Procedure

2.1 Use of the Suite

Patients are to be oriented to the Suite early in admission, and preferably during periods of emotional stability.

Use of the Suite is strictly voluntary and can be initiated by a patient or suggested by a staff member.

Patients may request access to the Suite when experiencing restlessness or pacing, irritability, withdrawal or heightened emotional distress.

Staff may suggest use of the Suite when early signs of distress are observed, including behavioural or postural changes, increased agitation or pacing.

To ensure equity of access to the Suite and to maintain it's short-term, therapeutic purpose, patients must return to the main ward once de-escalation support is no longer needed.

Aboriginal Cultural Requirements

Within WACHS, it is mandatory to offer the services of an Aboriginal Mental Health Worker (AMHW), Aboriginal Health Practitioner, and/or Liaison Officer when the patient identifies as Aboriginal. Refer to the Aboriginal Mental Health Consultation Guideline and the MR23 Cultural Information Gathering Tool.

2.2 Consent

Prior to entry staff must obtain the patient's consent. If patient consent is not provided, the Suite must not be used.

The Mental Health Restraint Policy or the Mental Health Seclusion Policy must be applied if:
- a patient is not able to leave the Suite at a time of their choosing
- any physical restraint is used.

2.3 Therapeutic Observations in the Suite

One staff member must be present when the Suite is occupied to provide continuous 1:1 visual observation, with other staff available to provide support if needed. Continuous visual observation must be maintained and documented using the Mental Health Therapeutic Observations Chart MR140M. Refer to the Therapeutic Observations in Mental Health Inpatient Units Policy.

The patient's presentation must be reviewed every 15–30 minutes and ongoing consent must be confirmed. Review by a Senior Nurse or Medical Officer is required when distress persists, risk increases, or the use of restrictive practices is being considered.

Once the patient is settled on the ward, staff should offer a debrief (where clinically appropriate) and update the patient's Treatment, Support and Discharge Plan (TSDP) to include triggers, early warning signs and successful strategies.

3. Roles and Responsibilities

The **Clinical Director** is responsible for assisting staff in the resolution of any issues that arise in the use of this procedure.

The **Nurse Manager** is responsible for ensuring all relevant staff receive appropriate supervision in the use of this procedure, and monitoring compliance.

Aboriginal Health Workers are responsible for providing cultural advice in relation to a patient's use of the De-escalation Suite.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Procedures are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies, procedures or guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Evaluation of this procedure is to be carried out by the Mental Health Directorate in consultation with the Geraldton Mental Health Inpatient Unit. A review of the Geraldton Mental Health Inpatient Unit Model of Care including the De-escalation Suite, will be undertaken after 12 months of operation.

Evaluation methods and tools may include:
- Dynamic Appraisal of Situational Aggression (DASA) data
- seclusion and restraint data
- Code Black data
- data on use of the Suite
- staff feedback and consultation
- carer and patient feedback and consultation

- survey
- compliance monitoring
- benchmarking
- reporting against organisational targets.

5. References

Azeem MW, Aujla A, Rammerth M, Binsfeld G, Jones RB. Effectiveness of six core strategies based on trauma informed care in reducing seclusions and restraints at a child and adolescent psychiatric hospital. J Child Adolesc Psychiatr Nurs. 2011 Feb;24(1):11-5.

Bowers, L. Safewards: a new model of conflict and containment on psychiatric wards. Journal of Psychiatric Mental Health Nursing. Feb 19, 2014. 21(6): 499-508. https://pmc.ncbi.nlm.nih.gov/articles/PMC4237187/

Daguman EIV, Yoxall J, Lakeman R and Hutchinson M (2025) Maximising relational capabilities and minimising restrictive practices in acute mental health units: the Safe Steps for De-escalation evaluation. *Front. Psychiatry* 16:1676743

Gerdtz M, Daniel C, Jarden R*, et al* Use of the Safewards Model in healthcare services: a mixed method scoping review protocol. *BMJ*

Lavelle, Mary & Ferreira, António & Dixen, Soren & Berring, Lene. (2024). De-Escalation in Mental Health Care Settings. 10.1007/978-3-031-61224-4_15.

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6. Definitions

Term	Definition
De-Escalation	The process of engaging the patient as an active partner in the process of assessment, treatment and recovery with the express purpose of alleviating their distress.
Therapeutic Observation	The purposeful engagement and gathering of information from patients receiving care to inform interventions and clinical decision making. Also known as 'visual observations' by other Health Service Providers.

7. Document Summary

Coverage	Geraldton Mental Health Inpatient Unit
Audience	Al clinical staff working in the MHIU who are involved in the assessment, care, and support of consumers experiencing emotional or behavioural escalation.
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Mental Health Act 2014* (WA)
Related Mandatory Policies / Frameworks	MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services MP 0101/18 Clinical Care Of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy MP0074/17 Clinical Care of People Who May Be Suicidal Policy MP 0095 Clinical Handover Policy Statewide Standardised Clinical Documentation (SSCD)
Related WACHS Policy Documents	Aboriginal Mental Health Consultation Guideline WACHS Prevention and Management of Workplace Violence and Aggression Policy Recognising and Responding to Acute Deterioration PRAD Policy Therapeutic Observations in Mental Health Inpatient Units Policy
Related Forms	Mental Health Therapeutic Observations Chart MR140M MR23 Cultural Information Gathering Tool
Aboriginal Health Impact Statement Declaration (ISD)	The completion of an Aboriginal Health Impact Statement and Declaration (ISD) is required for all new and revised policy documents. For further information, please see MP 0160/21 Aboriginal Health Impact Statement and Declaration Policy. ISD Record ID: 5824
National Safety and Quality Health Service (NSQHS) Standards	1.27,1.29,1.30,2.04,2.05, 2.06, 2.07, 5.03, 5.07, 5.10, 5.11, 5.12, 5.13, 5.14, 5.31, 5.33, 5.34
Chief Psychiatrist's Standards for Clinical Care	4.2.3, 4.2.4, 6.1

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	8 September 2026	8 September 2026	New procedure

9. Approval

Policy Owner	Executive Director Midwest
Co-approver	Executive Director Clinical Excellence Executive Director Mental Health
Contact	Policy Officer Mental Health
Business Unit	Mental Health Directorate
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This document can be made available in alternative formats on request.