Missing Person Policy

WA Public Mental Health Services

Title: MISSING PERSON POLICY – WA PUBLIC MENTAL HEALTH SERVICES

1. **Background**
   The purpose of this policy is to provide guidance to Western Australian public mental health services for the development of procedures aimed at reducing the likelihood of consumers going missing from services and at guiding the response of services when a consumer is determined to be missing.

2. **Scope**
   The policy relates to consumers of all ages who are under the care of public inpatient and community mental health services. It is applicable across all mental health settings to those persons who have:

   a) involuntary status under the *Mental Health Act 2014*, or

   b) voluntary status under the *Mental Health Act 2014* where there is sufficient concern about their safety or welfare or the safety or welfare of others, or

   c) been assessed and referred for examination by a psychiatrist.

   It is applicable in some non-mental health settings such as mental health transport services, Emergency Departments, general hospitals, and rural nursing posts, when a person has been accepted for care by a mental health service and there consequently exists a duty of care.

   The policy will find greatest application within inpatient units and hence context and reference within the policy most commonly relates to that environment.

   While legislation determines the responsibilities of services concerning restrictions that may be imposed on the movement of involuntary consumers, the principles and objectives expressed within this policy are relevant to all missing person events, whether the missing person is voluntary, involuntary or has been referred for assessment, under the mental health service's duty of care.

3. **Policy statement**
   Research shows that the risk of self-harm and suicide is increased when a person goes missing from a mental health service as is the risk of exposure to undesirable or unsafe situations (Stewart and Bowers, 2010). The wellbeing and safety of others, particularly the personal support person, may also be compromised.

The disruption to the person's treatment and care has significant implications not only for the individual and his/her care and recovery plans but also for the mental health service and other agencies, which are generally subjected to additional demands. The policy, therefore, promotes the development and implementation of practical measures to try to minimise missing person events, including the systematic use of knowledge and experience gained from the analysis of missing person events.

3.1 Values informing this policy
The principal values underpinning this policy are:

3.1.1 Duty of care
Services have a duty to ensure that care and treatment is delivered in a safe environment for consumers entrusted to their care, irrespective of whether they are voluntary or detained under a section of the Mental Health Act. By going missing, the person may be placed in a position that puts his/her welfare and safety at risk, or that of their personal support persons. All people who go missing from a hospital need to be followed up regardless of their legal status. However, the level of urgency and type of response should be guided by an assessment of the risks to the person or others, not simply by his/her legal status. In exercising this duty of care, services need to ensure that a person's personal support person(s) is involved and kept informed of developments.

3.1.2 Person-centred care
Person-centred care is an holistic approach to delivering care that is respectful, individualised and empowering. It involves an understanding and consideration of each person's unique needs and circumstances, including his/her culture, beliefs, values, traditions, family situation, social circumstances, lifestyle and preferences in order to better support the person to participate in decision-making to the fullest extent possible or desirable in his/her own care. Empowering consumers through recognition and respect for their individual preferences, strengths and abilities, increases their sense of autonomy, which may well reduce the likelihood of them going missing from care. Special attention should be paid to the requirements of Aboriginal consumers with regard to the above.

3.1.3 Recovery-focus
Personal recovery is defined within the Australian National Framework for Recovery-oriented Mental Health Services as *'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'* (Commonwealth of Australia, 2013). An important element of personal recovery is individuals taking more responsibility and control over their own lives. While recognising that people must be able to be cared for and work in safe environments, it needs to be recognised that all risks cannot be eliminated and attempts to do so may come at the cost of increased restriction of peoples' freedom and interference with their recovery.

Compulsory admission, particularly a first admission can arouse fears and promote a sense of powerlessness. Regardless of legal status on admission, it is important that care is provided in the least restrictive environment and that consumers are given as much choice and control over what happens to them as is possible within the limits of their safety and that of others. By increasing a consumer's sense of autonomy, this approach promotes trust and reduces the likelihood of going missing from care.

3.1.4   Recognition of personal support persons

The engagement of a person's personal support person in all stages of the consumer's treatment and care should be routine unless the person refuses to consent to their involvement. A personal support person may play an active role in reducing the risk of the person going missing or be able to encourage the person's return to care.

3.1.5   Continuous improvement

Research has found that consumers go missing from hospital for many reasons including concerns about ward milieu, communication difficulties with staff, reluctance to participate in treatment as well personal or family relationships and responsibilities (Stewart & Bowers, 2010). Services should aim to engender a culture in which clinicians seek to learn from the these events, not only to improve the management of individual consumers, but to try to improve the quality of services and reduce the likelihood of people going missing from their services. In this respect, the person and their personal support person can often provide valuable information and advice from their lived experience. Team review and periodic audits can identify broader lessons learned for continuous improvement.

3.2 Objectives

The aim of this policy is to encourage discussion by local mental health services about the issue of consumers going missing from their services and to devise shared views and practical ways to achieve the following objectives:

3.2.1   Engagement with consumers and their personal support person

In many cases, the motivation for consumers choosing to separate from mental health services has little to do with their mental state and more to do with meeting everyday needs (Stewart & Bowers, 2010). While someone may be receiving suitable treatment for their mental health condition, frequently the factors that are responsible for them going missing may not be known to the service or may have been overlooked or ignored.

Services should try to reduce the risk of consumers becoming missing persons by orientating newly admitted people to their service, encouraging routine, daily, proactive engagement by staff to settle the consumer on the ward and to address treatment and social issues. Clinicians should have a close understanding of the individual's concerns, ambitions and plans as well as their needs, resourcefulness and individual strengths (Bartholomew et al, 2009).

The consumer and their personal support person should be engaged in the development of their care plan, including an understanding of intended timeframes around their treatment (i.e. discharge date, potential change of leave or mental health legal status) and should not be subject to unnecessary restrictions while receiving care.

Risk management interventions should be implemented in partnership with the consumer and their personal support person. The aim should be to plan care within a therapeutic alliance with the mental health consumer.

3.2.2 Risk minimisation

In operationalising strategies aimed at reducing the risk of people going missing from inpatient units, community centres or Emergency Departments, attention should be paid to the appropriateness of the environment and whether it provides a positive treatment setting, offering least restrictive care, ensuring that processes and measures are in place to avert missing person events in high risk situations. Importantly, any potential for misunderstandings the consumer may have about expectations and responsibilities should be addressed.

3.2.3 Reporting, coordination and notification

Efficient, uncomplicated reporting and notification processes are required using standardised reporting structures with supporting documentation to enable the escalation of an effective response by the mental health service, police and other services or agencies. Clear processes should exist to ensure the personal support person is notified and consulted as a potentially important source of information, kept up to date about events in a timely way and referred to supports if required.

3.2.4 Improvements to practice

There should be provision at both local service and state levels to learn from all missing person events to better inform policy and practice.

3.3 Procedures

Mental health services are required to develop their own procedures and documentation to align with this policy. The factors described below should be considered in providing guidance for clinicians.

3.3.1 Risk and safety

Whether on a ward, in the community, in a clinic or in an Emergency Department, an early assessment with regular reassessment, should be made about the risk that the person will go missing. This should include consideration of the possible consequences if they do (Bartholomew et al, 2009). Risk management interventions should, wherever possible, be implemented in partnership with the consumer.

Practical advice and strategies should be identified and implemented in discussion with the consumer and personal support person, to help reduce the likelihood that the person will go missing and maintain the consumer's safety.

3.3.2 The team
Prevention of people going missing is fostered by a partnership approach in care between the consumer, their key support person, their mental health team and others involved in the person's care planning and delivery across all stages of care.

The quality of communication and relationships established are key to understanding the person and their situation and developing effective care and treatment approaches.

Mental health services should foster a culture where consumers are treated respectfully, welcomed and fully oriented to their environment, and where practices and routines are explained so that consumers know what to expect.

3.3.3 The ward, clinic or Emergency Department environment
Consideration should be given to environmental factors to ensure that the surroundings are safe and culturally appropriate, clean and welcoming and ensure adequate privacy. Wherever and whenever possible, a person's choices on matters such as visiting, access to personal belongings, cultural or religious practice, relationships, leave arrangements and smoking practice, should be respected.

Consideration should be given to the suitability and duration of stay in an environment such as an Emergency Department as there is evidence that mental health consumers kept in emergency departments for extended periods are more likely to go missing.

3.3.4 Decisions about leave
As soon as the consumer is admitted to the ward, a decision should be made by the treating psychiatrist, in consultation with the treating team, about the type of leave that is to be available. This decision should be made in partnership with the consumer and their personal support person. Consistent with the principles of duty of care and least restrictive practice a person should be allowed as much autonomy as reasonably possible (Muir-Cochrane, 2012). The decision should be based on assessment of clinical state, risk to safety, capacity for informed consent and decision-making, having regard to the consumer's individual needs, wishes and preferences. In addition, where leave is restricted, clear decisions should be made about the type and timeframe of any response by staff should the consumer go missing. The consumer should be advised of when the leave restrictions are to be reviewed.

This information should be documented in the consumer's clinical file and be readily available to ward staff. It should be regularly reviewed in consultation with the consumer and amended if circumstances change for the consumer or the ward in general to ensure that it is neither inappropriate nor obsolete. The personal support person should be notified and their views considered in this review.

3.3.5 **Before, when and after a consumer goes missing**
The procedures should specify the philosophy and practice of welcoming, informing, listening to and settling a consumer into the care setting. They should highlight the importance of genuine engagement as a partnership tool to enable an accurate assessment of the consumer's situation and any anxieties to better inform judgements about maintaining the person's safety. The clinician should explore with the consumer any concerns for dependants, home security, pets, financial or other matters that might cause them to leave the ward.

The importance of the person's personal support person should be recognised in terms of what they mean to the person, their need to be aware of current events and the potential value of their contribution in locating a missing person and persuading them to contact mental health services. All these roles should be reflected in local service guidelines and processes defining how missing person events should be handled.

If a consumer goes missing from a clinic, inpatient or community setting or Emergency Department, an assessment should be completed at that time to quantify the risk the individual poses to self and others which should be used to inform notification and reporting processes and guide the level of urgency of response required.

There should be guidelines to clearly indicate the processes to be followed (both initial and ongoing) and also the steps to be taken when the person is subsequently located including local, area and state reporting requirements. These should make reference to the standard reporting forms used to notify the police (i.e. 'Absent Without Leave / Missing Mental Health Patient Report Form' and 'Absent Without Leave / Missing Mental Health Patient Located Form').

Requirements for reporting and notification to the personal support person, services and other agencies (including timeframes) and the maintenance of ongoing communication with those parties should be made clear to staff. Also expectations should be clarified about persistence by the ward and / or treating team in sustaining attempts to contact the person in the case of a prolonged absence.

Consideration should be given for the provision of support and de-briefing of staff when a person goes missing.

The returning person should be interviewed (with their personal support person if possible) to determine the reasons why they went missing and to review care arrangements as required. A physical health check and a full risk assessment should be conducted and there should be a review of the care plan with the consumer.

Inpatient services will have existing guidelines dealing with security and prohibited items that are applicable to the returning consumer and these should be reviewed in the light of this policy.

3.4 Routine investigation and analysis

A timely post-return interview should routinely be conducted with the missing person and personal support person to examine the reasons and any contributing factors.

There should be formal, routine review and analysis of missing person events which should be conducted by a standing group including representation from mental health service management, ward staff, consumers and personal support persons. The goal should be learning and the process should focus on potential systemic improvements and safety for patients and staff.

A similar process should also be applied to missing person events that occur in community, clinic or Emergency Department settings. Importantly a mechanism for feedback to staff should be included in the process.

Periodic reviews of missing person incidents should be incorporated into service governance reviews to identify patterns or factors. This information should be made available for analysis at state level to inform changes to treatment processes and the treatment environment and to provide global feedback to services.

4. Definitions

Missing Person	The single term used throughout this document to describe someone who has left the care of mental health services without prior knowledge, notification or agreement or, in the case of involuntary patients, authorisation, is 'missing person' regardless of their mental health legal or leave status. Some terms which may be used by other agencies (e.g. 'absconder') have negative connotations and therefore have not been used.
Personal Support Person	'Personal support person' can be taken to mean a close family member, a parent or guardian of a child, a guardian or enduring guardian of an adult, a carer or a person nominated as such by a consumer. There may be more than one personal support person.

5. Responsibilities

This policy provides 'minimum specification' and is not intended to be a detailed set of procedures. It is intended that these are to be developed by individual services to meet their specific requirements. In developing their guidelines or procedures, it is expected that local services are to review their existing documentation and develop or amend it as required to ensure that it is aligned with the principles and objectives of this policy. This 'minimum specification' approach to policy development has been adopted not only to provide room for innovation, but also to

".... encourage discussion about how they … [the aims and objectives] … are to be achieved, thereby increasing connectedness and facilitating shared views of what is to be done". (Minas, 2005).

6. Compliance

All mental health services across Western Australia have responsibility to ensure that they develop procedures to address the requirements in Sections 3.2 and 3.3 above in order to comply with this policy.

Fresh approaches should be developed to stimulate a culture among staff that recognises the consumer as an individual and considers their everyday experience, their aspirations and their concerns as an important aspect of how they are to benefit from their treatment.

7. Evaluation

The policy should be reviewed and evaluated after three years or earlier if significant amendments become necessary.

Local services should review and evaluate the procedures that they introduce to align with this policy by regularly monitoring the number of missing person events that have occurred at twelve months and again at twenty four months after those procedures have been implemented. Comparing these figures with former levels has the potential to provide an indicator of the effectiveness of the policy and the local procedures.

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