



Standing Committee on Health and Community Wellbeing

Inquiry into Annual and Financial Reports 2022-2023

ANSWER TO QUESTION TAKEN ON NOTICE

Asked by **MR ED COCKS MLA** on 21 November 2023: **MINISTER DAVIDSON** took on notice the following questions:

Reference: Hansard uncorrected proof transcript 21 November 2023 [PAGES 13-14]

In relation to: Absconding patients

1. Can you tell me, when patients have absconded or been uncontactable during a period of leave—it is a proportion of the number of incidents. How often do they return voluntarily?
2. Could you also perhaps look at and let me know what was the average time a patient was missing after absconding, and what the longest time was that a patient was missing? Are you able to take those on notice or provide information there?

MINISTER DAVIDSON: The answer to the Member's question is as follows:

The granting of leave from a Mental Health unit facilitates several important functions:

- Reintegration back into the community; individuals with or without a carer or support person, will have the opportunity to reintegrate back into their individual community environment for a trial period.
 - To be utilised as part of an individual's ongoing treatment plan and/or assessment process, with the overall goal being supported discharge.
 - To support and encourage individuals in carrying out important activities or business, such as a gradual return to work, attending appointments, and engaging in the community.
 - To assess the suitability for a longer period of leave; for example, progressing from day leave to overnight leave, accompanied leave to unaccompanied leave, and
 - To help individuals gain confidence in preparation for discharge; the granting of leave provides individualised support and monitoring for the individual to progress towards their estimated discharge date (EDD).
1. In some instances, when necessary, the Canberra Health Services (CHS) treating team may contact individuals on leave to conduct welfare checks, this is dependent on the nature of the intended leave. However, in most cases and during short day leaves, CHS does not make contact with individuals on leave. CHS will also conduct welfare calls and contact a consumer

once it is determined they are late returning from leave. If the treating team is unable to successfully contact the consumer, the approved next of kin is then contacted. If attempts to contact both the consumer and next of kin are not successful in determining a return, an AWOL process is initiated as per the Operational Guidelines or procedures pertaining to the appropriate inpatient facility within CHS.

Unfortunately, CHS is unable to provide the exact number of people who return voluntarily without reviewing the clinical records of every person admitted during the financial year. This would necessitate an unreasonable diversion of resources.

2. Consistent across CHS, the maximum period a consumer can be considered AWOL is 48 hours. After this time, if the consumer has not returned, either voluntarily or involuntarily, they are typically 'discharged' from the unit via the electronic medical record. If consumers are located or self-present after the 48-hour period, they are considered for readmission to the specific unit if clinically indicated. If it is deemed that the consumer requires admission to a more restrictive environment to reduce the likelihood of absconding again, they may be transferred from a subacute to an acute inpatient environment.

CHS is unable to determine the average length of time a consumer is AWOL without reviewing the clinical records of every person admitted during the financial year. This would necessitate an unreasonable diversion of resources.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: *Emma Davidson*

Date: 3 January 2024

By the Minister for Mental Health, Ms Emma Davidson MLA