

WELSH GOVERNMENT GUIDANCE FOR IN-PATIENTS LEAVE FROM MENTAL HEALTH OR LEARNING DISABILITY UNITS DURING COVID-19

Patients detained under the Mental Health Act 1983 (the Act) can only leave the hospital where they are being treated when granted leave of absence by the patient's Responsible Clinician under s17.

For restricted patients this must be within the limits of the leave agreed by the Ministry of Justice. Responsible Clinicians cannot grant leave of absence from hospital to patients who have been remanded to hospital under sections 35 or 36 of the Act or who are subject to interim hospital orders under section 38, these patients can only be given leave by the court.

The situation caused by the COVID 19 pandemic has caused a need to review the arrangements for the granting and management of section 17 leave for patients detained under the Mental Health Act (1983) and for leave generally, for informal patients. Section 17 leave is an important part of a patient's care and it forms an essential step in moving towards recovery but it can also be a time of potential stress for patients, carers and services and these risks must be carefully balanced against the benefits of the leave. Assessment of the risks of introducing Covid 19 to the ward versus the risks involved in denying a patient an important opportunity to progress towards their recovery is a careful and sensitive balance.

The objectives of this guidance are:

- (a) to provide clear guidance for staff, patients, their relatives and advocates at all in-patient units across Wales in terms of permitting s17 leave within safe boundaries
- (b) to ensure that the practice with regard to leave is consistent across all in-patient units across Wales and complies with UK/Welsh Government advice.

It requires consideration of the following questions and frameworks:

- Is this the least restrictive option for the patient?
- Does this decision compromise the person's Human Rights?
- Does this decision compromise the Human Rights of others?
- Does this decision restrict the patient's Human Rights to a greater degree than the rest of the population at this time?
- Does this decision reflect the organisation's duty of care to the individual, to its staff and to the public in general?

MHA (1983) Code of Practice for Wales 2016 (revised)

This advocates no blanket restrictions and that the least restrictive option is always followed

The Human Rights Act (1998):

Protects an individual's rights as a citizen of the UK. Articles 2: Right to Life; 3: Freedom from torture, inhuman or degrading treatment; 5: Right to liberty & security and 8: Family Life are particularly relevant in considering leave under usual circumstances

Duty of Care

Health and Social Care professionals have a duty to always act in the best interests of the patient. This duty also extends to staff and to the public. There is evidence that a significant proportion of the people who access mental health and learning disability services have comorbid physical health problems which would place them at higher risk of illness if they were to contract COVID 19 (eg, obesity, diabetes)

Current Public Health measures

The patient is bound by current Public Health measures in the same way as the rest of the population

Emergency legislation:

Some of the emergency legislation passed as the Coronavirus Act (2020) *may* also indirectly impact on the guidance.

The Guidance for all in-patients:

- The MDT should consider the threshold for discharge for each in-patient and what factors must be met/ demonstrated to achieve this as soon as possible
- Daily leave can now be granted outside of hospital grounds and *may* include all areas available to the general public, however this determination will need to be based on a number of factors:
 - the physical environment/location of the ward/hospital
 - type of environment (e.g. rehabilitation, acute)
 - therapeutic value
 - vulnerability of the patient
 - status of the ward re COVID
 - ability of the patient to comply with WG advice – an assessment of the person's capacity may be indicated
 - the status of the leave location re COVID.
- Leave will be granted in line with current Welsh Government and Public Health Wales guidance – nb, this advice may vary with time and place
 - maintain 2m (6ft) distance from anyone who does not reside in your 'home' (ward in this case) notwithstanding support needs of some people
 - patients must be offered face coverings particularly if likely to be in an environment where 2m distance cannot easily be maintained
 - the principle of 'if meeting one other household, stay outdoors and stay local' should be considered and adhered to as far as reasonably practicable
- Hours of leave should be granted based on clinical presentation and ability to comply with advice
- The risk assessment around un/escorted leave will include an assessment of the person's ability to understand, retain and comply with the stipulations above e.g. maintain a 2m distance from others
- No-one should be car-sharing unless clinically required (please also see the Conveyance under MHA and PPE guidance 27.3.20)
- Home leave still requires very careful consideration and should include an assessment of the needs of others at the person's home including those who are shielding/ more at risk from COVID and practical considerations such as how the person will shop, collect medication etc
- Patients who are due to embark on leave from the unit should be advised of the screening actions (following) that will be undertaken upon their return to the unit.
- Anyone currently on leave and due to return to the unit must be contactable by phone in order to ensure prior to return that they have not developed one or more of a new, persistent cough, high temperature, or anosmia
- Anyone who returns to the ward unexpectedly or before the phone contact must be asked the same questions **prior** to entering the unit.
- Anyone who has been on leave and returns to the ward:
 - must wash/sanitise their hands prior to leaving and immediately on return to the ward

- Should have observations (especially temperature) taken immediately on return to the ward
 - Should be encouraged to change and wash their clothes, particularly if they have been to a more highly populated area
- Anyone who develops symptoms after returning from leave should be isolated immediately and pathway for suspected cases followed
- All units must have areas designated for isolation of people who are symptomatic either on the ward or following leave. These areas must have full regard to the patient's needs and requirements.
- Patients currently on 'long-term' leave, or on leave with a view to discharge should be reviewed in the community and not return to wards for reviews (due to increasing risk of cross infection). Anyone on 'long-term' s17 leave should be reviewed as soon as possible with a view to being discharged/ discharged to a CTO.
- As soon as someone is mentally well and stable; consideration should be given to early discharge and care plan developed/updated to identify related support
- Leave should be granted to attend essential medical appointments that cannot be facilitated on the ward
- It may regrettably become necessary to cancel all s17 leave (other than to attend medical or dental appointments) if the circumstances of total lockdown occur.
- Patients who leave the ward without permission, whether detained patients or not, should be managed in the same way upon return to the ward.