

Covid-19: Interim arrangements for Section 17 leave



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<p>Situation</p>	<p>As the government advice in relation to staying safe during the COVID19 response has escalated it has been necessary to review the arrangements for granting and managing section 17 leave for those in our services detained under the Mental Health Act (1983).</p> <p>The UK government has given explicit advice on when people should leave their homes and why (29th March 2020): https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do</p> <p>To buy food, medical supplies, for work (as an essential key worker) for exercise.</p> <p>We should leave our homes as little as possible during these restrictions.</p> <p>There are specific recommendations on how people should behave when they are outside:</p> <ul style="list-style-type: none"> • stay 2 metres apart from others • only stay outside for as long as necessary • exercise once a day for 30 minutes • do not gather in groups or meet people who do not live in our own household <p>When we return to our homes we should wash our hands for at least 20 seconds.</p> <p>Not all members of the public have adhered to the restrictions. The police have been monitoring and fining people who have travelled unnecessarily or gathered in groups.</p>
<p>Background</p>	<p>Having access to the community, fresh air, space and personal time as a detained person is an important part of the person's journey to recovery and to their ongoing mental health and wellbeing needs.</p> <p>Section 17 leave gives formal permission for a person who is detained in hospital to be absent from the hospital for a period of time.</p> <p>Under Section 17 of the MHA the person is granted leave with specific stipulations as to where they can go and how long for. The Responsible Clinician works with the individual and the multi-disciplinary team to set the conditions of the leave.</p>

	<p>The person can be recalled to hospital if necessary in the interests of their health or safety or for the protection of other.</p> <p>These restrictions have presented an ethical dilemma for Mental Health & Learning Disability in-patient units in considering the legal and ethical frameworks of granting leave. It is important that those people in our services are supported in as least restrictive way as possible and are not subject to harsher measures than the general public by default of being within services.</p>
<p>Assessment</p>	<p>ABUHB liaised with all health boards in Wales and gathered information about restrictions in place. By 27th March 2020 all health boards in Wales had stopped Section 17 leave. ABUHB developed recommendations for their own health board and shared these recommendations, they have been circulated within the MH and LD DU in Swansea Bay UHB and colleagues have reflected that the recommendations are relevant and appropriate to our health board.</p> <p>The recommendations proposed consider the following frameworks:</p> <p>MHA (1983) Code of Practice for Wales 2016 (revised) This advocates no blanket restrictions and that the least restrictive option is always followed</p> <p>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</p> <p>Duty of Care Health and Social Care professional have a duty to always act in the best interests of the person, staff and members of the public.</p> <p>Current Public Health measures Public Health measures apply to the whole population</p> <p>Emergency legislation: Some of the emergency legislation passed as the Coronavirus Act (2020) may also indirectly impact on the recommendations made.</p> <p>When considering the recommendations it is essential that we consider:</p> <p>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 more so 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?</p>

<p>Recommendation</p>	<p>The Mental Health and Learning Disabilities' COVID-19 Silver Group is asked to consider the recommendations and agree as interim guidance for the management of section 17 leave.</p> <p>For All In-Patients:</p> <ul style="list-style-type: none"> • 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 • The persons capacity to understand social distancing must be discussed and documented • Daily leave will only be granted within hospital grounds to reduce the risk of infection to the in-patient population, staff group and the general public. Consideration needs to be given to the physical environment/location of the ward/hospital. • Leave will be restricted to 30 minutes per day: in line with current UK Government guidance • Home leave will not be granted <p>Anyone who has been on leave and returns to the ward:</p> <ul style="list-style-type: none"> ○ 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 • Anyone who develops symptoms after returning from leave should be isolated immediately and pathway for suspected cases implemented • All Mental Health and Learning Disability wards will be locked at this time. <p>Detained patients</p> <ul style="list-style-type: none"> • Those currently on 'long-term' leave, or on leave with a view to discharge should be reviewed in CMHT buildings 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 <p>Responsible Clinicians will need to update s17 documentation to reflect the changes to leave <u>as a matter of urgency</u>. This is to remove any ambiguity and to ensure that all staff are not unduly placed in a difficult position.</p> <p>Informal patients</p> <ul style="list-style-type: none"> • If an informal patient insists on leaving the ward, the person's mental state should be assessed and the risk that leaving poses, and consider their powers under Section 5.4/ 5.2.
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	<ul style="list-style-type: none">• If the person does not meet the criteria for detention, and insists on leaving they should be asked to Discharge Against Medical Advice. Relevant documentation MUST be completed. <p>It is recommended that accessible information is developed for people and their relatives that reflect these recommendations an example is provided.</p> <p>Ward-based staff should sensitively discuss this position and the rationale for it with all in-patients and their supporters.</p> <p>The recommendations will be reviewed in two weeks when the UK Government reviews its policy on social distancing and self-isolation</p>
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Coronavirus

You must stay at home



Stay at home

We must stop the disease spreading. Only leave home for :

- * Shopping essentials
- * Exercise once a day
- * Medical or care needs
- * Travel to work if you have to



No more meeting friends.



No visiting family in other places.



No groups of more than two people in public.



Most shops are closed. Events are cancelled. Funerals are allowed.



The government have asked everybody to only go outside if they absolutely have to.
We have had to make changes to Section 17 leave.
We will review this in two weeks when the government tell us more.
We know this is frustrating, talk to the staff for support.