Mental Health and Wellbeing Act 2022	Local Patient Identifier
Sections 52 - 56	FAMILY NAME
MHWA 144	
Direction to restrict right to	GIVEN NAMES
communicate	
	DATE OF BIRTH SEX GENDER
Mental Health Statewide UR Number	Place patient identification label above
nstructions to complete this form	
<ul> <li>satisfied that the restriction is reasonably necessary to panother person.</li> <li>An Authorised Psychiatrist or Delegate must ensure any restrictive possible to protect the health, safety and well</li> </ul>	th and Wellbeing Act 2022 only apply to a person on an only be made if the Authorised Psychiatrist or Delegate is protect the health, safety and wellbeing of the inpatient or of y restrictions to an inpatient's right to communicate are the least lbeing of the inpatient or of another person. chiatrist or Delegate on a regular basis and be immediately revoked s right to communicate with: • a non-legal mental health advocacy service provider or a mental health advocate; or • the DFFH Secretary, if that Secretary has parental responsibility for the inpatient under a relevant child protection order; or • a prescribed person or body. FAMILY NAME (BLOCK LETTERS) ealth Service an Inpatient Assessment Order Secure Treatment Order Apprehended Non-Custodial Supervision Order another person; and the person & another person
4. Reasons for the restriction:	

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<ul> <li>6. I have had regard to:</li> <li>the views and preferences of the inpatient and their reasons</li> <li>the inpatient's advance statement of preferences</li> <li>the views and preferences expressed by the inpatient's nominated support person</li> <li>the views of a parent of the inpatient, if the inpatient is under the age of 16 years (please indicate I all persons consulted)</li> </ul>	<ul> <li>the views of a guardian of the inpatient</li> <li>the views of a carer of the inpatient, if making this direction will directly affect the carer and the care relationship</li> <li>the views of the Secretary, Department of Families, Fairness and Housing if that Secretary has parental responsibility for the inpatient under a Relevant Child Protection Order</li> </ul>
7. Date and time right to communicate restricted	date at: time 24 hour
Signature:	Date:
Signature of Authorised Psychiatrist or Delegate	
Given Names:	Family Name:
This restriction was revoked date	at: time 24 hour
Reasons to revoke the restriction are:	
Signature:	Date:
Signature of Authorised Psychiatrist or Delegate	
Given Names:	Family Name:

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	n:-		/A 144 estrict right to	GIVEN NAMES						
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MHWA144			atewide UR Number	Place p	patient id	entifica	ion labe	l above		
<u>è</u> F			internal use only)							
tl a	Frequency of his could be as a time e.g	expressed								
h	nour etc									
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	Date:	Time:	Cor	nments			Staff	name	De	egatior
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Ne	kt steps	·							
	r making this direction:								
1.	tell the person on an inpatient order that this direction has be	en made;							
2.	explain the reason for the restriction on their right to commun								
3. 4.	discuss alternative ways the person can lawfully communica give the person a copy of the signed direction (the first part of								
 5.	<b>inform</b> the following persons (as applicable) that the direction								
	the inpatient's nominated support person	a guardian of the inpatient							
	a parent of the inpatient if the inpatient is under 16	► the Secretary, Department of Families, Fairness and Housing							
	<ul> <li>years of age</li> <li>a carer of the inpatient, if making this direction will</li> </ul>	if that Secretary has parental responsibility for the inpatient under a Relevant Child Protection Order							
	directly affect the carer and the care relationship								
6.		e provider that the direction has been made and the reason for it;							
7.	ensure restrictions are the least restrictive possible to protect								
8. 9.	provide appropriate supports to assist the person/s to unders ensure this direction does not restrict the person's right to c								
0.	➢ a legal representative								
	► the chief psychiatrist								
	<ul> <li>the Mental Health and Wellbeing Commission</li> <li>the Mental Health Tribunal</li> </ul>								
	<ul> <li>a community visitor</li> </ul>								
	> a non-legal mental health advocacy service provider or a	a mental health advocate							
		onsibility for the inpatient under a relevant child protection order							
Na	a prescribed person or body								
No <sup>•</sup>		ection on a regular basis. This review can be documented in the second							
	part of this form. An initial review interval should be listed und								
•	The treating team should also regularly monitor the need to re of this form.	restrict communication and document their comments in the second part							
٠		eview of the direction in the second part of this form, please print and							
	attach another page to your record.								
•	If the treating team considers the restriction is no longer nece can conduct a review to determine if the restriction should be	essary, they should advise the Authorised Psychiatrist or Delegate who erevoked.							
•		tion must immediately end the restriction on the right to communicate, if							
•	<b>o</b>	thorised Psychiatrist or Delegate who is acting in their role should end							
Me	ntal Health and Wellbeing Principles								
•		nsideration to the mental health and wellbeing principles in the Mental							
	Mental health and wellbeing services are to be provided	ental illness and psychological distress are to be promoted and protected. with the least possible restriction on a person's rights, dignity and							
	<ul> <li>autonomy with the aim of promoting their recovery and for</li> <li>Supported decision-making practices are to be promoted</li> </ul>	ull participation in community life. d and people receiving mental health and wellbeing services are to be							
	supported to participate in decisions about their assessm								
	People receiving mental health and wellbeing services h growth, self-esteem and overall quality of life.	have the right to take reasonable risks in order to achieve personal							
De	finitions								
٠	'Communicate', in relation to an inpatient, means:								
(a) s	ending from, or receiving at, a designated mental health servic	ce uncensored private communication which may include communication							
	etter, telephone or electronic communication; or eceiving visitors at a designated mental health service at reaso	onable times, including an Australian legal practitioner, mental health							
	ocate or nominated support person of the inpatient.								
•	'Inpatient' means a patient who is detained in a designated r	mental health service.							
•	<ul><li><b>'Relevant Child Protection Order'</b> means:</li><li>(a) a therapeutic treatment (placement) order;</li></ul>								
	(b) a family reunification order;								
	(c) a care by Secretary order;								
	(d) a long-term care order,	A-+ 000E							
	each within the meaning of the Children, Youth and Families	Act 2005.							