Least restrictive

Mental health and wellbeing services are to be provided to a person living with mental illness or psychological distress with the **least possible restriction of their rights, dignity and autonomy** with the aim of **promoting their recovery and full participation** in community life. The **views and preferences** of the person should be key determinants of the nature of this recovery and participation.

Promote autonomy and rights: See dignity and autonomy principle.

Give proper consideration to the decision making principles when making decisions about compulsory assessment and treatment and restrictive interventions.

Make all reasonable efforts to support the person's capacity to make decisions: See supported decision making. Decisions may only be made for the person if they are a compulsory patient who does not have capacity to give (or has not given) informed consent to treatment, the treatment is clinically appropriate, and least restrictive. If a substitute decision is made, explain it clearly to the person.

Prioritise the consumer's views and preferences including as expressed directly, in an advance statement of preferences, or by a nominated support person on the person's behalf - **recognising that least restrictive treatment means treatment that is most in line with what the consumer wants.** Explore beneficial alternative treatments, and the views of any guardian, carer, or parent of a patient aged under 16.

Work with the person to meet their treatment preferences wherever possible, and, with consent, their family, carer, supporters and kin. Consider options like private or voluntary treatment, a range of treatment options including talking therapies and group therapy or adjusting medication type, administration method and dosage. Ask for the person's preferences about treatment environment. Avoid using compulsory treatment as a default pathway to discharge from an inpatient unit and ensure reasons for decisions are clearly documented, including alternatives that were considered.

Promote leave from inpatient units in line with the person's preferences and risk and safety assessments.

Reduce and eliminate restrictive practices: Gather information from the point of admission, from the person, any advance statement of preferences or nominated support person and their carer, family or supporters, about strategies, strengths, preferences and protective factors that can be built on to avoid using restrictive practices at an individual level.

Offer education and resources for consumers, carers, families, supporters and kin about restrictive practices and rights. For example, the need for restrictive practices to be reduced and minimised, the rights outlined in the dignity and autonomy and supported decision making principles, and the right for carers to be involved in care and treatment and to be informed about the use of restrictive practices.

Seek and respond to feedback from consumers, carers and families about what helps people to feel and be safe - for example, sensory rooms and resources, access to comforts from home.

If a restrictive intervention is used:

- cease it as soon as it is no longer needed to prevent imminent and serious harm, or, for bodily restraint, to administer treatment.
- explain to the person what has happened and what would enable the restrictive intervention to stop.
- offer debriefing and support. This could include offering the involvement of lived experience staff to support the person, if possible.