### Definition of 'restraint'

Restraint is the interference with, or restriction of, an individual’s freedom of movement. Physical restraint involves physically holding a person to do this. Mechanical restraint refers to the use of a mechanical restraint device for this purpose. Restraint by threat is the direct or implied threat to use restraint. Pliable gidding of medication is given to a restrained person against their will.

### When may restraint be used?

If necessary and reasonable to safely apprehend the person, convey them to a medical practitioner, ensure they remain in custody, or to prevent the person from causing harm to themselves or someone else. Also, to administer medication authorised by the Chief Psychiatrist (CP) or a Community Care Order.

### Mechanical restraint includes items used to restrict a patient’s movement, but handcuffs are unacceptable. Chemical restraint is a pharmacological method used solely to restrict the movement of a patient; emergency sedation or rapid tranquillisation or medication used as part of a treatment plan does not count.

### Mechanical restraint is the application of a device to a consumer’s body to restrict the patient’s movement, but does not include the use of furniture that restricts the patient’s capacity to get off the furniture.

### Mechanical restraint is the restriction of an individual’s freedom of movement by physical or mechanical means. Physical restraint is defined as the application by health care staff of hands-on immobilisation or the physical restriction of a person. Mechanical restraint is a device that controls a person’s movement. Physical restraint is bodily force that controls a person’s freedom of movement. Chemical restraint is medication given primarily to control a person’s behaviour, not as treatment.

### Authorisation

**ACT:**
- Authorised psychiatrist, located at Medical superintendent or an approved treatment centre.
- Determined by the Chief Psychiatrist, Mental Health Act 2015, ss3, 68, 190, Health Policy Directive 2012/05
- Authorised treatment facility, High-security authorised mental health service.

**NSW:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 2007, ss3, 69, 190, Health Policy Directive 2012/05

**NT:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health and Related Services Act 1998, ss3, 61

**QLD:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 2016, ss2, 242-253, 268-270

**SA:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 2009, ss3, 34A, Chief Psychiatrist Guideline D0382

**TAS:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 2013, ss2, 57

**VIC:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 2014, ss10, 105-109, 113-116

**WA:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 2014, ss10, 226-240

**NZ:**
- Authorised psychiatrist, located at High-security authorised mental health service.
- Determined by the Chief Psychiatrist, Mental Health Act 1992, ss1, Regulation NZS 8134.2

### Minimum period necessary

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### Disclaimer

These tables have been developed by the RANZCP as at 30 June 2017 in order to allow key provisions in the Mental Health Acts to be compared. They are intended for reference purposes only and are not intended to be a substitute for legal or clinical advice.

Comment: Several different forms of restraint are defined in the Acts and accompanying regulations. The ACT regulations contain the only reference to ‘restraint by threat’. Definitions of ‘chemical restraint’ are highly inconsistent, making comparison difficult. Depending on the jurisdiction, the use of medication to reduce arousal and agitation may be seen as an acceptable alternative to seclusion and restraint, rather than a form of restraint in itself. The NSW Act has the narrowest grounds for authorising restraint: ‘to manage the risk of serious imminent harm only is suitable and it is necessary be used if there is no other reasons, but it is available treatment or transfer, or imminent and serious harm treatment or prevent the enhance the safety of the patient, convey them to a medical practitioner, ensure they remain in custody, or to prevent the person from causing harm to themselves or someone else. Also, to administer medication authorised by the Chief Psychiatrist (CP) or a Community Care Order.

[www.ranzcp.org/legislation](http://www.ranzcp.org/legislation)