



# Comments on Secure Mental Health Unit Model of Care – Draft – Version 2.1 November 2013

---

Submitted by email to: [HIP@act.gov.au](mailto:HIP@act.gov.au)

By:

ACT Mental Health Consumer Network Inc.  
The Griffin Centre, Level 2, Room 11  
20 Genge Street, Canberra City, 2601  
P.O.BOX 469, Civic Square, ACT, 2608  
Phone: 02 6230 5796 Fax: 02 6230 5790  
Email: [policy@actmhcn.org.au](mailto:policy@actmhcn.org.au)  
Website: [www.actmhcn.org.au](http://www.actmhcn.org.au)

On: 18 December 2013

## **ACT Mental Health Consumer Network Comments on Draft Model of Care for the Secure Mental Health Unit**

This submission has been prepared by the ACT Mental Health Consumer Network in response to the release of the draft Model of Care (MoC) for public comment.

The Network is the peak body for mental health consumers in the ACT. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community. We do this through advocacy, representation, lobbying and active involvement in new developments in the mental health sector, as well as in the wider health and community sectors.

### **General Comments:**

The Network congratulates the ACT Government on its commitment to provide a therapeutic and safe environment for mental health consumers who require a secure environment. We are particularly pleased at the prospect of a more therapeutic environment for people who are in contact with the criminal justice system, and strongly agree that the SMHU should be a health facility, not a corrections facility.

The Network also acknowledges that ACT Health has sought consumer comment and involvement throughout the project to date. We welcome the various statements in the MoC recognising that each person is an individual with rights to respect, dignity and privacy, and look forward to continuing to work with ACT Health to ensure that the new SMHU provides an environment in which mental health consumers are supported and where rehabilitation is a meaningful goal.

In particular, the Network looks forward to development of the governance framework for the SMHU, and to participation by consumer representatives in all levels of its governance. Policies, procedures and practices for the SMHU must all be developed based on the input of consumers, and ongoing mechanisms put in place to ensure a culture of continual improvement based on consumer experience.

The comments in this submission are based on ongoing discussions with mental health consumers about the development of the SMHU, as well as forums and consultations on the draft MoC.

### **Specific comments**

#### *Culturally Sensitive Practice*

The Network applauds the aspiration behind the statement at page 9 of the MoC, that the 'SMHU will ensure that it has capacity to meet cultural, general and spiritual needs of individuals'. If this were the case, the SMHU would provide respectful individualised care based on consumer choices. We look forward to this being the case. We are particularly pleased to see the commitment to working in partnership with Aboriginal agencies and organisations and to appropriate recognition of and respect for Aboriginal and Torres Strait Islander cultural practices and structures.

However, we are concerned that there is apparently no space inside the SMHU designated specifically as a multi-faith or spiritual space. At page 10 there is a reference to use of a multi-purpose room. We do not think this is adequate – a spiritual or multi-faith room should be a place for contemplation or observance of one's faith. It is devalued for this purpose if it is used for other purposes, and particularly if this means it is available only at limited times or with prior booking requirements. Consumers have raised this issue with officers from ACT Health at forums on the SMHU, and we are particularly disappointed that there has not been any change in response to these concerns.

#### *Who will be admitted*

At page 12, the MoC states that people less than 18 years of age may be admitted to the SMHU 'in exceptional circumstances ... following specific consideration by the Chief Psychiatrist'. We are concerned that the adult unit will not be suitable for a person under 18. While the Chief Psychiatrist's involvement is welcome, the Network believes there should be independent and external consideration, by a body such as the Human Rights Commission or the Public Advocate, of whether all less restrictive options have been exhausted before a young person less than 18 years of age is admitted to the SMHU.

The MoC states that **all** consumers in the SMHU will be involuntary (page 11). By this we understand that all consumers will be subject to a Mental Health Order (Forensic or Psychiatric Treatment). It is not clear to us why this is the case. Is it impossible that a person requiring care and treatment in a secure environment could consent to treatment, either at the time or in advance?

There is still some confusion about the criteria for admission, particularly for civil patients, with some inconsistencies in the MoC. For example, page 18 states that admission criteria will reflect the new section that applies to a forensic psychiatric treatment order under the *Mental Health (Treatment and Care) Act 1994* as proposed to be amended. The next section states (top of page 19) that civil consumers will be considered on slightly different criteria ('likely to do serious harm to others and cannot be adequately provided for in a less restrictive environment'). At page 13, however, the MoC refers to 'significant risk of self harm and/or harm to others'. 'Serious' and 'significant' are not identical. The criteria for the admission panel are different again, including a range of other factors.

We think the MoC would benefit from further clarification of the criteria for admission.

#### *Admission and Assessment*

There seems to be a multiplicity of assessments involved where a consumer is considered for admission and then admitted to the SMHU. For example, the flowchart at page 16 on the referral pathway for acute care shows the SMHU team completing an assessment of the individual before the SMHU Admission Panel considers the referral. There will have been some assessment before the referral is made. SMHU team assessment is followed by a full range of assessments following admission. We assume that the initial assessment by the SMHU team is to inform the admissions panel, so is an assessment of the matters covered by the admission criteria – but this is not clear. In addition, the MoC states that a person detained

under section 309 of the *Crimes Act 1900* will continue to go to the MHAU for assessment. It is not clear, however, whether the SMHU team would then effectively repeat that assessment if a forensic order is made.

It would assist the clarity of the MoC if different types of assessments were more clearly identified, so that it is clear that the various assessments along the way are not simply duplicating work done by a different team.

### *Care Model*

We commend the intention to address the full range of supports and care that a person needs, including the very poor state of physical health of many mental health consumers. In this respect, the Network notes the importance of ensuring that there are adequate accessible rooms throughout the SMHU, not simply in a vulnerable person's area. In addition, all shared areas, including but not limited to reception areas, must comply with the highest standards of accessibility, including accessibility for those with mobility or sensory impairments.

### *Pillar 5 – Psychosocial and Occupational Rehabilitation*

We are curious as to why the recovery programs do not mention day to day living skills such as cooking, budgeting and shopping. Consumers have indicated that they would expect kitchen facilities, a kitchen garden and support for the development of day to day living skills to be available as part of a recovery program for those in the rehabilitation unit, as an important aspect of reintegration into the community.

Cooking and growing food for consumption are both valuable skills of daily life which may have been lost by someone who has been institutionalised. Both also contribute to improved nutrition and nutritional understanding, improving physical health over the long term. Gardening and contact with the land can also be an important contributor to spiritual health.

The Network therefore seeks assurance that gardening and cooking facilities and activities will be available as part of recovery programs.

### *Safety and Security Requirements*

We support the approach being taken to ensuring that security is provided in a way that protects the privacy and dignity of the person. Balancing the safety of all consumers, staff and other people with respect for each individual's privacy and dignity will be an ongoing issue for the SMHU. This balance will be mainly through the detail of how each aspect of security is designed and implemented, rather than the high level statements at this stage of the MoC's development.

The Network reiterates the importance of consumer input to the detail of design and implementation plans. In particular, the MoC acknowledges the need for development of SMHU specific policies and procedures in a number of areas directly affecting the consumer experience (page 29). We seek assurance that mental health consumers will be directly involved in the development of the full suite of policies and procedures for the SMHU.

*Women and Vulnerable Persons*

We welcome the recognition that experience of sexual violence is not limited to women, and that ACT Health has a responsibility to provide a safe environment for each consumer admitted to the SMHU. We also recognise the inherent difficulties in providing a safe and therapeutic environment for women when there may be only one or two women in the SMHU at a time.

Nevertheless, it is critical that the means of protection for women and vulnerable people do not result in them being isolated and feeling unduly scrutinised, which can result from additional ‘observation’ for protective purposes. Additional supports will need to be provided to women in particular to ensure that they have meaningful and supportive contact in a safe space. The Network’s consumer representative on the Executive Reference Group for the SMHU has raised this issue with the Group, and is doing some further work on appropriate supports in this context.

*Non-Government Psychosocial Rehabilitation and Support Services*

We are pleased that it is anticipated that community based agencies will work within the SMHU. Creating links to community based services that will continue to work with the consumer after discharge will improve prospects for effective support in the community, particularly for people on forensic orders who will complete their sentences and be discharged to the community.

*Statutory Bodies*

We are pleased to see that the MoC acknowledges the various statutory bodies charged with protecting the rights of mental health consumers and states that consumers will be able to access each. It will be necessary that there be appropriate spaces in which a consumer may speak to or telephone any of the statutory bodies, as privacy of these contacts is critical to proper performance of their statutory functions.

The MoC refers to the Health Services Commissioner’s mandate to hear complaints about the provision of health services and about issues related to privacy principles or health records. It is not clear why the MoC refers to facilitating contact by a consumer with the Human Rights Commission in relation to concerns about a health record, but not about breaches of privacy principles or concerns about delivery of a health service. A consumer at the SMHU who has concerns about any matter about which a complaint may be made to the Human Rights Commission should be enabled to contact the Commission.

.....

The ACT Mental Health Consumer Network looks forward to contributing to further development of the SMHU and its Model of Care.