



ACT  
Mental Health  
Consumer Network

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**Submission:**

## **Dhulwa Mental Health Unit Searching Policy and the Dhulwa Mental Health Searching Procedure**

Submitted by email to:  
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28 September 2021



## **Submission:**

This submission has been prepared by the ACT Mental Health Consumer Network in response to the invitation from Canberra Health Services for the Dhulwa Mental Health Unit Searching Policy and the Dhulwa Mental Health Unit Searching Procedure. We understand that no time frame was applied to this invitation as the Network was inadvertently overlooked in an earlier review of these policy and procedure documents.

The ACT Mental Health Consumer Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. 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.

## **General comments**

The Network welcomes this opportunity to contribute to the review of the Dhulwa Mental Health Unit Searching Policy and the Dhulwa Mental Health Unit Searching Procedure documents.

Overall feedback includes that the documents are comprehensive. The following recommendations are made.

### Recommendation 1: Use of plain language and flowchart of image

While consumers acknowledge that writing in plain language can be difficult, the use of plain language is recommended, as well as including flow chart/s or image/s where appropriate.

### Recommendation 2: Expansion of acronyms

Providing in full names for all acronyms for their respective first uses is important to enhance understanding. Examples include:

- ECR, p.7
- MDT, p.11
- TPRIM, p.11
- ADON, p.14
- NIC, p.14 (this is expanded in full on on page 31 to Nurse in Charge)
- FMHS, p.17
- JHS, p.17
- HHMD, p.26

Recommendation 3: Cultural Sensitivity regarding searches of Aboriginal and Torres Strait Islander people needs to be clearer

The procedure includes 'if available' in reference to the Aboriginal Liaison Officer (ALO) (p.11). The procedure does not outline cultural sensitivity in the absence of the ALO.

Recommendation 4: The number of routine room searches per month should be a maximum of two

4.1 Frequency. This should be reduced to a maximum of two searches per month. Consumers consider three times per month to be excessive and intrusive for routine purposes.

Recommendation 5: References to concealment should be linked to the Policy document

The Procedure document includes reference to concealment on person and pertaining to room searches. Concealment should be included within the Policy document rather than only in the Procedure document.

Recommendation 6: Information Posters outlining search processes should be visible to consumers in common areas and reception

Acknowledging the Policy Statement (p.3) of the Policy document includes consumers must be informed about how and why they may be searched, the use of information posters in reception and common areas is recommended.

Consumers support the information being provided from commencement and highlight that admission to facilities may be a confusing and traumatising experience for some consumers. The use of posters, in large print ad with imagery, are recommended to support consumers to feel safe and well informed. The posters would provide information about topics such as

- how to access information;
- examples of items that are allowed and not allowed within consumers rooms, such as foodstuffs;
- what may occur leading up to and during searches;
- how and why searches occur; and
- what information is available to them.

Recommendation 7: Accountability and protections need to be clearly outlined regarding Delegates of the Canberra Health Services Chief Executive Officer

Checks and balances are required to ensure that delegations follow a tiered, stepped approach to ensure no misuse of delegation.

Recommendation 8: Policy document, 5.1 Documentation of vehicle searches should include the words, 'and vehicle' within the subpoint

5.1 Documentation of vehicle searches (p.11) should be amended to include 'and vehicle':

All external ground, perimeter fences and internal non-clinical areas and vehicle searches will be document in the Security Search Register.

Recommendation 9: Policy document, 7.6 Documentation needs to be rewritten

The current text within the Policy document, 7.6 Documentation is considered to be unclear. Consumers questioned whether this text is intended to be about preventing someone from leaving or is a request that someone leave. Clarity is recommended to both adult visitors and if the visitor is a child.

If a Security Officer directs an adult visitor not to enter or to leave Dhulwa, a record must be kept of this direction (s. 34(4) Mental Health (Secure Facilities) Act 2016).

If a Security Officer directs a visitor who is a child not to enter or to leave Dhulwa, the Security Officer must advise the CEO, in writing, of the direction and the reasons for it (s. 38(2) Mental Health (Secure Facilities) Act 2016) (see Dhulwa Visitor Procedure for more detail).

Recommendation 10: Policy document, 3.3 Refusal to consent, inclusion of Nominated Person

3.3. Refusal to consent should include seeking support from the Nominated Person. The current text, p.8, includes:

If a personal search is refused by a consumer or if the consumer does not have decision-making capacity to consent or refuse, the Authorised Health Practitioner conducting the search, mindful of their therapeutic and relational security role, may seek the advice of the Clinical Director, FMHS, Operational Director, JHS, Consultant Psychiatrist, ADON or On-Call Psychiatrist (after hours) before proceeding.

## **Conclusion**

The recommendations are based on consumer feedback provided to enhance the policy and procedure documents.