



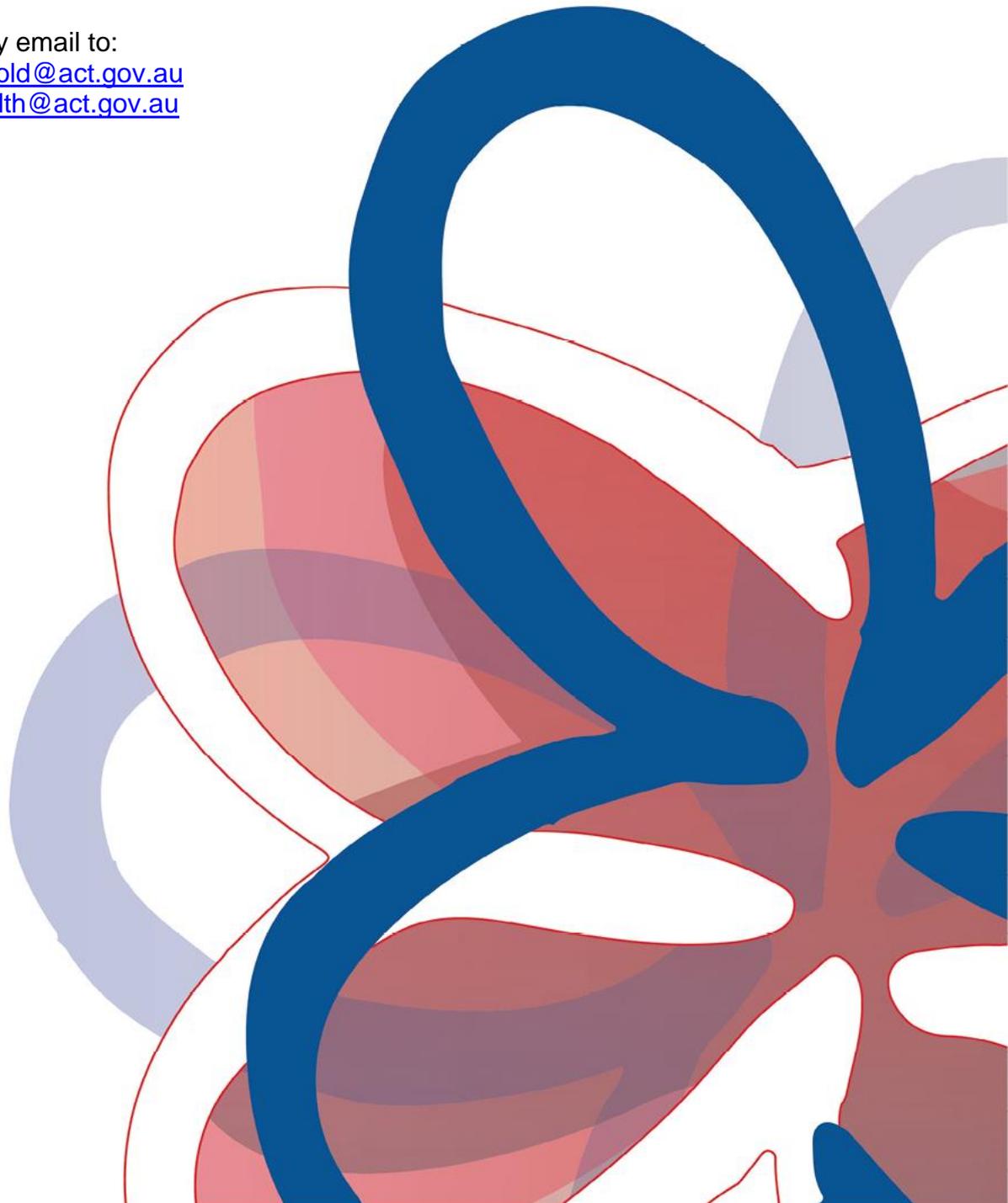
ACT
Mental Health
Consumer Network

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Submission:

**Canberra Health Services
Procedure Restraint of Person
Detained under the *Mental Health Act
2015 (ACT)***

Submitted by email to:
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8 April 2022



Submission: **Canberra Health Services Procedure Restraint of Person Detained under the Mental Health Act 2015 ACT**

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Jacqui Clissold, Senior Policy Officer, Strategy and Governance, Canberra Health Services.

Acknowledgment of Country

We wish to acknowledge the traditional owners and custodians of the land upon which we sit. We pay our respects to their Elders past and present, and extend that respect to other Indigenous Australians who may be reading this document. We recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

The ACT Mental Health Consumer Network

The 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.

This submission has been prepared using written and verbal feedback provided by consumers.

General comments

The Network welcomes this opportunity to contribute to the Canberra Health Services Procedure Restraint of Person Detained under the *Mental Health Act 2015* (ACT), (the Act).

Consumers do not sanction the use of restrictive practices, including restraint

Consumers clearly state that their provision of comments and recommendations regarding this Procedure in no way sanctions or legitimises the use of restrictive practices. Consumers referenced research regarding the trauma caused by restraint and the limited efficacy it has to keep people safe as a therapeutic technique.

Consumers draw your attention to Recommendation 54, in the Final Report of the Royal Commission into Victoria's Mental Health System¹. This recommendation identifies the goal of erasing seclusion and restraint in mental health and wellbeing service delivery by 2031.

While their first recommendation would be to eliminate restraints, consumers are providing recommendations to this CHS Procedure recognising that it is included in the Act. In addition, they acknowledge that elimination of seclusion would require changes to the Act which is a longer term project.

Nominated Persons, Advance Consent Directions, Advance Agreements

The Network welcomes the reference to the provisions in the Act providing mental health consumers with certain provisions, including Nominated Persons, Advance Consent Directions and Advance Agreements in the main body of the Procedure. Consumers identified the following area where Nominated Persons need to be included:

- p. 4, dot point 8: "...**nominated person**, *substitute decision-maker, person responsible, guardian, nominated person, relative, carer or friend of the person.*"

Collection and use of data

Consumers expressed concern that whilst the data is not available, it is likely that restrictive practices are likely to be used on certain populations more than others, such as Aboriginal and Torres Strait Islanders, in the same way as incarceration in the ACT. For some cultures and many trauma survivors, restrictive practices such as seclusion can increase their feelings of vulnerability and mental distress.

Public reporting requirements are minimal. While the ACT is consistent on reporting seclusion events, there is very little information available on rolling practices such as seclusions extended beyond the original four hours

Canberra Health Services Procedure Restraint of Persons Detained under the *Mental Health Act 2015 (ACT)*

Recommendation 1: Inclusion of a harm statement at beginning of Procedure

Consumers recommend including a statement at the beginning of the Procedure in the Purpose section (p. 2) acknowledging the trauma that restrictive practices can cause to a consumer. A statement such as this one from the Canberra Health

¹ Royal Commission into Victoria's Mental Health System: Final Report, Recommendations, Plain language Version (https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/02/RCVMHS_FinalReport_PlainLanguage_Recommendations.pdf)

Services Clinical Procedure Seclusion of Persons with Mental Illness or Mental Disorder Detained under the Act would be ideal:

“Restrictive Practices can be a traumatic experience for people. All actions undertaken during the Restrictive Practices process should be trauma informed, including treating people with respect and dignity, communicating what is happening and why and providing psychological support following restrictive practice. The person’s treating team is responsible for ensuring that the person is told about what is happening and why in a manner that they can understand and that they are offered the opportunity of engaging in psychological support following the restrictive practice”.

Recommendation 2: Inclusion of person’s preference for treatment

As included in the Procedure Section (pp. 2-3), Canberra Health Services Operational Procedure Emergency Detention in Canberra Health Services Facilities and a Person’s Rights under the Act, consumers recommend the additional inclusion of the following paragraph in the Purpose section of the Procedure:

“Person’s Preferences for Treatment Care and Support

A person may develop an Advanced Agreement or Advance Consent Direction, or appoint a Nominated Person, when they have decision making capacity to do so (see Advance Agreement, Advance Consent Direction and Nominated Person Procedure for further information). The existence of such documents may be available on Mental Health, Alcohol and Drug Services, Justice Health, Integrated Care eRecord (MAJICeR) or denoted via a My Rights, My Decisions Wallet Card or similar documentation. Whenever the situation allows, reasonable efforts should be made to ascertain if a person has such documentation and, if so, to follow the preferences documented.

If it is not possible to check for the existence of an Advance Agreement and/or Advance Consent Direction prior to providing emergency treatment, care or support, the reasons for this must be documented in the person’s clinical record.”

Recommendation 3: Scope - consistency regarding which staff the Procedure applies to

Consumers noted the inconsistency regarding which staff the Procedure applies to. The first paragraph of the Scope (p. 2) states that *“This procedure applies to all employees or persons who provide health services to people detained on an order under the Act on behalf of CHS”*, whereas p. 3 identifies a list of staff to whom the *“document”* applies. Consumers recommend one or the other to remove any confusion regarding such an important topic.

Recommendation 4: Removal of “*exhibiting behaviour of concern*”

Consumers recommend the removal of “...*facility is exhibiting behaviour of concern*...from p. 5, first sentence under dot point c. Consumers recommend this as it is subjective, and is not a necessary inclusion as the sentence continues “...*posing an immediate and serious risk of harm to themselves or another person*...”

Recommendation 5: Inclusion of who the person in charge of the mental health facility is

Consumers noted inconsistency throughout the document regarding who the person in charge of the mental health facility is, only once identifying them on p. 11 as “...*the Assistant Director of Nursing during business hours or the most senior nurse on the unit after hours*.” Consumers recommend that this be included each time so that it is clear to all staff who they need to contact/who has the authority to order a period of restraint in a mental health facility.

Recommendation 6: Reference to Advance Consent Direction for de-escalation techniques

Consumers recommend including the following text in the dot point list under Section 5 – Assessment of Person Prior to Restraint (p. 10): “***referring to the person’s Advanced Consent Direction and/or Advance Agreement for de-escalation techniques that are known to work for them, such as who to contact to sit with them***”.

Recommendation 7: Inclusion of demographic specific assistance

Consumers recommend that demographic specific assistance be included under Section 5 (p.10) to help a person feel as comfortable as possible and to minimise trauma.

Consumers recommend the following addition: “***assigning a familiar staff member or a Person Special/sitter/observer to the person taking into consideration the presence of gender appropriate staff and application of gender diverse practices (for example, a female staff member may need to be present even if not involved in the intervention), as well as the person’s needs including cultural, spiritual and language considerations as much as possible***”.

This should also be included in the last list of dot points under Section 5, p. 10.

Recommendation 8: Check use of ‘Person Special’

Consumers are not clear as to what a ‘Person Special’ is as included in Section 5 (p. 10) “...*assigning a familiar staff member or a Person Special/sitter/observer to the person*...” and recommended it be changed to ‘**patient special**’ as this is a defined role in the procedure, or that ‘*person special*’ be defined.

Recommendation 9: Summarise information in a flow chart

Consumers recommend that the information in the last paragraph of p. 14, which identifies the pathways of complaint open to a person, their next of kin, substitute decision maker or nominated person should be displayed in a flow chart for ease of reference.

Recommendation 10: Post-restraint care – by whom and for whom

Consumers recommend that lived experience workers are involved in post restraint care of the person who was restrained as they are more likely to have additional insight into what it is like to be restrained. In addition, consumers recommend that the person who was restrained be able to select the nursing staff that is involved in their debrief.

Consumers also recommend that visitors and other people who may have seen the person put into restraints should be offered de-briefing and support. Consumers recommend that the Restricted Practices Procedure be referred to for wording examples.

Recommendation 11: Clarify how and where documentation should be completed

Consumers recommend that clarification as to where and how documentation should be completed should be included at the end of the following sentence on p. 16 *“In all cases, the use of restraint, including the surrounding circumstances, the reasons for the restraint and all other alternatives tried, should be documented [insert how and where this should occur]”*.

Recommendation 12: Inclusion of reference to Advance Agreement, Advance Consent Directions and Nominated Persons under the Act earlier in the document

Consumers recommend that the following paragraph,

“Every effort should be made, as far as practicable in the circumstances, to obtain authority or consent for the use of restraint from an appropriate source prior to the use of restraint. Refer to Advance Agreement, Advance Consent Directions and Nominated Persons under the Mental Health Act 2015 procedure.”

currently at the at the very end of the Procedure (p. 16) should be at the very beginning of the document reminding clinicians that these tools are available to them for de-escalation suggestions/recommendations and when determining who should be contacted/advised of restraint.

General Edits

The Community Care Coordinator appears to sometimes be referred to as the Care Coordinator. Unless they are two different roles, the terminology should be consistent throughout the Procedure.

In addition, consumers advise that the procedure should be written in plain English and be put through a readability checker as it is difficult to read.

Conclusion

These recommendations are based on consumer feedback provided to improve the document from a consumer's perspective. Strong feedback was received in particular on the lack of reference to de-escalation techniques that could reduce, or even remove, the need for restraints to be used at all.