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30 November 2011

Ms Katrina Bracher  
Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services  
Health Directorate  
GPO Box 825  
CANBERRA ACT 2608

Dear Ms Bracher

**Consultation Draft Stage 3 Model of Care for new Adult Acute Mental Health Inpatient Unit at the Canberra Hospital**

Thank you for seeking comments on the Draft Stage 3 Model of Care (MOC) for the new Unit. I note that while comments were originally sought by 18 November, subsequent emails have indicated that the period for comment runs to end November. I also note that a slightly different version of the draft MOC has been circulated to the Seclusion and Restraint Review meeting members for comment – these comments are based on the version you provided directly to the Network.

The Network appreciates that there has been consultation throughout development of the various stages of the MOC. We are pleased to see that the stated intention is to provide an environment that is consumer centered and recovery oriented, and that the aims and principles reflect this. We are also pleased to see that gender issues, and in particular the safety of women, have been addressed in the design of the unit.

The extent to which the MOC is operationalised to achieve these aims will depend in large part on the policies and procedures that underpin it, and the extent to which consumers are part of the governance structure ensuring improved practices. In this context, we understand that the Clinical Review Committee for the current PSU has not met since the Directorate's restructure some months ago, or at least not a form including consumer representatives. We look forward to that committee recommencing with consumer representation, and hope that this will occur before the new unit opens.

### *Peer support - initial period of operation*

We also believe that the initial period of operation of the new unit will be crucial in refining and embedding new ways in which staff will interact with consumers. For this reason, we propose that there should be additional peer support available to consumers during the initial months of operation. Appropriately resourced consumers will be able to provide valuable feedback and work with ACT Health to ensure that the aims and intentions of providing consumer centered care are realised.

### *Designated smoking areas*

A key change to the MOC which is not highlighted in the document is the removal of the previously agreed designated outdoor smoking areas. It is disappointing that such a significant change to the proposal was made without prior discussion. You are aware that the Network is strongly of the view that a mandatory requirement that consumers quit smoking on admission to the inpatient unit is unacceptable. The Network supports the provision of information and support to consumers who wish to stop smoking, but is very concerned that the health aim of reducing smoking rates has been placed above the welfare of consumers at the time of admission. As the MOC recognises, the unit is intended to provide short term care for people in an acute phase – hardly a desirable time to require individuals to quit smoking involuntarily. A more successful alternative may be to seek to provide support for smoking cessation through discharge plans.

The MOC recognises that ‘admission and subsequent orientation to inpatient care requires great sensitivity to the impact of psychiatric hospital admission for the individual ...’<sup>1</sup> It also states that the consumer’s ‘views, feelings and wishes for their treatment and care will be considered and followed wherever feasible.’<sup>2</sup> This cannot be the case if consumers are involuntarily forced to quit smoking on admission.

The lack of a designated smoking area is discriminatory on the ground of a person’s mental illness. While inpatients in any other area of the hospital may use designated smoking areas, the lack of such an area in the new unit means that mental health inpatients who are unable to leave the unit will be treated less favourably than other patients in the hospital. We seek your advice as to whether legal advice has been sought on whether this proposal could constitute discrimination on the ground of disability under ACT or Commonwealth discrimination legislation.

### *Support and planning for discharge*

The Network is pleased to see that the MOC recognises the need to plan for the support required on discharge as early as possible. It also recognises some factors that impact on consumers’ ongoing health. However, we do not believe that the MOC gives adequate weight to the need to engage with a consumer’s existing practitioners, including GPs or psychiatrists in private practice. The discharge section of the draft<sup>3</sup>

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<sup>1</sup> Draft MOC, page 29

<sup>2</sup> Draft MOC, page 29

<sup>3</sup> Draft MOC, page 32

focuses on agreeing documentation rather than taking action. It is also notable that while it states that '[i]ntegrated care pathway documentation must be agreed to enhance care delivery and specific alternatives and options for further acute admission'<sup>4</sup> it appears that this agreement is between mental health team clinical managers and service providers, rather than consumers being central to this process. It is also notable that there is no reference to the possible development or discussion of Advance Agreements in this context.

### *Communication*

We note that the MOC gives some importance to communication between staff, with the consumer, with carers and family members and with community services. The Network strongly supports the need to provide consumers with adequate and intelligible information. We also support the intention of collaborating with consumers and their carers.

However, we are concerned that insufficient attention has been given to the privacy rights of consumers and their right to consent or otherwise to their personal information being shared with others. For example, the Process Charts<sup>5</sup> for consumers admitted from various sources (eg MHAU, Crimes Act section 309, direct admission) each refer to family and/or carers being involved 'unless the consumer has withdrawn their consent'.

There does not appear to be a prior reference to seeking consent from the consumer. The chart for 'Transfers from Calvary Hospital ED'<sup>6</sup> states that on transfer to AAMHIU 'The Consumers [sic] family or Carers are to be notified unless the consumer have [sic] expressly withdrawn their permission.' The Network agrees that carers and/or family should be involved at these points – *with the consumer's permission*. However we are concerned that the wording of the MOC assumes consent has been given to disclose personal information to these people. There should be a balancing reference to obtaining consent at the admission stage, or at least to confirming that consent has been given, rather than focusing on whether or not it has been withdrawn.

The Network looks forward to continuing to work with you to refine the MOC, policies and procedures to ensure that the new unit operates in a truly consumer centred way. Please feel free to contact me should you wish to discuss any of these comments.

Yours sincerely



Dalane Drexler  
Executive Officer  
ACT Mental Health Consumer Network

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<sup>4</sup> Draft MOC, page 32

<sup>5</sup> Draft MOC, pages 23 - 28

<sup>6</sup> Draft MOC, page 28