



31 March 2016

Deborah Plant  
Operational Director, Adult Mental Health Services  
Mental Health, Justice Health and Alcohol & Drug Services  
Email: [deborah.plant@act.gov.au](mailto:deborah.plant@act.gov.au)

Dear Ms Plant

### **Mental Health Short Stay Unit Model of Care**

We thank you for the opportunity to provide comments on the Mental Health Short Stay Unit Model of Care (MHSSU MoC). Sincere apologies for the delay in getting the comments to you and we appreciate the extension granted.

We held a consultation forum to allow our members to review the MHSSU MoC. The comments provided are drawn from this consultation and previous discussions with members.

Generally, our members are pleased with the new model as they agree that it has the potential to provide clinical support for those who require short term interventions and not admission to the Adult Mental Health Unit. Our members are also pleased that there is a recovery focus and explicit mention that care will be person-centred, holistic, and respond to the needs of the individual.

### **Areas of concern or areas needing further clarification**

The MoC states that a consumer representative participated in the project group. This should be corrected to state that an organisational representative participated in the process. The last paragraph in Section 1 mentions that "... further forums will be held subsequent to the commissioning of the MHSSU" – The Network would like to know when these are scheduled.

Section 3 of the MoC claims that the "the unit will provide holistic, evidence based quality care and advocacy for people." The Network is surprised and very concerned that there is no designated area for interview, assessment and treatment to be conducted within the MHSSU. We would like to know how this will be addressed so that there is a designated area for holistic and quality care to be provided.

The experience of one of our members when accessing the Adult Mental Health Unit (AMHU) was that the principles mentioned in Section 3.3 were applied differently depending on whether they were voluntary or involuntary within the service. There shouldn't be a difference in recovery focussed care when one is voluntary or involuntary.

In the last paragraph of Section 3.8, it states that consumers will be informed of their rights and responsibilities. Our members would like to know how consumers will be informed of their rights and responsibilities. Will there be written resources provided to them in addition to being verbally advised? We are pleased to see that all consumers will be informed of their rights and responsibilities as users of mental health services and will be provided with support in accessing legal advice especially with the new Mental Health Act 2015 (ACT).

In Section 5.2, the MoC states that consumers will be admitted to MHSSU when there is no access to AMHU due to lack of room. The Network is concerned that there is an inherent risk that the unit will become a waiting area when AMHU is full. It is our view that the MoC should outline access block procedures, explicitly stating that 2N and Hyson Green will be considered if and when there is an access block at AMHU.

Lastly, our members are interested to know what is meant by, "people assessed as acutely behaviourally disturbed." Our members also want to know where those that are assessed as being acutely behaviourally disturbed will go if they cannot access MHSSU. We caution that it can be difficult to out rightly decide that there is no mental health condition when the primary diagnosis is an alcohol and/or other drug condition; we think there should be strategies in place to improve this process as many mental health consumers have comorbidity of mental health conditions and substance misuse.

We look forward to hearing from you.

Yours sincerely



Dalane Drexler  
Executive Officer