



ACT
Mental Health
Consumer Network

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@actmhc.org.au
Website: www.actmhc.org.au

Submission:

Canberra Health Services Protective Security – Closed Circuit Television Procedure

Submitted by email to:
katherine.macpherson@act.gov.au
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This submission has been prepared by the ACT Mental Health Consumer Network in response to the invitation from Canberra Health Services (CHS).

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.

The Network advertised a consumer forum and sought feedback via email from consumers in relation to the CHS Protective Security – Closed Circuit Television Procedure draft documents. Written and verbal feedback was received from several consumers, and a forum was held. This submission incorporates both the written feedback and verbal feedback received.

It is acknowledged that substantial parts of this Procedure are based on the ACT Government Code of Practice for Closed Circuit Television Systems.

General comments

The Network welcomes this opportunity to contribute to the CHS Procedure. The Procedure document should ideally be written in plain language and should include illustrations such as flow-charts etc.

Canberra Health Services Protective Security – Closed Circuit Television Procedure

Recommendation 1

Consumers are concerned that the line (p.2) “CHS may use camera systems for patient monitoring and safety such as medical services associated with radiation treatment and MRI scanning” uses all-inclusive wording that could extend the use of camera systems to medical wards, including the Adult Mental Health Unit and other mental health units managed by Canberra Health Services.

The Network has previously corresponded with the Minister (at the time) and CHS regarding CCTV being placed in inpatient wards when this was first raised in 2019.

This included that the introduction of CCTV is a privacy and human rights violation that denies the basic right to respect and the dignity of an individual. Further, we raised concern that it is inadequate and inappropriate to address the circumstances that lead to escalation of consumers' distress. These circumstances already have a profound effect on safety in the AMHU and a negative impact on recovery for consumers and their families.

The proposed introduction of CCTV further imposes surveillance and control measures that are not warranted outside of correctional or forensic facilities. Our concern is that this criminalises distress. Suggesting CCTV as a solution misrecognises the problem and its underlying causes and is not consistent with best practice which encompasses person centred, trauma-informed and recovery-oriented approaches and practices.

Recommendation 2

Tighter language regarding the scope is required. The Scope (p.2) states that third party retail and commercial tenants are not bound by this Procedure Members are concerned that, in a healthcare environment, there will be people undergoing treatment for acute mental illness and people whose mental health may be causing them to act in ways that they otherwise would not. This could then be used against the consumer as the recording may not be required to meet the same review standards as outlined in this Procedure. There was concern that these recordings could be used in a criminal context to unfairly judge a consumer's behaviour despite the illness that has led to their, predominantly involuntary, treatment in a mental health facility.

Recommendation 2

Expansion of the definition 'public' is required, as well as inclusion of definitions for 'consumer' and 'patient' if intended to be treated separately. The Procedure provides a list of people it will protect (p.4), but consumers noted that whilst the term public is used it is not defined. Further, neither the terms consumer nor patient are defined. As this Procedure covers the use of CCTV in health facilities, patients and consumers should either be separately defined or explicitly included in the definition of 'public'.

Recommendation 3

Checks and balances are requested for Chief Executive Officer decisions. Consumers identified that the level of power this Procedure allocates to the Chief

Executive Officer does not appear to include checks and balances. The quality and ethical behaviour of a particular person can have a major impact on the decisions they make. It was recommended that the power should be shared by an executive team to avoid one person having overall decision-making responsibility.

Recommendation 4

Inconsistent wording throughout the document was raised by our members. The words 'guidelines' and 'procedure' are used interchangeably to describe documents in Section 4 (Training, p.10) and Section 5 (Evaluation, p.10). The use of 'Procedure' is recommended unless referring to a different document/s where other phrasing would be more appropriate.

Recommendation 5

Accredited training is recommended. Consumers commented on the training that all authorised officers using CCTV (p.9) should have completed. While consumers are happy that this training is identified as a requirement, they are concerned that there was no comment on the delivery type or level of training. A formal accreditation process, rather than self-directed online training, is recommended.

Recommendation 6

Inclusion of an introductory paragraph is recommended. The outline of the Evaluation process (p.10) does not include a process for how the evaluation will be conducted. There is no indication how often evaluations would be carried out, nor the work required to undertake such a process. In addition, the first outcome should use the term 'Work Health and Safety' instead of identifying issues that might arise, such as violence and safety incidents (p.10).

Recommendation 7

The list of related Policies, Procedures, Guidelines and Legislation should include how these documents can be accessed, such as including intranet/internet addresses.

Recommendation 8

An appeals process is lacking in this Procedure; this could fit within Section 5 – Complaints Handling. Consumers recognised that although a subpoena is required to release recordings (p.7), they were not convinced that this is enough to provide

consumers with a voice.

Recommendation 9

To ensure the decision process is accurately followed, it is recommended that a decision tree should be developed illustrating the pathway of the decision process.

Recommendation 10

The size of signage, included in the Attachment, must not be minimised as that would make it too difficult to identify.

Conclusion and recommendations Procedure draft document

The above recommendations are based on consumer feedback to enhance the Procedure document.

The recommendations outlined in this submission are included in short form below.

1. Limitation on what one person, such as the CEO, can decide.
2. Clear indication that CCTV will not be used in acute medical units, such as Unit 12B and the Adult Mental Health Unit.
3. Inclusion of a decision tree or diagram to illustrate the authorisation pathway.