



3 September 2021

Kath Macpherson
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Dear Kath

I am writing to provide feedback into the CHS Missing Patients Procedure document following an invitation to do so. We understand that no time frame was applied to this invitation as the Network was inadvertently overlooked in an earlier review of this procedure.

The Network welcomes this opportunity to contribute to the CHS Procedure. We note that this procedure does not include inpatient services provided by the Mental Health, Justice Health, Alcohol and Drugs Division, and have therefore limited our feedback to this letter.

The *Mental Health Act 2015 (ACT)*, the Act, should be included in the list of relevant legislation, as a mental health consumer in the emergency department may be being treated under this legislation. For example, the procedure uses the phrase “patient does not have capacity to make decisions” (p.14) yet provides no reference as to how decision making capacity is assessed for this purpose. Chapter 2, Section 8 of the Act, outlines how this is handled for people with mental illness.

In addition, the Act also provides mental health consumers with the ability to complete forms to put in place the following supports for when they become unwell:

- Advance Agreement;
- Advance Consent Direction; and
- Nominated Person.

It is important that these instruments are noted in the procedure in all relevant places. A consumer's nominated person is a trusted person they have identified should they lack decision making capacity or need assistance regarding their mental health treatment. The Advance Agreement and Advance Consent Direction provide essential information about a consumer's treatment, care and other details of importance. All three of these instruments, if in place, are noted on a consumer's hospital record in case of future need. When presenting to the emergency department, a consumer's Nominated Person is the appropriate person to contact, rather than a listed next of kin who may no longer be current. A consumer's Advance Agreement and Advance Consent Direction provide details as to who can and cannot be contacted when a person presents for hospital care and treatment.

Consumers are also concerned that including that CHS staff reasonably consider that a patient is at risk of going missing on that patient's health record (p.6) could negatively affect future hospital visits to the emergency department. Consumers regularly advise us that having a mental illness noted on your medical record stigmatises you when attempting to obtain treatment for a physical illness, and there is concern that patients will be treated unfairly if an instance of going missing is flagged on their file.

While consumers appreciate this procedure may be written as an internal procedure document, they emphasise that it should ideally be written in plain language to ensure ease of understanding for all staff. In addition, the table on page 21 includes a great deal of text and is difficult to read due to size and the amount of information included. Breaking this information down would aid in the readability of this important information.

Thank you again for the opportunity to provide comment on this procedure.

Yours sincerely



Dalane Drexler
Executive Officer