

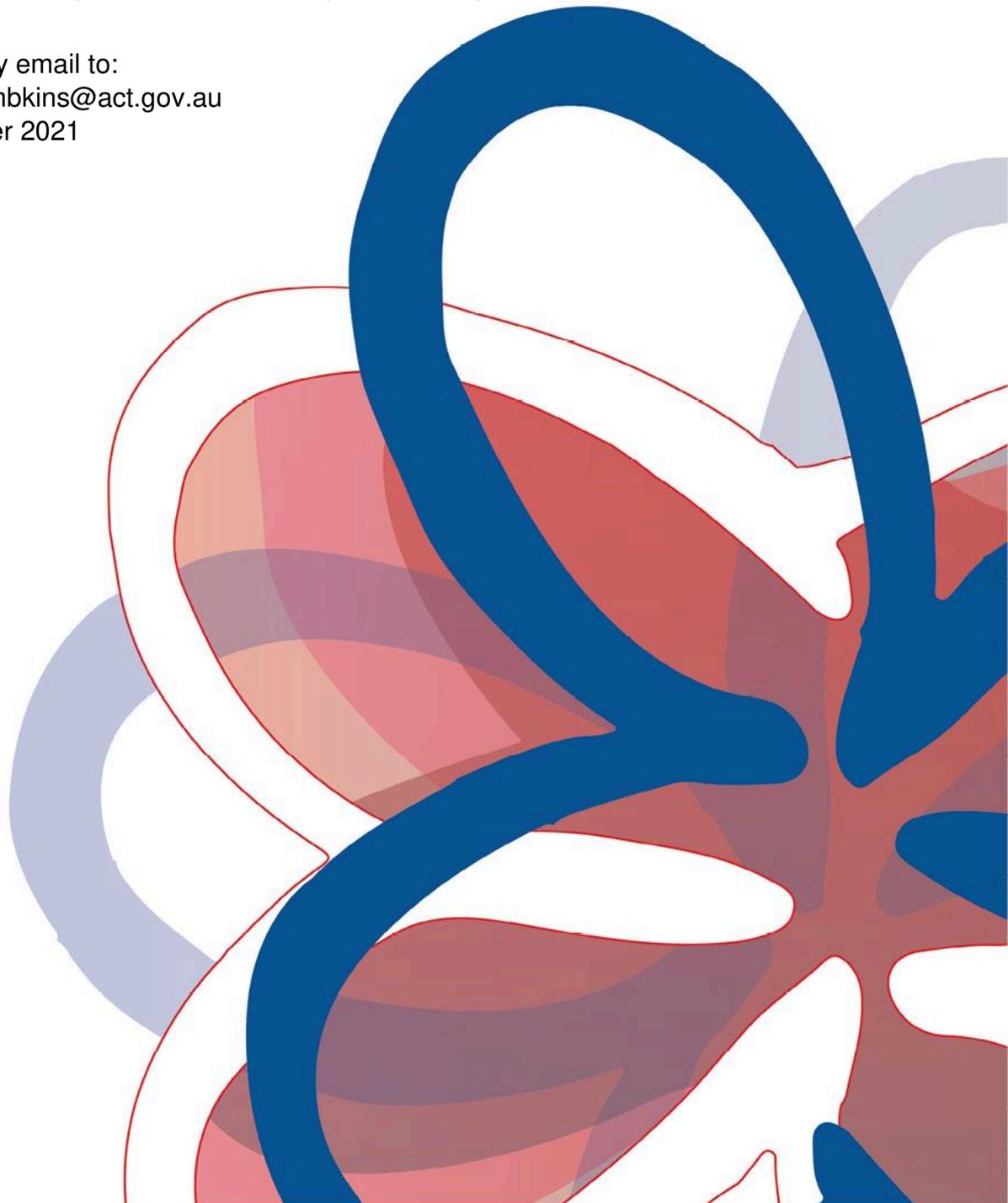
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**Submission:**

**Nurses and Midwives Towards a Safer Culture (NM TASC)  
Managers Mutual Behaviour Expectations for patients, consumers,  
carers, visitors, healthcare staff, students, and volunteers**

Submitted by email to:  
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## **Submission: TASC: Towards a Safer Culture (NM TASC) Managers Mutual Behaviour Expectations for patients, consumers, carers, visitors, healthcare staff, students, and volunteers**

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Chief Nurse and Midwifery Officer, ACT Health Directorate.

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.

A consumer e-Forum was held and additional feedback was sought via email in relation to the TASC NM – Managers Mutual Expectations for patients, consumers, carers, visitors, healthcare staff, students, and volunteers two page document. Written and verbal feedback was received from several consumers. This submission incorporates both the written feedback and verbal feedback received.

### **General comments**

The Network welcomes this opportunity to contribute to the TASC NM – Managers Mutual Expectations for patients, consumers, carers, visitors, healthcare staff, students, and volunteers.

The general feedback from consumers was that this document did not meet the description of mutual, with it being very staff focussed, putting the burden of behaviour, regardless of circumstances, onto the consumer.

Consumers felt that there were some facilities missing from this document that consumers thought should be included as they are staffed by ACT Health nurses including University of Canberra Hospital, ACT Walk-in Health Centres, Community health centres, hospital in the home and Community Dialysis Hub.

In addition, consumers wished to bring to your attention to two resources not mentioned that should be included in the Resources section. First, the Health Care Consumers Association's "Your Complaints Matters: Guide to Health Care

Complaints in the ACT” which provides general advice as to how to make a complaint in the ACT. Second, ACT Disability, Aged and Carer Advocacy Service (ADACAS) should be referred to as they provide advocacy for when something goes wrong in hospital.

**TASC NM – Managers Mutual Expectations for patients, consumers, carers, visitors, healthcare staff, students, and volunteers.**

Recommendation 1: Remove the word “must” from the first sub-title “Wherever you received healthcare from ...”

Consumers recommended that the word “**must**” needs to be changed from the first sub-title “*Wherever you receive healthcare from ACT public health services you **must***” as it is an unrealistic expectation on consumers. Consumers stated that public health services cannot reserve the right to refuse service to anyone if they behave in a certain way, which is what this heading and use of the word “must” implies. The word could be replaced with “will” as is used for healthcare staff, students and volunteers later in the document.

Recommendation 2: Remove/edit the following dot points from the first sub-title “Wherever you received healthcare from ...”

- *raise and address any concerns with a staff member when you experience or see them*: consumers argued that this could be misleading as consumers do not have to report a complaint straight away and can raise concerns regarding their stay anytime during or after their treatment. Please refer to the Health Consumer and Carer Associations booklet – Your Complaints Matters: Guide to Health Care Complaints in the ACT and the upcoming How to Make a Mental Health Complaint.
- *“avoid unacceptable behaviours that can lead to occupational violence”*: consumers were concerned that this is an open statement, with no explanation as to what unacceptable behaviours are that could lead to occupational violence. In addition, consumers commented that the ‘intent’ of the behaviour should also be considered, such as self-soothing through rocking self which could be seen as provoking.
- *“speak to a staff member if you see any deterioration in your health condition, or that of other patients, consumers, carers, or visitors”*: consumers stated that this places an impossible burden on consumers and could be regarded as a breach of confidence. Not only would this require patients to know what

a deterioration in health looks like, it is not a consumers responsibility to monitor anyone's health except their own.

Recommendation 3: rephrase heading "While you are receiving care from ACT..."

Consumers recommended that the words "knowingly or willingly" be included at the end of the heading as it used in the document in the first sub-heading under "*Consequences of Unacceptable Behaviour*". Consumers were concerned that, in a healthcare environment, there will be people whose mental health may be causing them to act in ways that they otherwise would not.

Consumers liked the words used towards the end of the document under the heading "*Consequences of unacceptable behaviours*" which included "*knowingly or intentionally cause physical psychological harm*" and recommended that they be included at the very beginning of the document as it would set a supportive tone for the whole document.

Recommendation 4: recommended edits to first dot point under heading "While you are receiving care from ACT..."

If examples are used, then the first dot point, "*discriminate against race, age and/or sex*" needs to also include gender, sexuality, disability and cultural and spiritual background and English proficiency.

Recommendation 5: inclusion of Advance Agreements, Advance Directions and Nominated Persons

As this procedure will be put in place in Mental Health Units, the wording and the provisions of the *Mental Health Act 2015 (ACT)*, the Act, should be included in this document where appropriate. The Act 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. As an inpatient, 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.

For example, under the heading "*How our healthcare staff, students and volunteers will support you*" where carers are referenced, so should nominated persons.

#### Recommendation 6: definition of patient and consumers

Both patient and consumer are used in this document. Consumers recommend that only one of these terms should be used throughout the document.

#### Recommendation 7: inclusion of de-escalation techniques

Consumers expressed concern that the only "*Consequences of unacceptable behaviour*" identified in the document is that ACT Policing may be called to handle the matter and that there was no mention of any de-escalation techniques. Consumers commented that a respectful approach and listening can de-escalate a situation. In addition, the Canberra Health Services – Occupational Violence Procedure outlines de-escalation options in Section 3, part 3 and elsewhere throughout the OV Procedure and consumers recommended that these options be considered.

#### Recommendation 8: different reasons to report concerns should be throughout the document

The first dot point under the heading "*How to report a concern*" is very different in terms of the response required than the following two dot points. The first dot point concerns patient treatment expectations not being met, whereas the other two are about unacceptable behaviours and immediate concerns for safety. To make the three dot points to work, consumer recommended including **you are concerned for your immediate safety because** the at the end of the line "*Please advise the ACT public healthcare service if...*".

#### Recommendation 9: Include a description with the QR Code

Due to the ability of QR Codes to transfer the user to any part of the internet, consumers recommend that a description of where the QR Code will take you makes

it more usable. Consumers advised that if there is no QR Code descriptor they generally do not use them.

The following edits are recommended:

- The tense under the subheading “*How our healthcare staff, students and volunteers will support you*” is incorrect and should be rewritten. For example, the second dot point should read “assess **your** clinical condition and provide appropriate health care to address...”
- Double use of “are” in first line after “*Consequences of unacceptable behaviours*”

## **Conclusion**

These recommendations are based on consumer feedback provided to enhance the document. As written in detail above, consumers feel that this is more a list of expectations of consumers rather than mutual expectations with many of the expectations onerous and difficult to adhere to during an acute, or chronic, mental illness episode. Consumers would appreciate the chance to see the document again prior to publication for additional review.