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Submission:

Canberra Health Services Procedure Restrictive Practice in non-Mental Health Areas

Submitted by email to:
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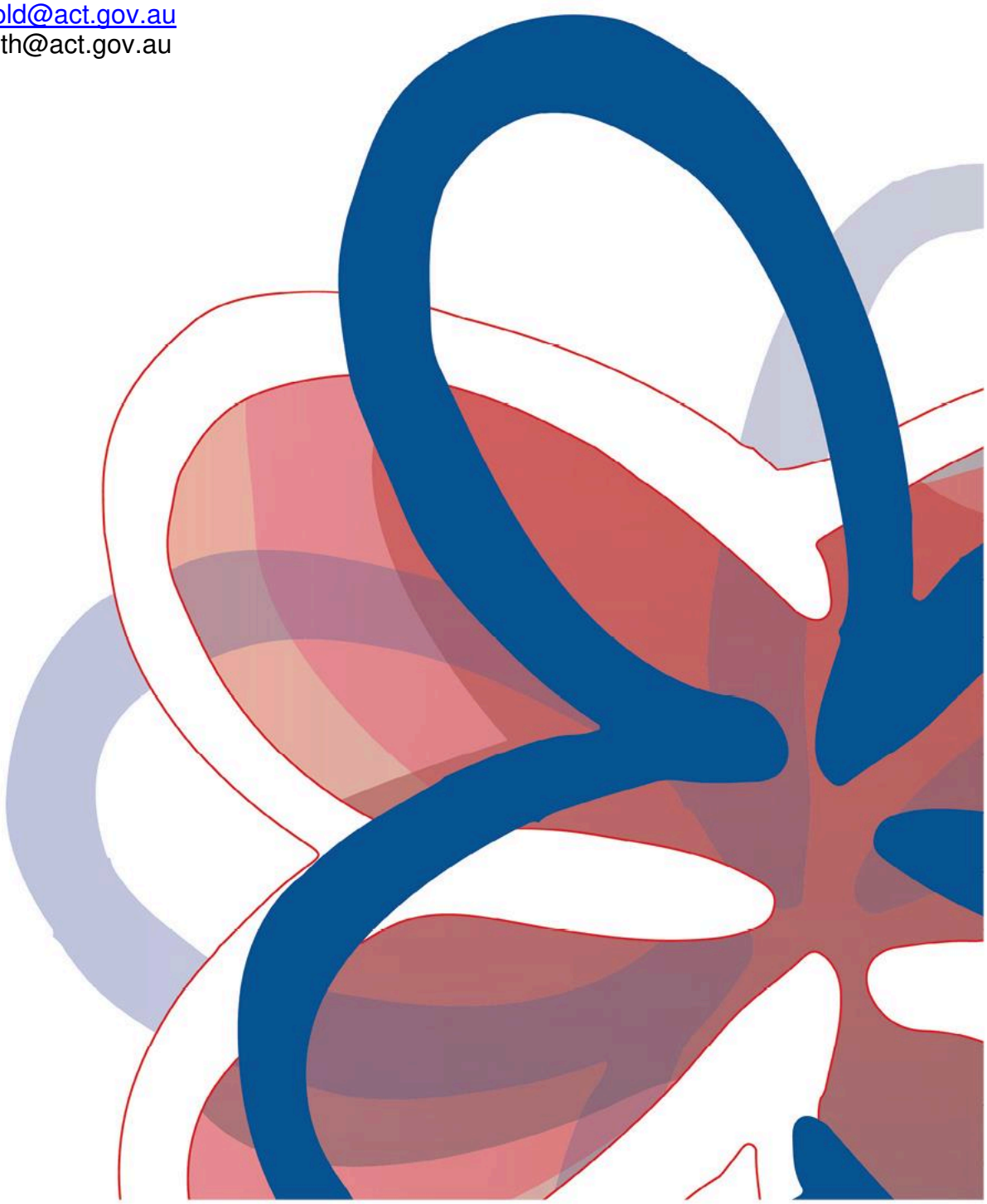

Submission: **Canberra Health Services Procedure Restrictive Practice in non-Mental Health Areas**

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Jacqui Clissold, Senior Policy Officer, Strategy and Governance, Canberra Health Services.

Acknowledgment of Country

We wish to acknowledge the traditional owners and custodians of the land upon which we sit. We pay our respects to their Elders past and present, and extend that respect to other Indigenous Australians who may be reading this document. We recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

The ACT Mental Health Consumer Network

The ACT Mental Health Consumer Network (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.

This submission has been prepared using written and verbal feedback provided by consumers.

General comments

Consumers welcome this opportunity to contribute to the Canberra Health Services Procedure Restrictive Practice in non-Mental Health Areas. We note that this procedure does not include inpatient services provided by the Mental Health, Justice Health, Alcohol and Drugs Division, but have provided a submission as mental health consumers may be treated in other health areas.

<u>Consumers do not sanction the use of restrictive practices, including seclusion and restraint</u>

Consumers clearly state that their provision of comments and recommendations regarding this Procedure in no way sanctions or legitimises the use of restrictive practices. Consumers referenced research around the trauma caused by seclusion

and the limited efficacy it has for keeping people safe when used as a therapeutic technique.

Consumers draw your attention to Recommendation 54, in the Final Report of the Royal Commission into Victoria's Mental Health System[1]. This recommendation identifies the goal of erasing seclusion and restraint in mental health and wellbeing service delivery by 2031.

While their first recommendation would be to eliminate seclusions and restraints, consumers are providing recommendations to this CHS Procedure recognising that it is included in the *Mental Health Act 2015* (ACT) (the Act). In addition, they acknowledge that elimination of seclusion would require changes to the Act which is a longer term project.

Nominated Persons, Advance Consent Directions, Advance Agreements

The Network notes that this procedure does not include inpatient services provided by the Mental Health, Justice Health, Alcohol and Drugs Division. However, the Act, provides mental health consumers with certain provisions and reference to these provisions is required as a mental health consumer may be being treated in a non-Mental Health area such as in the emergency department.

Among other things, 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.

[1] Royal Commission into Victoria's Mental Health System: Final Report, Recommendations, Plain language Version (https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/02/RCVMHS_FinalReport_PlainLanguage_Recommendations.pdf)

When a hospital inpatient, a consumer's Nominated Person is the appropriate person to contact, rather than a listed next of kin or family member 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.

Collection and use of data

Consumers expressed concern that whilst the data is not available, it is likely that in the same way as incarceration in the ACT, restrictive practices are likely to be used on specific populations more than others, such as Aboriginal and Torres Strait Islanders. For some cultures, and some trauma survivors, restrictive practices such as seclusion can increase their feelings of vulnerability and mental distress.

Public reporting requirements are minimal. While the ACT is consistent on reporting seclusion events, there is very little information available on ongoing restrictive practices, such as seclusions extended beyond the original four hours.

In addition, Consumers questions what how the information regarding restrictive practices is being collected, particularly regarding the time frame between the action (restrictive practice) and the recording of the action, noting that the NDIS specifies time limits for recording data.

Canberra Health Services Procedure Restrictive Practice in non-Mental Health Areas

Recommendation 1: Inclusion of a harm statement at beginning of Procedure

Consumers recommend including a statement at the beginning of the Procedure in the Purpose section (p. 2) acknowledging the trauma that restrictive practices can cause to a consumer. A statement such as the one below from the Canberra Health Services Clinical Procedure Seclusion of Persons with Mental Illness or Mental Disorder Detained under the Act would be ideal:

> '*Restrictive Practices can be a traumatic experience for people. All actions undertaken during the Restrictive Practices process should be trauma informed, including treating people with respect and dignity, communicating what is happening and why and providing psychological support following restrictive practice. The person's treating team is responsible for ensuring that the person is told about what is happening and why in a manner that they can understand and that they are offered the opportunity of engaging in psychological support following the restrictive practice'*

Recommendation 2: Inclusion of person's preference for treatment

As included in the Procedure Section (pp. 2-3), Canberra Health Services Operational Procedure Emergency Detention in Canberra Health Services Facilities and a Person's Rights under the Act, consumers recommend the additional inclusion of the following paragraph in the Purpose section of the Procedure:

> *'Person's Preferences for Treatment Care and Support*
> *A person may develop an Advanced Agreement or Advance Consent Direction, or appoint a Nominated Person, when they have decision making capacity to do so (see Advance Agreement, Advance Consent Direction and Nominated Person Procedure for further information). The existence of such documents may be available on Mental Health, Alcohol and Drug Services, Justice Health, Integrated Care eRecord (MAJICeR) or denoted via a My Rights, My Decisions Wallet Card or similar documentation. Whenever the situation allows, reasonable efforts should be made to ascertain if a person has such documentation and, if so, to follow the preferences documented.*
>
> *If it is not possible to check for the existence of an Advance Agreement and/or Advance Consent Direction prior to providing emergency treatment, care or support, the reasons for this must be documented in the person's clinical record.'*

Recommendation 3: Inclusion of term 'de-escalation'

Consumers strongly advise that the term 'de-escalation' should be included in this document from the very beginning, inserted in Alerts (p. 2, first paragraph): '*when all other available options to eliminate or reduce harm,* ***including the use of de-escalation techniques,*** *have been considered or tried…*'.

Consumers recommend the inclusion of a section on de-escalation up front in this document that identifies the various methods that may be used to keep the person and/or others safe prior to restrictive practice being used.

Recommendation 4: Contradiction regarding which staff the Procedure applies to

Consumers note that the Scope, p. 3 has conflicting advice as to who the procedure applies to. The first paragraph states:

> *'…procedure applies to all CHS employees or persons who provide health services or residential care services on behalf of CHS and who may be required to provide care for a patient who is experiencing distress or exhibiting challenging behaviours. This procedure applies to children and adults.'*

Yet paragraph 3, p. 3 advises:

> '*This document applies to the following staff working within their scope of practice: Medical Officers, Nurses and Midwives, Allied Health Professionals, Security Officers, Students under direct supervision'.*

Consumers recommend that it should be one or the other as having both is confusing.

Recommendation 5: Review disclosure of restrictive practice

Consumers expressed concern re Section 1 – Principles (p. 5), dot point 8 of the Procedure which includes a list of people that should be advised as soon as it is safe and appropriate to do so. There is no mention as to whether permission has been sought and given by the person to disclose such information to these people which includes '*friends*'. In addition, consumers highlighted that this list should include nominated persons, and recommend the following edit:

> '**Where prior consent has been given**, *disclosure of the use of restrictive practice in relation to a patient should be made to a identified substitute decision-maker,* **nominated person**, *patient responsible, guardian ~~relative~~ or carer ~~friend~~ of the patient as soon as it is practicable, and where it is safe and appropriate to do so.'*

Recommendation 6: Inclusion of specific training requirements for administering restraints

Section 4, Application of Restrictive Practices (p. 8) identifies that '*….staff should have relevant skills and knowledge to provide care in accordance with this procedure…'.* Consumers recommend that there be explicit mention of any specific training requirements for staff administering the tools of restrictive practices, including identifying retraining requirements.

Recommendation 7: Development of a restrictive practice tool register

This Procedure does not identify a regular system of maintaining the quality of restrictive practice tools. Consumers recommend that there should be a register developed that identifies all the different restrictive practice tools, when they were used, and when they require review to maintain safety for the consumer as well as staff.

Recommendation 8: Inclusion of Nominated Person as point of contact

As outlined under General Comments, consumers can appoint a nominated person to contact as and when required. To ensure that the Procedure is in line with the Act, consumers recommend that nominated persons be included in the following places:

- Section 1 – Principles, p. 4, paragraphs 1, 3 and 8;
- Section 3 – Roles and Responsibilities, p. 8, paragraph 5, dot point 4;
- Section 8 – Prevention and minimisation of restrictive practices, p. 13, paragraph 5;
- Section 11 – Post restrictive care, p. 14, 2nd and 4th paragraph after sub-heading '*b. Patients and Witnesses*'; and
- Any other relevant position.

Recommendation 9: Consistency of language when referring to 'others'

The Procedure is inconsistent when in relation to the language used to identify who might be at immediate risk of harm from a person's behaviour. For example:

- '*another patient*' (pp. 6 and 19);
- '*others'* (pp. 4, 11 and 12); and
- *'someone'* (p. 19).

Consumers recommend that consistent language be used throughout.

Recommendation 10: Removal of subjective word 'might'

Consumers noted that the use of the word 'might' in Section 7 (p. 12) is not forceful enough for such important record keeping and recommend using must, i.e.:

> '*The information which provided the basis of any decision that restrictive practice was necessary and reasonable including as to the circumstances and views of senior and medical staff. This ~~might~~* **must** *include information about…'*

Recommendation 11: Inclusion of what constitutes a 'warning'

Consumers raised concerns that Section 7, *Observing the restrained patient and documentation*, includes a summary of the reasons behind a decision to restrain a person that needs to be recorded, including '*…d) Details about any warnings given to the patient….*' but identifies no documentation as to what constitutes an appropriate warning. Consumers recommend the inclusion of specific language/questions be included to ensure that a person has received a fair warning using language they understand has been given prior to seclusion.

Recommendation 12: Trauma Informed Care Practices

Trauma Informed Care is not mentioned until Section 8 of the Procedure. Consumers recommend that there be discussion regarding Trauma Informed Care practices earlier in the document.

Recommendation 13: Inclusion of previous restrictive practices in handover

Consumers recommend that clinical handover should include any information on the duration of the restrictive practice, who authorised/undertook the restrictive practice, and when review by the senior consultant is due. This information is of particular importance for any episodes of ongoing restrictive practice.

Recommendation 14: Inclusion of peer workers in promotion of recovery

Consumers recommend that peer workers be included in the promotion of a person's recovery after an incident of restrictive practice for both the patient and for any witnesses that are in the non-Mental Health areas.

Recommendation 15: Follow up/debriefing post seclusion

If, after all de-escalation techniques have been tried, restrictive practices are still required, consumers emphasise that follow up/debriefing of the person as soon as practical after restrictive practice is essential. A person may not be able to comprehend follow up on the first request, and consumers recommend that people need to be given time to participate in a follow up/debriefing especially if a person has received medication that may have a sedative effect.

Recommendation 16: Earlier inclusion of tailored intervention

Section 11 of the Procedure includes a paragraph that looks at the various ways that intervention should be tailored to support recovery. This paragraph should also be included must earlier in the document when preventative measures are being discussed.

Recommendation 17: Definition of restricted practice length

Consumers recommend that a paragraph that identifies when seclusion is considered to be broken/not broken be included in this Procedure, similar to the following from the *Canberra Health Services Procedure Restraint of Person Detained under the Mental Health Act 2015 ACT*:

> *'Seclusion is considered not to have been broken, when the person is attending to their personal hygiene such as toileting, showering, or being given medication, food or fluid. Seclusion is considered to be broken when the door is left open and the person can exit the room of their own accord.'*

General Edits:
The following edits are recommended:

- Correction to name of internal governing body (p. 7). Should read '*the Restraint, Seclusion and Restrict**ive** Practices Committee*'
- p. 8, '*CHS will **take** all reasonable…*'
- Section 4, p. 9, *b.*, 'All ~~**health care**~~ health care professionals…'
- Section 4, p. 9, *b*, new dot point for statement at end of dot point 3, '*care and respect of the patient's dignity.*'
- Section 4, p. 9, *c.*, suggest: *'… described* **in** *Attachment 3 the decision to cease restrictive practices will be based* **on** *clinical…'*
- Section 5, p. 11 recommend a sub-heading above the dot points. Also query why suddenly moved into using dot points when the rest of the document is in paragraph format.
- Section 7, p. 12, recommend the following inclusion: '…confinements of a patient should be documented **on the** *Restrictive Practice Authorisation…'*
- Section 11, p. 14, recommend the following inclusion: '…*de-briefing* **and**/*or counselling…*'
- Section 11, p. 14, recommend the following inclusion: '…*For inpatient* **units** *and other settings…*'
- All sections: when reference made to 'must be recorded' need to specify it is the patients Electronic Clinical Record (ECR). This is not specific throughout the document.

Attachments – Tool Kits
General Comment
To make the Tool Kits easier to refer to, consumers recommend the inclusion of page numbers.

Attachment 1 – Tool 1 - What are restrictive practices, and what types are there?

Recommendation 1: Edit the first paragraph on p. 3
Consumers were concerned that this paragraph reads as though using sedating medication as a punishment or for the convenience of others would be considered as a restrictive practice. They request that the paragraph is edited to remove this confusion.

Recommendation 2: Inclusion of 'restrictive practice'

Consumers recommend that the following inclusion for the 4th dot point (p. 3) be made for clarity and to ensure all dot points are consistent, '*administering the medication is not available, the intervention should be considered a chemical restraint* **which is a restrictive practice**'.

In addition, the last sentence of the 4th dot point, '*…It is important to document the clinical rationale for the use of restrictive practice*' should be moved to be a standalone sentence as it refers to all the dot points, not just the last one.

Attachment 2 - Tool 2 – Clinical strategies to minimise the use of restrictive practices

Recommendation 1: Inclusion of Advance Agreement, Advance Consent Direction and Nominated Person

Consumers noted many areas of Attachment 2 where Advance Agreements, Advance Consent Directions and Nominated Persons should be referred to. Their recommended edits are below:

- Under sub-heading 'Health Services can use this information to:', first dot point, include Nominated Persons
- Under sub-heading 'Clinical strategies to minimise the use of restrictive practices'
    a. inclusion of Nominated Persons in dot points 1, 2 and 5;
    b. recommended edit of dot point 8: '*…behaviours, using* **a patients Advance Consent Direction and Advance Agreement, speaking with their Nominated Person** *and screening…*';
    c. recommended edit of dot point 10: '…*this includes* **checking for a patients Advance Care Directive and Advance Agreement, speaking with their Nominated Person** *and a range of verbal…*'; and
    d. Any other relevant position.

Recommendation 2: Inclusion of gender

Consumers recommend the inclusion of 'gender' in the 4th dot point, sub-heading '*Clinical strategies to minimise the effect of restrictive practices*'.

Recommendation 3: Addition of word 'supportive'

Consumers recommend the inclusion of the word 'supportive' after the word 'emotional', so that it reads '*Providing a physical***ly**, *social***ly** *and emotional***ly supportive** *environment…*'.

Recommendation 4: Removal of term 'mental conditions'

Consumers recommend the language be changed removing '*mental conditions'* to **mental illness and/or disorder**, to maintain consistency with the Act.

Attachment 3 - Tool 3 – Safe Application of Restrictive Practices and Recovery

Recommendation 1: Include de-escalation techniques

De-escalation techniques should be mentioned at the beginning of the document under the heading '*Before - team work and equipment*'. Consumers recommend including the following in this section: **Check a patient's medical record to identify whether a person (such as a nominated person) or a specific de-escalation technique has been identified in the patient's Advance Consent Direction or Advance Agreement to assist with de-escalation.**

Recommendation 2: Identify who to debrief after use of Restrictive Practice

Consumers recommend that dot point 3, p. 1 should include examples of who *'…all people…'* could be, such as visitors, patients, staff and so on.

Recommendation 3: Inclusion of Advance Agreement, Advance Consent Direction and Nominated Person

Consumers noted many areas of Attachment 3 where Advance Agreements, Advance Consent Directives and Nominated Persons should be referred to. Their recommended edits are as below:

- Heading *'Before – assessment and care-planning processes*' - Consumers recommend removing *'personal prevention plan'* as it is not mentioned in the procedure nor the Act, and include Nominated Persons, Advance Consent Directions and Advance Agreements as follows: '*Is there a plan (~~personal prevention plan~~* **Advance Agreement, Advance Consent Direction, Nominated Persons***) already in place to guide…*'
- Heading '*After – optimising recovery*', inclusion of Nominated Persons as follows:
    i. 3rd dot point, '*…planning, with patient,* **Nominated Persons***, carer and…*'
    ii. 5th dot point, '*… such as ~~personal prevention plans~~, advance~~d~~ agreements,* **advance consent directions***)…*'
    iii. 6th dot point '*…supportive counselling for ~~family~~* **nominated persons,** *family, carers…*'

iv. 6th dot point '*…person,* **nominated persons**, *carer(s) are ~~be given the opportunity to make~~* **provided information to support them to make a formal** *complaint…*'

- Heading '*Manager's role*', fourth dot point, review as follows: '*…patients,* ***nominated persons*** *and carers to re-establish a relationship with ~~patient and carer~~* ***them***.'

Recommendation 4: Additional sub-heading, Appropriate Chemical restraints must be…

Consumers recommend an additional sub-heading, '**Appropriate Chemical Restraints must be**' under the heading Equipment, with dot outlining what the requirement for Chemical Restraints are as there is for '*Appropriate Mechanical Restraints must be*'.

Recommendation 6: Remove subjective comment 'regained control of their behaviour'

Consumers recommend removal of the first dot point under the heading '*During – review and cessation of restrictive practices*' that states '…*ceased when the person has: Regained control of their behaviour*'. This is a subjective statement and assumes that the person can control their behaviour as though with a switch.

Conclusion

These recommendations are based on consumer feedback provided to improve the document from a mental health consumer perspective, with particular feedback on the inclusion of Nominated Persons, Advance Consent Directives and Advance Agreement, trauma informed care and the inclusion of de-escalation techniques. Consumers also strongly recommends the use of mental health peer workers even though the document relates to non-mental health areas.