

ACT
Mental Health
Consumer Network

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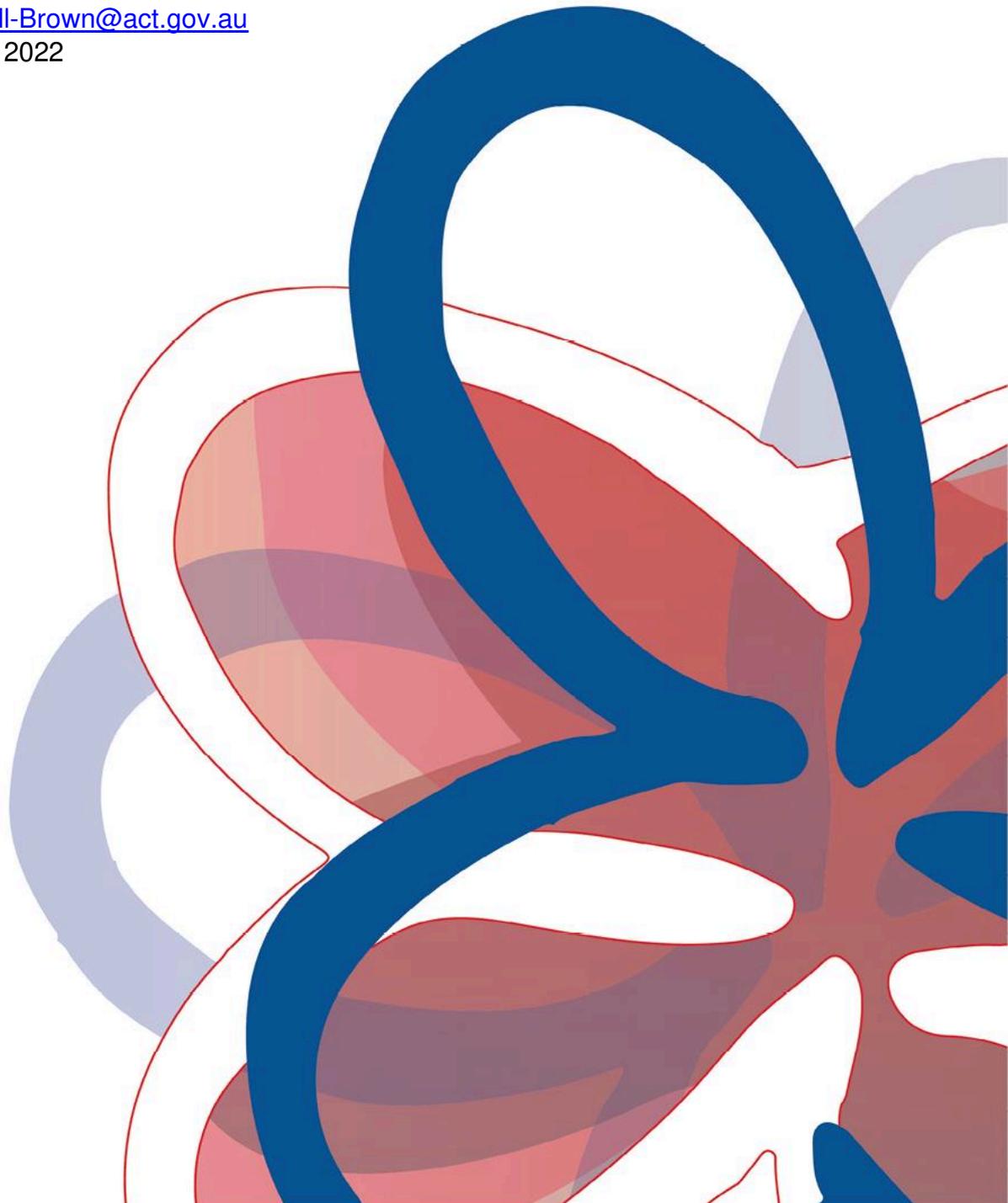
Submission:

**Canberra Health Services Draft Animal
Guideline**

Submitted by email to:

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Submission: Canberra Health Services Draft Animal Guideline

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Josie Russell-Brown, Project Officer RN, Emergency Department, Canberra Health Services.

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.

Feedback from consumers was provided via email in relation to the Canberra Health Services Draft Animal Guideline and this is incorporated into this submission.

General comments

The Network welcomes this opportunity to contribute to the Canberra Health Services Draft Animal Guideline.

The *Mental Health Act 2015 (ACT)* (the Act), should be included in the list of relevant legislation, as the Guideline covers Canberra Health Services Mental Health Inpatient Units, such as the Adult Mental Health Unit and Mental Health Short Stay Unit as well as patients with mental illness or disorder that may be in the ED.

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 documents 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 supports, if in place, are included 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, as well as providing a wealth of detailed information to support their care and treatment.

Canberra Health Services Draft Animal Guideline

Recommendation 1: Section 2, use Mental Illness or Disorder

The Act uses the phrase 'Mental Illness or Disorder'. Consumers recommend changing page 3, Section 2, dot point six to read: "*Dogs supporting people who have mental health issues **mental illness or disorder***"

Recommendation 2: Section 2, NDIS approved Assistance Animals

Consumer recommended that the allowances provided in the NDIS for Assistance Animals should be referred to as increasingly more people are able to have such animals as essential part of their wellbeing.

Recommendation 3: Inclusion of Advance Agreement, Advance Care Directive and Nominated Person

It is important that these three documents are noted in the Guideline so consumers with mental illness or disorder are appropriately supported, as required under the Act. Advance Consent Directions and Advance Agreements may include specific information regarding the patient's desire to see their pets and the way in which their pets will assist with their recovery and as a de-escalation tool.

In addition, consumers recommend that the reference to '*family*' as one of the pre-approval requirements for pet visitations Personal Pet Visitations (p. 5) be removed as the term '*family*'; is not defined. Consumers are concerned as to why their family would have a say in regards to whether or not their pet can visit, and some consumers are without family.

Recommendation 6: Facilitate pet visitation via use of outdoor spaces

Consumers strongly recommend the use of outdoor spaces as places patients can access their pets, particularly when considering patients in the Mental Health Short Stay Unit and High Dependency Unit (where possible) as this document arbitrarily states that animals are unsuitable for these units (p. 9). Patients in Mental Health Short Stay unit and the High Dependency Unit could benefit from access to their pets and this access could be made possible using courtyards and other outside areas.

As outlined above, a consumer's Advance Agreement and Advance Consent Direction should be referred to as it may include specific information regarding the benefit of a consumer's pet to their wellbeing and mental health recovery.

Recommendation 4: Guideline requires clearer and more specific statements

There are many subjective statements throughout the document which should be replaced with evidence-based statements OR a way of determining whether the statement is true or false. For example:

- page 5, Section 3, subheading *Animals excluded from visiting CHS*:
 - a. *"Dogs that create an unsafe environment"* although there is no explanation as to what type of dog this may be nor how this decision is made;
 - b. *"Animals that may be traumatised by a hospital environment"* although there is no qualifying statement as to what animals this refers to nor how this decision is made. Consumers stated that they thought this would be impossible to police fairly, with any animal able to be refused entry based on this.

- page 6, Section 3, sub heading *Mandatory requirements for visiting Animals* advises *"Under the care and supervision of a qualified veterinary surgeon the animal should be..."* and a list of things such as *"healthy and fully vaccinated"*. Consumers questioned how this would be evident and whether a certificate or other proof be required to prove such statements.

- page 9, Section 4: under *Adult Mental Health Unit* the first dot point states *"Each case will be risk assessed"* but there is no information provided as how this will occur.

- page 14, Section 13: under *Veterinary Screening* mention is made of *"Animal Agencies"* but there is no explanation or definition of what an animal agency is. This term is also used in Section 14, referring to *"...accredited animal agency..."* but there is still no definition of what this might be.

Recommendation 5: Consistency of document

There are parts of the document where the Royal Society for the Prevention of Cruelty to Animals (RSPCA) is contacted if no one can be found to care for a patient's pet (e.g. p. 9) yet other parts of the document where Domestic Animal

Services (DAS) will be the first point of call for such pets (e.g. p. 7). The action needs to be consistent, and consumers recommend that the RSPCA should always be first point of call if the patient's nominated person or other supports are not able to care for the pet. This is an important requirement as the document identifies that "... *if the animal is not reunited with the owner within seven days, they become the property of DAS*" (p. 7) and the length of inpatient stays can be difficult to judge.

Having DAS as the first and only option would result in some patients discharging themselves prior to recovery to save their pet which could result in patients being placed under a protection order for trying to leave.

Prior to contacting the RSPCA or DAS, consumers emphasised that a patient's hospital record should be checked to see if they have an Advance Consent Direction or Advance Agreement that might identify what to do with their pets if they are in hospital (Emergency Department or inpatient) OR identify a Nominated Person who will know what to do with their pets.

Recommendation 6: Consistency of language throughout the document

The terms 'patients' and 'consumers' are used interchangeably throughout the document. Consumers advised that it would be easier to read and understand if one of these terms was used throughout.

Conclusion

These recommendations are based on consumer feedback provided to enhance the document and make it consistent with the *Mental Health Act 2015 (ACT)*.