



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](mailto:policy@actmhc.org.au)  
Website: [www.actmhc.org.au](http://www.actmhc.org.au)

**Submission:**

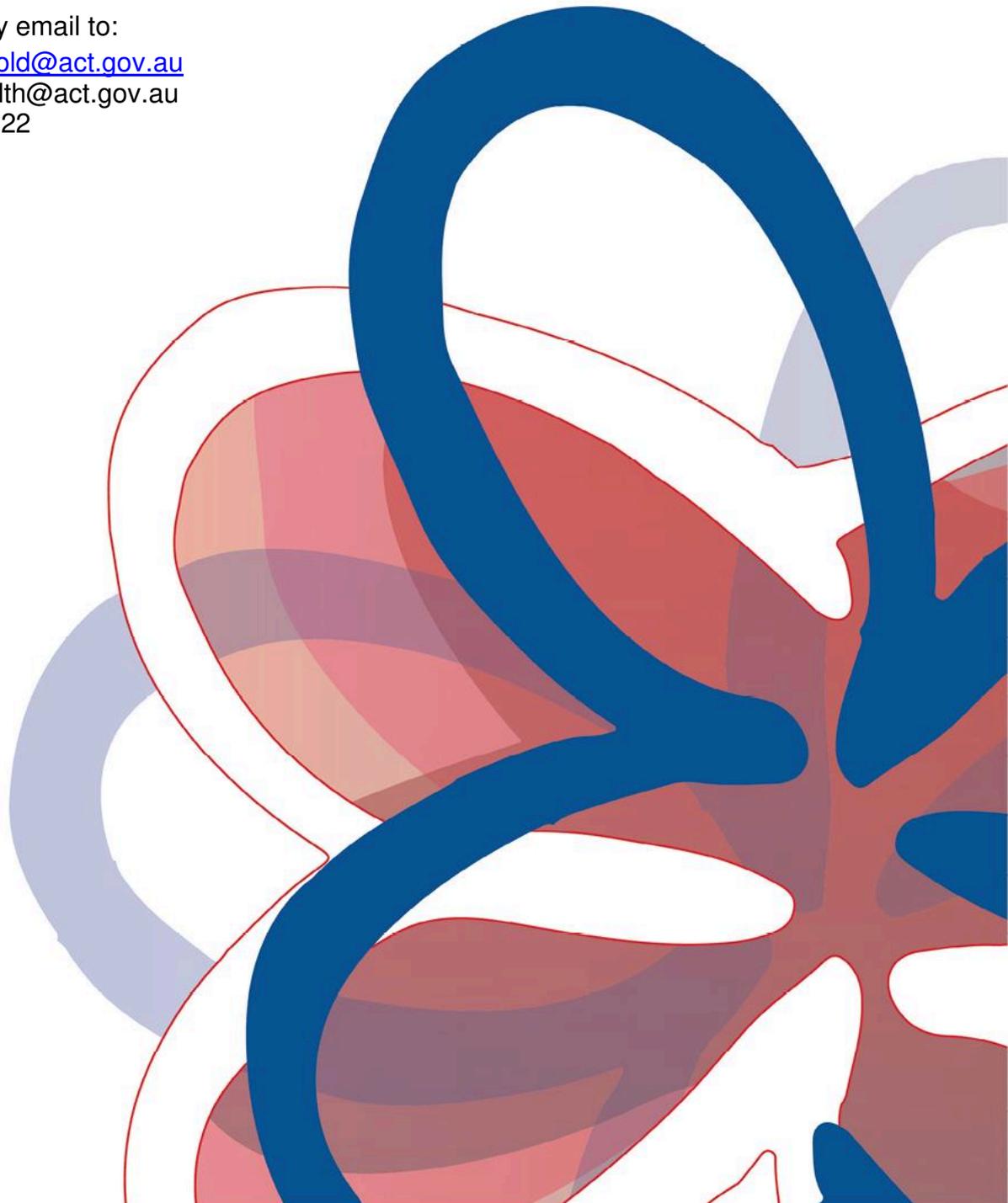
**Canberra Health Services Procedure  
Ligature Use Response and Ligature  
Risk Management MHJHADS**

Submitted by email to:

[Jacqui.Clissold@act.gov.au](mailto:Jacqui.Clissold@act.gov.au)

[PolicyAtHealth@act.gov.au](mailto:PolicyAtHealth@act.gov.au)

11 March 2022



## Submission: **Canberra Health Services Procedure Ligature Use Response and Ligature Risk Management MHJHADS**

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 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.

We acknowledge people with lived and living experience of mental illness as consumers and their important lived experience expertise and ongoing contributions to the mental health sector.

A consumer e-Forum was held and additional feedback was received via email in relation to the Canberra Health Services Procedure Ligature Use Response and Ligature Risk Management MHJHADS. 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 Canberra Health Services Procedure Ligature Use Response and Ligature Risk Management MHJHADS.

Consumers noted that while they are receiving treatment in MHJHADS inpatient mental health units they are at their most vulnerable and require help and support on their recovery journey. They noted the importance of their wellbeing and support for holistic care while also recognising the importance of a procedure such as this to maintain their safety whilst in these units.

#### Comply with the *Mental Health Act 2015 (ACT)*

The *Mental Health Act 2015 (ACT)* (the Act) provides mental health consumers with the ability to complete documents 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 have impaired 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 a consumer is an inpatient in a MHJHADS managed mental health inpatient unit, their Nominated Person is the appropriate person to contact, rather than a family member or next of kin who may no longer be current. A consumer's Advance Agreement and/or Advance Consent Direction provide details as to who can and cannot be contacted when a consumer presents for hospital care and treatment, as well as providing a wealth of detailed information to support their care and treatment.

This submission identifies examples of where Nominated Person, Advance Agreement and Advance Consent Direction should be included in the Procedure.

#### Future MHJHADS mental health inpatient units

Consumers advise that this Procedure needs to be included in the Model of Care for both the Adolescent Mental Health Unit, the Eating Disorders Unit and any other units yet to be created.

### **Canberra Health Services Procedure**

### Recommendation 1: Enhancing the Scope

- The Scope of this Procedure (p. 4) does not include which MHJHADS mental health inpatient units cater for adolescents or children at risk of ligature use. Consumers are concerned that this Procedure does not indicate where these vulnerable people would be admitted, nor does it indicate whether or not they would be protected through the requirements outlined in this Procedure (ligature cutters available, training in safe ligature removal etc).
- In addition, while consumers are not confident about whether or not the following mental health inpatient units are managed by MHJHADS, they raised concerns that the following inpatient mental health units are not mentioned in the Scope and therefore are not included in this Procedure: Paediatric Unit – Adolescent Ward, Centenary Hospital for Women and Children, Older Persons Mental Health Unit (Calvary Hospital) and Ward 2N (Calvary Hospital).

### Recommendation 2: Inclusion of Nominated Persons in the Scope

Consumers recommend that Nominated Persons, entering inpatient units be explicitly included in the dot point list, (pp. 4-5) of to whom this Procedure applies, where it currently states “...*procedure applies to all people providing services and those visiting and supporting admitted persons to MHJHADS inpatient mental health units...*”. In addition, the inclusion of Tradespeople working in the units is recommended.

### Recommendation 3: Evidence of understanding

The Procedure states that

*Clinical staff working in MHJHADS inpatient units must have a clear understanding of this procedure, be familiar with the emergency response required, and receive training in the use of a ligature cutter and the post ligature management of a person... (p. 5, Section 1).*

Consumers recommend some form of record that identifies when training is completed to ensure that all staff have this understanding, familiarity and have received training in and have competence in the use of ligature cutters and post-ligature management.

### Recommendation 4: Ongoing understanding and familiarity training

In relation to “...*ensure that medical officers as part of their orientation are familiar with the Ligature Risk Management System...*” (p. 6, Section 2, subheading 2.3 Clinical Directors), consumers recommend that there be ongoing familiarity training of

this Procedure required, particularly if new construction has occurred and/or new ligature removal techniques have been introduced into the environment.

#### Recommendation 5: Redraft Section 2.10 Visitors and Carers

- Consumers recommend that, *Visitors and Carers* (p. 9, Section 2.10) be rewritten to explicitly include Nominated Persons in the heading and text, e.g. “*Visitors, **Nominated Persons**, Carers*”.
- The statement “*Visitors and carers must comply with all relevant policy and procedures*” could be difficult to comply with unless all visitors, Nominated Persons, carers/support persons etc. are given access to the relevant policies and procedures prior to entry and have them explained in ways they understand. Consumers raised concern that an individual may not be permitted to visit if they do not understand the instructions provided regarding the policies and procedure, particularly in the case of people with language barriers and disability.
- Consumers recommend that pictorial posters be clearly visible to advise visitors, Nominated Persons and carers what they need to do if they believe they have witnessed someone self-harm, in line with the Procedure’s statement that “*Visitors and carers must immediately notify and alert clinical staff in the event a person has self-harmed, inclusive of the use of a ligature*”, p. 10.

#### Recommendation 6: Removal of statement from Section 2.10

Consumers recommend the removal of the statement “*Visitors and carers must comply with all relevant policy and procedures*”. This is an unrealistic expectation on visitors, Nominated Persons, carers and support persons who are unlikely to be well versed in the policies and procedures and therefore needs to be removed.

#### Recommendation 7: Inclusion of new sub-heading to cover agency and casual nursing staff

While it is preferable that agency or casual nurses are not placed in MHJHADS inpatient mental health units, with ongoing staff shortages, particularly during the pandemic, consumers recognise that this is likely to occur. For this reason, they recommend that this Procedure needs to include an additional sub-heading under Section 2 outlining how and when agency and casual nurses will be trained in regard to this Procedure.

#### Recommendation 8: Inclusion of practical training procedure

- Consumers recommend that Section 4 – Ligature Cutter Use (p. 10) include the

practical training procedure requirements for using Ligature Cutters. This would ensure appropriate training has been conducted as part of orientation to the ward.

- In this same section, consumers recommend that the reference to further information being available be clearer in the document, *Attachment 1: Guide to Ligature Cutter Operation* (p. 11). For example, this could be in bold text and include a hyperlink as there is information in Attachment 1 that is not included on p.11 but is important in the use of the Ligature Cutter.

#### Recommendation 9: Redraft 5.2 Conscious Self-Suspended Strangulation

- Consumers advise that they found Section 5.2 *“Conscious Self-Suspended Strangulation”* (p.14) confusing. They advised that the activation of the Emergency Code Blue and Emergency Code Black alarms would result in specific responses which do not need to be explained in this section.
- Consumers expressed concern regarding the recommendation to call 000 for someone who is conscious and attempting self-suspended strangulation as well as having a sharp on their possession and is threatening aggression towards staff. Consumers recommend that the Code Black procedure would suffice, as it would notify Security Officers who are trained in this type of emergency. Consumers were concerned that the presence of police could escalate the already precarious situation.
- Consumers also recommend the inclusion of de-escalation techniques that can be used in this scenario, either in this section or as part of an attachment.

#### Recommendation 10: Location of the Ligature Cutter

There is inconsistency throughout the Procedure regarding the location of the ligature cutter.

Most of the Procedure identifies that ligature cutters are to be stored in a designated location that is readily known and accessible to clinical staff. However, on page 13, it states it can be *“...stored on either the emergency trolley or in a designated location that is readily known and accessible to clinical staff...”*.

Consumers recommend that the location of ligature cutters is consistent across all MHJHADS inpatient mental health units. This will avoid possible incidences of a clinical staff member not recalling or not knowing the specific location of the ligature cutter in the mental health unit in which they are working. Consumers also recommended that the location of the ligature cutter be included on the Ligature Risk Map (Attachment 4) for each MHJHADS inpatient mental health units.

### Recommendation 11: Replacement of the Ligature Cutter

Consumers recommend that there be consistency in how the used ligature cutter is to be replaced and who is responsible for the replacement. The Procedure identifies on that

*The CNC or NIC should be advised that a new ligature cutter is required from spare stock on the Unit (p. 17) then goes on to state that Additional ligature cutters are to be kept stored on each unit by the ADON, in a location that is readily accessible and made known to staff... (p. 21).*

Given the urgency in the location of a ligature cutter, consumers recommend that a specific staff member, identified in the Procedure, be responsible for replacing the ligature cutter within a set amount of time.

### Recommendation 12: Update who should be notified of the use of a ligature

- Consumers recommend the removal of 'next of kin' (p. 17, Section 6.1 *Reporting Requirements*), as it is not defined in the Act and may not be current. In addition, some consumers may not have family or may not want family to be contacted with good reason.
- Consumers recommend including a sentence to check the patient's hospital record to determine whether a Nominated Person, Advance Agreement and/or Advance Consent Direction are in place as these documents provide agreed details who can and cannot be contacted when a person is an inpatient in a MHJHADS mental health inpatient unit.
- Consumers also recommended the inclusion of 'guardian' as this will be applicable to children and young people, and people who been appointed a legal guardian e.g. under a Psychiatric Treatment Order (PTO) or Guardianship Order.

### Recommendation 13: Section 8 – Inclusion of Nominated Persons

Consumers recommend the inclusion of Nominated Person in the heading for Section 8 so that it complies with the Act, as follows: *Support for Staff, Consumers, Nominated Persons, Carers and Others*. For consistency, consumers also recommend including 'Support Persons' in the heading.

### Recommendation 14: Inclusion of debriefing time frame

Consumers recommend including a time frame for debriefing clinical and non-clinical staff after an incident (p. 20, Section 8, *Support for Staff, Consumers, Carers and Others*). A time frame will ensure that all staff requiring support are offered it in a timely manner.

### Recommendation 15: Access and engagement of supportive services

- Consumers recommend that more information regarding how consumers, Nominated Persons, carers and support persons, as well as other non-clinical workers such as tradespeople, can receive appropriate supports after witnessing a serious event involving a self-harm ligature incident.
- Consumers recommend that a clear, practical, simple and portable brochure that outlines all the available supports for people who witness a ligature incident. This is important as people may not be in the mind frame to take in information immediately after witnessing such an event. The brochure could include services, available such as Woden Community Service's 'The Way Back Support Service', and phone numbers of organisations that could provide support, such as Lifeline, Beyond Blue and Head to Health.
- Consumers also recommend that, in addition to the ADON and CNC, the Procedure should include the presence of a social worker or peer worker who can actively take people through the brochure at this time of distress.
- Consumers do not think current inpatients of a MHJHADS mental health unit would be offered the '*...opportunity to access and engage with supportive services...*' as stated on p. 20. Consumers recommend an amendment identifying that support for consumers would be offered as part of their ongoing treatment.

### Recommendation 17: Change to heading 'Cleaning of Ligature Cutters'

Consumers recommend that the Section 9.3 heading (p. 20) be changed to "Cleaning **Disposal** of Ligature Cutters". The term 'cleaning' in the heading is misleading as it states elsewhere in the Procedure that ligature cutters are a single use device and therefore should not be cleaned.

### Recommendation 18: Reference made in the Note, p. 23

The Note on p. 23 states that '*...entry to bedrooms, ensuites and toilets should not, under all circumstances, be considered an intrusion or breach of a person's human rights...*'. Consumers advised that the word 'should' is very subjective and it either is or it is not an intrusion or breach of human rights. Replacing the word 'all' with 'any' would alleviate some of the confusion in this statement, but not all.

Consumers questioned whether any steps would be taken prior to entering bedrooms, ensuites and toilets, such as a vocal check or knock to check that someone is OK, providing them with the opportunity to cover themselves for privacy. Consumers understand that if there is reasonable belief that a person is at high risk of self-harm and/or suicide behaviour, then direct access to the room is warranted.

In all other cases, a knock and announcement should be included to ensure a person's dignity is maintained.

#### Recommendation 19: Remove word 'family'

Consumers recommend the removal of the word 'family' (p. 26, fifth paragraph) so it reads '*circumstances where a family visit does not proceed well...*'. Any visit may not proceed well and result in an increased risk in any inpatient area, not only visits with family members.

#### Recommendation 20: Additions to list of ligature point examples

Consumers recommend the inclusion of hand sanitiser dispensers, such as those at ends of beds and throughout the ward, in the *list of ligature point examples* (p. 31).

#### Recommendation 21: Inclusion of Ligature Risk Maps

Attachment 2 of the Procedure only includes the Ligature Risk Map for Ward 12B. Consumers recommend that the Ligature Risk Map for every MHJHADS inpatient mental health unit be included so the Procedure includes all important and relevant information and can be referred to when necessary.

#### Recommendation 22: Related policies and procedures

Consumers advise that, while they understand this Procedure would not cover preventative measures, they recommended that policies and procedures covering Trauma Informed Care and De-escalation techniques be included in the section titled *Related Policies, Procedures, Guideline and Legislation*, p. 34. This would provide an opportunity for staff and visitors reading this Procedure to also find out about Trauma Informed Care and De-escalation techniques which could reduce the incidence of ligature use.

### **Editorial recommendations**

- Page 15, Section 5.2.1 *Cutting the Ligature* – the paragraphs are confusing, as are the pathways of action. For example, the sentence starting with "*The person should then be lowered to the ground...*" is both above and below the Note box. Consumers recommend it only be after the Note box once the person has been lowered.
- Page 16, Section 5.4, *Ligature Use to Constrict Blood Flow to a Body Part*, recommend including 'be': "...response may need to **be** activated and..."
- Page 19, Section 7 – *Documentation*, third paragraph should be redrafted to read: *Documentation is also to include notifications made to police, **nominated persons**, ~~relatives~~, carers, **support persons** as well as other statutory, serious incident and other line management reporting requirements.*

- Page 31, removal of “...and soap dispensers” in dot point 10 as repeated.
- Consumers noted that the document was difficult to read, and that readability would improve from the inclusion of flow charts when the document is outlining a specific process that need to be followed, such as the dot points in Section 5.4.3, Reporting requirements (p. 17).
- Consumers also suggested the inclusion of basic diagrams in the document to assist with understanding the risk involved, especially for newly qualified clinical staff, such as for Section 14.1 *Examples of Ligatures* (p. 30).

## **Conclusion**

These recommendations are based on consumer feedback provided to improve the document from a consumer’s perspective. In summary:

- Inclusion of de-escalation techniques to encourage and support their use when required.
- A statement at the beginning of the Procedure that the hospital record of a consumer undergoing treatment in a MHJHADS managed mental health inpatient unit should be checked to determine whether they have a registered Nominated Person and/or Advance Directive and/or Advance Consent Direction.
- Inclusion of Nominated Person, Advance Directive and Advance Consent Direction where required throughout the Procedure.
- Recognising that safety is paramount, consumers emphasise that the dignity and privacy of a consumer should be maintained where at all possible.