



**Submission to Preliminary Model of Care  
for Adolescent and Young Adult Mental Health  
Inpatient Unit (AYAMHIU)  
and Secure Adult Mental Health Inpatient Unit  
(SAMHIU).**

## **Introduction**

ACT Mental Health Consumer Network (the Network) is an organisation that is run by consumers for consumers. Our aim is to bring about a higher standard of care in the mental health sector through representation, lobbying and active involvement in new developments in the mental health sector.

Our organisation is extremely committed to the rights of mental health consumers. We promote a respectful and accepting system that involves Consumers, Carers and Professionals listening and respecting one another in an active healthy relationship. We also promote the development of support structures for all these groups.

The Network welcomes the opportunity to give feedback on the proposed model of care for Adolescent and Young Adult Mental Health Inpatient Unit (AYAMHIU) and Secure Adult Mental Health Inpatient Unit (SAMHIU). This submission is based upon literature research of best practice, broad consumer consultation, and discussion with other community organisations including Women's Centre for Health Matters, Youth Coalition of the ACT, and Mental Health Community Coalition of the ACT.

The Network acknowledges that there are some unique aspects attached to the different categories of inpatient units, while at the same time, there are similar underlying principles and practices overarching the model of care of any inpatient unit. Therefore, this submission is divided into three parts. The first part is consumers' general views of mental health inpatient units, portraying a framework and basic principles that should be included in the Model of Care. The second and third parts respectively are consumer views on specific issues in relation to the Adolescent and Young Adult Mental Health Inpatient Unit (AYAMHIU) and Secure Adult Mental Health Inpatient Unit (SAMHIU).

## **Consumers General Views of Mental Health Inpatient Unit**

The Network views that the new development of AYAMHIU and SAMHIU should be designed as part of a master plan to build more sustainable community-based mental health services that adopt recovery principles and promote prevention and early intervention.

The Network believes that to enable individuals to embark on their recovery journeys, all treatment and care should be provided in a therapeutic environment using the least restrictive methods possible. This would ideally be delivered through community-based mental health services where individuals are not removed from the environment they are comfortable with and provides the possibility of maintaining links with their family and community.

When this is not possible, however, the provision of any mental health inpatient facility should provide access to individuals in keeping their links to family and community, and not exacerbate stigma of having mental illness and receiving treatment. Consumers should not be punished as a result of their illness through the decision to provide treatment in an inpatient unit. In both AYAMHIU and SAMHIU, the Model of Care should adopt stigma reduction programs that would prevent consumers ending up in a worse position compared to before they were admitted to the facilities. The model of care should reflect temporary acute treatment that supports individual to embark on their recovery journey with long-term support in a community setting.

In relation to AYAMHIU, the Model of Care should provide a community friendly environment for adolescents and young adults to feel confident that after being discharged back to the community they will not be discriminated against due to their mental illness and treatment they received.

Similarly, consumers admitted to SAMHIU should be able to receive their treatment under a model of care that places the therapeutic environment as the priority rather than security and a prison-like environment, where public assumptions of consumers being dangerous to society can be strengthened.

The model of care should include access for community organisations to enable consumers maintain their community links while accessing the facilities. Community organisations need access to the facilities to build relationships with consumers before they are discharged. The model of care should explore possibilities for the involvement of community-based services in treatment and care delivery to cater consumers' diverse of needs as far as possible. The discharge plan should identify which community-based services each consumer can access to cater to their specific needs otherwise relapse is more likely to occur. For example, consumers want to have more Step-up, Step-down type programs available in number of areas followed by increasing access to the program. Although consumers find that the

Step-up, Step-down programs is helpful in reducing admission to acute services, availability is limited to only five places creating significant limitations to access.

As the Network would like to see both facilities provide a good working environment for staff where they can provide the best care and treatment for consumers, the Network is strongly adverse to any action taken at the expense of consumers' right to receive treatment in the least restrictive environment possible.

In regard to consumer safety as well as accessibility for nurses, a nurse's station needs to be accessible to consumers when they need assistance without them being left feeling undignified. It should also provide a good line of sight to every corridor and access to every room which enables the nurses to locate each consumer when necessary. Consumers feel strongly opposed to the design of a nurse station with glass windows with a small square for communicating through. The glass window creates barriers for communication and promotes an 'us versus them' paradigm.

The Network would like to see a model of care that encourages nurses to interact regularly with consumers as part of their duties and responsibilities as well as their administrative tasks. As commonly experienced by consumers, most incidents that lead to seclusion and restraint occurred as a result of escalation due to frustration following lack of assistance or information. Regular interaction will provide opportunities for nurses to build rapport with consumers which will in turn enable nurses to identify consumer needs at an early stage, preventing frustration from escalating, and to be proactive in their approach instead of reactive. The system of reporting should enable nurses to balance their administrative tasks and the delivery of care and treatment to consumers. Administrative tasks should be performed, as far as possible and practical, by administrative staff rather than nurses.

The model of care should provide options for accessing preferable treatment and care for consumers. As one consumer said: *"I am a social person, but I don't like to share my personal stories in front of a group of people that I don't know. I prefer one-on-one sessions with my therapist instead."*

The Network would like to see more adoption of the *Statement of Consumer Principles for A Mentally Healthy Community* (see Appendix A) in the model of care for AYAMHIU and SAMHIU which support the full participation and human rights of people with experience of mental illness, work towards eliminating discrimination, and ensuring their right to the choice of a broad range of services and natural supports needed to improve and maintain their mental health.

## **Consumer Views on the Preliminary Model of Care of Adolescent and Young Adult Mental Health Inpatient Unit (AYAMHIU)**

The Network is pleased to see the acknowledgment of the differing needs of adolescents and young adults in framing the preliminary model of care of AYAMHIU. However there is some concern among consumers on how this would be translated into practice in some areas. For example, consumers think it is important to have a separate entrance to the facility for the adolescent and young adult unit with a design and decor appropriate for their age group. The rationale behind this is that the entrance is where consumers build their first, and often lasting, impression of the facility. When young inpatients use the same entrance as everyone else it can send a conflicting message and create confusion around whose needs are being catered for at the facility.

Another area of concern is in relation to sexual matters and safety. Adolescence is the period when individuals go through puberty and start exploring their sexuality. While the young adult stage involves the growing personal need for intimacy and sexual exploration and expression. The combination of developmental stages, intellectual capacity and mental health states places both adolescent and young adult at significant risk of sexual harassment, abuse and assault.

Although the model of care clearly states that sexual activity will not be permitted in the facility, it is impossible for this to be fully monitored and does not reduce the risk of sexual harassment, abuse and assault. For this reason, it is important to create an environment where openness to discuss sexual matters in appropriate ways is encouraged. Such an environment will enable staff to identify problematic issues at an early stage in order to prevent sexual harassment, abuse and assault from occurring. It is also important for adolescents as part of their recovery journey to acknowledge that sexual matters are a normal part of their development and should not be suppressed, but rather be expressed in healthy ways. Both adolescents and young adults need to learn skills to manage sexual tension and deal with unwanted sexual approaches and pressures as part of their treatment and care, while managing their developmental needs.

Other recommendations proposed by the Networks include:

- The Network argues that the *overview of consumer requirements* (6.7 and 7.7) in both the adolescent and young adult section should be rewritten in a more respectful and less patronising way. For example, by saying that adolescents and young adults experiencing mental illness are dependent, it implies that adolescents and young adults are incapable, not independent, and do not have capacity in taking responsibility for their own recovery journey. Therefore the Network proposes the following statement to replace it:

*Adolescents/Young adults experiencing mental illness trust staff, parents and carers to provide them with as much information as possible to ensure they receive the best care in a therapeutic environment, and enable them to make informed decisions about their own recovery journey.*

- The model of care should include a scheme for parents/carers/family to access support so they are able to support the adolescents and young adults in their recovery journey. The discharge plans should include individual support systems for parents/carers/family to access in providing care for the individual.
- Opportunities to review the role of families in the individual's recovery journey should be facilitated. The model of care should consider ways to include an individual's nominated supporters which might be more significant to the individual in their recovery journey.
- A longer admission period and the possibility of extending the initial admission period for consumers with an eating disorder should be facilitated within the model of care to reduce the number of readmissions.
- The model of care should emphasis activities which develop life skills, self care and self management to prepare the individual for their transition back into the community. Those skills and knowledge are important to equip adolescent and young adult in their recovery journey.
- Peer support or mentoring programs from consumers or community organisations should be a part of the model of care as an option for the individual to choose. Peer support or mentoring programs could be delivered as part of a discharge plan which assists the individual's transition back into community.
- Adolescents and young adults are nowadays more likely to be technically competent. Information technology has become a normal part of their lifestyle and a common way of keeping in touch with their family, friends and the community. Therefore the availability of technology such as computer and internet facilities, wireless internet access and access to mobile phones is necessary.

However it is still important that a combination of proper monitoring and computer information skills training be in place in order to help the young person deal with inappropriate information such as cyber bullying which may be potentially destructive to their individual recovery journey.

## **Consumer Views on the Preliminary Model of Care of Secure Adult Mental Health Inpatient Unit (SAMHIU)**

The Network is pleased that the model of care for the SAMHIU focuses on therapeutic objectives rather than just on a correctional model of care. The Network supports the close working relationship between the SAMHIU with other health services and organisations in the community which promote recovery through the provision of comprehensive and integrated services. In line with that, the Network would like to make the following recommendations:

- The use of security fencing has negative connotations and increases the stigma of consumers as being dangerous. Security fencing should be used as a last option in the event that other security measures and tools prove to be insufficient.
- The provision of a therapeutic environment should take precedence when considering the use of security measures, for example the use of CCTV may not be consistent with the need of a therapeutic environment for a consumer who has high level of anxiety around being watched.
- Consumers and their nominated supporters which could include families, friends and carers should be aware of the admission period and any extension that might be decided in the future. There should be communication of appropriate information and proper discussion with the consumer and their nominated supporters with regard to the reasons and duration of an extension at the time the decision to extend the admission period is made.

### **Conclusion**

This submission highlights issues regarding the preliminary model of care for SAMHIU and AYAMHIU from perspective of mental health consumers in ACT. The Network looks forward to participating in the next stage of the consultation process and working together with ACT Government, ACT Health, Carers, Mental Health Care professionals, NGOs and the wider community in developing an ACT acute-care service which consumers will use with confidence and knowing that their recovery and well-being is paramount.

## Appendix A. Statement of consumer principles for a mentally healthy community

People with experience of mental illness are respected citizens<sup>1</sup> of our community and valued contributors to the economic, social, cultural and creative life of the ACT.

The mental health of all people is a shared community concern and priority.

The legislative and policy framework of our society must endorse and support the full participation and human rights of people with experience of mental illness, eliminate discrimination, and ensure their right to the broad range of services and natural supports needed to improve and maintain their mental health.

Services must:

- Promote and support independence and recovery
- Enhance and develop each person's power and capability to control and direct their own lives
- Acknowledge each person's right to access assistance when needed
- Be available early, when needed or asked for
- Care for and nurture each person as an individual, with unique history, relationships, needs and aspirations
- Maintain and enhance each person's family relationships and their connection to the community
- Promote educated acceptance and a positive view in the community of people who experience mental illness
- Seek to protect people who experience mental illness from stigmatization and discrimination within the community
- Be sensitive to and responsive to cultural difference
- Be provided in the least restrictive and invasive way possible
- Build the foundation for constructive therapeutic relationships based on trust
- Provide a safe environment for people experiencing mental illness
- Eliminate additional fear and trauma created by service delivery practices
- Provide each person with the information they need to understand and make informed decisions about their mental health
- Work collaboratively with each person to prevent and prepare in advance for any potential mental health crisis
- Reference and utilise evidence based practice

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<sup>1</sup> When we use the word "citizen", it is not intended to exclude those who have yet to formally take up citizenship in our community or those who have arrived, for example as refugees. We believe the rights and protections of citizenship should apply to all people living in our community, whatever their legal status.