"Not just another big hospital ward":
The views of consumers on proposed new mental health in-patient facilities in the ACT.

Report on the Consultations with Consumers

Submission from ACT Mental Health Consumers' Network (ACTMHCN)

to

ACT Health

April 24th 2006

CONTENTS

EXECUTIVE SUMMARY

National Mental Health Services Standard:

"Consumers and carers are involved in the planning, implementation and evaluation of the Mental Health Service."[1]

This report is provided in response to the proposal to build a new 50 bed acute-care facility attached to The Canberra Hospital (TCH). The report is the outcome of a well planned but rapidly convened consumer consultation hosted by the ACT Mental Health Consumer Network (the Network) over the past 5 weeks, supplemented by a search of the international and national literature and assessment of the policy frameworks for mental health services in Australia.

The Network received overwhelming feedback opposing the proposal to build the new facility as a 50 bed unit combined with the closure of Ward 2N.

The Network supports the need for the identified 50 places to provide an adequate level of acute care services in the ACT. It also recognises the need for acute-care facilities to replace the current PSU facility, which has proved very inadequate over many years. However, the Network also has serious reservations and concerns about the location of the alternate proposed option of the new 30 bed unit at the Canberra Hospital Mental Health Precinct.

While the natural environment and large outdoor spaces were agreed at the Values Management Workshop (3rd March) to be the main criteria for determining the location of the proposed young persons unit, these criteria were not then also applied to nor considered to be equally significant for the proposed new adult unit. The Network is strongly of the opinion that based on the latest evidence-based research, the same criteria should also apply in determining the location and the environment of the new adult acute-care facilities.

With the above in mind, the Network advises that the preferred option of those proposed by ACT Health which gained the most support from consumers is:

- That the building of the 30 bed facility to replace PSU proceed on the basis that there must be strong consumer involvement in all aspects of the development and design of the new facility in collaboration with carers, NGOs, and mental health professionals based on best practice models.
- That the closure of Ward 2N be delayed and a final decision on how to locate the remaining 20 beds be developed in the context of the proposed Mental Health Services Plan over the next 6 months with an emphasis on community based models and on access and recovery through regionally based services.
- That serious consideration be given to the establishment of acute-care facilities being built at a location on the North side (not necessarily in a hospital setting) based on community models that include acute care e.g. Trieste type model.
- That the service model for all acute-care services and facilities preferred by consumers be a totally new model of care which challenges current thinking about acute-care models. The emphasis should be on acute-care services that integrate closely with prevention, early intervention and recovery services rather than the current system that focuses on hospital based crisis management for inpatient acute-care services.
- The model should be based on best practice as outlined in the National Mental Health Strategy, and not be hospital based or dominated. Smaller acute care units

[1] Standard Three. Australian Health Ministers' Advisory Council's National Mental Health Working Group (1997), *National Standards for Mental Health Services*

with a wide range of community based supports are envisaged in the contemporary and 21st century model of service. Such alternative models are consistent with the principles in the National Mental Health Strategy regarding recovery oriented models based on innovation.

Thinking behind any planned facility needs also to consider the US research and experience of creating violence free and coercion free mental health treatment environments. Central to this approach is a commitment to trauma informed care that acknowledges the high levels of trauma experienced by people living with serious mental health issues and the need for services that heal and do not further exacerbate this trauma. The Network is committed to the ACT service system achieving the provision of comprehensive community facilities that cater for the diverse levels of need which also minimise the need for acute-care services.

Finally, the Network had serious concerns about the decision-making and consultation processes that led to the recommended option presented at the Value Management Workshop on 3rd March 2006. Consumers were not represented on the PFP Steering Committee and were only included at the last minute to participate at the V.M.W. It was only after the consumer representatives expressed their concerns about the "preferred" option that a subsequent consumer consultation process even took place at all. This was done within a very short timeframe that placed the Network with its limited staff and resources under great strain. The inadequacy of both the consultation and decision-making processes will need to be remedied in any future discussions and decisions about mental health services and inpatient facilities.

BACKGROUND

The ACT Mental Health Consumer Network (ACTMHCN) has held three consumer consultation meetings in response to the proposed preferred option for new mental health facilities in the ACT. This action was taken in response to attendance at the Value Management Workshop to consider the Feasibility Plan for ACT Mental Health Services held on March 3rd 2006 at which two members of the ACTMHCN (who attended as consumer representatives) expressed extreme concern when it became very clear that consultation with consumers, carers and non-government providers had proved to be minimal. The Networks subsequent consultation process was a crucial step in redressing what has been a perceived deeply concerning lack of regard to the impact of the proposed new facilities on the lives of people living with mental health issues and who need acute care services from time to time.

The Network representatives, who attended the meeting about the preferred option to build a new 50 bed facility in the proposed Mental Health Precinct at the Canberra Hospital, could not agree with this option. Following an apology by ACT Health Executives, a month period to consult with Network members was agreed to on the condition that the 50 bed budget bid would proceed with the understanding that the final decision regarding the nature and location of the facilities would take account of the consumer feedback. The budget bid was supported by the consumer representatives on the basis that the other options explored in the Feasibility Plan remained 'on the table'. Carers' groups commenced a similar process of consultation amongst carers.

The Network found itself under considerable pressure with the short time-frame for the consultation process, however it was clear the position taken by the representatives was supported and subsequently reinforced by consumer members who attended the consultations.

Twenty-eight individual consumer members attended facilitated meetings held on March 22 and 28 and April 3rd. In total the consultation meetings attracted attendance of 45 people as many consumers attended at least two and sometimes three meetings, such was the concern about the proposed facilities. The Network also received feedback from 6 consumer members unable to attend the forums and petitions from consumer networks. The April 3rd forum looked at the outcome of the first two forums and considered options for how the Network would respond to Government. In addition to the consultations the Network undertook some preliminary research on current evidence on best practice models of acute care services across the world.

This report is the outcome of this process; it provides:

- The preferred option and the rationale for this;
- Information regarding the detailed concerns of consumers; and
- A recommendation which ensures the concerns of consumers are addressed.

CONSUMER VIEWS ON THE FEASIBILITY PLAN PREFERRED OPTION

The Network recognises the need for a new acute inpatient unit to replace the current PSU facility, which has proved very inadequate over many years, and supports the need for the identified 50 places to provide an adequate level of acute care services in the ACT. However consumers unanimously reject the option of the new 50 bed new facility built on the Mental Health Precinct attached to TCH for the following reasons:

- The 50 bed unit proposed is being dealt with as an extension to an existing building that is just another large ward being added to a large hospital;

- The location of acute-care services be considered in the context of a community based model of care and recovery;
- A real concern that what is proposed is simply investing significant new funding into old and redundant models of care which consumers and the community will have to live with for another 20 years;
- This option fails to meet the criteria for a modern and consumer driven response to the need for acute services, located in the context of a community based service system with provision for acute care services located in facilities as close to natural supports as is possible and providing choices for consumers;
- The strongest possible opposition to the closure of 2N at Calvary which would effectively remove any choice of facilities for consumers;
- The absence of any evidence that what is being proposed will address the real and ongoing concerns of consumers regarding the culture and nature of the service provided through PSU;
- The failure to provide a sound rationale for how the proposed 50 bed unit will meet the needs of women, men, Indigenous communities, or Culturally and Linguistically Diverse (CALD) communities
- The failure to locate this facility in the context of the planning for the new mental health services plan.

Participants in the forums considered the options in the Feasibility Plan and also considered other options including:

- Building 2 new and separate community based facilities, one on the Northside and one on the Southside of Canberra; and
- Delaying any further discussion or decision regarding inpatient facility options until the mental health services planning process occurs and deciding in the context of the plan.

Consumers supported both of these options as more desirable than what was proposed. However all consumers consulted want PSU closed and replaced as quickly as possible.

The Network and its members expressed concern at:

- A consultation process that has not adequately considered the concerns of those most affected by the decision: consumers and carers;
- The lack of evidence for the new proposals; evidence of therapeutic environments does not include large mental health facilities;
- The lack of compliance with mental health standards and in particular the involvement of consumers and carers in the planning of the new facilities and the lack of a collaborative planning approach with community service providers and health professionals;
- The extent to which the proposal is consistent with the recent Senate Report on Mental Illness which supports community models of care and a move away from large and old institutions;
- Concern that a large mental health institution is proposed in the face of overwhelming evidence against building such facilities in this century;
- What the closure of Ward 2N means for consumer's choices of care and location;
- Fears that the current entrenched hospital oriented culture of mental health services, and PSU in particular, will be reinforced by the building of such a large institution attached to a hospital;
- Access to services by consumers and carers which is best expressed in regional and local services close to home and natural supports;
- The need for careful planning for future services that meets mental health standards;
- Continuity of care and integration: any service needs to build around early needs for consumers rather than high dependency beds;

- Concerns that people with other health conditions in mental health facilities will have difficulty receiving the care they need;
- That the needs of indigenous and CALD people have been overlooked and must be considered in future processes; and
- The failure to ensure that what is proposed is consistent with a human rights approach to care.

The Network attended the human rights and mental health forum in the ACT in mid 2005 which emphasised the need for consumer driven, rights based, community-based services as the foundation of a respectful and human rights based approach to mental health care, including acute-care services. Acute care services are but one option in what should be a very comprehensive service framework based in the community. They should be the last resort; the evidence is clear that good community based, recovery oriented services are the best way to minimise the use of acute-care services. The Mental Health Services Planning process is an important process to inform where "places" for consumers are located.

Consumers' Preferred Option

Consumers propose that the following option be adopted as an alternative to the building of a new 50 bed facility and the closure of Ward 2N:

- That the building of a new 30 bed facility to replace PSU proceed on the basis that consumer concerns be addressed and that there be strong consumer involvement in the planning and design of the new facility in collaboration with carers, NGOs, and mental health professionals. This includes how the new facility should be 'articulated' with the proposed High Secure Unit.
- That the closure of Ward 2N be delayed and a final decision on where and how to locate the remaining 20 beds be developed. This needs to happen in the context of the proposed Mental Health Services Plan with an emphasis on recovery and regionally based services and in close consultation with consumers and relevant community groups.
- That serious consideration be given to the establishment of acute care facilities being built at a location on the North side (not necessarily in a hospital setting) based on community models that include acute care e.g. Trieste type model.
- The model should be based on best practice as outlined in the National Mental Health Strategy, and not be hospital based. Smaller acute care units with a wide range of community based supports are envisaged in the contemporary and 21st century model of service.

The Network urges that the ACT Government accept this advice and demonstrate to consumers its willingness to ensure that services are driven by the needs and views of consumers rather than by hospital and health decision makers or by predominantly financial imperatives. The Network recognises the fiscal implications of this advice but stands by the need to ensure that any investment of public funding in 2006 in acute care services has regard to the needs of consumers and carers over the next 15-20 years and does not replicate the mistakes and tragedies of the past 10 years. With the support of consumers involved in this consultation, the Network will be establishing an Acute Care Services Reference Group of Consumers to continue work on the issue.

Rationale for the option advanced by consumers

Consumers believe that the preferred acute care option provided in this report is more in keeping with the current evidence on the nature and location of acute care services and is more likely to gain support from consumers and stakeholders. The option is based on the following:

1) A high level of consumer involvement that:
    - Puts the consumer at the centre of the decision-making about services;
    - Includes Steering Group membership;

- Open consultation processes with adequate time to properly engage consumers and
- Collaboration with other players including mental health practitioners and NGOs.

2) A Community based Model of Care to be developed:
   - That considers appropriate use of language and a paradigm shift away from an acute hospital care focus to one of community based services and
   - That is supported by acute-care services located in regional health facilities.

3) An understanding that this approach would ensure that what is being developed is part of a comprehensive and consumer led model developed in collaboration with carers, mental health practitioners, NGO providers, government agencies and the wider support system.

Issues raised by consumers and through research

At the consultations with members, and through discussions with leading consumers in other States, it is clear that the acute care options being proposed for the future are not viable for consumers of mental health services. A detailed summary of the member consultation is included in APPENDIX 1. This feedback is tabled as to its pertinence to the National Mental Health Standards and National Mental Health Strategy. This section shows that:

- Many National Mental Health Service Standards are not being met ;
  - The activities and environment of Mental Health Services (MHS) are safe for consumers, carers, families, staff and the community (Standard 2);
  - Consumers and carers are involved in the planning, implementation and evaluation of the MHS (Standard 3);
  - The MHS delivers non-discriminatory treatment and support which are sensitive to the social and cultural values of the consumer and the consumer's family and community (Standard 7);
  - The MHS is integrated and coordinated to provide a balanced mix of services which ensure continuity of care for the consumer (Standard 8); and
  - The care, treatment and support delivered by the mental health service is guided by choice, social, cultural and developmental context, continuous and coordinated care, comprehensive care, individual care and least restriction; (Standard 11).

- Consumers have serious concerns about;
  - Limited consultation processes with consumers and other partners in decisions to date;
  - lack of choice of location and type of unit;
  - the need for cultural change in acute care;
  - the ease of access to acute care services;
  - the lack of careful planning for the future;
  - considerations in continuity of care;
  - the lack of consideration of the needs of Indigenous people;
  - the lack of consideration of the needs of women;
  - the lack of consideration of the needs of the CALD Community;
  - safety considerations in acute care; and
  - ensuring that best practice is followed.

- Research in Australia and internationally supports the need for alternative models of care to be implemented. These include but are not limited to:
  - Recovery and Prevention and Early Intervention models;
  - Models that minimise the use of seclusion and restraint; and
  - Therapeutic communities, rather than hospital based care.

RESEARCH EVIDENCE ON INTERNATIONAL MODELS

There is a growing body of evidence on alternative models and the Network undertook a round of interviews with leading consumer academics and examined available literature on alternative acute-care services frameworks. With the limited time available we do not claim to have a comprehensive knowledge of these alternatives; however we do have sufficient information to know that there is significant evidence of more contemporary approaches than what is proposed for the ACT in the form of a 50 bed unit attached to a major hospital.

i) Madison Wisconsin model

In this model, Case Managers are contracted to the consumer not a service. This means that there is assertive case management and follow up. The service is consumer centred and therefore responds to the needs of each consumer, rather than the needs of an organisation.

ii) Trieste Therapeutic Community

The community of Trieste, which is a similar size to the ACT has closed down institutions and uses a therapeutic community model.

iii) United States of America

A team of professionals in the USA have developed a trauma- informed method of treatment[2]

The elements of this model are:

1) Effective leadership – this includes making seclusion and restraint reduction elimination a high priority, reducing/eliminating organisational barriers, providing/reallocating necessary resources, holding people accountable for their actions, creating the necessary processes, analysis, vision and clarifying values.
2) Implementing trauma informed care. This is mental health treatment that incorporates an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services; a thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual; and care that addresses these effects is collaborative, supportive and skill based.
3) Seclusion and restraint events are rigorously monitored and evaluated in a comprehensive team analysis approach.
4) Orientation, education and training are critical.
5) Identification and management of seclusion and restraint risk factors, including assessment of individuals and the environment.
6) Development of Individual Crisis Prevention Plans and improvement of the environment.
7) Comprehensive debriefing and analysis following seclusion and restraint events.

These alternative models are all consistent with the principle in the National Mental Health Strategy regarding recovery oriented models based on innovation.

[2] *. "Creating Violence Free and Coercion Free Mental Health Treatment Environments".*

CONCLUSION

In the National Mental Health Plan 2003 – 2008, four priority themes are addressed through 34 outcomes. These themes emphasise:

- mental health promotion and prevention,
- increasing responsiveness to consumers and carers across all mental health and related services,
- strengthening quality, and fostering research, and
- innovation across the sector for sustainable programs and services.

Consumers cannot see any evidence that the proposed 50 bed unit and closure of 2N meets any of these principles. In fact consumers are of the very strong view that if this decision proceeds we will have established an old fashioned, out of date and irrelevant service which is potentially worse and with less choice than what currently exists. Consumers have always supported the Government's intention to replace PSU with a radically reformed approach and accept the genuineness of that commitment and strongly support the need for this to happen as quickly as possible. They also support the need for 50 places for adult acute services although they also believe that, in a community based model, the placement of these "beds" needs to be considered carefully to ensure access and integration of services for the consumers who use them and the carers and family members who provide support. However they do not believe that this should be achieved at the expense of good consultation or careful planning and development of options.

The Consumer Network is deeply concerned that unless the consumer issues raised in this report are addressed, there will continue to be tragedies and failures in the system to adequately support people in need of good community based support and acute care services when they are needed. Ward 2N must remain in place until a satisfactory model is agreed which more effectively meets the needs of consumers.

Consumers are offering the ACT Government an opportunity to redress the mistakes made to date in the development of the acute-care options and to actively engage with them and stakeholders to deliver a contemporary and evidence based model which will service the ACT community well for the next 20-30 years. We look forward to working closely with the 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.

RECOMMENDATIONS

Recommendation One: That the building of the 30 bed facility to replace PSU proceed on the basis that there must be strong consumer involvement in the design of the new facility in collaboration with carers, NGOs, and mental health professionals.

Recommendation Two: That the closure of Ward 2N is delayed and a final decision on how to locate the remaining 20 beds is developed in the context of the proposed Mental Health Services Plan over the next 6 months with an emphasis on recovery and regionally based services.

Recommendation Three: To progress the development of the new facility/facilities the Network recommends that:

a) A Steering Committee be established immediately by ACT Government (Health) which comprises consumers, carers, mental health professionals, NGOs, and allied health professionals to inform the development of the new facility/facilities;
b) The Network's Reference Group is supported and resourced as an ongoing source of consumer advice and input on the development of acute care services;

c) The ACT Government establish wider and more effective mechanisms and processes for collaborative work involving consumers, carers, mental health professionals and NGOs in the development of these services.

Recommendation Four: The model of care should be based on best practice as outlined in the National Mental Health Strategy. This should be a community based model that includes smaller acute-care units that serve a wide range of community services.

Consumers ask that an alternative course of action be taken immediately to ensure that what is built is:

1) Consumer driven and collaboratively designed with carers and other stakeholders
2) A 21st century model and approach
3) Reflects current best practice, and
4) Grounded in the best available evidence on alternative recovery and comprehensive community based models of service delivery.

APPENDIX 1 - THE EVIDENCE BASE FOR THIS RESPONSE

This summary has attempted to reflect the breadth of view and depth of feeling expressed in the consumer consultations. The key issues and views for consumers are expressed and the applicable mental health standard and policy position which supports these views included.

1) Need for Careful Planning

Members issues

There is majority opinion amongst consumers that there needs to be a much wider discussion between consumers, carers, community organisations, mental health professionals, the wider community, and government before a final decision on the new facilities is made.

Concerns were raised in consultation forums:

- That the process is happening before the mental health services plan is in place; and
- That the injection of capital funding may mean that government will not be able to be flexible in response to the mental health services plan
- That the 50 bed model proposed by Government will be an old and out-dated model which consumers will be 'stuck with' for the next 20 years.

All members have been saddened and disappointed about the lack of respect shown to consumers in the process to date. Issues raised include that:

- The consumer voice must be central – "nothing about us without us";
- Sharing our collaborative knowledge about what works for consumers, carers and staff is important. The Official Visitor study undertaken in the early 2000's is still very relevant
- Getting accurate information about what is happening or proposed is difficult; and
- Consumers must be involved in the design of new facilities
    - This is not negotiable;
    - Consumers want a best practice 21st Century approach.

National Mental Health Standards

Standard 3: ***Consumers and carers are involved in the planning, implementation and evaluation of the Mental Health Service.***

National Mental Health Strategy

Principle: The rights of consumers and their families and carers, must shape reform.

2) Choice of Location and Access

Members issues

The preferred option in having one large hospital based facility has caused considerable alarm at the prospect of having no choice of services, no attention to regional models, no attention to the growing population in the northern suburbs and no plan for how to locate support services in close proximity to the acute facilities. Amongst the issues for members are:

- There must be one Northside and one Southside service.
- a large number of consumers are deeply worried about choice and the closing of 2N
- PSU has also offered a good option for a small number of people

- what will be the admission process for people on the Northside; and
- having two locations makes sense; it is part of the Mental Health Strategy to have smaller stand alone units attached to general hospitals

Apart from the question of location of services, there are also a number of other access issues. The members concerns are:

- Access to the acute care facility of choice is critical;
- if there is only a southside service, how will the transport system assist in getting people to the facilities; and
- there needs to be an access improvement process i.e. looking at a more streamlined process through the CATT team or Accident and Emergency Departments .

National Standards

Standard 11.1.3 ***Mental health services are provided in a convenient and local manner and linked to the consumer's nominated primary care provider*****.**

Standard 11.4E ***The MHS ensures access to high quality, safe and comfortable inpatient care for consumers***

National Mental Health Strategy

Principle: All people in need of mental health care should have access to timely and effective services, irrespective of where they live.

Outcome 8: Improved access to acute care

National Standards

Standard 11.1 ***The Mental Health Service is accessible to the defined community.***

National Mental Health Strategy

Principle: All people in need of mental health care should have access to timely and effective services, irrespective of where they live.

3) Continuity of Care/Integration

Members issues

Continuity of care was a major issue for people and consumers were not convinced of the arguments about how this might be addressed in the 50 bed unit model. The integration issues relate mostly to community based and extended community and family support rather than hospital based services. The integration issues that have been identified as part of this consultation process are:

- the lack of information that is being provided to consumers and other partners around plans for integration of services;
- how does the proposed model incorporate what is proposed for adolescents, psycho geriatric and forensic unit;
- how do the wider network of mental health adult services link to the acute care facilities;
- why build a service around the need for high dependency beds when there are other integration issues of equal importance;

- how will this model address the cultural needs of Indigenous and CALD communities and accommodate very different understandings of the experience of mental health issues including acute episodes; and
- if community based care is better and issues for people better managed, then the need for high level of care will not be as critical.

National Standard

Standard 8.1 ***The mental health service is integrated and coordinated to provide a balanced mix of services which ensure continuity of care for the consumer.***

National Mental Health Strategy

Principle: Resources for mental health must recognise the impacts of mental health problems and mental illness.

4) Needs of Indigenous People and CALD Communities

Members issues

There is considerable concern at the lack of engagement with members of the Indigenous community or organisations in developing the new acute care facilities – in particular consumers, carers, Indigenous organisations and other partners. The active and genuine involvement of Indigenous people in the decision making regarding mental health acute care facilities is essential and this gap must be redressed in the mental health system.

The consumers also raised concern that there appears to have been no attention paid to the needs of people from CALD communities and would like this to be addressed as soon as possible.

National Standards

Standard 7 ***The Mental Health Service delivers non-discriminatory treatment and support which are sensitive to the social and cultural values of the consumer and the consumer's family and community.***

National Mental Health Strategy

Principle: Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities.

Outcome 2: Increase in the extent to which mental health and social and emotional wellbeing is promoted within communities.

5) Gender Issues

Members issues

Members are concerned about how gender issues are to be addressed in whatever new facilities are planned. This includes issues such as safety, respect, women only spaces and how the facilitates will accommodate mothers and babies.

National Mental Health Strategy

Principles: The rights of consumers, and their families and carers must shape reform.

Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities

6) The Need for Cultural Change

Members issues

This issue is of paramount concern to all consumers. Members want to be assured that whatever option is developed that there is considerable attention paid to changing the existing culture from the medical model that currently exists, especially at PSU. Members are unequivocal that the culture of PSU must change. Some people prefer the culture of Calvary and are deeply concerned at the implications of building a new facility which is not developed in the context of a reform strategy which address organisational cultural change. Such change must be driven by a commitment to community based models rather than maintaining the current, dominant medical and hospital based model.

The current proposal to build the 50 bed unit does not in any way assure consumers that this is even being considered. Whilst consumers were advised during this consultation that they would be involved in the design of the new facility, consumers were not at all convinced that there is sufficient awareness and understanding of the significance of the change they require to be confident about any new facility. Changing the terminology from "beds" to "places" would show that the mental health service was serious about being consumer focussed. A therapeutic relationship based on recovery should underpin the new model rather than constraints, seclusion and coercion. The needs of consumers must be paramount rather than the needs of staff.

The proposal to co- locate forensic facilities, and the acute care unit has raised concern about the high security culture that is not acceptable to consumers.

National Standards

Standard 11 ***The care, treatment and support delivered by the mental health service is guided by choice, social, cultural and developmental context, continuous and coordinated care, comprehensive care, individual care and least restriction.***

National Mental Health Strategy

Principle: A recovery orientation should drive service delivery.

Principle: Investment in the workforce is essential.

Outcome 4: Increased extent to which mental health services adopt a recovery orientation.

7) Safety

Members issues

A place to be safe is seen as being of vital importance. Suggestions have included separating people with drug and alcohol and related psychosis from others. The interventions are different and the level of violence is frightening for those people who are needing a peaceful environment. However the Network is concerned not to 'other' or blame people

dealing with very complex diagnoses or issues in their lives which sometimes lead to violence or involvement in the criminal justice system. In designing appropriate acute care services for all people with mental health issues discussing these issues openly and respectfully is vital.

Consumers seek opportunities to discuss how the new facilities will interface and to be involved in finding solutions which work for all consumers.

National Standards

Standard 2 ***The activities and environment of the mental health service are safe for consumers, carers, families, staff and the community.***

National Mental Health Strategy

Principle: The quality and safety of mental health care must be ensured.

Outcome 6: Reduction in suicidal behaviours, reduction in risk factors for suicidal behaviours, and enhancement of protective factors for suicidal behaviours.

8) Best Practice in Acute Care

Members issues

Many best practice issues have been raised by members. These include:

- How can some of the things consumers like about Calvary Ward 2N be protected, Calvary has spent considerable time and resources changing the culture and making services more responsive?
- Concern about change and the hospital centric model – how will this be reformed?
- Implications for transporting across the system?
- How will the coercion and violence free culture be developed and promoted?
- What impact will needing to address everyone's needs imply for the new acute care units?
- Will a larger facility be forced to take on a larger regional role - for example taking in consumers from the Southern Highlands area of NSW?
- What will the interface be between the secure care units and 30/50 bed unit. There is a danger of security consciousness impacting on both units?
- What model of care is proposed; and
- What staff training is proposed?

National Standards

Standard 11.4.E ***The Mental Health Service ensures access to high quality, safe and comfortable inpatient care for consumers.***

National Mental Health Strategy

Principles: The quality and safety of mental health care must be ensured.
Investment in the workforce is essential.

Outcomes 4: Increased extent to which mental health services adopt a recovery orientation.

Outcome 6: Reduction in suicidal behaviours, reduction in risk factors for suicidal behaviours, and enhancement of protective factors for suicidal behaviours

APPENDIX 2 - THOSE CONSULTED

Consumers Interviewed

NAME	ORGANISATION	STATE/TERRITORY
Janet Meagher	National Consumer Carer Forum	New South Wales
Trish Blair	Princess Alexandra Hospital	Queensland
Helen Connor	Australian Mental Health Consumer Network	Queensland
Merinda Epstein	Mental Health Legal Centre	Victoria
Cath Roper	Consumer Academic Centre for Psychiatric Nursing, School of Nursing, University of Melbourne	Victoria

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National Association of State Mental Health Program Directors, *Creating Violence Free and Coercion Free Mental Health Treatment Environments*.

WHO (2001), *Recommendations for mental health reforms in better resourced countries*.

Web Sites

www.auseinet.com/toolkit
www.tidal-model.co.uk