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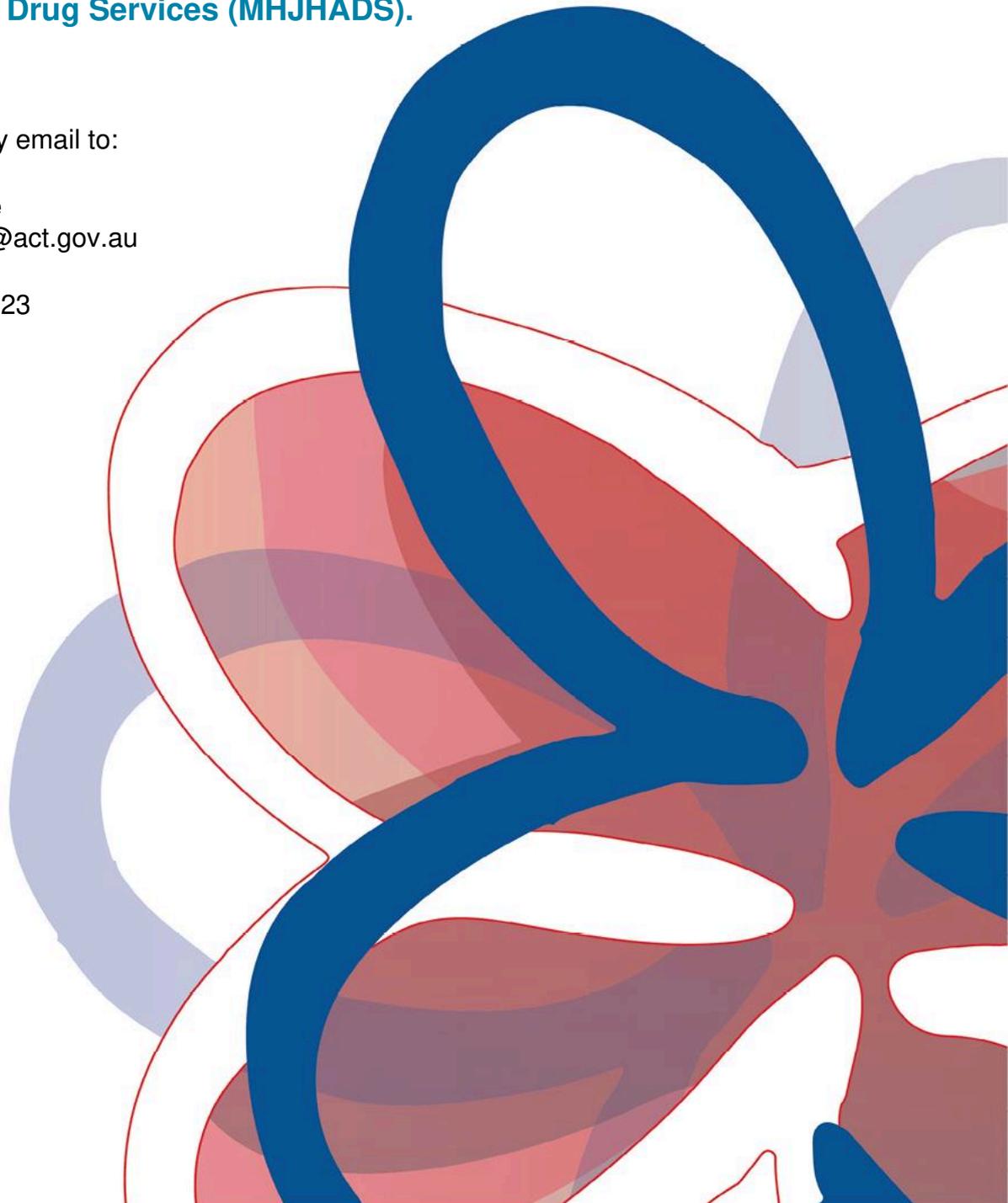
Submission:

**Canberra Health Services Operational Guideline: Providing
Physical Health Care Across Mental Health, Justice Health and
Alcohol & Drug Services (MHJHADS).**

Submitted by email to:

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Submission: Canberra Health Services Operational Guideline: Providing Physical Health Care Across Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS).

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Canberra Health Services (CHS).

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.

A hybrid consumer forum was held, and additional feedback was sought via email in relation to the Canberra Health Services Operational Guideline: Providing Physical Health Care Across Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) (the Guideline). This submission incorporates both written and verbal feedback received.

General comments.

The Network welcomes this opportunity to contribute to the Guideline. The Guideline should ideally be written in plain language and should include illustrations such as easy to follow charts and images etc.

The Guideline covers an important and often overlooked aspect of long-term mental health care — the prevention, detection and early intervention of physical health complications. Consumers welcomed this initiative and noted its potential to improve the average life expectancy and quality of life for mental health consumers.

Consumers approved of how the Guideline established clear references for the kinds of physical health assessments that different practitioners could administer. The inclusion of a general list of equipment expected to be available to practitioners and for consumers was also positively received.

Consumers acknowledged the stated commitment of CHS and MHJHADS to provide accessible services, ensure the continuity of consumer care between services, and work proactively with other services to maintain up-to-date consumer records.

Concerns were raised though regarding the practical implementation of this commitment given current barriers to access facing mental health care consumers. Consumers identified the regular and affordable access to a general practitioner as being a critical barrier that particularly affects marginalised and low socio-economic communities.

Discussion highlighted that ballooning waitlists for general practitioner appointments, widening rebate gaps, and a dramatic rise in the daily cost of living have affected the affordability and accessibility of basic healthcare. Consumers recommend that these issues be taken into consideration by CHS and MHJHADS. This is of particular significance given that the efficacy of the Guideline is heavily predicated on consumers having affordable, reliable access to a general practitioner.

The inclusion of guidelines regarding the specific needs and issues faced by special population groups were, as a principle, well received by consumers. However, discussion on Section 4 raised concerns about the quality of the overviews provided for each special population group. For example, Section 4.8 combines LGBTQIA+ consumer needs under one umbrella and presents the needs of gay, transgender and intersex consumers as broadly similar. This, however, may be misleading for MHJHADS organisations and staff because the special care needs of intersex consumers may not relate to their gender or sexuality. Indeed, while some intersex consumers are gender and sexually diverse, they can also be cisgendered and heterosexual. In view of this, Section 4.8 would be improved by either providing a more comprehensive overview of gay, transgender and intersex consumer needs, or by including a new section that focuses exclusively on the needs of intersex consumers.

This example being noted, consumers acknowledged that the Network does not have the necessary expertise to provide specific recommendations for improving each of the Special Population Group overviews provided in Section 4. As such, consumers recommended that CHS undertake further consultations with peak advocacy groups for each special population group nominated in section 4.

Consumers expressed concern that the Guideline did not adequately stress the importance of consent and trauma informed care practices for providing safe physical health care assessments. Consumers consider this to be a very important matter for the Guideline to provide clear guidance about, especially when the needs of special population groups are taken into consideration.

Consumers agree that the Guideline should include guidance on the management of safety and harm risks through the implementation of adequate consent and trauma informed care practices when providing physical health assessments. Trauma informed care and consent practices are briefly mentioned in the Guideline in the context of Training and Development (Section 5) and Reporting and Monitoring (Section 6). However, consumers consider this to be insufficient for the purposes of the Guideline due to the inherent needs and vulnerabilities of mental health consumers.

Consumers raised concerns about the potential for harm to occur during the provision of physical health assessments and the management of these risks by MHJHADS organisations and staff. Discussion of this issue focused on the role of consent practices and trauma informed care in preventing harm and minimising risks.

Consumers observed that consent practices are important for ensuring that physical health assessments are conducted safely for both the administering staff member and the person being assessed. For instance, when treating a person with intellectual disability it may be necessary for staff to employ non-verbal consent procedures so that a medical device can be safely applied and necessary measurements taken.

Similarly, consumers stressed the importance of trauma informed care for minimising the risk of harm to a person's mental health condition. While all health care consumers are vulnerable to harms arising from inappropriate or inadequate care provision, mental health consumers can have lower thresholds for harm, can experience greater distress from routine physical health assessments, and may experience serious effects from insensitive or inappropriate care. For instance, a person with complex post-traumatic stress disorder may have touch sensitivities that, if triggered during a routine assessment, could cause immediate distress, exacerbate symptoms and/or prompt a relapse in substance misuse.

Consumers also considered the role of consent and trauma informed care in the context of the special population groups listed in section 4. This discussion further highlighted the importance of consent and trauma informed care by demonstrating how, when people belonging to multiple special population groups, unique combinations of care needs can arise. For instance, the consent and trauma informed care needs of a pregnant teenager experiencing depression will be quite different to those of an elderly person from a culturally and linguistically diverse

background with a newly acquired physical disability. In the case of the teenager, there may be matters of parental consent to negotiate while for the elderly person it may be necessary to navigate the terms of a power of attorney. In both cases, however, specific consent and trauma needs must be taken into consideration so that appropriate accommodations are arranged and foreseeable risks managed. This may take the form, for example, of having a staff member of a particular gender perform the physical health assessment or ensuring access to interpreter services in advance of an appointment.

As a result of these discussions, consumers emphasised the need for the Guideline to include clear stipulations mandating the development and implementation of robust consent and trauma informed care procedures for the provision of physical health assessments by MHJHADS organisations and staff. Consumers agreed that all MHJHADS staff who may be required to administer physical health assessments should receive training and instruction in the use of consent procedures and trauma informed care practices.

Canberra Health Services Operational Guideline: Providing Physical Health Care Across Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS).

Recommendation 1: CHS should review the Guideline to include a section that directly addresses the need for MHJHADS to incorporate consent and trauma informed care practices into procedures for providing physical health care assessments.

Recommendation 2: CHS should undertake further consultations with relevant peak advocacy bodies of special population groups included in Section 4 to ensure that the Guideline provides appropriate overviews of each group's needs.

Recommendation 3: CHS should undertake a broader review of the barriers to access affecting consumers that may inhibit the effective monitoring and intervention of physical health complications amongst consumers with mental health conditions.

Conclusion

These recommendations are based on consumer feedback provided to enhance the Guideline.