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Submission: Model of Care - Dhulwa Forensic Mental Health Inpatient Service (MHJHADS), v1.1.

Submitted by email to:
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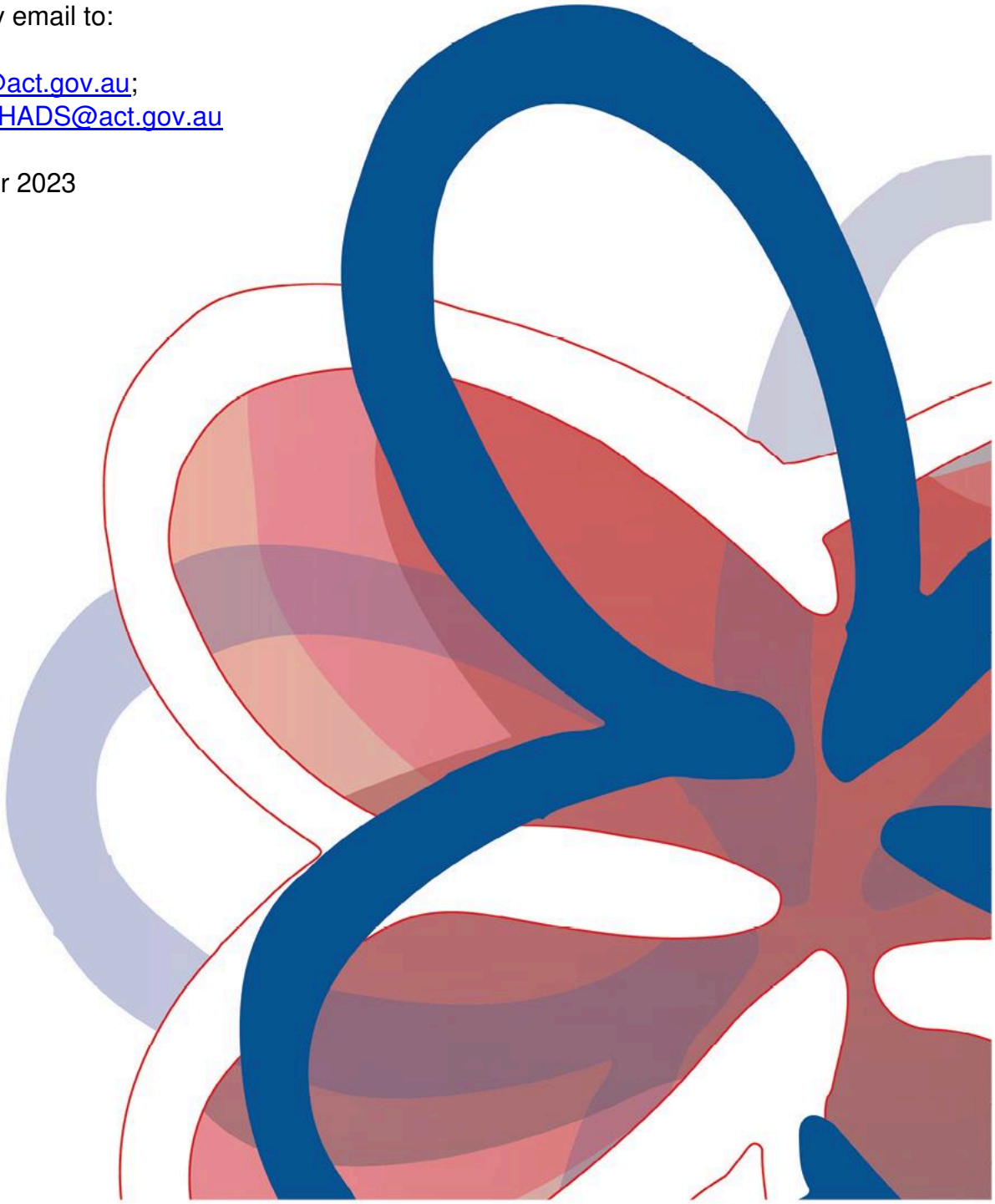

Submission: Model of Care - Dhulwa Forensic Mental Health Inpatient Service (MHJHADS), v1.1.

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from Sarah Dark, Acting Executive Support Officer, Mental Health, Justice Health, Alcohol and Drugs, Canberra Health Services.

Acknowledgment of Country.

We wish to acknowledge the Ngunnawal and Ngambri people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and 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.

Consumer feedback was sought via email in relation to the Dhulwa Model of Care. 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 Dhulwa Forensic Mental Health Inpatient Service (MHJHADS) Model of Care (Model of Care). The Model of Care should ideally be written in plain language and should include illustrations such as flow-charts etc.

Consumers recommend that this Model of Care recognise that there is a power imbalance embedded in this Model of Care, and the impact this can have on

treatment protocols and engagement such as co-design. As there is a power imbalance between service providers and consumers, it is important to note that this exists inside Secure Mental Health Units. This is why we recommend during this submission that supports (judicial supports such as access to Legal Aid, advocates etc) be included to mitigate this power imabalance. Consumers were concerned that it is not enough to state that a service will empower consumers in a setting where their power, agency and choice is highly attenuated.

Consumers noted that the Model of Care does not include any reference to Trauma Informed Care – except in the Glossary, p. 31. Consumers also noted that the use of de-escalation techniques are also not included. As a statement of principle for the Dhulwa consumers argued that it is important that principles of Trauma Informed Care, de-escalation and consent are explicitly included in the Model of Care document.

The inclusion of Gawanggal in this Model of Care was of concern to consumers as they were not clear on whether Gawanggal is a Forensic Inpatient Service or an inpatient service that consumers from any Mental Health Inpatient Unit can be transferred for higher security. Further discussion regarding the use of Gawanggal as a Forensic Step Up/Step down Inpatient Unit would be welcomed.

Recommendations: Canberra Health Services – Model of Care - Dhulwa Forensic Mental Health Inpatient Service (MHJHADS), v1.1.

Recommendation 1: inclusion of reference to Advance Consent Direction, Advance Agreement, Nominated Person.
Consumers recommend that the Model of Care include reference, explanation of and instructions of how to find, a consumers Advance Consent Directions, Advance Agreements and Nominated Persons forms. These forms may indicate successful de-escalation techniques and treatments for the relevant consumer.

Recommendation 2: transfer from Adult Mental Health Unit to Dhulwa.
Section 4.1, p. 12, and elsewhere in the Model of Care provides for consumers from the Adult Mental Health Unit (AMHU) to be transferred to Dhulwa if they are *'unable to receive treatment in a less secure civilian mental health services due to specialist forensic need (i.e, pose a danger of serious harm to others)*'. However, Consumers note that there is no specification as to how this decision is made nor who is responsible for making the decision, and recommend that this process be specified clearly in the document.

In addition, consumers wondered what the role of the Forensic Consultation and Intervention Service (FoCIS) could play to determine whether a patient in a non-forensic mental health facility such as AMHU is not merely at risk of harm to others because of emotional disturbance but rather due to a focused concern of action.

Consumers note that the inclusion of the Forensic Consultation and Intervention Service (FoCIS) could play a role in the decisions making process of whether a consumer in a inpatient mental health service should be transferred to Dhulwa. If the FoCIS team are the team responsible for movements between inpatient and community care settings then they could also be used for transfer between non-forensic and forensic mental health units.

Recommendation 3: change Common Pathway 5 diagram to reflect text.
Common Pathway 5 diagram, p. 13, currently indicates that any inpatient in a Mental Health Service, whether or not they have been previously in a Forensic Mental Health Facility which is not the same as the text. Consumers recommend that the Common Pathway 5 diagram be changed to the following:

Forensic Mental health service ➔ Gawanggal ➔ Mental health service ➔ Gawanggal ➔ Mental health service

Recommendation 4: provision of an 'Admission Pack'.
While consumers agreed with the requirement of the information outlined in Section 5.3, p. 14, consumers recommend that there should be an 'Admission Pack' provided to all new consumers entering Dhulwa in the same way that there is a Welcome Pack provided to consumers admitted to AMHU. As identified in the Network's submission to the Dhulwa Inquiry, consumers were not provided with either an induction or orientation of the building, the rules and other important information, nor introduced to staff members or other residents at the facility. This resulted in heightened anxiety, removed a sense of community and created a sense of not belonging and not fitting in.

There are also problems associated with transferring from one mental health unit to another, such as from AMHU to Dhulwa, can be fraught with anxiety and concern. It can heighten acute mental illness which limits the amount of information that can be taken onboard at the time. This is particularly important as the rules to abide by in the Alexander Maconochie Centre (AMC) are different to the rules in the AMHU, and

both are also different to the rules in Dhulwa leading to consumers unintentionally breaking the facility rules.

In addition, the admission pack must include details of how the consumer can get assistance from advocates and legal advice, such as Legal Aid, Mental Health Justice Clinic.

Recommendation 5: Guarantee that clinical support spaces are open as planned.

While consumers noted that the clinical supports identified in Section 6.1 and 6.2, pp. 15-16, sound good, they emphasized the need to ensure that these spaces are open as planned and appropriately managed so consumers know what they can use and when which was not the case at the time of the Network's submission to the Inquiry, in which the Network advised:

'*Consumers also recommended that activities be run consistently to a timetable rather than being based on which staff members were working. Activities should be scheduled and held in the same way regardless of who is supervising as consumers. They feel very frustrated by the inconsistency at the unit, where some staff would allow one thing and other staff allow or disallow another. Consumers strongly recommend there be consistency of service.*'

Recommendation 6: All items in the list of approaches to develop consumer and clinician relationships should be used.

Consumers recommend that the dot points identifying the approaches to develop consumer and clinical relationships, p. 19, be identified as not exhaustive, and be joined by the word 'and' to make it clear that just using one approach is not sufficient to the task at hand.

Recommendation 7: Key Performance Indicators.

Consumers noted that not all of the Key Performance Indicators outlined in the Model of Care, 12.1, pp. 28-9, are achievable by Dhulwa staff and do not reflect how well the service is being delivered within Dhulwa. Even if the treatment and service provision is poor, the consumer is required to remain in the service until advised by the courts they can leave – so inpatient discharges, ward utilisation, total occupancy and average length of stay have no bearing on treatment received.

Consumers identified that the following KPIs are questionable to measuring performance in a secure facility as staff have very little influence on them occurring:

- Inpatient discharges: Total number of consumers discharged from Dhulwa (not to other mental health unit)
- Ward utilization: Total number of bed days
- Ward occupancy: Percentage of 25 inpatient beds occupied
- Average Length of Stay: Calculated for discharged consumers

In addition, consumers questioned inpatient discharges as the Model of Care implies that all patients of Dhulwa will be exited to prison OR another inpatient mental health unit, so the only patients the average length of stay could be calculated for would be those that go to the Alexander Maconochie Centre (AMC).

Conclusion.

These recommendations are based on consumer feedback provided to enhance the Model of Care. We look forward to seeing a completed Model of Care in regards to the proposed inclusion of Gawanggal in this Model of Care.