



ACT
Mental Health
Consumer Network

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**Submission: Canberra Health Services Dhulwa
Mental Health Unit – Operational Procedure**

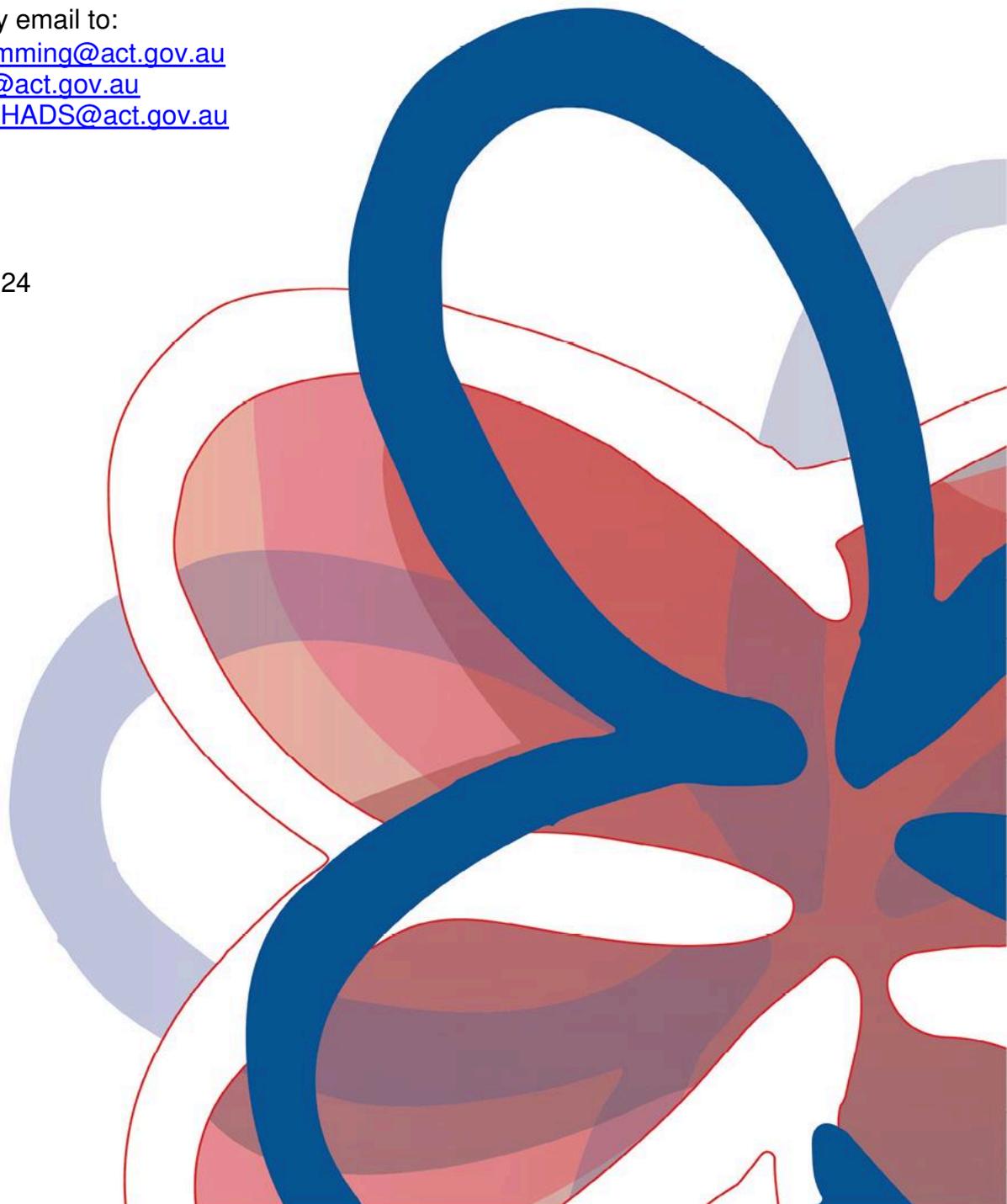
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Submission: Canberra Health Services Dhulwa Mental Health Unit – Operational Procedure

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 Division, Canberra Health Services.

Acknowledgment of Country

We wish to acknowledge the Ngunnawal 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 who 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.

Verbal feedback regarding the Canberra Health Services Dhulwa Mental Health Unit – Operational Procedure was received during a Policy Reference Group meeting and this submission incorporates the feedback received. Given the complexity of the document the Network advises that the time provided to consult and complete this submission was very tight.

General comments.

The Network welcomes this opportunity to contribute to the Canberra Health Services (CHS) Dhulwa Mental Health Unit (DMHU) – Operational Procedure. The recommendations predominantly relate to operational procedure but there are some general recommendations.

Consumers welcomed the inclusion of the Safewards model which identifies and

addresses the causes of behaviours of both staff and consumers. However, they did note the absence of a reference to a primary nurse role which they felt would assist consumers in Dhulwa. Having a single person who has taken the time to know you who you can go to ask questions or when in distress would provide a level of support and stability.

Consumers noted that while the language in the procedure seemed to be subjective and lacking details, such as *regular* health check and *timely* procedure, consumers understand that the procedure is using the wording as used in the various legislations.

Given the nature of this Operational Procedure, consumers advise that there needs to be some element of face to face training for staff. Consumers expressed concerns that staff will not have the skills to work in Dhulwa if they just read this document and the other procedures referred to.

While we did not have time to cross reference all Procedures and other documents referred to in the procedure, we did note that not all of them were included in the references section. Consumers also recommend that the referred procedures and other documents be included as hyperlinks as it is likely that the procedure will be accessed online.

Recommendations: Canberra Health Services Dhulwa Mental Health Unit – Operational Procedure

Recommendation 1: rewording of eligibility to ensure non-forensic patients are not admitted into Dhulwa

Consumers were concerned that the first paragraph, Section 1, 1.1, p. 5, that states '*Dhulwa is a forensic inpatient unit ... for people with complex mental illness or people with mental illness who have or are likely to come into contact with the criminal justice system and are unable to be cared for in a less restrictive setting*' would result in patients from other Mental Health Units in Canberra being transferred to Dhulwa if they were deemed too difficult to manage or beds were unavailable. This essentially results in Dhulwa being a mixed unit of forensic and non-forensic patients. The issue of forensic and non-forensic patients being in Dhulwa was raised during the Independent Inquiry into Dhulwa and there are concerns the paragraph is not tight enough to prevent this from happening again.

Neither the *Dhulwa Forensic Mental Health Inpatient Service Model of Care, MHJHADS* (Draft – 24 November 2023), 4.1 *Consumer eligibility*, p. 11, nor 2.2 *Eligibility criteria*, p. 8, of this Operational Procedure mention patients that are too difficult to manage. While both documents mention in the eligibility criteria patients who pose a danger of serious harm to others as being forensic, consumers argue that this wording does not include consumers with complex mental illness that do NOT pose a danger of serious harm to others.

Recommendation 2: clearer identification of the roles people hold

Consumers recommend that if a specific staff member is referred to as in *Person in Charge*, p. 6, guidance should be provided as to who that person is. A quick identification to the page of definitions, for instance, would suffice.

Recommendation 3: identification of relevant legislation

Consumers recommend the inclusion of references to legislation where relevant throughout the document. For example:

- p. 11: inclusion of the *Children and Young People Act 2008* (ACT) when referring to young detainee

Recommendation 4: explanation of what the Chief Psychiatrist arbitration process is

Consumers recommend more details be included regarding the how the arbitration process involving the Chief Psychiatrist would work in Section 2.9 *Appeals Process*, dot point 4, p. 10.

Recommendation 5: inclusion of Nominated Persons, Advance Agreements, Advance Consent Direction earlier in the procedure

Consumers recommend that the check for a consumers Nominated Persons Form, Advance Agreement and Advance Consent Direction forms should be done by the nursing staff at the time of admission, Section 3.1.1, p. 10, and again by the Administration team, Section 3.1.4, p. 11, noting that a lot of the information that the Administration team is looking for will be on these forms. If it is found that these forms are not in place, consumers recommend that as soon as it is possible, and practicable, to do so, consumers should be encouraged and assisted to complete them.

In addition, if these forms are in place, they will provide information regarding treatment preferences, who to tell that they are in Dhulwa, de-escalation techniques that work and other vital information to help keep the consumer safe for the duration of their stay.

Recommendation 6: referral to the primary nurse model

Consumers noted that there while there was reference to the Safewards model (see previous recommendation), there was no reference to the primary nurse model which consumers understood would be used in Dhulwa. Consumers recommend that the model be outlined and the role of the primary nurse be included in this document.

Recommendation 7: all activities to be delivered and not seen as an additional extra

Consumers were concerned that there was not a clear process outlined for the coordination of the activity program. Consumers who have been inpatients of Dhulwa in the past have advised that activities were done purely based on whether staff numbers were high enough to allow activities OR a staff member had a particular interest in one of the activities.

As the procedure identifies these activities and programs to be an essential part of a consumers rehabilitation and physical health, consumers questioned why no additional, specific staff member(s) were identified to run them. Noting that the procedure identifies a minimum of 24 structured activities a week, consumers questioned whether the activities would be falling onto the nurses to run and recommended that there be appropriate and adequate staffing levels ensured to run the programs.

Consumers recommend that there needs to be a specific staff member assigned to design, coordinate and run the activity program, and that they should be identified and involved in the safety huddle, p. 14.

Recommendation 8: inclusion of investigation to determine cause of mental health deterioration

Consumers recommend section 4.4.1 of the procedure provide for the inclusion of an investigation to identify what happened prior to the consumers mental health deteriorated, such as a specific trigger, so it can be avoided into the future.

In addition, consumers wanted to advise that a consumers DASA score can be affected by the way the tool is used, who is using the tool and their understanding of the consumer. The way staff interact with people could also affect the DASA score.

Recommendation 9: specific contact details for clinical deterioration escalation

Consumers were concerned that the flowchart, p.16, outlining the afterhours clinical deterioration escalation pathway only provided Dhulwa staff with the general switchboard extension number when needing to escalate the treatment of patient due to mental health deterioration to the psychiatric registrar, providing a needless delay in obtaining the most appropriate supports, yet there is a direct number for a senior nurse.

In addition, the flowchart was difficult to work out, with consumers unsure whether the Dhulwa staff escalate to the AAMHS weekend CNC or whether the psychiatric registrar does.

Recommendation 10: inclusion of process to be followed if a consumer absconds

Although abscondment is referred to, p 18, and two procedures are identified that cover what to do when a consumer fails to return from leave, takes unauthorised leave or absconds during escorted leave, consumers recommended the inclusion of a section that outlines the procedure to take specifically for Dhulwa. Time is crucial for the consumer if they have taken unauthorised leave and the procedure should be easily referred to rather than be in separate documents.

For the same reason, consumers recommend that all staff be trained in the unauthorised leave procedure rather than just be aware of it, as stated on p. 18.

Recommendation 11: outline of what happens if unable to have cutlery

Consumers recommend that as the procedure outlines that a consumer is assessed as to whether they are able to have cutlery at meal times, p. 28, it should also advise the procedure to assist those who cannot have cutlery to eat.

Recommendation 12: include the consumers perspective when looking at an aggressive episode

Consumers recommend the inclusion of the consumers perspective in any anamnestic assessment. Section 5.6, p. 22, identifies 5Ws that should be used to review incidences to identify whether there are any patterns of behaviour. The consumers answers to these 5Ws need to be considered along with the narrative of the staff. This gives the consumer the opportunity to identify actions of theirs, staff or other consumers that may have occurred prior to the behaviour.