



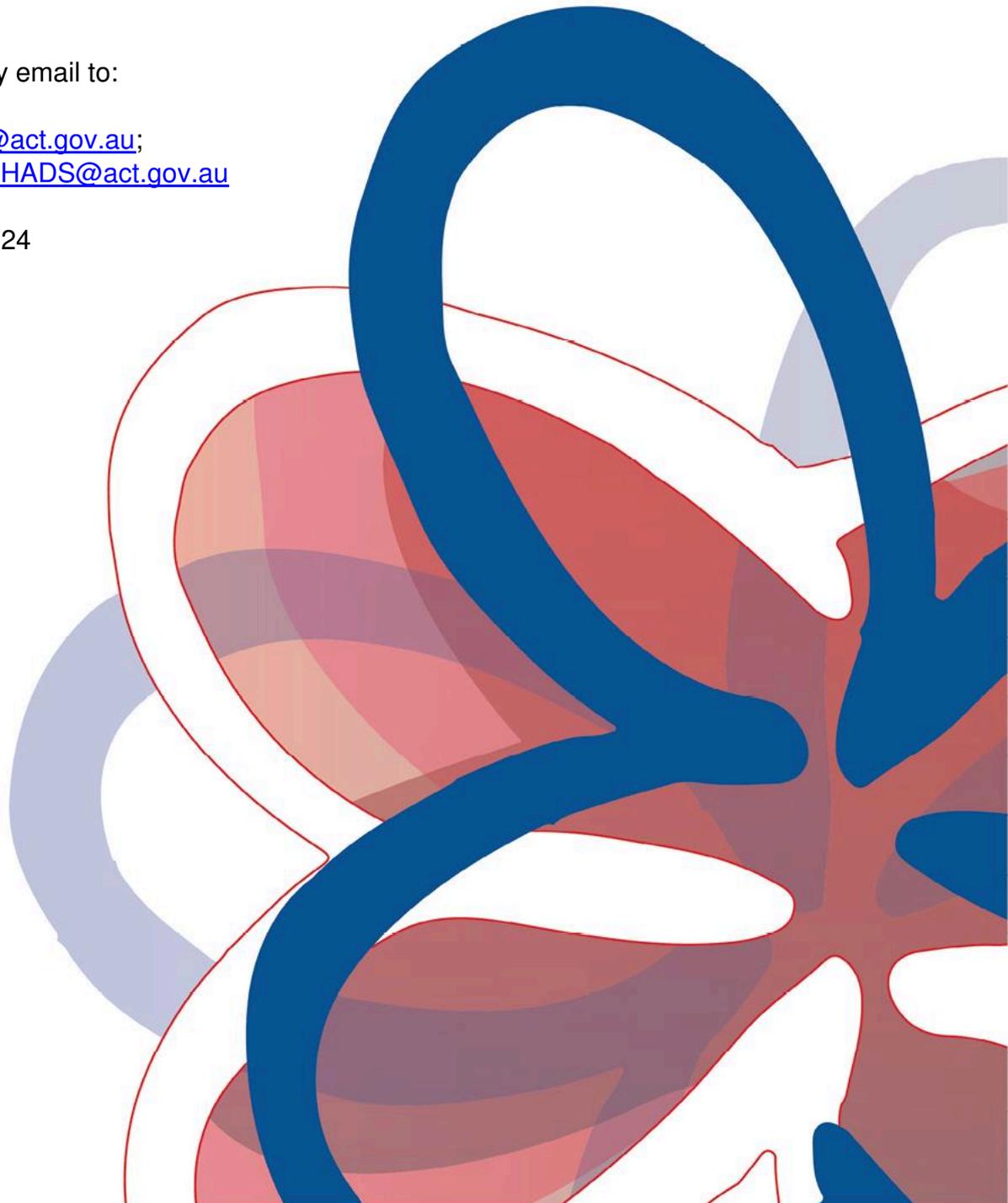
ACT  
Mental Health  
Consumer Network

ACT Mental Health Consumer Network Inc.  
The Griffin Centre, Level 2, Room 11  
20 Genge Street, Canberra City, 2601  
G.P.O Box 836, Canberra, ACT, 2601  
Phone: 02 6230 5796  
Email: [policy@actmhc.org.au](mailto:policy@actmhc.org.au)  
Website: [www.actmhc.org.au](http://www.actmhc.org.au)

**Submission: Welcome to Dhulwa – Information  
Booklet for Consumers and Visitors to Dhulwa  
Mental Health Unit**

Submitted by email to:  
Sarah Dark  
[Sarah.dark@act.gov.au](mailto:Sarah.dark@act.gov.au);  
[CHSEDMHJHADS@act.gov.au](mailto:CHSEDMHJHADS@act.gov.au)

28 March 2024



## **Submission: Welcome to Dhulwa – Information Booklet for Consumers and Visitors to Dhulwa Mental Health Unit**

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 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 Welcome to Dhulwa – Information Booklet for Consumers and Visitors to Dhulwa Mental Health Unit. *[The Information Booklet should ideally be written in plain language and should include illustrations such as flow-charts etc.]*

Consumers recommend that there is a power imbalance in existence between service providers and consumers. 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 imbalance. Consumers were concerned that it is not enough to state that a service will empower consumers in a setting where they have no power, agency or choice.

Consumers were also disappointed not to have been involved from the beginning of the drafting process for this booklet. Consumers wondered whether consumers who had been admitted to Dhulwa, past or present, had had the opportunity to comment on the booklet.

The Network notes that while we would normally have consulted with the residents of Gawanggal to receive direct feedback from those who have been admitted to Dhulwa in the past, due to the limited timeframe provided to seek feedback, this was not possible for this document. For this reason, the Network has used the feedback collected from Gawanggal residents received during previous catch ups.

### **Submission to Welcome to Dhulwa – Information Booklet for Consumers and Visitors to Dhulwa Mental Health Unit.**

*Recommendation 1: provision of booklet to consumer and support person prior to attendance, where possible*

Consumers questioned when the *Welcome to Dhulwa – Information Booklet for Consumers and Visitors to Dhulwa Mental Health Unit* booklet (the booklet) was to be given to consumers and their nominated person, support persons and carers (support person). To be eligible for admission to Dhulwa, the consumer must be subject to a mental health order under the *Mental Health Act (2015) ACT* and be sentenced or remanded to custody and have a mental illness or mental disorder with a need for treatment beyond what can safely be provided in a correctional setting.

Taking the eligibility criteria into account, it would be useful for the admitted consumer, their support person to be provided the information pack before admission.

The booklet contains information that is crucial for consumers to know prior to attending, including but not limited to: number of changes of clothes (p. 2); what items they can/cannot bring (p. 3); dietary requirements (p. 8); whether the consumer has a Nominated Person, Advance Agreement or Advance Consent Direction (pp. 13-14); items that a visitor cannot bring (p. 16).

*Recommendation 3: identified nurse that the consumer can speak with*

Consumers recommend that a specific nurse be identified for the consumer to speak with about all things included in the booklet. The booklet often says 'speak with your nurse' and consumers wanted to ensure that the name/photo of the consumer's specific nurse(s) is somewhere that can be readily checked by the consumer. This will greatly assist the consumer in times of distress.

*Recommendation 4: check whether the statements regarding the patient's rights in regard to safety are accurate*

Consumers were not sure whether dot point 2, under heading 'Your rights', p. 2,, applied to consumers admitted to Dhulwa '... *this means you will only be required to be treated in hospital if your symptoms are too severe to safely remain at home or in the community*)' given they are admitted to Dhulwa for forensic reasons, with returning back to the Alexander Maconochie Centre (AMC) the only other possibility.

In addition, consumers recommend that this dot point should include the following '*you will be treated in the least restrictive way possible, **including minimising the use of restrictive practices***'.

This recommendation also applies to the following statement on p. 12, under the heading *Mental Health Act 2015 (ACT)*, '*This means that a person will only be required to receive treatment in hospital when there are concerns for their safety or the safety of others*'.

*Recommendation 5: inclusion of prohibited and restricted items list at end of booklet*

The information regarding prohibited and restricted items should be available to the consumer and their support person prior to attending to remove the risk of these items being brought in. In addition, the list of prohibited and restricted items should be provided at the back of the booklet. If this list changes, then booklets should be changed to include the latest listings.

Consumers advised that a consumer's decision-making capacity at the time of admission is likely to be impeded. As a result, and in relation to Recommendation 1, information concerning what consumers can bring with them must be provided before admittance so their support person can assist the consumer to understand what they are permitted to bring with them.

*Recommendation 6: explain how to get the 10 phone numbers put into the account system*

Consumers recommend that p. 4 of the booklet also advise consumers what the process is to advise what phone numbers the consumer wants to be able to access and what they can do if they have more than 10 numbers. In addition, the booklet should advise how a consumer can change their 10 numbers.

The booklet advises several times that a consumer can ring a specified number using the patient phone (p. 12, p. 14, and p. 17). Consumers wondered how consumers could ring this number if it is not part of their 10 allowed phone numbers and recommended removing them or providing a cross-reference to the place where it is explained the numbers can be added into the consumers 10 numbers.

*Recommendation 5: identify that nicotine replacement gum is a restricted item*

Consumers recommend that under the heading Nicotine Replacement Therapy, p.4, the booklet advise that Nicotine Replacement Gum is on the restricted list and alternative therapies will be provided such as Nicotine patches.

Consumers also noted that the smell of cigarette smoke on a person after smoking can be really difficult to deal with when on a forced smoking ban. This is particularly important if staff are smoking and a process for this needs to be developed.

*Recommendation 6: change booklet text as mutual expectations have not been agreed to by consumers in Dhulwa and be included in the booklet*

Consumers recommend that as the mutual expectations list is already on the wall, p. 4, the booklet should NOT state that consumers and staff work together to agree to these mutual expectations. In addition, consumers recommend that these mutual expectations be included in the booklet for referral by the consumer whenever they want.

Consumers would like to know who was involved in designing these mutual expectations, and if consumers were not involved, the term mutual expectations should be removed.

Consumers also recommend that as the consumer entering into Dhulwa is likely to be distressed, the consumer's nurse should explain and discuss the mutual expectations, outlining how they are beneficial to both the consumer and staff rather than be directed to read them off the wall. Consumers recommend the following edit: '**Your nurse will**

***take you through the Mutual Expectations and you can ask your nurse at any time to go through them again. They are also in this booklet and on the notice board in each of the units.”***

*Recommendation 7: participation in activities needs to be encouraged*

Consumers note that in their experience, many consumers are reluctant to participate in scheduled activities and for this reason, appropriate interventions should be available to encourage and assist the consumer to understand the need for engagement and how they could assist my recovery as well as to return to, and live reasonably in, the community.

Staff should be trained, qualified and experienced to assist the consumer to get the most out of activities. A lived experience peer workforce would be instrumental in this area to support and enhance the work of the multi disciplinary team.

*Recommendation 8: remove or rephrase reference to ‘recovery from mental illness’*

Consumers agree that recovery is an essential component to living with a mental illness. However, stating that it a goal for a consumer to recover from mental illness is incorrect. In mental illness, recovery can mean different things – from no longer having any symptoms of a mental health condition to learning to manage symptoms and regain control of their life, learning new ways to live the life they want.

People with chronic and enduring mental illness do not recover from it. They work on their recovery every day so that they can develop ways to live with their mental illness and recover to their best possible self, but not necessarily recover from the mental illness.

*Recommendation 9: explain where the calendar of activities is posted*

Consumers recommend that the booklet outlines where the calendar of activities is posted, p.9. They also recommend that the calendar of activities have a start and end date clearly identified so consumers know when it is to be changed.

*Recommendation 10: advise that consumers can speak with the Official Visitor*

Consumers recommend that the booklet specifically state that a consumer can speak with the Official Visitor about any aspects of their stay while in Dhulwa, see p.12.

*Recommendation 11: consistent language should be used throughout the booklet and cross-referencing be used.*

Consumers recommend the use of consistent language throughout the Booklet, recommending that the last line under the heading Decision Making Capacity, p.13, should be changed to ~~'We can provide you with~~ 'Ask your nurse for more information about decision making capacity'.

Cross referencing between the sections would assist consumers and their support person to work out how the different sections of the booklet work together. For example, a reference to how to update your 10 numbers could be included on the pages where the specified phone numbers are included as specified in *Recommendation 4*.

*Recommendation 12: inclusion of nominated person, carer and support person everywhere that family is mentioned.*

Consumers recommend that nominated person, carer and support person be included throughout the booklet, noting that the booklet regularly refers to the consumers family. Some consumers do not have family, or do not want their family involved in their care.

Changes to include nominated person, carer and support person are recommended in the following places of the booklet:

- Your rights, p. 2
- Social Worker, p. 6
- Translating and Interpreting Service, p. 7
- Taking leave from Dhulwa, p. 9
- Carers, families and other supports, p. 14-15,
- Visits, p. 15
- Individual Care Planning (ICP), p. 16
- Carers Meeting, p. 16 – recommend that an explanation of what a carer is at this point so family members, friends, support people and nominated persons know it may refer to them.

*Recommendation 13: specify whether the web addresses can be accessed by consumers in Dhulwa*

Consumers noted the inclusion of the website address, p. 14, for the Human Rights Commission. The booklet does not cover anything about the use of web searchable

devices. If the consumer cannot use the internet whilst in Dhulwa, perhaps state that the website is something the consumers support person could use.

*Recommendation 14: ensure the 'bringing items into Dhulwa' section is as accurate as possible*

Consumers recommend that the list of items that visitors cannot bring into Dhulwa is as accurate as possible and replicates the list of restricted and prohibited items in the Dhulwa Visitor Policy and not just a summary of items.

*Recommendation 15: inclusion of differences between AMHU and AMC*

The rules to abide by in the Alexander Maconochie Centre (AMC) are different to the rules in the Adult Mental Health Unit, and both are different to the rules in Dhulwa. Consumers recommend that the different rules between the three environments be made very clear either in this booklet or in an inserted document depending on where the consumer has come from.

### **Recommended Edits**

- p. 3 – the first paragraph on p. 3 states "...to avoid work health and safety...". Consumers note that an edit is required for this statement to make sense?
- p. 3 – heading should be changed to 'Prohibited **and restricted** items'
- p. 4 – recommend the following edit: 'Staff can enter your room – they will speak to you prior to entering and will knock before prior to entering.'
- p. 4 – recommend the following edit: '~~Please feel free to call back if you're not finished with your conversation.~~ **You are allowed to dial the same number immediately following the 10 minutes if your conversation is not finished** finished with your conversation.'
- p. 5 – suggested edit: 'The CNC will **work** with you...'
- p. 6 – suggested edit: '**The** Exercise physiologist...'
- p. 7 – if using Allied Health Professional (see Allied Health Assistant), then Allied Health Professional needs to be used within the document, with psychologists, social workers etc included as sub-headings to the Allied Health Professional otherwise it is confusing. This comment also relates to the Allied Health Manager which could just say "...The Allied Health **Manager** will work with the **Allied Health Professionals and Allied Health Assistants**...'
- p.8 – consumers recommend rewriting the information under Administrative Team so it reads better/makes sense. Also needs to be stated that consumers don't approach the Administrative Team to make bookings for leave.

- p. 8 – consumers noted that edits are required in the table. For example – “Core programs – **The time F**for you to participate in ...” and “Core Programs – Sports and Physical Activity – **The time F**for you to ~~participation~~ participate in formal...’
- p.9 – ‘We also hosts weekly...’
- p. 11 - *include Advocacy for Inclusion in list of Advocates*
- p.11 – ‘...within the Dhulwa...’
- p.13 – remove colon after Advance Consent Direction
- edit all reference to the *Mental Healeth Act (2015) ACT* as follows... ~~Mental Health Act 2015~~ *Mental Health Act (2015) ACT*

## Conclusion

These recommendations are based on consumer feedback provided to enhance the booklet. Consumers welcomed the inclusion of this booklet, noting that it was part of the recommendations put forward in the Network’s submission to the Dhulwa Inquiry. Consumers emphasised the importance of seeking consumer input early into such important documents, believing that many of the recommendations included in this submission would not be needed had the consumer voice been invited earlier.