



ACT
Mental Health
Consumer Network

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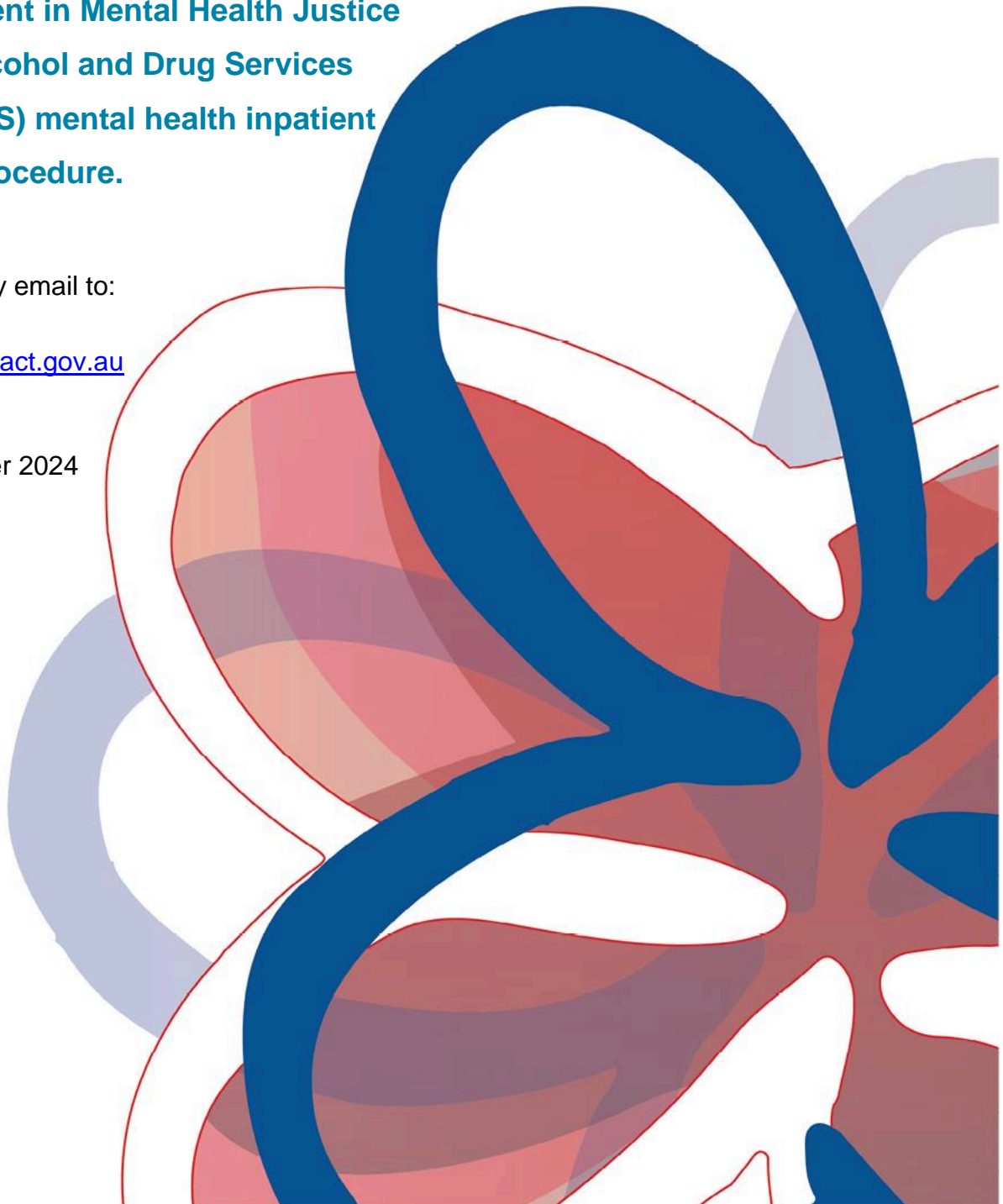
Submission:

**Review of Canberra Health Services:
Observation through therapeutic
engagement in Mental Health Justice
Health Alcohol and Drug Services
(MHJHADS) mental health inpatient
setting procedure.**

Submitted by email to:

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Submission: Observation through therapeutic engagement in MHJHADS mental health inpatient setting procedure.

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

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.

An online consumer review meeting was held in relation to the Canberra Health Services – Observation through therapeutic engagement in MHJHADS mental health inpatient setting procedure. 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 CHS Observation through therapeutic engagement in MHJHADS mental health inpatient setting Procedure (the OTE Procedure). The OTE Procedure should ideally be written in plain language and should include illustrations such as flow-charts etc.

Consumers welcomed the intent and purpose of the OTE Procedure. They stated that it represents a potentially important step forward for consumer care in CHS and MHJHADS inpatient settings. Consumers approved of numerous elements of the OTE Procedure. However, consumers were adamant that “*to make this work there needs to be no fear in the units*”. Consumers also agreed with the diagnosis of the problem that the OTE Procedure is designed to address in Section 1: being subjected to focused observed without interaction by staff can create strong negative feelings and decrease their trust in staff. This negatively affects consumers and impacts their health.

Consistent descriptions and detail in the OTE Procedure

Consumers appreciated the purpose of the OTE Procedure to overhaul the current practice of ‘observation without interaction’ and to replace it with an ‘observation through therapeutic engagement’ process (OTE process). Consumers stated that the successful implementation of this procedure will improve consumer outcomes. Consumers also noted the potential for the OTE Procedure to decrease the risk of altercations between staff and consumers by increasing consumer trust in staff and breaking down stereotypes between staff and consumers.

An aspect of the OTE Procedure that consumers identified as needing improvement was the inconsistent framing of the OTE process. At times, the OTE Procedure focuses on the observation component of the OTE process and neglects to discuss the therapeutic engagement component. In other places, the OTE Procedure refers to the OTE process as simply ‘observation’ or ‘observations’ when ‘therapeutic engagement’ would be more appropriate.

Consumers stated that consistent framing of the new OTE process throughout the OTE Procedure as *both* therapeutic engagement *and* observation, would help to reinforce the purpose and function of the new procedure for staff who use the document.

For example, the role and responsibility description for Nurses in Section 2 specifies that it is the nursing team who are be responsible for practicing observation through therapeutic engagement. However, this subsection does not describe what the role and responsibilities of this therapeutic engagement component actually include. Consequently, this subsection presents the role and responsibilities of nursing staff as primarily about *observing* and *assessing* consumers, rather than *therapeutically engaging with* consumers.

CHS and MHJHADS inpatient workforce considerations

Another aspect of the OTE Procedure that consumers discussed at length was its implications for the CHS and MHJHADS inpatient facility workforce. Because the OTE Procedure involves substantial changes to how staff interact with consumers in inpatient settings, consumers noted that effective workforce management would be essential to the OTE Procedure's success. Specifically, consumers highlighted that staff competency in practicing compassionate interpersonal interactions with consumers needs to be ensured by leadership throughout CHS and MHJHADS.

Consumers also observed that, under the terms of the OTE Procedure, staff who are uninterested or indifferent to fulfilling the *therapeutic* and *engagement* components of their role, will not be properly fulfilling the *observation* and *assessment* component either. Due to this, consumers stressed that CHS and MHJHADS management must ensure that staff who practice the OTE process as a part of their daily work are properly resourced, trained and supported to enact the OTE process safely and in full.

A part of this that consumers saw as important was making sure that inpatient facilities were sufficiently staffed so that activities, such as the gym, courtyard, table-tennis table, etc., can be used for the purposes of the OTE Procedure. Consumers warned that if facilities are not available for use due to understaffing, this will directly frustrate the potential positive impact of the OTE Procedure.

Additionally, consumers suggested that CHS and MHJHADS undertake a review of position descriptions, position advertisements and staff training to ensure they reflect the role expectations implied by the OTE Procedure.

Finally, consumers wanted to know how CHS and MHJHADS will manage the implementation of the OTE Procedure if staff are reluctant to change or resistant to the new approach.

Substantive Recommendations: CHS – Observation through therapeutic engagement in MHJHADS mental health inpatient setting procedure.

Recommendation 1:

Section 2: Roles and Responsibilities, pp. 3-4: Review and revise the role descriptions for Medical Staff and Nurse Practitioners, Clinical Nurse Consultant & Nurses to include descriptions of the roles and responsibilities in relation to the therapeutic engagement.

Recommendation 2:

Review and revise the OTE Procedure so that it consistently and appropriately frames the new OTE process as ‘therapeutically engaging with consumers and conducting observations’. For example, from Section 2: Roles and Responsibilities, Nurses, on p.4;

Observations are to be conducted regularly according to the assessed level of risk or concern. Where observations have been missed, the reason why must be documented on the consumer’s observation form by the responsible nurse.

These two sentences can be rephrased as follows;

Therapeutic engagements are to be conducted regularly according to the assessed level of risk or concern. Where therapeutic engagements have been missed, the reason why must be documented on the consumer’s observation form by the responsible nurse.

Recommendation 3:

CHS and MHJHADS should undertake a review of relevant position descriptions, position advertisements and staff training to reflect this *therapeutic* and *engagement* focused aspect of these roles.

Recommendation 4:

Staff and patients should also be given the option to have therapeutic engagement by sharing a water, tea or coffee together. CHS should ensure that all inpatient facilities provide appropriate beverages, such as tea bags, for consumers to access for themselves as well as for therapeutic engagement with staff.

Editorial Recommendations.

The following edits are recommended:

- Section: Purpose, p. 2, ¶1-2; The opening two paragraphs of this section are unclear due to run-on sentences, missing determiners and poor syntax. For example,

This procedure outlines clinicians’ responsibilities in ensuring therapeutic engagement and observation levels align to interventions and care planning to assess and address risk of harm to consumers

and staff.

This sentence should be split into two and its syntax corrected. For example,

This procedure outlines clinicians' responsibility for ensuring that therapeutic engagement and observation levels align to interventions and care planning. This process includes the accurate assessment and addressing of the risk of harm to consumers and staff.

There are other instances of such problems with syntax in these paragraphs and therefore they should be reviewed and redrafted.

- Throughout the OTE Procedure there are multiple instances of acronyms being used without being introduced in the text. For example, the first sentence in Section 2: Roles and Responsibilities, p. 3 ¶3 reads: "The CRA must be completed by...". This should be corrected as follows: "The Clinical Risk Assessment (CRA) must be completed by...". The OTE Procedure should be reviewed to identify and correct all such instances.

Conclusion

Consumers and the Network welcome the OTE Procedure as a meaningful opportunity for significant improvements in the care and experiences of consumers in CHS and MHJHADS inpatient settings.

These recommendations are based on consumer feedback provided to enhance the policy and procedure documents.