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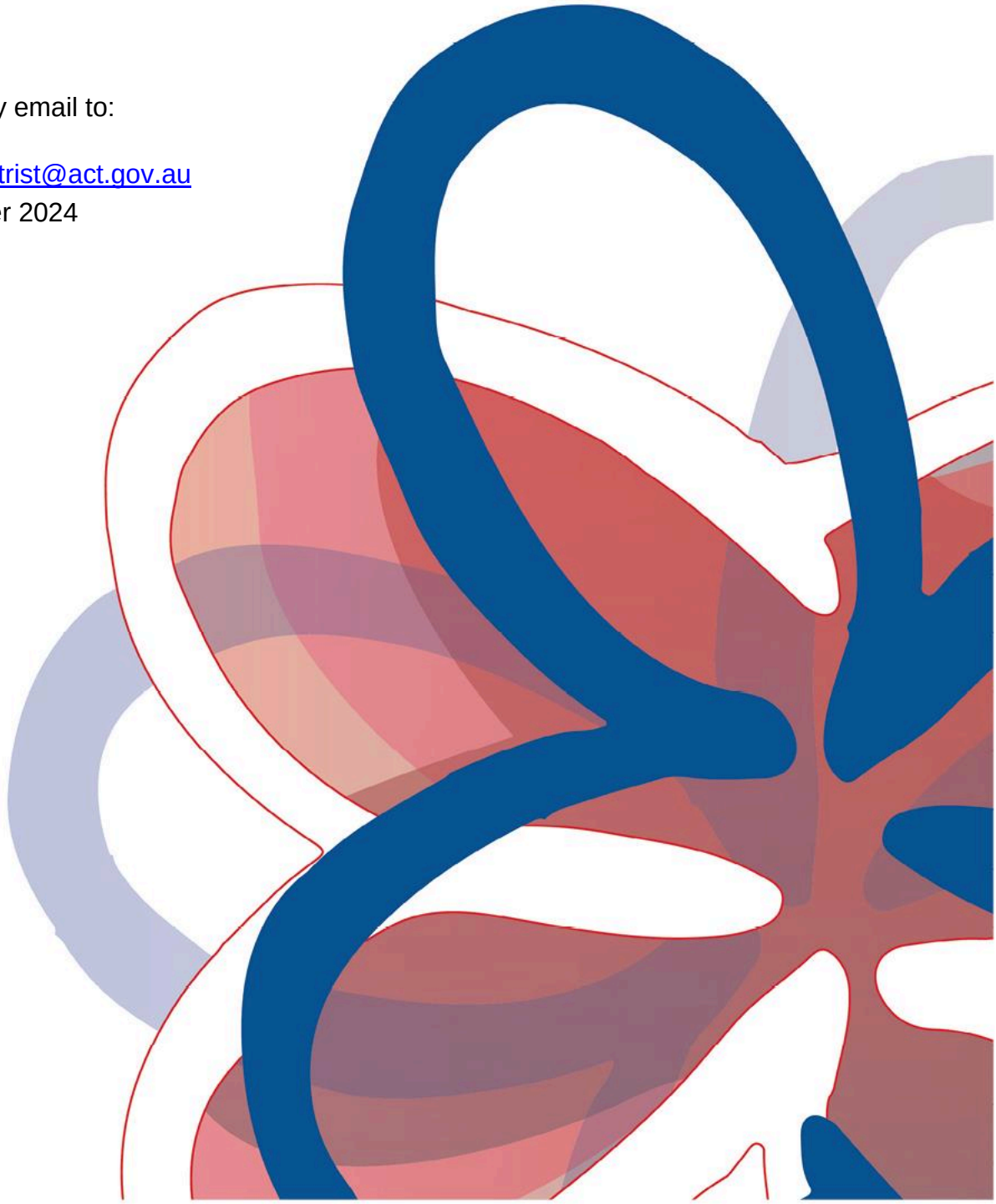
Submission: **Response to request for consumer consultation regarding the Eating Disorder Residential Treatment Centre (EDRTC) reclassification proposal**

Submitted by email to:

chiefpsychiatrist@act.gov.au
18 December 2024



Submission: Response to request for consumer consultation regarding the Eating Disorder Residential Treatment Centre (EDRTC) reclassification proposal

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the request from the Office of the Chief Psychiatrist (OCP) to facilitate a consultation with consumers concerning the proposal to approve the EDRTC as a Mental Health Facility (MHF).

This submission is made in anticipation of these questions and concerns being resolved so that a consumer consultation may proceed. It does NOT constitute consumer feedback for the purpose of the current consultation. The Network remains committed to fulfilling the OCP's request for a consumer consultation.

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.

General comments

The Network welcomes the request to facilitate a direct consultation with consumers concerning the proposal to reclassify the EDRTC from a Community Care Facility (CCF) to an MHF. Unfortunately, as per the Network's correspondence on 6

December 2024, the Network has decided that facilitating a consumer consultation on this matter at this time is not appropriate. This decision has not been taken lightly. The Network's decision is informed by three considerations:

1. The time required for the Network to resolve outstanding questions (detailed in full in this submission) prior to the originally proposed 12 December 2024 date proved prohibitive;
2. During the Mental Health Oversight Committee meeting on Tuesday 3 December, Dr Cidoni confirmed that 'there is no deadline for the recommendation' to the Minister. Specifically, it was clarified that the OCP 'wants to get the approval finalised within the first 30 days of the new ministry'; and,
3. During the same meeting, Dr Cidoni confirmed that approval of the EDRTC as an MHF is a decision that the Minister can reverse. While the Network welcomes this clarification, there are readily foreseeable difficulties that will arise if the EDRTC is approved as an MHF only for the Canberra community to subsequently desire the approval to be reversed.

In view of these, it is the Network's position that there is no need for the OCP's recommendation to the Minister to be made prior to the end of December 2024. Additionally, the Network's review of the issues presented by the *Briefing Paper* provided by OCP underscores the need for considered and informed consumer feedback.

Therefore, the Network would like to reschedule the consumer consultation, originally proposed for 12 December 2024, for a yet to be determined date in the new year.

For the purposes of clarity, the remainder of this submission has been organised into two sections:

1. Concerns and issues arising from the proposed approval of the EDRTC as an MHF and its effects on the MoC; and
2. Secondary questions arising from the *Briefing Paper*.

For the purposes of this submission, the Network reviewed the following documents and these are referenced throughout as follows:

- CHS MHJHADS, *Model of Care – Eating Disorders Residential Treatment Centre* (May, 2024) (referred to hereafter as, 'MoC');

- OCP, *Residential Eating Disorders Unit – Briefing Paper for Carers ACT and the Mental Health Consumer Network* (October, 2024) (referred to hereafter as 'the *Briefing Paper*');
- CHS MHJHADS, *Participant and Carer's Guide to the Eating Disorders Residential Treatment Centre* (July, 2024) (referred to hereafter as 'the *Participant Guide*'); and
- ACT Government, *Mental Health Act* (2015) (referred to hereafter as '*MHA* (2015)').

Throughout this submission, whenever reference is made to a person or participant 'subject to an order', the Network is specifically referring to; 'a person or participant who is subject to a Community Care Order (CCO) or Psychiatric Treatment Order (PTO) for a *non*-eating disorder mental health condition or illness'. If it is necessary to specify that a person or participant is subject to an Emergency Detention Order or a Removal Order this will be stated in full. The Network also takes it as a given that no persons subject to an order specifically for an eating disorder condition or illness will be treated at the EDRTC.

Concerns and issues arising from the proposed approval of the EDRTC as an MHF and its effects on the MoC.

The Network is presently unable to facilitate a consultation between consumers and the OCP in relation to the proposed approval due to incongruencies between the proposal outlined by the *Briefing Paper* and the EDRTC MoC. Without further clarification of these apparent issues, there is a risk that consumers will interpret the proposed approval as a direct contravention of the community consultation process that produced the agreed MoC and determined that the EDRTC should be a community care facility.

This section is therefore organised for the purposes of articulating the kinds of concerns and questions that consumers are likely to want further information about prior to deciding whether or not they support the proposed approval.

How the EDRTC operates as a CCF.

Currently, the EDRTC accepts voluntary participants who are referred to the EDRTC via the Eating Disorders Clinical Hub (MoC, p. 12). Participation in the EDRTC program is voluntary and participants must consent to treatment as well as agree to the terms of the Participant Agreement (Ibid., pp. 11-13). All referred prospective

participants must “meet the criteria for medical and psychiatric suitability” and they must also be able to be “safely medically monitored and managed in the Centre” (Ibid., p. 12). Additionally, prospective participants are required to complete a two-week preadmission assessment period to ensure that “the centre is the right treatment for you right now” (*Participant Guide*, p. 13).

The current MoC does not discriminate between participants. Per the MoC and the *Participant Guide*, so long as a participant is voluntary and consents to the EDRTC program, then the same set of procedures and rules applies to them irrespective of whether or not they are subject to an order. For example, if a participant’s physical or mental health deteriorates such that they cannot be safely managed at the EDRTC, then the participant will be transferred via ambulance to a CHS facility for further assessment and treatment (MoC, p. 19; *Participant Guide*, p. 40). This protocol is detailed in the EDRTC Operational Procedure (MoC, p. 19) and it applies to all participants irrespective of whether or not they are subject to an order.

Implications of the proposed approval as outlined in the Briefing Paper: Consent.
The *Briefing Paper* clearly outlines that approving the EDRTC as an MHF would create an MHF in which there is one set of rules and procedures for voluntary participants and an additional and separate set of rules and procedures for voluntary participants who are subject to an order. This separate set of rules and procedures would concern the use of involuntary treatments and procedures in relation to voluntary participants who are subject to an order.

This is the first issue of likely concern for consumers: the proposed use of involuntary treatments and procedures in relation to voluntary participants who are subject to an order in the context of a treatment program that is predicated on the basis of participants’ voluntary and consent-based participation. Specifically, the proposed approval implies potentially serious issues regarding the informed consent of, and the negotiation of consent with, voluntary participants subject to an order.

Consent in treatment is an essential consideration for consumers and they will be concerned to ensure that the proposed approval does not create uncertainty around, or risks for the violation of, participant consent. For instance, consumers are likely to want clarification regarding the process by which the EDRTC will ensure that a prospective participant who is subject to an order can give informed consent to participating in treatment program during which they may be subject to involuntary treatments and procedures.

Consumers are also likely to be sensitive to the fact that the proposed approval would involve prospective participants giving informed consent to the use of involuntary treatments and procedures in relation to non-eating disorder mental health conditions or illnesses for which they are not seeking treatment for while participating in the EDRTC program.

Such concerns will be exacerbated by the fact that the *Briefing Paper* lacks detail regarding how the EDRTC intends to manage the complex issues that arise with voluntary participants subject to an order providing informed and advanced consent to potential involuntary treatment. Consumers are likely to want clarification regarding this issue and may ask questions, such as:

1. What steps will be taken to ensure that voluntary participants subject to an order are fully informed about what their consent entails vis-à-vis the potential use of involuntary treatments and procedures while participating in the EDRTC program?
2. Will the EDRTC have a process by which voluntary participants subject to an order can formally withdraw their consent without risk of involuntary treatment?
3. Will the EDRTC have a policy defining what does or does not constitute a formal withdrawal of consent?
4. Will the EDRTC have a procedure for managing circumstances in which the consent of a voluntary participant subject to an order becomes ambiguous or indeterminate?
5. Will the EDRTC have a policy defining the circumstances under which medical staff may employ involuntary treatments and procedures where a voluntary participant subject to an order has indicated the informal withdrawal of their consent to continue participating in the EDRTC program?

Consumers may also want to know about how the EDRTC program will manage the difference in process and rules between the two types of participants at a group level. It would be a poor outcome if the approval of the EDRTC as an MHF created confusion among participants about who could or could not be subject to involuntary treatments. Questions in this area that are relevant would be:

6. Will it be the EDRTC's policy to inform all EDRTC program participants that some participants may be subject to involuntary treatment due to an existing order?

a. If so, will all EDRTC program participants be notified of which participants are subject to an order?

b. If not, how might the EDRTC program manage possible participant confusion regarding the use of involuntary treatments in the facility?

Likely consumer concerns such as these should not be interpreted as in-principle opposition to the proposed approval. Rather, they should be viewed as practical questions that consumers will want clear answers to in order to make an informed decision about the proposed approval.

Implications of the proposed approval as outlined in the Briefing Paper: the MoC.

Another aspect of the *Briefing Paper* that consumers will likely want clarification about concerns the statement that "approving the facility will **NOT** change the agreed Model of Care" (*Briefing Paper*, p. 2).

Currently, the MoC provides no guidance or details for how the select application of involuntary treatments and procedures to a subset of participants in a voluntary and consent-based treatment program is to be integrated and implemented. Furthermore, comparing the MoC with the *Briefing Paper* highlights several sections of the MoC that are likely to be directly affected by the introduction of involuntary treatment options for a subset of participants. For example:

- s6.1. *Referral and admission pathway* (pp. 13-15)
  The graph on page 15 specifies that the pathway for participants whose physical or mental health deteriorates are to be moved to an "escalation pathway for further assessment" with possible readmission "as per protocol" (MoC, p. 15). The proposed approval would create the possibility that participants subject to an order would be treated involuntarily on site at the EDTRC and, unlike participants not subject to an order, might not be sent to CHS for further assessment and treatment.
- s7. *Therapeutic support* (pp. 16-18);
  This section of the MoC outlines the different types of support that participants can expect during their participation in the EDRTC program. It does not specify:
  - the types of involuntary treatment or procedures that a participant subject to an order might be subjected to;
  - the circumstances under which involuntary treatment or procedures might be applied; or,

- how involuntary treatment and procedures fit into the broader model of therapeutic support.

- s8.3. *Responding to barriers to progress/indicators for review* (pp. 18-19);
  This section of the MoC specifies that "a participant at the Centre may require care in a more acute environment if there is a deterioration in their mental or physical state" (Ibid., p. 19). The proposed approval would mean that participants subject to an order whose mental or physical state deteriorates might be subject to involuntary treatments and procedures at the EDRTC.

- s9.10. *Security* (p. 21);
  This section details the security standards and considerations for the EDRTC. It does not include any information regarding the management of security risks that might arise in the context of medical staff exercising powers, as described in s81.2-3, s88.1.b-c, or s88.2-4 of the *MHA* (2015), in relation to participants subject to an order.

- s14. *Monitoring and evaluation* (pp. 29-31).
  This section details the reporting requirements arising from the operations of the EDRTC as a CCF. The *Briefing Paper* observes that approval would involve additional reporting obligations and states that the "authorising and monitoring framework of the Act … can be applied if the facility is approved" (*Briefing Paper*, p. 2). Seemingly, this would entail updating MoC to reflect these additional monitoring and evaluation obligations. However, this would also appear to contradict the prior statement in the *Briefing Paper* that "approving the facility will NOT change the agreed Model of Care" (Ibid., p. 2).

In view of these area where the proposed approval is likely to affect the practices of the EDRTC, consumers may ask;

1. Will the proposed approval result in practical changes to the MoC that will not be indicated via revision of the MoC?
    a. If so, would this not, in practice, mean changing the agreed MoC without acknowledging that these changes have taken place?

Further to this issue, consumers might also ask;

2. How will the OCP ensure that voluntary participants subject to an order are able to give fully informed consent to participate in the EDRTC program if there is no intent to update the MoC to describe either the role of involuntary treatments and procedures in the therapeutic program or the proactive management of consent during treatment?

Procedural questions requiring clarification.
As discussed thus far, the proposed approval of the EDRTC as an MHF in which a subset of voluntary and consenting participants may be subject to involuntary treatments and procedures bears a number of implications that require clarification.

This next list of questions is provided for the purposes of clarifying what the process for obtaining Minister's approval will entail so that the Network can facilitate the consultation between consumers and the OCP in the new year.

1. How does the Minister issuing an approval instrument that exempts the EDRTC from the functions listed in the *Briefing Paper* legally ensure that voluntary participants in the EDRTC treatment program who are not subject to an order will not be subjected to involuntary treatments and procedures?
2. Will the approval of the EDRTC as an MHF precipitate a revision of the EDRTC Operational Procedure for the purposes of detailing procedures relating to the informed consent of participants subject to an order and the circumstances under which involuntary treatment can be administered to participants?
    a. If so, will it be the OCP or CHS who assumes responsibility for undertaking this revision and updating of Operational Procedure?
        i. Would this revision of the EDRTC Operational Procedure take place before or after the approval of the EDRTC as an MHF takes effect?
    b. If not, does the OCP have a proposal for how prospective participants who are subject to an order will be fully informed of the conditions under which their participation is permitted, including the potential for involuntary treatments and the circumstances under which involuntary treatment may be imposed?
    c. If not, does the OCP have a proposal for how prospective participants who are subject to an order will be able to provide informed and advance consent to participate in a treatment program where they may be subject to involuntary treatment and procedures?
3. Will the approval of the EDRTC as an MHF precipitate a revision of other materials and documents relating to the EDRTC?
    a. For example, the *Participant Guide* states in no uncertain terms that "[t]he centre is a voluntary treatment program. This means that no one can make you attend or stay if you do not want to" (2024, p. 38).

> Would a statement such as this be revised and the *Participant Guide* update to reflect the fact that, as per s81.2-3 of the *MHA* (2015), prospective participants subject to an order could be involuntarily detained at the EDRTC?

Answers to these questions are important for the purposes of the Network's work insofar as it our duty to ensure that consumers participating in consultations are provided with all appropriate information that they may need to provide considered feedback.

Secondary questions arising from the *Briefing Paper*.

This section includes a list of questions relating to specific statements in the *Briefing Paper* that consumers are likely to request clarifications in relation to. Each set of questions is framed in terms of the implied issue and with specific reference to the corresponding statement in the *Briefing Paper*.

Implied discrimination against participants subject to an order for a non-eating disorder related mental health condition or illness.

As framed by the *Briefing Paper*, it appears that discrimination against prospective participants subject to an order is an issue that the OCP is either anticipating or responding to. The *Briefing Paper* makes two statements concerning discrimination at the EDRTC:

> *The approval will support equality of access for the small cohort of people on involuntary mental health orders who also require inpatient treatment care and support for an eating disorder at the facility.* (*Briefing Paper*, p. 1)

And,

> *Given the EDRTC is a public mental health facility, it is important that it does not discriminate against those of involuntary mental health orders, particularly for those that are on orders for conditions other than the eating disorder that they are receiving treatment for.* (Ibid., p. 2)

Given that the MoC lists no prohibition against admitting voluntary participants subject to an order in its Exclusion Criteria (MoC, p. 13), consumers are likely to be concerned about the possibility that discrimination is being practiced unofficially during the preadmission assessment process.

Questions:

1. Given that the MoC already supports equality of access for participants subject to an order and does not prohibit their admission and participation, how would the approval of the EDRTC as an MHF change this existing policy to better support equality of access?
2. Has the OCP been made aware of any incidents where participants subject to an order referred to the EDRTC by the Eating Disorder Clinical Hub have been excluded from admission on the basis of their order status?
3. Are there any matters that have been brought to the attention of the OCP that give the Chief Psychiatrist cause to believe that if the EDRTC is not approved as an MHF, then unofficial discrimination against prospective participants subject to an order will be, or could become, a problem for the EDRTC?

Implied deficiencies in the current EDRTC preadmission assessment process.

As framed by the *Briefing Paper*, it appears that there are aspects of the current preadmission assessment process that could be improved or are inadequate for the purposes of the EDRTC program. The *Briefing Paper* states that, in the event that the EDRTC is approved as an MHF,

> *The intake process would allow clinicians have flexibility to determine flexibility for the treatment program regardless of mental health Act status. For those on mental health orders being admitted to the facility which we envisage would be a very small proportion, if any, they would be required to demonstrate their capacity to engage with all aspects of the treatment plan in order to not disrupt the therapeutic milieu.* (Ibid., pp. 2-3)

Given that the MoC does not prohibit prospective participants subject to an order from participating in the EDRTC, and given that the EDRTC Operational Procedure provides for a two-week preadmission assessment process in which EDRTC staff can determine a participant's suitability for the program, this statement in the *Briefing Paper* is likely to elicit confusion for consumers.

Questions:

1. Can the OCP provide details about the ways that the current preadmission assessment and intake process restrict 'clinicians flexibility to determine flexibility for the treatment program regardless of mental health Act status'?

2. Does the OCP have specific concerns about the efficacy of the current preadmission assessment and intake processes for determining whether or not a prospective participant has the required “capacity to engage with all aspects of the treatment plan in order to not disrupt the therapeutic milieu” (Ibid., p. 3)?
3. Does the Chief Psychiatrist have any other concerns regarding the efficacy of the current preadmission assessment process for determining whether a prospective participant subject to an order meets “the criteria for medical and psychiatric suitability” and “who can be safely medically monitored and managed in the Centre”?

Implied problems concerning clinician’s understanding of their powers under the MHA (2015).

As framed by the *Briefing Paper*, it appears that there are aspects of the current legislative and regulatory operational environment that are causing clinician’s to doubt “the exercise of their powers for under the Act” (Ibid., p. 2). The *Briefing Paper* states that,

> *The approval of the facility will remove any doubt to clinicians about the exercise of their powers for under the Act. This may be critically important for patients experiencing mental illness co-morbidities as they can receive seamless treatment at the facility for both their eating disorder and mental illness without the disruption of changing locations.* (Ibid., p. 2).

This statement implies that, in the four months since the EDRTC commenced operations as a CCF, clinicians have raised concerns regarding their exercise of powers in relation to the *MHA* (2015). Given that the MoC is presently legally defined as a CCF for the purposes of the *MHA* (2015) and given that the EDRTC Operational Procedure should provide all clinicians with clear guidance and procedures regarding the management of participant escalation and deterioration, this statement is likely to elicit serious concern for consumers.

Questions:

1. Since commencing operations in August 2024, have any incidents involving, and/or harm to, a participant occurred at the EDRTC as a result of ‘clinician doubt’ regarding the exercise of powers under the *MHA* (2015)?

2. Can the OCP provide details regarding the specific aspects of the EDRTC's operation as a CCF, the EDRTC Operational Procedure and the *MHA* (2015) that are causing doubt amongst EDRTC clinicians?
3. Does the OCP have any concerns about the clarity of procedures outlined in the EDRTC Operational Procedure?

Conclusion

The Network is committed to fulfilling the OCP's request for a consumer consultation on the proposed approval of the EDRTC as an MHF. This submission has been prepared for the purposes of ensuring that informed and considered consumer feedback can be provided to the OCP regarding the proposed approval of the EDRTC as an MHF.

While the Network understands that this submission represents a substantive inquiry for the OCP to respond to, it is the Network's considered view that it is in the best interests of both consumers and the OCP that the questions outlined in this submission are answered to the best of the OCP's capacity prior to the scheduling of a consultation with consumers. A full list of the questions contained in this submission has been collated and included separately after this section.

The Network looks forward to receiving the OCP's response to this submission as well as continuing this discussion regarding the proposed approval of the EDRTC as an MHF.

If the OCP has any questions or concerns regarding this submission, please contact the Network's Policy and Programs Officer, Dia Andrews, at policy@actmhcn.org.au. She will be happy to provide any assistance she can to aid the OCP's response and facilitate the organisation of the consultation with consumers in the new year.

Questions for the OCP

1. What steps will be taken to ensure that voluntary participants subject to an order are fully informed about what their consent entails vis-à-vis the potential use of involuntary treatments and procedures while participating in the EDRTC program?
2. Will the EDRTC have a process by which voluntary participants subject to an order can formally withdraw their consent without risk of involuntary treatment?
3. Will the EDRTC have a policy defining what does or does not constitute a formal withdrawal of consent?
4. Will the EDRTC have a procedure for managing circumstances in which the consent of a voluntary participant subject to an order becomes ambiguous or indeterminate?
5. Will the EDRTC have a policy defining the circumstances under which medical staff may employ involuntary treatments and procedures where a voluntary participant subject to an order has indicated the informal withdrawal of their consent to continue participating in the EDRTC program?
6. Will it be the EDRTC's policy to inform all EDRTC program participants that some participants may be subject to involuntary treatment due to an existing order?
    a. If so, will all EDRTC program participants be notified of which participants are subject to an order?
    b. If not, how might the EDRTC program manage possible participant confusion regarding the use of involuntary treatments in the facility?
7. Will the proposed approval result in practical changes to the MoC that will not be indicated via revision of the MoC?
    a. If so, would this not, in practice, mean changing the agreed MoC without acknowledging that these changes have taken place?
8. How will the OCP ensure that voluntary participants subject to an order are able to give fully informed consent to participate in the EDRTC program if there is no intent to update the MoC to describe either the role of involuntary treatments and procedures in the therapeutic program or the proactive management of consent during treatment?

9. How does the Minister issuing an approval instrument that exempts the EDRTC from the functions listed in the *Briefing Paper* legally ensure that voluntary participants in the EDRTC treatment program who are not subject to an order will not be subjected to involuntary treatments and procedures?
10. Will the approval of the EDRTC as an MHF precipitate a revision of the EDRTC Operational Procedure for the purposes of detailing procedures relating to the informed consent of participants subject to an order and the circumstances under which involuntary treatment can be administered to participants?
    a. If so, will it be the OCP or CHS who assumes responsibility for undertaking this revision and updating of Operational Procedure?
        i. Would this revision of the EDRTC Operational Procedure take place before or after the approval of the EDRTC as an MHF takes effect?
    b. If not, does the OCP have a proposal for how prospective participants who are subject to an order will be fully informed of the conditions under which their participation is permitted, including the potential for involuntary treatments and the circumstances under which involuntary treatment may be imposed?
    c. If not, does the OCP have a proposal for how prospective participants who are subject to an order will be able to provide informed and advance consent to participate in a treatment program where they may be subject to involuntary treatment and procedures?
11. Will the approval of the EDRTC as an MHF precipitate a revision of other materials and documents relating to the EDRTC?
    a. For example, the *Participant Guide* states in no uncertain terms that "[t]he centre is a voluntary treatment program. This means that no one can make you attend or stay if you do not want to" (2024, p. 38). Would a statement such as this be revised and the *Participant Guide* update to reflect the fact that, as per s81.2-3 of the *MHA* (2015), prospective participants subject to an order could be involuntarily detained at the EDRTC?

12. Given that the MoC already supports equality of access for participants subject to an order and does not prohibit their admission and participation, how would the approval of the EDRTC as an MHF change this existing policy to better support equality of access?
13. Has the OCP been made aware of any incidents where participants subject to an order referred to the EDRTC by the Eating Disorder Clinical Hub have been excluded from admission on the basis of their order status?
14. Are there any matters that have been brought to the attention of the OCP that give the Chief Psychiatrist cause to believe that if the EDRTC is not approved as an MHF, then unofficial discrimination against prospective participants subject to an order will be, or could become, a problem for the EDRTC?
15. Can the OCP provide details about the ways that the current preadmission assessment and intake process restrict 'clinicians flexibility to determine flexibility for the treatment program regardless of mental health Act status'?
16. Does the OCP have specific concerns about the efficacy of the current preadmission assessment and intake processes for determining whether or not a prospective participant has the required "capacity to engage with all aspects of the treatment plan in order to not disrupt the therapeutic milieu" (*Briefing Paper*., p. 3)?
17. Does the Chief Psychiatrist have any other concerns regarding the efficacy of the current preadmission assessment process for determining whether a prospective participant subject to an order meets "the criteria for medical and psychiatric suitability" and "who can be safely medically monitored and managed in the Centre"?
18. Since commencing operations in August 2024, have any incidents involving, and/or harm to, a participant occurred at the EDRTC as a result of 'clinician doubt' regarding the exercise of powers under the *MHA* (2015)?
19. Can the OCP provide details regarding the specific aspects of the EDRTC's operation as a CCF, the EDRTC Operational Procedure and the *MHA* (2015) that are causing doubt amongst EDRTC clinicians?
20. Does the OCP have any concerns about the clarity of procedures outlined in the EDRTC Operational Procedure?