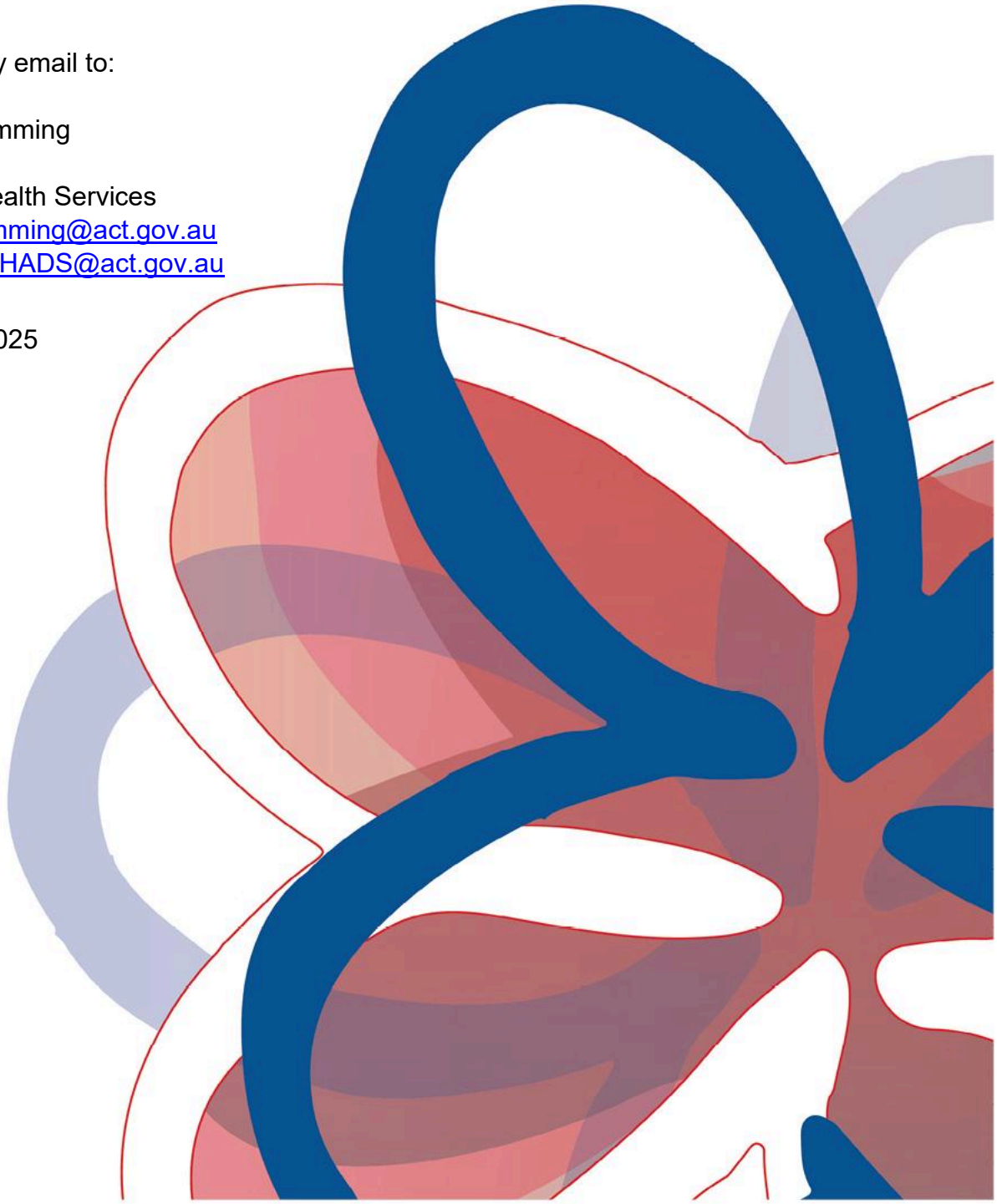
ACT Mental Health Consumer Network Inc.
The Griffin Centre, Level 2, Room 11
20 Genge Street, Canberra City, 2601
G.P.O Box 836, Canberra, ACT, 2601
Phone: 02 6230 5796
Email: policy@actmhcn.org.au
Website: www.actmhcn.org.au

Submission: Review of Canberra Health Services Procedure: Seclusion, restraint, and forcible giving of medications for consumers subject to the provisions of the *Mental Health Act 2015*.

Submitted by email to:

Michelle Hemming
MHJHADS
Canberra Health Services
michelle.hemming@act.gov.au
CHSEDMHJHADS@act.gov.au

13 August 2025



Submission: Review of Canberra Health Services Procedure: Seclusion, restraint, and forcible giving of medications for consumers subject to the provisions of the *Mental Health Act 2015*.

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

Recognition of lived experience

We wish to recognise people with mental health illness whose resilience and work contributes to creating a better mental health system for the Australian Capital Territory (ACT) and a more compassionate society for all.

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.

A meeting of the Policy Reference Group was held and additional feedback was sought via email in relation to the CHS Procedure: Seclusion, restraint, and forcible giving of medications for consumers subject to the provisions of the *Mental Health Act 2015* (the Seclusion Procedure). This submission incorporates both verbal and written feedback from consumers.

General comments.

The Network welcomes this opportunity to contribute to the Seclusion Procedure. Consumers recognised the importance of clear procedural instruction for the use of

restrictive intervention practices for consumers who are subject to provisions of the *Mental Health Act 2015* (ACT). However, consumers expressed several concerns about the guidance and instructions of the Seclusion Procedure. The key areas of concerns were:

- The absence of information and direction concerning the options and practices that staff must consider and/or attempt prior to resorting to restrictive intervention practices.
- Inconsistency in guidance for post-incident follow up care for consumers.
- Ambiguity around the scope and application of the Seclusion Procedure.
- A discrepancy between the definition of seclusion in the "Definition of Terms" section and the instructions provided in Section 3.
- The need for improved documentation of restrictive intervention practices.

Each of these points is addressed in below. A full list of consumer recommendations is presented in the next section.

Clear guidance for alternatives to restrictive intervention practices

Consumers were very concerned that the Seclusion Procedure provides no direction for prior steps or alternative options that staff should consider before resorting to restrictive intervention practices. For example, the Seclusion Procedure states that the "[d]ecision to use seclusion, restraint or forcible giving of medication … requires alternative options to be considered" (p. 3), and that they "are only to be used when other treatment management options have been exhausted" (p. 2). It also instructs staff to only use restrictive interventions practices as a "last resort" (pp. 2, 3, 4, 6) and to ensure that "all best practice alternatives are taken" (p. 7). Despite this, the Seclusion Procedure neither outlines what alternative options staff must first consider nor what policies or procedures they should consult for further guidance.

Consumers emphasised the importance of including guidance on what alternative options that staff should consider before escalating so that staff:

- Have a clear outline of consumer distress and conflict management practices as well as alternatives to restrictive intervention practices;
- Do not prematurely escalate to using restrictive intervention practices before other options are considered, tried and exhausted; and
- Have a clear understanding of when a decision to use restrictive intervention practices is and is not "reasonable, justifiable, and proportionate" (p. 3).

Consumers noted that including such information in this type of procedure is supported by both national and local guidelines. For example, the *Safe in care, safe at work* strategy (*SICSAW*) requires mental health services to implement policies

and procedures that promote conflict mediation procedures and de-escalation techniques.[1] Likewise, the ACT Health *Challenging Behaviour Guideline for Health Services* (*CBG*) recommends "outlining alternative strategies for staff to manage aggressive behaviours".[2] Furthermore, guidance from the National Mental Health Commission[3] outlines the need for staff to "respectfully communicate", "[u]se calming strategies" and focus on "assisting the person to return to a calmer state".[4] The *CBG* reinforces this, stating that calming and de-escalation practices are "effective secondary risk control measures, which can resolve, or assist to prevent the further escalation of challenging behaviours."[5] Critically, the *CBG* also advises that "[d]e-escalation is recommended as the **first response** to violence and aggression in health care settings".[6] These guidelines clearly indicate the importance of including guidance on conflict management and alternative options in procedures concerning restrictive intervention practices.

Consumers therefore recommended that the Seclusion Procedure be revised to include:

- The preventative, de-escalation and conflict management practices that staff should consider and attempt before resorting to restrictive intervention practices.
- Direct references to the relevant CHS documents where further guidance on such practices can be found.
- Explanations and/or examples of what does and does not constitute a reasonable, justifiable and proportionate decision to resort to restrictive intervention practices.

---

[1] Australian College of Mental Health Nurses (ACMHN). (2019). *Safe in care, safe at work (SICSAW): ensuring safety in care and safety for staff in Australian mental health services*. ACMHN, Canberra, ACT, p. 25. (Referred to hereafter as *SICSAW*).

[2] ACT Health. (May, 2024). *Challenging Behaviour Guidelines for Health Services*. Office of Professional Leadership and Education, (v 1.2: AHDPD-20:2020), p. 16. (Referred to hereafter as *CGB*).

[3] National Mental Health Commission. (23 September 2023). *Reducing Restrictive Practices*. Australian Government. Accessed online: https://www.mentalhealthcommission.gov.au/lived-experience/contributing-lives%2C-thriving-communities/reducing-restrictive-practices

[4] Australian Health Ministers' Advisory Council. (15 December 2016). *National principles to support the goal of eliminating mechanical and physical restraint in mental health services*. Safety and Quality Partnership Standing Committee. p. 2. (Referred to hereafter as *Principles to support*). Accessed online: https://www.mentalhealthcommission.gov.au/publications/national-principles-support-goal-eliminating-mechanical-and-physical-restraint-mental-health-services

[5] *CBG*, p. 15.

[6] Ibid., emphasis added.

Consumers stressed that illustrating both what is and is not a reasonable, justifiable and proportionate decision to resort to restrictive interventions is important for providing a clear standard against which incidents can be reviewed. Consumers noted that the Seclusion Procedure could refer to and draw upon existing CHS materials such as the *CBG*, the CHS Procedure: Occupational Violence, the Safewards Model, and the CHS De-escalation Training Module.

Restrictive intervention practice follow-up care

Consumers expressed concerns about inconsistencies in the Seclusion Procedure's guidance for follow up care between Sections 3, 4 and 5. They highlighted that the post-seclusion follow up care in Section 3 states that the "consumer should be offered the opportunity for debriefing and psychology support" (p. 5). However, the same follow up care is not recommended following restraint or forcible giving of medication. By contrast, Sections 4 and 5 advise that restraint or forcible giving of medication "does not need to include a formal debrief as, in some circumstances, this may add to the consumer's trauma" (pp. 7, 8). Consumers strongly objected to this inconsistency, noting that it contradicts national guidance which states that "[d]ebriefing after restrictive practice is essential"[7] and that support should be available "following any incident of restraint"[8]. The *CBG* also notes that debriefing is important for restoring the "therapeutic relationship and descreas[ing] the risk of additional violence".[9] Consumers also noted that the guidance in Sections 4 & 5 removes agency from consumers by conferring staff with the authority to decide whether a formal debrief is required. Consumers acknowledged that not all consumers will accept an offer for a formal debrief, but they agreed that this is a choice for the consumer to make. Consumers therefore recommended that the guidance to staff provided for seclusion in Section 3 should be standardised across restraint and forcible giving of medication in Sections 4 and 5.

Consumers welcomed the inclusion of peer recovery workers as support options following restraint and forcible giving of medication. However, consumers questioned why peer recovery workers were not included as support options following seclusion. Peer workers play an important role in supporting recovery following restrictive intervention and, where available, the option for their involvement

---

[7] Australian Health Ministers' Advisory Council. (15 December 2016). *National principles for communicating about restrictive practices with consumers and carers*. Safety and Quality Partnership Standing Committee. p. 2. (Referred to hereafter as *Principles for communicating*). Accessed online: https://www.mentalhealthcommission.gov.au/publications/national-principles-communicating-about-restrictive-practices-consumers-and-carers

[8] *Principles to support*, p. 3.

[9] *CBG*, p. 19.

in post-seclusion support should be included. Consumers therefore recommended that the guidance for including peer recovery workers in follow up care in Sections 4 and 5, should be included for seclusion follow up care in Section 3.

Consumers noted that restriction intervention incidents can be traumatising for consumers as well as any staff, Carers, family, kin or other people involved with or present for the incident. In view of this, appropriate follow-up care should be offered to all who were exposed to the incident. Here, the *National Principles to support the goal of eliminating mechanical and physical restraint in mental health services* recommends that "support strategies should be available for the person, staff, patients, carers and/or family members who witnessed the event".[10] Likewise, both the *Safe in care, safe at work* strategy and the *CBG* highlight the importance of providing support to staff involved in a restrictive intervention event.[11] Consumers therefore recommended that the follow-up care advice in Sections 3, 4 and 5 be extended to include guidance on providing follow up care to all affected parties.

Clarifying the Scope of the Seclusion Procedure

The Seclusion Procedure's Scope section states that it applies to consumers who are subject to the *Mental Health Act 2015* (ACT). Consumers observed that this would include consumers who are subject to an order and who are living in the community and/or who are being escorted by CHS staff. In both contexts, situations involving consumer distress and conflict may arise that require staff intervention. However, it was not clear to consumers whether the Seclusion Procedure would apply to staff and consumers in these contexts. To ensure consistency, consumers recommended that the Scope section of the Seclusion Procedure should include a statement that clarifies the applicability of this procedure to home visit and transportation contexts. Where necessary, staff should be directed to relevant CHS policies and procedures that provide guidance for managing restrictive interventions in these settings.

Discrepancy between the definition and application of seclusion

Consumers identified a discrepancy between the definition of seclusion provided in the Definitions of Terms section (p. 10) and the instructions for enacting seclusion outlined in Section 3 (p. 5). On page 5, the instructions for the application of seclusion state that consumers who are subject to seclusion are to be:

> Placed on an At-risk category (ARC) score of 5 and – be under constant

[10] *Principles to support*, p. 3.
[11] *SICSAW*, p. 30; and *CBG*, p. 18.

> visual observation at arm's length distance [and] – if asleep, the nursing observations must note respirations.

By contrast, in the Definition of Terms section on page 10, the definition of seclusion states:

> Seclusion is confinement in any room or area in which a consumer is left alone and cannot freely exit and includes de-escalation and high dependency areas.

If the instruction to staff for seclusion requires the consumer to be under constant visual observation at arm's length then, presumably, the consumer is not being left alone in a room. Either the definition is incorrect, or the instructions for seclusion are missing additional information. Consumers therefore recommended that this discrepancy be resolved by aligning the definition and the procedural instructions, ensuring clarity and consistency for staff and consumers alike.

Improving the documentation of restrictive intervention practices

In Section 6.1, consumers observed that staff are instructed to document "the facts of and the reasons for the use of the intervention" (p. 8). Consumers also noted that the *Safe in care, safe in work* strategy recommends the collection of data on "[s]ervice user involvement in event debriefing activities".[12] Consumers agreed that post-incident documentation has an important role to play in the review of incidents and the reduction of the use of restrictive intervention practices. In view of this, consumers recommended that post-incident documentation should include:

- A record of the alternative options considered and attempted prior to the use of restrictive intervention; and
- Details of any debriefing options offered to or undertaken with the consumer following the intervention.

Including this information in the clinical record will facilitate the review of incidents so that effective prevention and de-escalation strategies can be reinforced and the goal of reducing and eliminating the use of restrictive intervention practices advanced.

[12] *SICSAW*, p. 19.

Recommendations

Recommendation 1:

Include a dedicated section in the Seclusion Procedure outlining the preventative, de-escalation, and conflict management practices that staff should for consider and attempt before resorting to restrictive intervention practices.

Recommendation 2:

Incorporate direct references to the appropriate CHS documents where further guidance on such preventative, de-escalation and conflict management practices can be found.

Recommendation 3:

Add an explanation and/or examples in Section 1 of what does and does not constitute a reasonable, justifiable and proportionate decision to resort to restrictive intervention practices.

Recommendation 4:

Standardise the guidance on follow-up care and debriefing provided in Section 3 across Sections 4 and 5 to ensure consistency following all types of restrictive interventions.

Recommendation 5:

In Section 4 and Section 5, the guidance for including peer recovery workers in follow-up care should be used as the standard and included in Section 3.

Recommendation 6:

Expand the follow-up care guidance in Sections 3, 4, and 5 to include support for all affected parties, including staff, Carers, family, and kin. Include references to relevant CHS procedures that support staff wellbeing.

Recommendation 7:

Clarify the Scope section to indicate whether the Seclusion Procedure applies in community-based contexts such as home visits and transportation. Where applicable, direct staff to relevant CHS procedures.

Recommendation 8:

Resolve the discrepancy between the instructions for enacting seclusion in Section 3 and the definition provided in the Definitions of Terms section to ensure consistency and clarity.

Recommendation 9:

Expand Section 6.1 to advise staff that post-incident documentation should include:

- The alternative options considered and attempted prior to the use of restrictive intervention; and
- The debriefing options undertaken with and/or offered to the consumer following the intervention.

Conclusion

Consumers welcomed the opportunity to provide feedback on this very important CHS procedure. These recommendations, based on verbal and written consumer feedback, are intended to strengthen the clarity, consistency, and consumer-centred focus of the Seclusion Procedure. The Network looks forward to continuing to work with CHS MHJHADS on the shared goal of reducing, minimising and, where possible, eliminating the use of restrictive intervention practices in ACT mental health services.