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Submission: Review of Canberra Health Services (CHS) Consumer Handouts

Submitted by email to:

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This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from the Nurses and Midwives Towards a Safer Culture (NM TASC) team.

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 in relation to two Canberra Health Services (CHS) Consumer Handout drafts, referred to below as Handout 1 (What is Safewards?) and Handout 2 (Safewards Mutual Help Meeting). Both verbal and written feedback received from consumers is incorporated in this submission. The Network welcomes the opportunity to provide feedback on these handouts.

General comments

The Network welcomes the opportunity to contribute to the review of the Handouts. Upon review, consumers highlighted the following issues regarding both the content clarity and presentation style of the handouts for consideration and review:

Consumers outlined concerns in relation to the following areas:

- Accessibility of information;
- Consumer safety and support;
- Lack of information; and
- Wording and tone.

Each of these matters is discussed below, followed by a list of recommendations provided by consumers.

Accessibility of information

Consumers noted that the handouts do not indicate whether they are available in languages other than English. In addition, it is unclear how consumers' carers or relatives can access information about, or be involved in, the Safewards model of care if they wish to do so. Consumers suggested that clearer guidance be provided on how people can access Safewards information, including translated materials and supports for carers and families.

Consumer safety and support

Consumers observed that it is unclear from the two handouts who is responsible for overseeing the Safewards model of care. In Handout 1, multiple terms are used (e.g. "staff", "senior staff", "team leader", "manager"), which may cause confusion for consumers when they have questions or concerns or are seeking support.

In Handout 2, consumers are encouraged to share suggestions and make requests during activities; however, there is no information explaining how these suggestions or requests will be considered or acted upon. This may limit a consumer's sense of safety, support and agency. Consumers suggested that providing concrete examples of what people can ask for would be helpful. For example, requesting that preferred pronouns be asked about and used. Consumers also suggested that including general information about staff roles, skills, or qualifications could help consumers, carers and relatives better understand how their requests may be addressed.

In Handout 2, under *Be kind and thoughtful* (p.2), the suggestion to "say something positive about someone's progress or personality" was viewed by consumers as vague and not particularly constructive. Consumers recommended replacing this with more practical and meaningful actions, such as encouraging genuine conversation or active listening.

Additionally in Handout 2, the Mutual Help Meeting is described as following “a set plan with four main parts”. In the fourth part, it is stated that “we also think about how to support people who could not come to the meeting”; however, no further information is provided about how this occurs in practice. Consumers suggested that additional explanation be included, particularly in relation to how support is provided for consumers who may feel anxious about speaking or sharing in a group setting.

Lack of information

In Handout 1, consumers felt that the information provided under the heading ‘*What is Safewards?*’ is insufficient to meaningfully inform them about the Safewards model of care. Consumers suggested adding further explanation under this heading or including a link to online resources where consumers, carers and relatives can access more detailed information if they wish to participate. In relation to this concern, consumers also suggested moving the list of Safewards goals to follow the section ‘*How will Safewards impact me?*’, so that consumers receive a clearer overview of the model earlier in the handout.

Consumers also noted that the relationship between the two pages of Handout 2 is unclear. It is not evident whether the “Ways to help each other” on page 2 are intended to occur during the Mutual Help Meeting or outside of it. Consumers further suggested that Handout 1 (What is Safewards?) be referenced in Handout 2, to clearly direct readers to where they can find general information about the Safewards model of care.

Wording and tone

Consumers expressed strong concerns about the wording used in multiple sections of both handouts. They noted that some language may feel overwhelming or insufficiently trauma-informed for mental health consumers, and that the tone can appear staff-centred.

For example, in Handout 1, the final sentence under ‘*How will Safewards impact me?*’ (“You can ask your nurse what Safewards strategies are being implemented on the ward and get involved”) was identified as potentially hierarchical and demanding. Consumers suggested rewording this sentence to adopt a gentler, more choice-based tone, such as “You are welcome to talk with a nurse...”. “If and when you feel comfortable, you can talk with a nurse ...”.

Consumers also felt that the overall wording in Handout 2 sounds patronising or unequal. In particular, in Part 2 of the Mutual Help Meeting’s four main parts

(“Round of news”), the use of the word “upsetting” is emotive and may imply that consumers are emotionally fragile. Consumers suggested replacing this with more neutral language, such as “challenging” or similar.

Additionally, Part 2 of the Mutual Help Meeting states that staff “will let everyone know what is planned for today and over the next few days”. Consumers noted that this may be overwhelming, particularly if meetings are held frequently. They suggested including information about the frequency of Mutual Help Meeting to better support expectation management.

Finally, on page 2 of Handout 2, under *Share and support*, consumers noted that the statement “Help with practical tasks (insert appropriate example)” remains incomplete and should be finalised before distribution.

Recommendations:

Recommendation 1:

Clearly state whether Safewards handouts are available in languages other than English and provide guidance on how consumers, carers and relatives can access translated materials or request support.

Recommendation 2:

Include clear information for carers and relatives about how they can access Safewards information and be involved in the model of care, where appropriate.

Recommendation 3:

Clarify who is responsible for overseeing the Safewards model of care, ensuring consistent terminology is used across both handouts (e.g. “staff”, “senior staff”, “team leader”, “manager”).

Recommendation 4:

Provide information in Handout 2 about how consumer suggestions or requests raised during activities will be considered, actioned or followed up.

Recommendation 5:

Include examples of the types of requests consumers may make during Safewards activities—for instance, asking staff to confirm and use preferred pronouns.

Recommendation 6:

Add general information about staff roles, responsibilities or qualifications to help

consumers, carers and relatives understand how requests or concerns can be addressed.

Recommendation 7:

Replace vague statements such as “say something positive about someone’s progress or personality” with more meaningful, practical and trauma-informed actions (e.g. genuine conversation or active listening).

Recommendation 8:

Provide additional explanation on how support is offered to consumers who cannot attend the Mutual Help Meeting, including options for people who may feel anxious about speaking in a group setting.

Recommendation 9:

Expand the section ‘What is Safewards?’ in Handout 1 or include a link to online resources where consumers, carers and relatives can access more detailed information.

Recommendation 10:

Reorder content in Handout 1 by placing the list of Safewards goals after the section ‘How will Safewards impact me?’ to create a clearer, more logical flow of information.

Recommendation 11:

Clarify the relationship between the two pages of Handout 2, including whether the “Ways to help each other” apply during the Mutual Help Meeting or outside of it.

Recommendation 12:

Include a reference in Handout 2 directing readers to Handout 1 for general information about the Safewards model.

Recommendation 13:

Review wording across both handouts to ensure language is trauma-informed, consumer-centred and avoids hierarchical or directive phrasing.

Recommendation 14:

Reword statements such as “You can ask your nurse...” to reflect more choice-based language (e.g. “If and when you feel comfortable, you are welcome to talk with a nurse...”).

Recommendation 15:

Replace emotive wording such as “upsetting” in Handout 2 with more neutral terms (e.g. “challenging”).

Recommendation 16:

Provide information about how frequently Mutual Help Meetings occur to support clearer expectation-setting for consumers.

Recommendation 17:

Finalise incomplete statements in Handout 2, such as “Help with practical tasks (insert appropriate example)”, prior to distribution.

Conclusion

Consumers appreciated the opportunity to provide feedback on the Safewards handouts and recognised the intention to make the material clear and supportive for people accessing mental health services. The concerns and recommendations outlined above aim to strengthen the handouts by improving the accessibility of information, clarifying roles and responsibilities, and ensuring that language and tone are trauma-informed, respectful and consumer-centred.

The Network looks forward to continuing to work with NM TASC Team to ensure that Safewards resources are accurate, accessible and supportive of consumer safety, autonomy and participation in care.