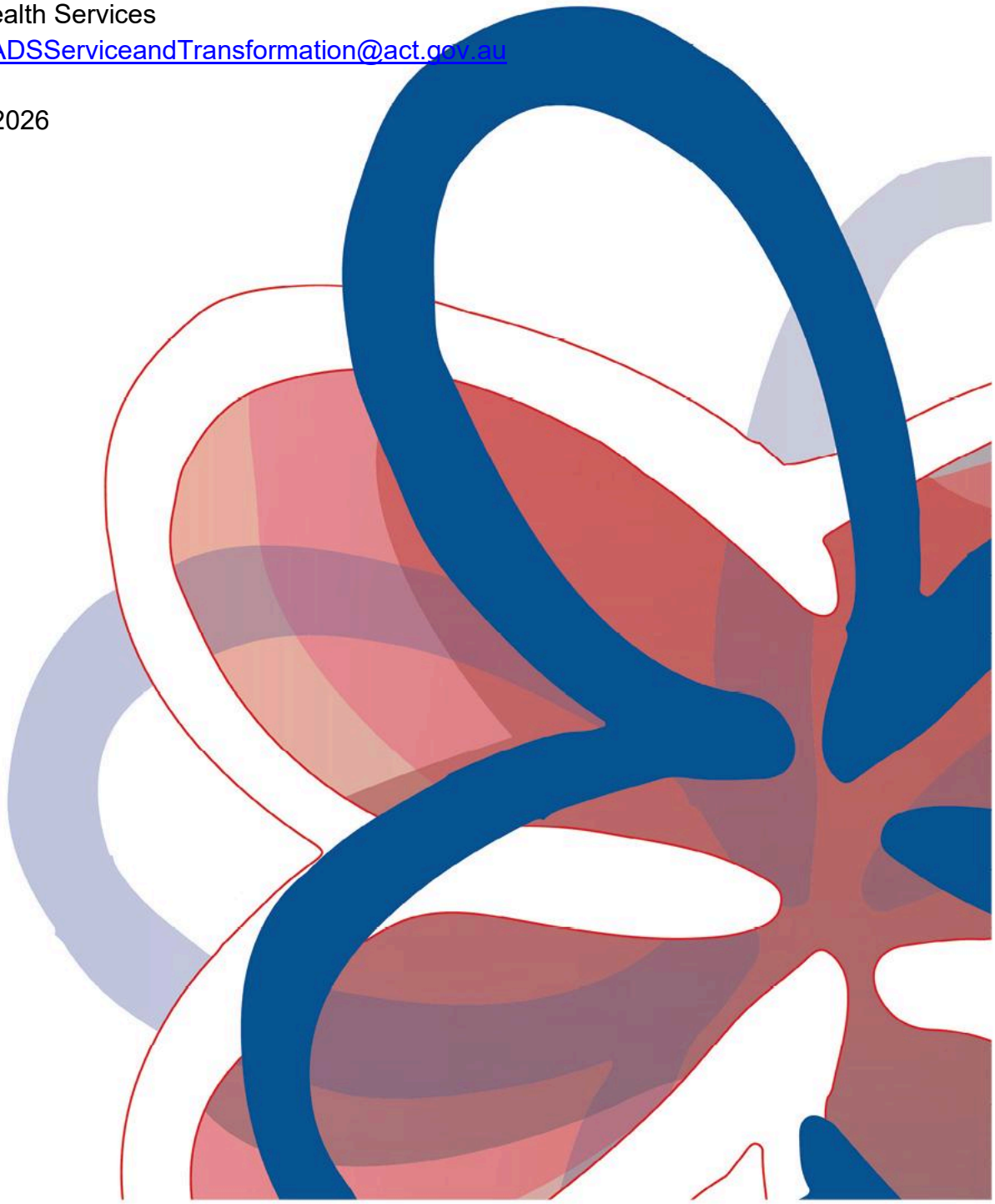
ACT Mental Health Consumer Network Inc.
The Griffin Centre, Level 2, Room 11
20 Genge Street, Canberra City, 2601
G.P.O Box 836, Canberra, ACT, 2601
Phone: 02 6230 5796
Email: research@actmhcn.org.au
Website: www.actmhcn.org.au

Submission: Review of the Acacia Mental Health Unit and Adult Acute Mental Health Services Booklets

Submitted by email to:

Canberra Health Services
CHS.MHJHADSServiceandTransformation@act.gov.au

28 October 2026



Submission: Review of the Acacia Mental Health Unit and Adult Acute Mental Health Services Booklets

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).

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 (consumers[1]) 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.

General comments

The Network welcomes the opportunity to contribute to the review of the Acacia Mental Health Unit and Adult Acute Mental Health Services Booklets (Acacia; Adult Acute).

---

[1] *We use the term 'consumer' because it is the established and widely understood descriptor across ACT legislation, policy frameworks and advisory structures, ensuring clarity and consistency in our systemic advocacy. At the same time, we recognise that people with lived experience do not all identify with the same language, and that terms such as 'people with lived experience' and 'peer' are increasingly used in contemporary contexts were relevant. Our approach is to retain 'consumer' where required for system engagement, while respecting individuals' right to self-identify in the way that best reflects their experience. This supports inclusion, aligns with national lived experience guidance, and maintains the Network's authority and effectiveness within the mental health system.*

As the two booklets follow a very similar structure and contain substantial overlap in their content and wording, much of the consumer feedback applies to both. We have therefore provided the feedback in a combined report to avoid unnecessary repetition, while identifying issues that are specific to either Acacia or Adult Acute Mental Health Services where relevant.

Overall, the booklets contain a substantial amount of useful information about inpatient care, including the units and facilities, treating teams, medication, activities, leave, advocacy and visiting arrangements. They provide a useful foundation for helping consumers, carers, families and supporters to understand what to expect during an inpatient admission. A key theme in the feedback was the importance of setting clear expectations and supporting good communication and relationships between consumers and staff. Both booklets describe the services as recovery-focused, least restrictive and supportive of consumer participation. However, consumers felt that these principles could be more consistently reflected in the practical information throughout the booklets.

Consumers also highlighted the following areas of concern:

- Consumer rights, information and participation;
- Communication and relationships with staff;
- Accommodation, restrictions and everyday life;
- Medication and treatment information;
- Existing supports, visitors and continuity of care;
- Discharge and preparing to leave; and
- Accessibility, presentation and feedback.

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

Consumer rights, information and participation

The “Your rights” sections (p. 5, both booklets) were considered insufficient for a mental health inpatient setting.

Broad rights including respect, safety, communication, participation, privacy and feedback are listed. The booklets also contain information about the *Mental Health Act 2015* (ACT), decision-making capacity, Advance Agreements, Advance Consent Directions and Nominated Persons in the “Legal Information” sections (p. 16, Acacia;

pp. 15–16, Adult Acute). However, more practical information is needed about what these rights mean at different stages of assessment, admission and treatment. In particular, there is little information about what happens if a consumer does not agree with a diagnosis, treatment plan, medication or another significant clinical decision. Greater clarity is needed around involuntary treatment, what happens when decision-making capacity is impaired, and what options are available when a consumer disagrees with care. Information about the ability to seek a second opinion was considered particularly important.

Sufficient information about important rights and supports should also be proactively provided rather than relying primarily on consumers being told to ask staff. People may be distressed, vulnerable or unfamiliar with the mental health system and may not know what information or support they should ask for.

A similar concern applies to advocacy. The wording under “Participation” in the “Your rights” section (p. 5, both booklets) states that consumers have the right to access advocacy “if needed”. Wording such as “if desired”, “if you choose” or “if you would like” would better present advocacy as a consumer's choice and right. Useful information is provided about advocacy services, Legal Aid and Mental Health Official Visitors in the “Advocacy” sections (pp. 15–16, Acacia; p. 15, Adult Acute). However, more practical information about how to access these supports would be helpful. For example, the booklets explain that Official Visitors are independent of Canberra Health Services and regularly visit the units, but could explain what consumers can talk to them about and how to request to speak with one. Similarly, someone who is particularly unwell or vulnerable may need assistance to contact an advocate.

Questions about participation also arise in relation to practical decisions. For example, under “How we support your safety and wellbeing” (p. 5, both booklets), the booklets state: “Based on this assessment, your care team will decide how often staff check in with you and spend time talking with you about your care, recovery and wellbeing.” It is unclear whether consumers have a say in this decision and how their views are taken into account. While clinical assessment will necessarily be involved, the wording does not explain whether or how the consumer participates in the decision.

Communication and relationships with staff

Good communication and relationships between consumers and staff were considered fundamental to recovery, and this could be more consistently reflected throughout both booklets.

The “Mutual expectations” section (p. 5, both booklets) states that staff and consumers work together to create a safe, respectful and supportive environment. However, the actual mutual expectations are not included in the booklet. It is therefore unclear what these expectations are. Important expectations applying to both consumers and staff should be transparent.

Greater clarity about staff roles would also be helpful. Under “Who makes up your treating team?” (pp. 9–11, Acacia; pp. 9–12, Adult Acute), the nursing section lists Clinical Nurse Consultants, Registered Nurses, Enrolled Nurses and Assistants in Nursing, but consumers may not know the differences between these roles or their responsibilities. Clearer information about professional roles and areas of expertise could help people understand who is providing their care and who to approach about particular issues. Clear identification of staff roles, for example through name badges, may also support communication. Similarly, more practical information about how to access different members of the medical and allied health teams and who to approach for different types of support would be useful.

The “Peer Worker” description (p. 11, Acacia; p. 12, Adult Acute) was considered particularly limited. It currently focuses on peer workers having lived experience, speaking with consumers and sharing their stories. The booklet could better explain what peer workers can support consumers with and how lived experience can be used to support someone during an inpatient admission. Where peer support is available, it should be actively offered rather than relying entirely on a consumer knowing to request it. The Adult Acute booklet includes a pharmacist as part of the treating team (p. 12), while the Acacia booklet does not. This may accurately reflect a difference between the services, but should be checked.

Overall, the language throughout the booklets should support genuine two-way communication rather than primarily describe what staff will do and tell consumers to ask questions if they need more information.

Accommodation, restrictions and everyday life

A clearer picture of what to expect in everyday life in an inpatient unit will would be helpful, including accommodation, facilities, activities, belongings and restrictions.

Accommodation

Accommodation was particularly important in relation to Acacia, where bedrooms and bathrooms are shared (p. 6). More information is needed about how people are allocated to shared rooms and whether factors such as gender, gender diversity, privacy, trauma, cultural needs or other individual circumstances are considered. Sharing a bedroom can be a high-stress situation for some people. The booklet should therefore explain how someone can raise concerns if they feel uncomfortable or unsafe with an arrangement.

Both booklets also state in the “Accommodation” section (p. 6, both booklets) that consumers may be moved to another room, ward or inpatient unit. Greater clarity is needed about why this may happen, whether reasons may be clinical, safety-related or operational, whether consumers have any say in the decision, and how they can raise concerns about a proposed move.

Belongings and restrictions

Substantial information about prohibited and restricted items is provided in the “Your belongings” and “Prohibited and restricted items” sections (pp. 6–7, both booklets), but clearer explanations of why some restrictions apply and more information about what consumers can bring would be helpful. For example, people are asked to bring only four to five changes of clothing. Laundry and storage arrangements are described, but a clearer explanation of the reason for limiting belongings would help with preparation for admission.

Examples of prohibited and restricted items are provided, with the full list available on the ward or at reception. Having the full list is available online, including a link or QR code, would make it easier to access before admission. Information about common personal care items, such as shaving equipment, that may be restricted or require approval would also be useful.

Where restrictions apply, the reasons should be explained as clearly and specifically as possible. General wording such as “for health and safety reasons” may not always be enough to help someone understand a restriction or support trust between consumers and staff. The “Phones and electronic devices” sections (p. 7, both booklets) should also be checked to ensure that the information reflects current practice and clearly explains when and why restrictions may apply.

Assistance animals

Concerns were raised about the wording in “Registered assistance animals” (p. 7, both booklets) that registered assistance animals “may be allowed” and are considered case by case. This could be interpreted as though access is entirely discretionary. The wording should be reviewed to ensure that consumers' rights and any legitimate limitations are clearly explained.

There also appears to be a drafting issue in the Acacia booklet (p. 7). The assistance-animal section refers to the Low Dependency Unit, Ward 12B and the Mental Health Short Stay Unit. It is unclear whether these references are intended to apply to Acacia, and this should be checked.

Facilities, activities and food

Both booklets describe a range of facilities and activities. The Adult Acute “Facilities” section (pp. 8–9) includes facilities such as a gym, multi-faith room, therapy and activity spaces and sensory modulation room. Because Adult Acute covers several different wards, it would be useful to explain what is available in a particular ward in which someone is staying and how these facilities are accessed.
Acacia also describes a range of facilities (pp. 8–9), including a patient kitchen, exercise equipment, activity spaces and a courtyard. However, some program names in “Therapy activities and programs” (pp. 13–14, Acacia), such as “Sensory Group” and “Mutual Help”, are listed without explaining what they involve.

Clearer information is also needed about how dietary needs such as allergies, health requirements, cultural needs and religious requirements will be accommodated (pp. 12–13, Acacia; p. 13, Adult Acute). Where restrictions apply to food brought into a unit, the reasons and available alternatives should be clearly explained.

Medication and treatment information

More practical information about medication and treatment during admission would be useful. The “Medication” and “Complementary medicines” sections (p. 13, Acacia; pp. 13–14, Adult Acute) provide information about medication, possible side effects and complementary medicines. Both booklets also state in the “Prohibited and restricted items” section (p. 7, both booklets) that consumers may be asked to bring medication that is not stocked by the hospital. Greater clarity is needed about what happens when a medication is not immediately available, how long supply may

take, and whether there are circumstances in which a consumer's own medication can be used while waiting.

Questions were also raised about costs. If there are medications or other items that consumers are required to pay for themselves, this should be stated clearly. If this does not occur, careful wording should be used to avoid implying that consumers may face unexpected costs. Practical information about medication supply and any potential costs when leaving hospital would also be helpful.

While the booklet provides examples of “complementary medicines”, some consumers found the term unclear or technical. Plain and familiar language should be used wherever possible.

More broadly, sufficient information about treatment and diagnosis is important for communication with staff and participation in care. Good communication should begin early rather than relying on consumers to know what questions to ask after treatment decisions have been made.

Existing supports, visitors and continuity of care

Greater clarity is needed about how existing supports can remain involved during an inpatient admission. People may already have an established GP, psychologist, community mental health team, NDIS support worker, peer worker, support coordinator or other regular support provider. The booklets do not clearly explain how these existing relationships fit with the inpatient treating team, how consumers can tell staff about them, or how communication or meetings can be arranged with the consumer's consent.

Regular professional and community supports are also not clearly distinguished from ordinary visitors. For example, it is unclear how regular visits from an NDIS support worker or external peer worker would be arranged.

The “Carers, families and supporters” and “Visits” sections (pp. 17–18, Acacia; pp. 16–17, Adult Acute) encourage contact with carers, families and supporters, but the consumer's own preferences about visits should also be made explicit. Some people may not want particular people, or any visitors, to visit. The booklet should explain how these preferences can be communicated and how they will be considered. These issues are important not only during admission but also for continuity of care when the consumer returns to the community.

Discharge and preparing to leave

The lack of a clear “Preparing to leave” section was identified as an important gap in both booklets.

Discharge planning is mentioned in the documents. For example, social workers are described as assisting with discharge planning, and the Adult Acute “Therapy activities and programs” section (p. 14) refers to support with discharge planning and connecting with community services. The Model of Care information at the beginning of both booklets also identifies discharge planning and support after leaving hospital as topics covered by the Model of Care. However, the booklets themselves do not clearly explain what consumers can expect when preparing to leave.

Useful information would include topics such as when discharge planning begins; how the consumer will be involved; what options may be discussed; what medication they will leave with or need to obtain; what follow-up appointments or services will be arranged; and how their usual treatment team and community supports will be involved. A clear section would help present discharge as part of a person's care rather than something that occurs only at the end of their stay.

Accessibility, presentation and feedback

A more approachable, accessible and supportive presentation would improve both booklets.

The accessibility information on page 2 of both booklets is difficult to read because the different options are not clearly separated or punctuated. Reformatting this information into short sentences or bullet points would improve readability.

Greater use of pictures, illustrations, icons and visual signposting could also make the booklets easier to use. People may be reading the information while distressed or experiencing difficulties with concentration, so important information should be easy to identify and understand.

Language should be reviewed for consistency and currency. For example, “patient” is still used in some places while the documents otherwise use “consumer”. Some wording should also be checked to ensure that it reflects current service arrangements rather than having been carried over from earlier documents. Feedback was another area raised by consumers. The “Feedback” sections (p. 19, Acacia; p. 18, Adult Acute) already state that feedback can be provided at any time

during or after the stay and list several methods, including the Your Experience of Service (YES) Survey and Carer Experience Survey (CES). This is useful; however, opportunities to provide feedback should be visible throughout the treatment experience and not experienced simply as an additional process at the end. People should know how to raise concerns and provide feedback throughout admission, while participation in surveys remains voluntary.

Recommendations

Recommendation 1

In “Your rights” (p. 5, both booklets) and “Legal Information” (p. 16, Acacia; pp. 15–16, Adult Acute), provide clearer practical information about involuntary treatment, disagreement with treatment or clinical decisions, second opinions, and access to advocacy and independent support.

Recommendation 2

Under “Participation” in “Your rights” (p. 5, both booklets), replace “access advocacy if needed” with wording that better reflects consumer choice, such as “access advocacy if you choose”.

Recommendation 3

In “How we support your safety and wellbeing” (p. 5, both booklets), clarify how consumers are involved in decisions about their level of observation and support.

Recommendation 4

In “Mutual expectations” (p. 5, both booklets), include a brief summary of the key expectations applying to both consumers and staff.

Recommendation 5

In “Who makes up your treating team?” (pp. 9–11, Acacia; pp. 9–12, Adult Acute), provide clearer practical information about staff roles, how consumers can access relevant members of the treating team, and the role and availability of peer workers. Confirm whether the inclusion of a pharmacist only in Adult Acute reflects current service arrangements.

Recommendation 6

In “Accommodation” (p. 6, both booklets), clarify how consumers are involved in room or ward moves and how they can raise concerns. For Acacia, also explain how privacy, safety and other individual needs are considered when allocating shared rooms.

Recommendation 7

In “Your belongings” and “Prohibited and restricted items” (pp. 6–7, both booklets), provide clearer information about what consumers can bring and the reasons for relevant restrictions, and include a link or QR code to the full prohibited and restricted items list if it is available online.

Recommendation 8

Review “Phones and electronic devices” (p. 7, both booklets) to ensure the information reflects current practice and clearly explains when and why restrictions may apply.

Recommendation 9

In “Registered assistance animals” (p. 7, both booklets), ensure that consumers' rights and any legitimate limitations are clearly explained. In the Acacia booklet, correct the references to the Low Dependency Unit, Ward 12B and Mental Health Short Stay Unit.

Recommendation 10

In the facilities and activities sections (pp. 8–9 and 13–14, Acacia; pp. 8–9 and 14, Adult Acute), clearly explain access to facilities and activities where relevant. In Acacia, briefly explain “Sensory Group” and “Mutual Help”.

Recommendation 11

In the meals and food sections (pp. 12–13, Acacia; p. 13, Adult Acute), clarify how allergies and health, cultural and religious dietary requirements are accommodated and explain relevant food restrictions and alternatives.

Recommendation 12

In the medication information (p. 13, Acacia; pp. 13–14, Adult Acute), clarify arrangements when medication is not immediately available, use of a consumer's own medication where applicable, and medication supply and any relevant costs on discharge.

Recommendation 13

In “Carers, families and supporters” and “Visits” (pp. 17–18, Acacia; pp. 16–17, Adult Acute), clarify consumers' preferences regarding visitors and how existing health, disability, peer and community supports can remain involved during admission with the consumer's consent.

Recommendation 14

Include a dedicated “Preparing to leave” section in both booklets covering discharge planning, consumer involvement, medication, follow-up care and connection or reconnection with existing treatment and community supports.

Recommendation 15

In “Accessibility” (p. 2, both booklets), improve the formatting and readability of the information and consider greater use of pictures, illustrations, icons and visual signposting throughout the booklets.

Recommendation 16

Review terminology and service-specific information throughout both booklets for consistency, currency and accuracy, including the use of “patient” and “consumer”.

Recommendation 17

In “Feedback” (p. 19, Acacia; p. 18, Adult Acute), ensure opportunities to raise concerns and provide feedback are visible throughout admission, while maintaining voluntary participation in the YES and CES surveys.

Conclusion

The Network supports the development of both booklets and considers them a useful foundation for informing consumers, carers, families and supporters about inpatient mental health services.

Consumer feedback focused on strengthening the clarity, practical usefulness and consumer-centredness of the information. Implementing the recommendations in this submission would help ensure the booklets more effectively support informed participation, communication, recovery and continuity of care throughout the inpatient experience.

Consumers value being heard and look forward to seeing how their perspectives are reflected in the final approach.