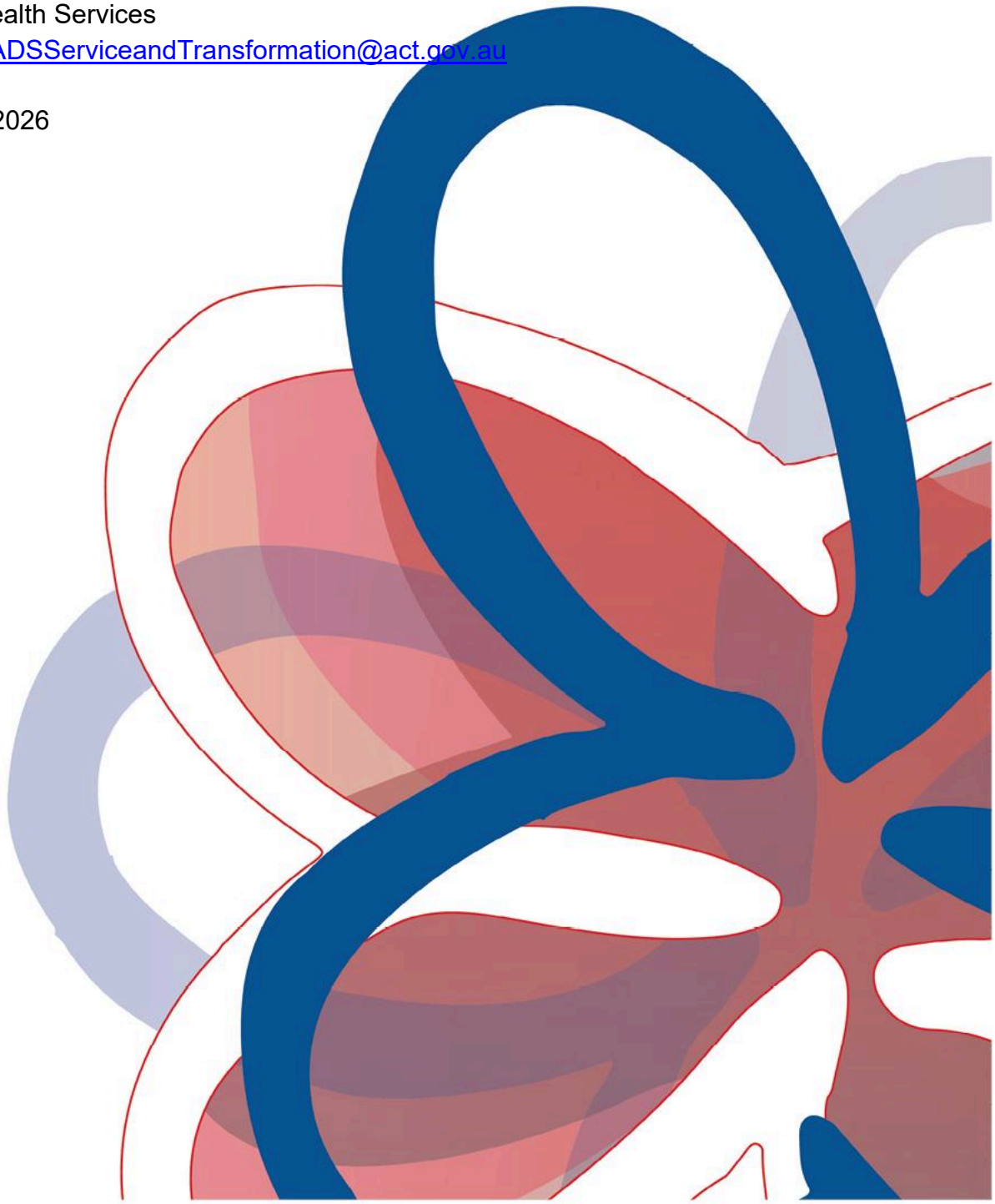
ACT Mental Health Consumer Network Inc.
The Griffin Centre, Level 2, Room 11
20 Genge Street, Canberra City, 2601
G.P.O Box 836, Canberra, ACT, 2601
Phone: 02 6230 5796
Email: research@actmhcn.org.au
Website: www.actmhcn.org.au

Submission: Review of Adult Mental Health Rehabilitation Unit Booklet

Submitted by email to:

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

28 October 2026



Submission: Review of Adult Mental Health Rehabilitation Unit Booklet

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 Adult Mental Health Rehabilitation Unit Booklet (the Booklet). Consumers acknowledged that the booklet contains a substantial amount of practical information and makes repeated reference to recovery, individual goals, participation and independence. In

[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.*

particular, the sections on the “AMHRU Model of Care” (p. 5), recovery planning and “Your daily routine and rehabilitation program” (pp. 15–17) provide useful information about the intended purpose of the unit.

However, consumers felt that the booklet could provide a clearer picture of what admission to AMHRU is likely to involve in practice. While it contains detailed information about safety requirements, restrictions and expectations, there is less information about admission and suitability, exercising rights when disagreements arise, maintaining existing supports, and how significant decisions affecting consumers, such as leave arrangements, are made and reviewed.

Consumers considered that greater transparency in these areas would strengthen the booklet's recovery-oriented, consumer-centred approach and help reduce uncertainty and distress associated with admission.

Consumers highlighted the following areas of concern:

- Admission, suitability and what to expect;
- Rights, disagreement and participation in care;
- Recovery orientation and restrictive practices;
- Leave arrangements;
- Existing community and disability supports;
- Police involvement and responses to distress;
- Practical information about belongings and preparing for admission; and
- Minor clarity and presentation issues.

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

Admission, suitability and what to expect

The “AMHRU Model of Care” section (p. 5) states that AMHRU provides inpatient rehabilitation for people with severe and ongoing mental illness and refers to an intake assessment before admission. It also directs consumers to the AMHRU Model of Care for further information about admission. However, the booklet itself provides limited information about who AMHRU is suitable for, the admission criteria, how suitability is assessed, and what consumers can expect during the admission process.

Consumers felt that this information is particularly important before admission. Having a clearer understanding of why they are being referred to AMHRU, what the

service is intended to provide, and what will happen when they arrive may reduce uncertainty and make the transition into the unit less stressful.

An indication of length of stay is provided later in the booklet, under “Preparing to leave AMHRU” (p. 19), stating that most people are expected to leave AMHRU within three months. Consumers suggested that an approximate expected length of stay should also be provided earlier in the booklet as part of the introductory information about what to expect from AMHRU.

Rights, disagreement and participation in care

The “Your rights” section (p. 6) identifies important principles, including the right to communication, participation, information, advocacy, privacy and care in the least restrictive environment. However, consumers felt that the information remains quite general and provides limited practical guidance about how these rights can be exercised.

In particular, the booklet does not clearly explain what a consumer can do if they disagree with their treating team or with a decision about their treatment or recovery plan. While the booklet encourages consumers to ask questions and raise concerns, clearer information should be provided about avenues for resolving disagreement, obtaining independent advice or advocacy, and seeking a second clinical opinion where appropriate.

Consumers also noted that there is little information about involuntary treatment and how this may affect a person's rights, choices and participation in decisions. Clearer information about these matters could help consumers understand what is happening and reduce uncertainty and distress.

The booklet provides further information about advocacy (p. 21) and the *Mental Health Act 2015* (ACT) and decision-making capacity under “Legal Information” (p. 22). However, the relationship between this information and the practical exercise of rights during admission could be clearer.

Recovery orientation and restrictive practices

Consumers noted that the booklet has a strong stated commitment to recovery. The “AMHRU Model of Care” (p. 5) describes recovery planning based on consumers' needs, strengths and goals, and “Your daily routine and rehabilitation program” (pp. 15–17) includes opportunities to develop practical skills, confidence and independence. However, consumers felt that some sections dealing with safety,

prohibited items, searches, substance use, leave restrictions and possible police involvement are framed predominantly around risk management. These include "How we support your safety and wellbeing" (p. 7), "Your belongings" and related restrictions (pp. 8–10), and "Taking leave from AMHRU" (p. 19). These sections explain what staff may do and what consumers must or must not do, but provide less information about how consumers participate in these decisions, how decisions are reviewed, or what safeguards apply.

This can create an imbalance between the recovery-oriented principles described earlier in the booklet and the experience conveyed by sections dealing with restrictions.

Leave arrangements

Consumers welcomed the inclusion of information about accompanied, unaccompanied and overnight leave in "Taking leave from AMHRU" (p. 19). However, the criteria for approving leave remain broad. The booklet states that decisions will consider a person's health, needs and safety, while the information about prohibited substances and items (p. 9) also notes that these may affect leave arrangements.

As leave can be an important part of rehabilitation and preparation for returning to the community, consumers wanted greater clarity about how decisions are made. This includes what factors may affect leave, how leave relates to individual recovery goals, when leave may generally become available, what can result in leave being restricted, and how restrictions are reviewed. Without this information, consumers may perceive decisions about leave as unpredictable or unfair.

Existing community and disability supports

The "Carers, families and supporters" section (p. 23) provides information about carers, families and supporters, and the booklet explains elsewhere that consumers may ask for supporters to participate in recovery planning. However, consumers felt that the role of regular professional and community supports during an AMHRU admission is unclear. For example, consumers may already receive regular support from NDIS support workers, peer workers, support coordinators, community mental health workers or other health and community services. It is unclear whether these workers are treated as visitors, if they can continue providing regular support during admission, and how they can be involved in recovery and discharge planning with the consumer's consent.

The “GP and other health appointments” section (p. 19) provides useful information about maintaining contact with a GP, but equivalent information about continuity with other existing supports is limited.

Police involvement and responses to distress

Under “How we support your safety and wellbeing” (p. 7), the booklet states that police may be contacted if someone's safety is at risk, a possible crime has occurred or property has been seriously damaged. Police involvement is also mentioned in relation to prohibited substances and items (p. 9). Consumers felt that some of these circumstances, particularly where “someone's safety is at risk”, are broad and may cause anxiety without further explanation. The booklet does not clearly describe how staff respond to distress or escalating situations before police involvement becomes necessary, or how a mental health crisis is distinguished from circumstances requiring a police response.

Practical information about belongings and preparing for admission

The “Your belongings” section (pp. 8–9) contains detailed information about prohibited and restricted items. It also provides some information about items consumers may bring, including clothing and personal electrical items.
However, given that consumers may stay at AMHRU for an extended period, a clearer positive checklist of recommended items would make it easier to prepare for admission. This could include clothing, toiletries, personal items, electronic devices and other everyday belongings.

The requirements for “Personal electrical items” (p. 8) also require clarification. The booklet states that items less than 12 months old may be allowed, while items more than 12 months old must be tested and approved before use. However, it does not explain who conducts the testing, how long the process may take, or what happens to the item while it is awaiting testing or approval. Consumers would also benefit from knowing whether they will receive a receipt or other written record when an item is taken from them, and when and how the item will be returned.

Minor clarity and presentation issues

On page 5, the booklet tells consumers to “write down any questions in the spaces provided”. However, there do not appear to be dedicated spaces provided for this purpose. Consumers suggested adding clearly identified spaces throughout the booklet for questions and notes.

The accessibility information on page 2 would benefit from clearer formatting. Separating the different accessibility and interpreting options more clearly, for example through short sentences or bullet points, would make the information easier to read.

Recommendations

Recommendation 1

In the “AMHRU Model of Care” section (p. 5), provide clearer information about admission and suitability criteria, the referral and assessment process, what consumers can expect when they arrive, and an indicative length of stay.

Recommendation 2

In “Your rights” (p. 6) and “Legal Information” (p. 22), provide clearer practical information about disagreement with treatment or care decisions, access to advocacy and independent support, second clinical opinions where applicable, and rights and participation during involuntary treatment.

Recommendation 3

In sections concerning safety, restrictions and risk management (pp. 7–10 and p. 19), clarify the consumer's role in decision-making, reasons for restrictions, how decisions are communicated and reviewed, and how consumers can raise concerns or disagree.

Recommendation 4

In “Taking leave from AMHRU” (p. 19), clarify how leave decisions are made and reviewed, how leave relates to recovery goals, reasons for restrictions, and how consumers can raise concerns about a leave decision.

Recommendation 5

In “Carers, families and supporters” (p. 23) and other relevant sections, explain how existing community, disability, peer and other professional supports can remain involved during admission and participate in recovery and discharge planning with the consumer's consent.

Recommendation 6

In “How we support your safety and wellbeing” (p. 7) and the information concerning prohibited substances and items (p. 9), clarify the circumstances in which police may be contacted and, where appropriate, the therapeutic and de-escalation responses considered before police involvement.

Recommendation 7

In “Your belongings” (pp. 8–9), include a practical “What to bring” checklist. Under “Personal electrical items” (p. 8), clarify the testing and approval process, how items are handled while awaiting approval, whether consumers receive a written record when an item is taken, and when and how it will be returned.

Recommendation 8

On page 5, either provide clearly identified spaces for consumers to write questions and notes or remove the instruction to “write down any questions in the spaces provided”.

Recommendation 9

Improve the formatting and readability of the accessibility information on page 2, including clearer separation of the different accessibility and interpreting options.

Conclusion

Overall, consumers considered that the booklet provides a solid foundation and reflects AMHRU's commitment to recovery, participation and rehabilitation. The key opportunity is to ensure that these principles are consistently reflected in the practical information provided to consumers before and during admission. Implementing the recommendations in this submission would improve transparency, support informed participation, and help consumers better understand what to expect throughout their time at AMHRU.

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