Carers ACT

Ms Katrina Bracher
Executive Director
Mental Health, Justice Health and Alcohol & Drug Services
ACT Health
GPO Box 825
Canberra ACT 2601

Dear Ms Bracher

Thank you for providing Carers ACT with the opportunity to comment on the Secure Mental Health Unit Model of Care. We have considered the draft Model of Care and consulted with mental health carers. Our response to the four questions, as outlined in your letter to Doris Kordes dated 13 September 2013, is set out in Attachment A.

Please do not hesitate to contact Doris on (02) 6296 9936 or email doris.kordes@carersact.org.au if you have any questions about Carers ACT's response.

Yours sincerely

Felicity Cotterill
Acting Chief Executive Officer
Carers ACT

29 October 2013

Do you think the Model of Care identifies the key needs of the diverse groups it will provide a service to?

Carers ACT is pleased to note the range of strategies and services, identified throughout the draft Secure Mental Health Unit (SMHU) Model of Care, that will support the key needs of Aboriginal and Torres Strait Islander patients and patients of diverse cultural backgrounds. There is mention of six key focus areas of the *ACT Multicultural Strategy 2010-13* – languages; children and young people; older people and aged care; women; refugees, asylum seekers and humanitarian entrants; and intercultural harmony and religious acceptance. However, there is no reference to how – apart from languages and intercultural harmony and religious acceptance – these areas will be addressed.

We note that women appear on page 32 of the draft Model of Care, under 'Women and Vulnerable Persons'. We recognise that the majority of patients will be male, and the likelihood that female patients will be accommodated in a 'vulnerable persons' section of the unit. It is not clear, however, what arrangements will be made for patients in this category to ensure they do not feel excluded and isolated from the remainder of the unit that may result in limiting their participation in the treatment programs. In addition, there is no mention of women with young children, and if an appropriate area for this type of family visit will be built into the design features of SMHU.

Carers ACT recommends that Mental Health, Justice Health and Alcohol & Drug Services give consideration to including Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people in the Women and Vulnerable Persons section, in the sentence beginning: 'An assessment of vulnerability …' (p. 32).

What, if any, aspects of the Model of Care would you modify?

1. Definition of SMHU civil patient

Carers ACT notes the:

- need to provide low secure and longer term inpatient care for people who have unremitting and severe symptoms of mental illness or disorder and associated behaviour disturbance and are unable to be safely or adequately treated in less restrictive settings. (p. 6)
- SMHU will provide care and treatment for those requiring medium to low secure care. (p. 7)
- the admissions and referral criteria are comprehensive and detailed (pp. 13-19).

The first 12 pages provide descriptions of the 'type' of patients suitable for SMHU care and treatment that are quite broad and potentially misleading; and there is no clarity on how to distinguish between the different types of civil patients suitable for care and treatment in the:

- Adult Mental Health Unit, The Canberra Hospital
- rehabilitation inpatient unit on the campus of University of Canberra (opening in 2017), and the
- Secure Mental Health Unit.

It is not explicit why persons described as 'consumers of general mental health services (civil)' (p. 1) are suitable for SMHU and not, for example, AMHU, until the reader arrives at pages 13 and 19 which state:

- Referral of civil consumers will usually follow an appropriate trial of less restrictive options including high dependency care within the Adult Mental Health Unit (AMHU). (p. 13)
- Civil consumers will be considered if, because of their mental illness, the person is likely to do serious harm to others and cannot be adequate provided for in a less restrictive environment. (p. 19)

Carers ACT believes that the draft Model of Care could be strengthened if the 'type' of patient who would benefit from care and treatment in SMHU is described upfront, in the Introduction, and in the Secure Mental Health Unit Model of Care Summary. We have received feedback from a carer who has raised concerns after reading the Summary, and this is at **Attachment 1.**

2. Safety and Security Requirements

Carers ACT acknowledges the importance of appropriate safety and security measures for patients, staff and the community. We also recognise that SMHU treatment programs emphasise rehabilitation and recovery. This raises the issue of a tension between custodial and rehabilitative care, one that health planners have grappled with for hundreds of years. For example, the architectural features of asylums have historically occupied 'an unstable place between prison and hospital', symbolising the enduring governmental requirements of segregation and confinement alongside treatment and care.[1] However, intrinsic to the principles of recovery during this era, was the view that visible reminders of patients' imprisonment could impede their healing and recovery. Where possible, these reminders were minimised.

Carers ACT notes that 'physical security will be enhanced by a positive physical environment that ensures adequacy of amenity to avoid discontent' (p. 27), and hopes that this physical environment will include features promoting recovery, such as appropriate lighting, colour, reduction in noise levels, exposure to sun, gardens and the natural environment, and consideration of views from patient windows (e.g. preferably not on the secure perimeter).[2]

[1] Markus, Thomas A. 1993. *Buildings and Power: Freedom and Control in the Origin of Modern Building Types.* London: Routledge.

[2] NSW Health. 2005. *The effect of the built and natural environment of Mental Health Units on mental health outcomes and the quality of life of the patients, the staff and the visitors. A literature review.*

Additional feedback from several carers
There is a reference to permission being required of the person being admitted involuntarily to the unit before family/care can be informed. This is surely a matter of balancing rights. A family member needs to know the person is safe and not able to harm themselves or others. I think I can enquire of a hospital if someone has been admitted (fear of accident of someone has not returned home). This is the same only more so because of dangerous behaviour. Surely family will find out sooner or later. They have right to peace of mind.

I would like to see some reference to building an ongoing relationship with the family and carers supported by the Model of Care.

Diagnosis and treatment:
The behaviour of the consumer in the outside environment cannot be observed within the unit – it is structured, supported and there is an incentive to get out. The observations of family should be part of the diagnostic process. Naturally, decisions will be made by doctors using best practice, but a constructive discharge plan cannot be made without consideration of all the facts. Questions are not asked of carers, even when they are a phone call away and visit regularly.

What do you consider will work well within this Model of Care?

Carers ACT acknowledges and applauds the recognition by Mental Health, Justice Health and Alcohol & Drug Services, of the role of carers in the draft Model of Care, in particular:

- a commitment that carers identified by the consumer will be involved in their care
- that families and carers across the broad continuum of care, including discharge planning, will be involved
- the provision of information, education and support for families, carers and significant others
- that pathway into and out of the SMHU will be made clear and explicit to carers
- a dedicated space for individuals to meet with their family.

This is particularly relevant to comply with the recently released *National framework for recovery-oriented mental health services* and its 'Practitioners' Guide to Recovery Principles' that outline principles for inclusion of carers/support persons in the recovery framework.[3]

Carer Feedback
I think this document touches most bases including Appendix 1 which has one of the clearest description of inclusion of carers I have yet seen.

[3] Australian Health Minister's Advisory Council 2013. A National framework for recovery-oriented mental health services. Access at www.health.gov.au/mental health

Do you have any questions or comments relating to this Model of Care?

Carers ACT notes that the SMHU will be a smoke-free environment. We do not support this policy, on the grounds outlined in our position statement dated 1 January 2013 (**Attachment 2**).

Feedback from carers
The first thing that needs explaining is the rationale of excluding those who require a high security environment.

With regard to assessment for rehabilitation I suggest that an assessment of present and potential talents and abilities be undertaken to establish the most promising directions and activities likely to reinforce a person's recovery. I note that vocational education is stated as Certificate level only. Should this be limited to this level? Similarly will there be any opportunity for hands on trade training?

It would seem the next stage in this process needs to be rigorously monitored and tested at each point. That is the production of functional brief with functional relationship diagrams. The various zones need to be clearly established together with their relationships to one another and the relationships of the components within each zone. I suppose it's obvious in this case that access between all parts of the facility requires clear definition from free access, controlled access, supervised access to secured access.

In order to comment I need to draw a picture of how I have arrived at these comments. My views may or may not be based on accurate information.

My understanding from the media discussion over a period of time was that the Secure Mental Health facility would be built to accommodate people who have come before the courts and are not suitable for incarceration due to their long term psychiatric condition and mental health issues – mainly forensic placements. These would be people who need to be held in a safe environment for both their sake and that of the community, and who the court was unable to pass sentence upon due to the nature of their situation.

The summary of the model of care appears to paint a rather different picture.

My understanding of the Acute Inpatient Mental Health Unit at the Canberra Hospital (TCH) is that it provides crisis admission places (involuntary) as well as those who are less ill (voluntary) – acute, medium and low care. It is expected patients will move from crisis beds to secure beds in another area as treatment is commenced – many will undergo treatment under Psychiatric Treatment Orders which will be put in place after their admission.

Comments

1. If this new facility is to provide "an integrated pathway for those who need care and treatment as a result of their mental illness and associated co-morbidity" why then does it need to be managed by the Justice Health Services program rather than just come under the cover of the ACT Mental Health? It seems to me that it would suggest an expectation of higher forensic patients similar to my views above.

2. If the facility is to "care for people with low to medium secure needs" then what is the unit at TCH meant to do? TCH has the ability to care for people with low, medium and high care needs (or so we are told) – why then do we need to duplicate their services (including rehabilitation) with this unit?

3. I do not believe 10 beds for acutely ill people will be sufficient. To suggest that the occupants of the remaining 15 beds will be rehabilitating is dishonest. If people are so ill as to require this kind of secure facility then I would suggest their prospects of any sort of rehabilitation are minimal at that time.

4. I would suggest that this facility should be more honestly described as a place where crisis admissions could be made with a view to moving patients to TCH as their condition stabilises with the introduction of treatment. Otherwise I feel you will have not one, but two, facilities where staff are under threat and experiencing violence and OHS issues. Why not contain it to one facility and have specially trained staff in place at each facility, appropriate to the needs of the client group?

5. How are juveniles to be cared for and protected in this environment?

29 October 2013

6. Paragraph 5 suggests "individuals admitted to the SMHU will consist mainly of moderate to severe mental illness" – why are people with a moderate illness not admitted to the TCH, leaving this facility for those who are severely mentally ill? If a person is having a psychotic episode then he or she is acutely ill – presently TCH caters for them and with early treatment is able to bring their level of functionality to a more acceptable phase. How then does this facility differ from what is on offer at the TCH? 2

7. I think the first paragraph of the second page is the first honest statement of the intentions in relation to this facility. The rest of the document is confused and lacking clarity and suggests to me that the authors don't really know who their target group should. I find this of concern as I feel it is going to lead to a lot of buckpassing when the pressure is on and those with a mental health episode will once again be the losers.

8. There is mention that people with personality disorders may find themselves being treated in this facility. I would offer the view that those presenting with personality disorders are not necessarily acutely ill and requiring psychiatric admission to hospital but rather requiring psychological care of a long term nature. From my understanding of these conditions, rehabilitative prospects are poor and best carried out in the community not a hospital setting.

9. The final bullet points state they will support a person's recovery by: ..... There is nothing in this list of points that differs from the presently stated aims of the TCH and Mental Health care in the community so I still don't understand what this facility is really meant to do.

10. Without seeing the entire draft I am unable to comment on to any extent upon what are the stated aims.

Summary

I find this a poorly thought out document that is riddled with mental health terminology but without any clear presentation of what the facility is really meant to do and how it means to go about doing it. I would be concerned if my family member found themself in this environment simply because the TCH is full – at my reading I think that is really what is going to happen.

29 October 2013

Carers ACT

Position Statement

Implementation of a smoke-free policy in ACT mental health facilities on 1 January 2013

This position statement has been drafted in consultation with mental health carers. Carers ACT, as peak body for mental health carers who are partners in the recovery of people living with mental health issues, supports policies and procedures that are informed by best practice principles of trauma informed care. The key message of this position statement is that people living with mental illness should be supported to quit smoking while they are living in the community because the imposition of a smoking ban may be experienced as disempowering and counterproductive to their health and wellbeing. Carers ACT acknowledges that this is a contentious policy and respects people's diverse views on tobacco cessation.

The ACT Health Directorate implemented a smoke-free policy in May 2009. Under this policy all health facilities are smoke-free areas, but designated smoking areas may be provided for staff and patients/clients. Mental health facilities in the ACT were given an exemption from the smoke-free policy.

In 2011, a Smoke Free Working Group was established by the Mental Health, Justice Health and Alcohol & Drug Services Division (MHJHADS) to undertake work required for implementing a smoke free environment in all areas including inpatient units within the Division of MHJHADS by 1 January 2013. During 2012, implementation planning activities have expanded, and the smoke-free policy will be effective from 1 January 2013.

Carers ACT recognises that:

- The ACT Health Directorate has a responsibility to protect staff, patients and visitors from second-hand smoke.
- There are health, economic and social benefits of tobacco cessation
- Smoking is prohibited in all enclosed work spaces under the *Tobacco Act 1987*.[1i]
- Tobacco addiction is a major health issue for people living with mental health issues, as at least 40% of Australian smokers have a mental illness.[2]
- Many people living with mental illness want help to quit smoking.[3]

---

[1] Chief Psychiatrist's Guideline. 2011. *Providing a smoke-free environment in public mental health inpatient and residential units*. State Government of Victoria.

[2] Lawn, Sharon. 2008. 'Tobacco control policies, social inequality and mental health populations: time for a comprehensive treatment response', *Australian and New Zealand Journal of Psychiatry*, 42:353-356; p. 354.

- There is a long-standing history and culture of smoking in psychiatric institutions, where cigarettes are often used as a form of currency.[4]
- Smoking interacts with psychiatric drugs, and blood levels of some drugs may be affected by tobacco cessation or resumption of smoking. This may impact on the efficacy of treatment and may also cause side-effects.
- Findings from 26 international studies on the effectiveness of smoking bans in inpatient psychiatric settings show that 'many patients' will return to smoking post-discharge; '(i)mposing bans in inpatient settings is seen as only part of a much larger strategy needed to overcome the high rates of smoking among mental health populations'; and that '(m)ore coordinated efforts would be needed between hospital and community staff to help patients who wish to stay quit as part of discharge planning'.[5]
- Nicotine Replacement Therapy (NRT) will be offered to consumers who smoke and who are admitted as inpatients in accordance with clinical guidelines published by MHJHADS.
- NRT is not effective for everyone, and that key to the efficacy of NRT is the motivation of the person who wishes to quit smoking.
- Major health behaviour change is more likely to succeed when the person has the intention and capacity to make an informed choice for change, e.g. quitting smoking; and the person is motivated, and is supported to make the change.[6]
- The recommended time for using NRT to support quitting is 8-12 weeks, depending on the product.[7]

Carers ACT is concerned about:

- The use of coercion through the imposition of a smoking ban, leading to feelings of disempowerment - '(p)atients may interpret restrictions as a further source of powerlessness',[8] this is opposite to key principles of trauma informed care and recovery frameworks.[9]
- The impact for carers in responding to the increased stress and agitation of consumers associated with nicotine withdrawal symptoms during inpatient stays.

---

[3] Maxie Ashton. 2010. Churchill Fellow, investigation of international approaches that effectively help people with mental illness to quit tobacco; Chief Psychiatrist's Guideline. 2011. *Providing a smoke-free environment in public mental health inpatient and residential units*. State Government of Victoria.

[4] Lawn, Sharon. 2004. 'Systematic barriers to quitting smoking among institutionalised public mental health service populations: a comparison of two Australian sites', *International Journal of Social Psychiatry*, pp. 204-215.

[5] Lawn, Sharon & Pols, Rene. 2005. 'Smoking bans in psychiatric inpatient settings? A review of the research', *Australian and New Zealand Journal of Psychiatry*, 39, pp 882-883.

[6] See for example, Prochaska, J.O. and Di Clemente, C C 1986. *Towards a comprehensive model of change*. In: W R Miller and N Heather (Eds), Treating addictive behaviours: Processes of change. NewYork: Plenum Press; and Prochaska, J O and Di Clemente, C C. 1992. *Stages of Change and the modification of problem behaviours*. In M Hersen, R M Eisler and P M Miller (Eds), Progress in behaviour modification. Sycamore: Sycamore Press.

[7] http://www.tobaccobook.com/Tobacco-Holocaust-Nicotine-Replacement-Therapy.html

[8] Lawn, Sharon & Pols, Rene. 2005. 'Smoking bans in psychiatric inpatient settings? A review of the research', *Australian and New Zealand Journal of Psychiatry*, 39, pp 882-883.

[9] http://www.mhsinc.org/files/file/Online%20Training%20Handouts/Principles%20of%20trauma%20informed%20services%20for%20women.pdf; http://www.asca.org.au/;

- The real possibility of having visiting rights suspended (as has been the case in other jurisdictions) if carers, families and friends bring cigarettes into mental health facilities.
- Consumers who smoke continue to be treated with dignity and respect when they are receiving treatment in mental health facilities managed by MHJHADS, to minimise any perceived or actual stigma because of their smoking or conflict with mental health staff about their smoking.
- The possibility of cigarettes being used as a currency in exchange for favours (as has been the case in other jurisdictions).[10]
- The possibility of an increase in numbers of consumers absconding from facilities (as has been the case in other jurisdictions).
- The impact on consumers' wellbeing as a result of nicotine smoke residue brought into facilities by visitors and staff, and by consumers who have been given leave to smoke in designated smoking areas.
- The policing of involuntary and voluntary patients leave passes, enabling patients to smoke in patient designated smoking areas, and the impact this has for the wellbeing of patients who wish to smoke but are not given leave.
- Follow up supports regarding medication levels and medication efficacy, for consumers who choose to resume smoking.
- The availability of ongoing supports for tobacco cessation.

o – o – o – o

Carers ACT supports the public health agenda of tobacco cessation, but believes this should not be at the cost of consumer disempowerment, at a time when the consumer is in an acute psychiatric crisis or living in a residential facility. Carers ACT believes that consumers should be encouraged and supported to consider tobacco cessation – in mental health facilities and in the community – but this decision should ultimately be made by the consumer in line with recovery principles and behavioural change models.

Carers ACT recommends that:

- Consumers be supported to give up smoking while they are living in the community.
- NRT and other supports, including those provided through the Cancer Council, be provided free-of-charge to consumers on concession cards, for the duration of the recommended period of 8-10 weeks.
- A smoking ban not be imposed on consumers when they are admitted into acute care or, in line with the Victorian State Government guidelines, living in a residential care setting such as the Brian Hennessy Rehabilitation Centre.[11]
- In line with the Victorian State Government guidelines, reviews of the effectiveness of the smoke-free policy are regularly undertaken.[12]

---

[10] See, for example, the ACT Human Rights Commission submission dated 10 November 2011; and http://www.ourcommunity.com.au/files/OCP/June-July2011.pdf.

[11] See ps.psychiatryonline.org, March 2008, 59:3, Letters to the Editor, for a discussion by Dr Kenneth Marcus, on smoking bans in residential settings.

- In line with the findings from 26 international studies on the effectiveness of smoking bans in inpatient psychiatric settings, reviews should involve consultation and collaboration with all stakeholders, especially consumers and carers.
- Further investigation of the possibility of enclosed smoking rooms with air filters that ensure compliance with the *Tobacco Act 1987* should be considered.

Carers ACT will be monitoring the implementation of this policy through its communications with mental health carers. Carers are invited to contact Mental Health Carers Voice to raise any concerns by phone 6296 9900 or by email mhcarers@carersact.org.au.

---

[12] Carers ACT acknowledges that the MHJHADS Smoke-Free Environment policy will be reviewed post 1 January 2013, and that this will include consultation with consumers and carers.