

10 July 2019

## Response to the Urgent Out of Session Circulation – Ligature Minimisation

Carers ACT has grave concerns regarding the consultation on the *“Project Update for Ligature Minimisation Works to be undertaken in the Adult Mental Health Unit and Mental Health Short Stay Unit”* that was emailed through to the committee members of the HSEC on Tuesday the 2<sup>nd</sup> of April.

Firstly, we would like to state clearly that Carers ACT supports all work that reduces risk for patients at the AMHU and MHSSU. Following the review of the services, ACT MHJHADS has been proactive in their efforts to ensure the safety of their facilities and this is to be commended.

However, in reading this document we are highly concerned on several fronts regarding the development and implementation of this planned ‘decanting’ of TCH Building 25 and the decision to convert 4-5 single rooms into double rooms.

In the development of this proposal it is minuted that the following stakeholders were consulted

- A/g Executive Director, MHJHADS
- Management Team, Adult Acute Mental Health Services
- Director of Nursing, MHJHADS
- Infrastructure Finance and Capital Works, CMTEDD
- Project Delivery
- Staff Accommodation Projects
- Digital Solutions
- Fire Safety
- Work Health Safety
- Security Operations
- Ward Services

Notably absent from this list are the consumer and carer peak bodies. This does not align with the ACT Health Policy regarding Consumer and Carer Participation in ACT Health. This states that consumers and carers will be involved when planning, developing and reviewing all policies/guidelines/procedures/publications /training/business rules as all of these have an impact on the consumer/carer experience, and health outcomes. Informing consumer and carer peaks of the decision does not adequately involve consumers and carers in the development of this plan.

In this instance, the impact on the consumer and carer experience and the consumer’s health outcomes is particularly keen and it should have been considered a high priority for consultation with the consumer and carer peak bodies and their constituents.

This consultation would also have allowed for consumers and carers to evaluate and feed into the decision making of various options/alternative conditions for the decanting to occur. Carers ACT was not included in the deliberations that arrived at the decision to convert single rooms to double rooms rather than utilise alternative options such as other sections of the hospital or external facilities such as UCH, SUSD facilities, Hyson Green, 2N, Dhulwa etc. so we do not know why these alternatives were excluded.

The decision not to utilise other sections of the hospital such as Acute Surgical unit in Building 12 or Ward 7A was indicated in the CHS Exec Submission to be due to the financial cost regarding mitigating ligature risk and increased staffing levels, this is;

1. alarming that the importance of value for money appears to surpass the obligation to provide dignity and appropriate therapeutic environments for the consumer,
2. highly unlikely that all patients of the AMHU are a high suicide risk and would be needing the level of ligature mitigation articulated and
3. that there could have been a tailored approach assessing each patient's needs and ensuring the balance of safety and dignity was upheld.

In the Proposal, there is lack of attention regarding the benefits/sensitivities regarding the work to be undertaken. As the sensitivities are extensive and entirely unaddressed (only a short paragraph on the benefits of reducing ligature points is articulated), we would see this as symptomatic of the lack of consultation with the consumer and carer peaks. The concerns of consumers and carers will need responses and it seems quite naïve to not be anticipating this and developing engagement strategies with the peaks to address these early and collaboratively.

Following on from which, as this document was provided to the committee with a 24 hour endorsement expectation and no opportunity to consult with our members, this does not meet our expectations regarding being able to provide considered, evidence based and consultative feedback and as such this letter does not address your responsibilities regarding consultation. In addition to these concerns, as the Mental Health Consumer Network is not a member of this committee, we would highly recommend informing them immediately of the details regarding this work as they are key stakeholders in this discussion.

In addition to our concerns regarding the lack of consultation and the details that have provided in these papers, there are also many details that remain unknown, this includes but is not limited to;

1. What consideration has been given to the impact and disturbance this will cause to patients of the unit?
2. How will patients be moved, will it be a few long term patients who are relocated or will it rotate many patients through different sections?
3. Has there been a cost vs benefit vs risk vs disturbance analysis of the other options? In other words moving to another ward seems to have been dismissed due to cost implications. Has this been analysed against risk and disturbance?
4. Have other solutions been considered in conjunction with the current patients and/or consumer bodies. For example we can think of options such as SUSD, 2N, Hyson Green, UCH, Dhulwa.

5. Was there consideration of a tailored response to patient relocation on a ward by ward patient by patient basis to identify alternatives?
6. How will patient risk, rights, dignity be upheld for patients moved to dual rooms and for patients moved to repurposed offices (assuming no bathrooms in those offices)?
7. How will patient matching occur?
8. How will it be determined which patients are located in which rooms?
9. Will patients from HDU be moved into LDU whilst the work is occurring in HDU and how then will this be managed?
10. Will all patients have the right to consent to sharing a room or not? Will patients have the right to refuse a room without an ensuite?
11. What will happen if no patients consent?
12. What will happen with patients assessed as not having decision making capacity? What will happen with involuntary patients?
13. What bathroom facilities will be made available to those who are allocated the former office spaces?
14. Do all proposed dual occupancy rooms have doors on their ensuites?
15. How will patients and carers be informed of the move(s)?

This response also would like it noted that it was never in the original recommendations to change the doors to the bedrooms, but rather to address the ligature risks of the doors to the ensuites. It was decided following the removal of the ensuites doors that some rooms would remain without doors because they were deemed by ACT Health as unnecessary. This was a decision imposed upon patients with many feeling that their right to privacy and dignity was diminished. There are numerous instances where the works that are being undertaken by ACT Health appear to be interpretations of the recommendations of the review that meet the needs of ACT Health more so than are meeting the needs of the patient.

It is a concerning trend that certain issues are not going through the appropriate consultation process and are being imposed upon a vulnerable population that do often do not have the capacity or means to voice concerns or object to change. Also, in the mental health community, many have illnesses that are triggered or exasperated by change, uncertainty and instability. Timelines and clear process early on and consistently messaged are, therefore, key to assisting people to manage their health in these times.

In summary, we have serious concerns about the lack of consultation in developing this proposal, the lack of insight regarding the value of meaningful stakeholder engagement broadly and the lack of exploration of alternative options for this work in consultation with consumer and carer peaks. We recommend immediate discussions with the Mental Health Consumer Network and ourselves to address the concerns.

**Any queries regarding this document please contact**  
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