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## **HCCA Feedback on the Secure Mental Health Unit Model of Care**

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Health Care Consumers' Association ACT (HCCA) was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision-making.

HCCA welcomes the opportunity to provide input to the consultation on the Secure Mental Health Unit (SMHU) Model of Care (MoC). We are pleased with the progress that is being made with regard to improving the care of mental health patients in acute settings. Consumers in need of these services are at their most vulnerable; and require care and interaction appropriate to their circumstances. Overall, the MoC displays the potential to create an effective, patient-centred service able to meet the multidisciplinary care needs of mental health consumers who will use the SMHU.

In particular, we welcome the approach to engaging with consumers and their families to develop an individually-tailored treatment plan. Consumers in acute mental health settings often feel extremely disempowered, and this can be detrimental to their recovery. We are also pleased to see that discharge planning will commence at the time of admission, providing clear direction and treatment goals. We strongly support the recognition that all staff need to be culturally informed and able to respond to the needs of patients from a diverse range of backgrounds and social contexts.

However, there are several issues that we would like to raise for consideration when developing the final MoC:

### **Care of women and vulnerable people**

The MoC has recognised that women accessing acute mental health services have often experienced sexual violence. It is not uncommon for the abuse to occur in mental health service settings. For this reason, we agree that the safety of women and other vulnerable people must be a priority for the SMHU. Section 4.4 outlines a number of strategies designed to protect vulnerable people. While these strategies are likely to mitigate the risk of abuse, it is also important to consider how isolation and additional restrictions may adversely impact on the patient.

## **Gender issues**

In addition to providing cultural awareness training, we strongly urge that training modules be developed to educate staff about gender and sexuality issues. In our discussions with A Gender Agenda, we have been made aware of a serious lack of understanding and respect for transgender mental health consumers. Transgender and intersex consumers often find their interactions with acute health services to be highly distressing, as they fear the reactions of staff and other patients.

One simple step that can be taken towards improving the care of transgender patients is to ensure that all staff use the patient's preferred gendered pronoun when referring to them. It is also important to provide continued access to any hormone treatments the consumer may be receiving. Interruption to hormone regimens can be detrimental to the consumers' mental and physical health and is likely to result in a delayed recovery.

## **Referral of 'civil' patients**

We are concerned that the current version of the MoC does not clearly differentiate between the criteria for admission to the SMHU and the Adult Mental Health Unit (AMHU) for civil patients. This will need to be addressed in the final version

## **Managing chronic conditions**

Pre-existing conditions are often poorly managed across acute care settings, and particularly in mental health settings. It is likely that many of the patients admitted to the SMHU will be receiving treatment for other physically based illnesses.

We welcome the use of the 5 Pillars of Care in the MoC and the plan to use in-reach health services to manage physical ill health. It will also be essential to have pharmacy services available to maintain any ongoing pharmacotherapy or other drug regimens patients may be relying on to manage physical conditions.

## **Blood borne viruses (BBVs)**

Forensic patients and injecting drug users are at an increased risk of contracting BBVs such as Hepatitis C. Hepatitis C is extremely underdiagnosed and undertreated. We recommend that screening services for patients of the SMHU be included as part of the in-reach services already being provided, as well as appropriate, ongoing treatment for those affected by BBVs.

## **Interim measures**

We would like to know more about what interim measures can be taken for patients being referred from the AMHU while their referral is being considered. For instance, if a patient is posing a considerable risk to other staff and patients and 'cannot be managed in a less restrictive setting', how will staff be equipped to manage the patient at the AMHU until the time of transfer?

### **Graduated leave and leave beds**

Page 25 mentions a process of graduated leave prior to discharge. It would be useful to expand on this and outline the steps that will be taken to ensure the safety and well-being of the patient as well as members of the community. There also needs to be a definition included for leave beds.

### **Evaluation processes**

As with any new MoC it is essential to ensure that all aspects of the service delivery are carefully monitored and evaluated. Although we understand that this may be beyond the scope of the current document, we would like to see some more information with regard to the planned evaluation process and outcome measures to ensure effective service delivery.

We look forward to continued collaboration with the Mental Health, Justice Health and Alcohol & Drugs Service (MHJHADS) as the planning for the SMHU progresses.

Please do not hesitate to contact us if you would like to discuss our feedback further.

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