

Mental Health, Justice Health and Alcohol & Drug Services

Secure Mental Health Unit Model of Care

Final Version

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Abbreviations

AMHU	Adult Mental Health Unit
ACT	Australian Capital Territory
ACTAS	ACT Ambulance Service
ACTCS	ACT Corrective Services
ADS	Alcohol and Drug Service
AFP	Australian Federal Police
AMC	Alexander Maconochie Centre
BYJC	Bimberi Youth Justice Centre
CALD	Culturally and Linguistically Diverse
CH&HS	Canberra Hospital and Health Services
FMH	Forensic Mental Health
FMHS	Forensic Mental Health Services
FTO	Forensic Treatment Order
MDT	Multidisciplinary Team
MHAU	Mental Health Assessment Unit
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MoC	Model of Care
PDC	Periodic Detention Centre
PTO	Psychiatric Treatment Order
SMHU	Secure Mental Health Unit
UCPH	University of Canberra Public Hospital

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Introduction

The ACT Government is embarking on a new health infrastructure project to build a Secure Mental Health Unit (SMHU). This facility will respond to the needs of mental health consumers who are or are likely to become involved with the criminal justice system (forensic) and for those civil consumers who cannot be treated in a less restrictive environment. The SMHU will form part of an integrated care pathway for those who need care and treatment as a result of their mental illness and associated co-morbidity.

This facility will provide a safe clinical and therapeutic environment for people who may be characterised as complex, often difficult to treat and are of serious ongoing risk to themselves or others.

The care and treatment provided will be based on assessed need and mental health recovery principles.

This document outlines the Model of Care (MoC) for the SMHU. It seeks to ensure that the approach to care, treatment, recovery, security and a person's requirements for privacy and dignity are considered within the guiding principles of *the ACT Human Rights Act 2004* and the *Mental Health (Treatment and Care) Act 1994*. ACT mental health legislation aims to protect, promote and improve the lives and overall mental health and wellbeing of ACT citizens. It requires that treatment and care should be provided in the least restrictive environment. The MoC promotes care, security and treatment that is lawful, reasonable and proportionate. These principles guide the core components of this MoC.

It should also be noted that the *Mental Health (Treatment and Care) Act 1994* is currently under review. This review, undertaken by the ACT Health Directorate and the Justice and Community Safety Directorate, aims to ensure the ACT Mental Health Act will meet the needs of our community and bring Canberra's legislation into line with important mental health reforms happening here and in other Australian states and globally. The MoC will reflect the new principles and amendments of the ACT Mental Health Act.

Key Motivators for the Building of a Secure Mental Health Unit

There has been a long term demand for secure mental health care in the ACT to supplement existing forensic and non forensic (civil) mental health services. People detained within the justice system who are acutely mentally ill currently have limited access to facilities for their treatment. There is also a narrow capacity to manage the higher risk of those who have been found to be not guilty by reason of mental impairment (due to mental illness) who require rehabilitative care.

The term mental impairment as it is and applied within the justice system has in recent years raised issues as to the perceived need for a secure mental health service and has been the subject of comment in Annual Reports within the criminal justice and health systems as well as the ACT Human Rights Commission.

As well as secure mental health care there is also 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.

There are a number of additional guiding documents that have motivated the need for the building of a SMHU. These include:

- The first annual Report Card of the National Mental Health Commission 2012 with key recommendations including: *Increase access to timely and appropriate mental health services and support*
- Human Rights Audit on the Operation of ACT Correctional Facilities under *Corrections Management Act 2007* with key recommendations for the delivery of mental health services in correctional centres
- ACT Human Rights Commission 2011-2012 Annual Report – concerns raised regarding no forensic mental health facility
- The ACT Adult Corrections Health Service Plan 2008-2012 outlines clear strategies and outcomes for individuals with mental illness involved in the justice system. The Plan is based on a comprehensive study of the forensic mental health needs in the ACT

- Health Infrastructure Program initiatives for a secure mental health inpatient unit as identified in the ACT Mental Health Services Plan 2009-2014
- Review of Options for ACT Secure Mental Health Unit April 2012, Prepared by Victorian Institute of Forensic Mental Health
- ACT Comorbidity (Mental Health and Alcohol, Tobacco or Other Drug Problems) Strategy 2012-2014
- National Statement of Principles for Forensic Mental Health 2006
- National Mental Health Standards 2010 (see **Appendix 1**)
- 1991 Royal Commission into Aboriginal Deaths in Custody
- The Report of the National Enquiry into the Human Rights of People with Mental Illness (Burdekin) 1993

Secure Mental Health Model of Care Project Assumptions

The ACT Government's Review of the *Mental Health (Treatment and Care) Act 1994* is well advanced, with a Bill expected to be finalised in 2014. The SMHU MoC is based on the assumption that key amendments as documented in the second exposure draft of the *Mental Health (Treatment and Care) Act 1994* will be in effect when the SMHU is operational.

Another key assumption of this document is that where detainees are transferred from a correction facility to the SMHU, the Chief Psychiatrist will assume legal custody to detain that person within the SMHU. Where the person continues to be subject to a warrant of imprisonment or a warrant of remand in custody, they will be returned to the custody of the Justice and Community Safety Director-General under the *Corrections Management Act 2007* when they no longer require inpatient care at the SMHU.

Currently, people who require a mental health assessment pursuant to Section 309 of the *Crimes Act 1900* are transferred to the Mental Health Assessment Unit (MHAU). This procedure will not change with the building of the SMHU.

The final assumption relates to the provision of high secure mental health treatment and care. The SMHU will provide care and treatment for those requiring medium to low secure care. People

requiring mental health treatment in a high secure environment will be transferred to an interstate facility where that care can be provided.

1. Diversity and Cultural Awareness

Each person is an individual with rights to respect, dignity and privacy. Cultural and gender sensitivity is required for people who identify with various cultural and/or ethnic groups or have diverse family and social networks, educational backgrounds, religion, belief systems or socio-political views. Establishing a positive therapeutic relationship between the person, staff and the facility is more likely when the person feels their beliefs, values and practices are understood and respected by those caring for them.

Aboriginal and Torres Strait Islander People and the Secure Mental Health Unit

The historical and contemporary context and conditions, within which Aboriginal people live, including the loss of country, have made it difficult to attain and sustain good health and wellbeing for many. Aboriginal and Torres Strait Islander peoples regard social and emotional well-being holistically, therefore the interplay of psychological, environmental, economic, biological and social factors that influence mental wellness and illness are considerable for Aboriginal and Torres Strait Islander people. Over-representation in the ACT justice system place Aboriginal ACT residents at much higher risk of health disadvantage and social strain than non-Aboriginal ACT residents.

Culturally and Linguistically Diverse (CALD) People and the Secure Mental Health Unit

It is generally accepted that people from CALD backgrounds can experience a range of complex issues. Some of these issues include discrimination, social isolation, keeping a sense of cultural identity with the culture of origin and difficulties assimilating within the broader Australian culture. In the ACT, the percentage of people who speak a language other than English at home is 15.2%. The ACT's most common countries of origin for migrants are Britain, China, India, New Zealand and Vietnam.

Refugees who migrate to Australia as a result of persecution in their country of origin may also be suffering from untreated psychological trauma. The complex interplay of these factors can impact a person's involvement with the criminal justice system. The ten foremost places of birth for humanitarian arrivals to Australia are: Sudan, Bosnia, Serbia, Croatia, Afghanistan, Iraq, Vietnam, China, Burma, and Myanmar.

There is a whole-of-government commitment to implementing policies that will provide a better future for all Canberrans. ACT Government policies embrace, amongst other themes, the concept of having a community which is socially inclusive. The SMHU will meet the objectives of the key focus areas of the *ACT Multicultural Strategy 2010-2013* that are relevant to its service provision. The 6 focus areas are:

- Languages
- Children and Young People
- Older People and Aged Care
- Women
- Refugees, Asylum Seekers and Humanitarian Entrants
- Intercultural Harmony and Religious Acceptance.

Culturally Sensitive Practice

The SMHU will ensure that it has capacity to meet cultural, gender and spiritual needs of individuals.

Examples of culturally sensitive practice will include:

- Training on cultural diversity is part of the Mental Health Justice Health and Alcohol and Drug Services (MHJHADS) Education Program, and includes cultural awareness in regard to health service delivery to people from CALD and Aboriginal and Torres Strait Islander backgrounds. Additional training may need to be developed for the SMHU
- Delivery of services that are sensitive to the social and cultural beliefs, values and practices of Aboriginal and Torres Strait Islander people and those from CALD backgrounds
- With the person's consent, referral of Aboriginal and Torres Strait Islander person to the Aboriginal Liaison Officer (ALO).
- The SMHU will work in partnership with Aboriginal agencies and organisations in the community such as Winnunga Nimmityjah, Gugan Gulwan, Aboriginal Justice Centre and the Ngunnawal Bush Healing Farm (when operational)
- Communication with consumers and carers will be in a language that they can understand, free from medical jargon with use of interpreters where required
- Recognition of and privacy for cultural and spiritual practice. This might be an outdoor space e.g. a garden or the opportunity to use a multi-functional space within the unit for spiritual practice

- Space for Aboriginal and Torres Strait Islander people to communicate and share e.g. a yarning circle/yarning pit
- Recognition of traditional Aboriginal and Torres Strait Islander family structures and elder mentoring
- Recognition of non-traditional family structures.

Lesbian, Gay, Bisexual, Transgender, Sexual and Intersex and Queer (LGBTIQ) People and the Secure Mental Health Unit

People of diverse sexuality, sex and gender have significantly poorer mental health and higher rates of suicide than other Australians. Sexuality, sex and gender diversity is in itself not a causal factor for mental illness however the discrimination and exclusion that LGBTIQ people experience relates to higher rates of depression, suicidality, substance misuse, and psychological distress in this community.

The SMHU will provide safe and supportive care for LGBTIQ people. The clinical team will strive to be one that is sensitive to issues of sexuality, sex and gender diversity. Individualised care plans will take into consideration a person's sexuality, sex and gender diversity and address specific issues that have a high prevalence amongst LGBTIQ people such as bullying, abuse and violence; marginalisation, exclusion and social isolation; self stigma and shame; trauma, anxiety and depression, substance misuse and eating disorders. The SMHU team will consider sexuality, sex and gender diversity when conducting suicide risk assessments. Clinical and support considerations will be made to promote inclusive language and practice, cultural competency and staff education, and optimum clinical outcomes and recovery for LGBTIQ people in the SMHU.

2. Service Scope and Description

The SMHU will be a purpose built, secure mental health facility located at Symonston. This site was chosen after extensive site investigations to determine the most appropriate location. The SMHU will be an integral part of ACT Health services provided by the ACT Health Directorate. As part of Canberra Hospital and Health Services (CH&HS), the SMHU will be managed by the Justice Health Services program as part of the MHJHADS Division.

Justice Health Services incorporates Primary Health and Forensic Mental Health. Primary Health provides health care services at the Alexander Maconochie Centre (AMC), the Periodic Detention Centre (PDC) and the Bimberi Youth Justice Centre (BYJC). Forensic Mental Health is a specialist area

that primarily focuses on providing clinical services, which includes the effective assessment, treatment and management of forensic consumers and people with a mental illness who have offended or are at risk of offending.

The SMHU will further enhance existing Mental Health services provided in the ACT. The unit will have 25 beds and care for people with low to medium secure needs. The 25 beds will be configured into an acute wing and a rehabilitative wing. 10 beds will cater for those who are acutely mentally unwell and 15 beds will be for rehabilitative care. The beds will be configured so as to allow the flexibility required to meet the diverse range of need. The aim of acute care will be short term care for assessment and stabilisation. The aim of the rehabilitative care will be phased community re-integration. The rehabilitation program will provide medium to longer term care. It should be noted that because this is a secure specialist service, the beds of the SMHU will not be included as general mental health beds for bed management purposes.

This facility will provide a safe clinical and therapeutic environment for people with a mental illness who may be characterised as complex, often difficult to treat and are of serious risk to others. People treated in the SMHU will be unable to be safely or adequately treated in a less restrictive setting. This also includes people with a mental illness who cannot be adequately assessed and treated in a correctional setting.

All people accessing the SMHU will be involuntary, assessed as requiring secure care and treatment and require as part of their treatment and care, varying levels of containment and supervision.

The key functions of the SMHU are the:

- Provision of secure mental health inpatient services 24 hours, 7 days a week in a specialised treatment and care environment, for people who are unable to be provided with clinical services in a less restrictive setting. This includes care for both forensic and civil consumers;
- Provision of contemporary, multi-disciplinary secure mental health rehabilitation services to assist people to recover from mental illness and to gain skills needed to live in a less restrictive setting.

The SMHU functions will support a person's treatment, care and recovery by:

- Assisting people to maintain hope and to support people's efforts in their recovery from mental illness

- Providing a safe and structured therapeutic environment for persons with persistent and disabling symptoms of mental illness
- Managing clinical risk and implementing behaviour management interventions
- Supporting individuals and their families and carers across the broad continuum of care, including facilitating a smooth transition of care to other teams/services.

The SMHU will:

- Provide specialist forensic psychiatric care, mental health care, alcohol and drug treatment and primary health care
- Provide specialist behaviour management interventions to assist people to manage their needs in a safe and therapeutic environment
- Provide well co-ordinated intensive individual and group rehabilitation services that maintain and develop a person's ability to adapt and function in the environment, minimising the ill effects of long term care, and promote return to community living
- Provide a highly supervised supportive environment for the development of individual vocational skills and requirements
- Actively engage and develop partnerships with ACT community services and community groups
- Support people to address social determinants of health and assist people to harness the resources and means needed to be healthy
- Provide information, education and support for families, carers and significant others
- Provide a site for specialty forensic mental health training to occur for clinicians in the ACT.

Who will the SMHU provide services for?

The SMHU will provide a safe and structured environment with 24 hour clinical support for people with acute or persistent and severe mental illness with associated functional and behavioural difficulties. This will include both forensic consumers and consumers of general mental health services (civil). In exceptional circumstances, services may be provided, following specific consideration by the Chief Psychiatrist, to a young person aged 16 years of age or older who cannot be safely managed in a less restrictive environment. In the rare event that a young person might require admission to the SMHU, a multi-agency review will take place before admission to consider all available treatment and care options for the young person.

People admitted to the SMHU will have moderate to severe mental illness. Most commonly the diagnoses will be schizophrenia and mood disorders with related psychosis. Individuals may also have complex presentations including mental illness and serious behavioural issues associated with personality disorder. Presentations often feature co-occurring conditions such as drug and alcohol disorders, complex trauma and clinically significant impacts on psychosocial functioning.

More specifically, the SMHU is intended to focus on people with complex needs who are unable to be adequately treated in less restrictive settings or correctional settings, due to their mental illness and associated issues of behaviour and risk. This can include:

- Severely disorganised behaviour leading to difficulty in managing the activities of daily living
- Poor impulse control and judgement
- Ongoing risk of aggression and violence
- Serious risk of self harm and/or harm to others.

3. Care Delivery

The pathway into and out of the SMHU will be clear and explicit to all individuals, carers, mental health staff at all levels, the community sector the judicial system and other Government departments.

3.1 Access & Entry

SMHU Admission Panel

The SMHU will operate on the premise that all referrals for admission will be managed so as to promote consistency of peoples' eligibility and priority of need, whilst also maintaining appropriate flexibility to be responsive to individual requests from service areas. There will be an Admission Panel each for acute care and rehabilitation. The SMHU Admission Panels will review all referrals for admission to the SMHU to ensure that people with the greatest need for SMHU care receive the highest priority.

The SMHU Admission Panel will take the following into consideration for all admissions:

- A diagnosis of mental illness
- Assessment of the level of risk to self and others. Risk management will consider environmental and contextual factors in the individual situation, historical factors, cultural

factors, personal vulnerability, factors impacting on the individual's control over behaviour and protective factors and strengths which may moderate risk.

- The mix of people currently admitted to the SMHU
- The triaged need of those already awaiting admission
- The capacity of the individual for rehabilitation: this may not be able to be fully assessed due to presenting issues including, but not limited to, acuity, substance abuse, homelessness or disorganised behaviour. As a consequence, referral may be accepted with a view to further assessment developing a rehabilitation plan once these presenting issues have been managed in the initial period of the admission
- Alternative options for care and treatment within the ACT.

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).

SMHU Admission Panel Members

The Admission Panel reviewing referrals to the rehabilitation program will comprise of:

- SMHU Staff Specialist Forensic Psychiatrist
- SMHU Nurse Manager
- Forensic Mental Health Services Team Leader
- SMHU Senior Therapies Manager (Allied Health)
- Any other relevant person upon invitation.

The Admission Panel reviewing referrals to acute care will comprise of:

- SMHU Staff Specialist Forensic Psychiatrist
- SMHU Nurse Manager
- Forensic Mental Health Services Team Leader
- Any other relevant person upon invitation.

Accompanying Information – Rehabilitation Program

Where relevant and available, information regarding the person's potential benefit from rehabilitation in a structured environment will accompany the written referral documentation.

Examples of relevant information may be a range of multi-disciplinary assessments including, but not

limited to, Occupational Therapy functional assessment, neuropsychology assessment and a psychosocial assessment.

It is expected that referrals to participate in the rehabilitation program will include: an up to date recovery plan; a recent case review; legal status, recent risk assessment, completed outcome measures and a recent suicide risk assessment.

Responsibilities of the Admission Panel

The SMHU Admission Panels will meet in a timely manner and on an as required basis. The SMHU Admission Panels will be responsible for completing a clinical report summarising discussion points and outcomes.

Should the referral be accepted, the SMHU team and the referring team will liaise regarding the transition to admission. Should a placement not be immediately available, the referral will be placed on a waiting list, and strategies for meeting the person's needs and managing any risks in the interim will be developed collaboratively.

Should the referral not be accepted, the SMHU team will provide specific feedback to the referring team about the decision and also offer strategies for managing risk and promoting recovery in alternative settings.

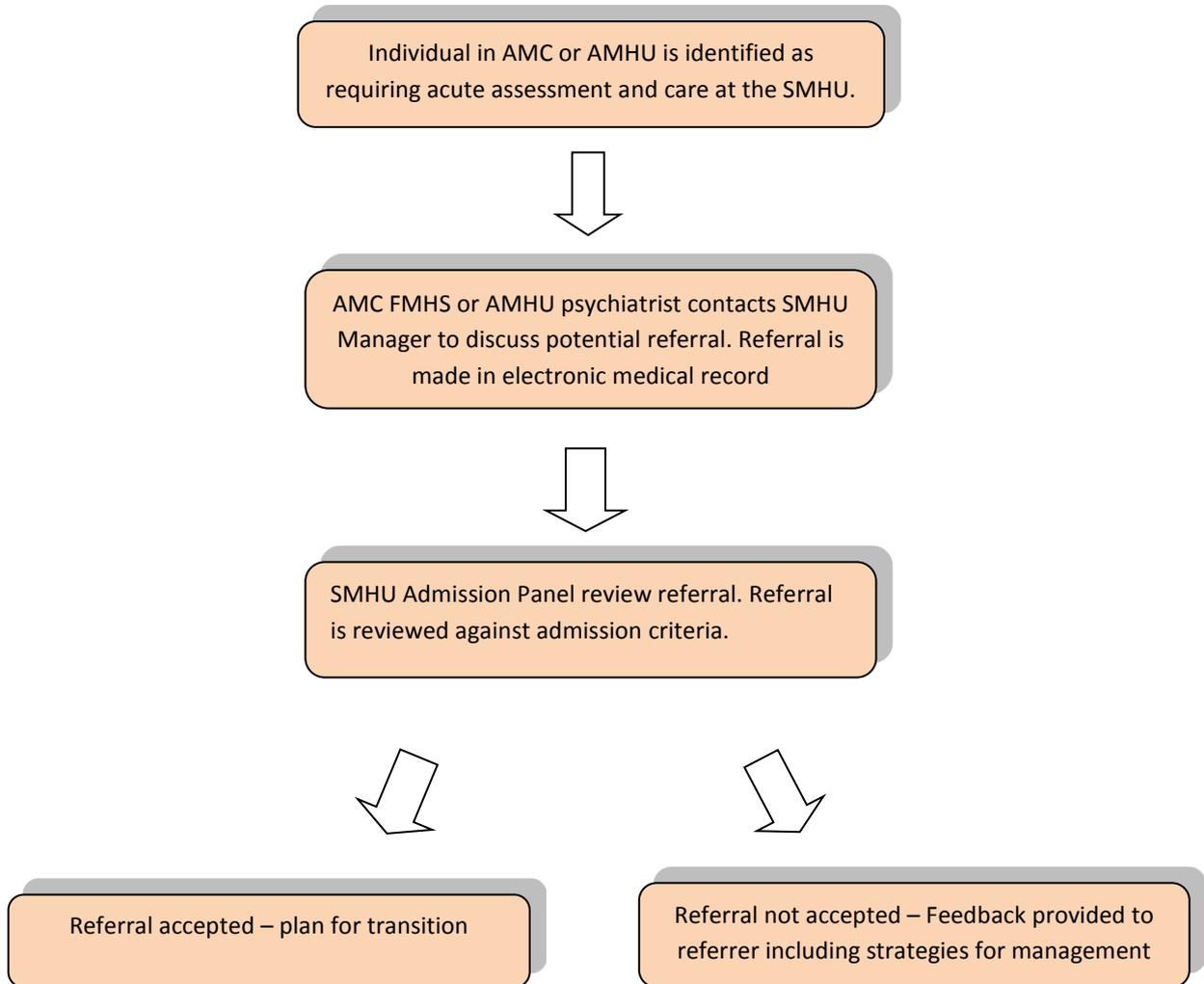
Where the Admission Panel cannot reach agreement on suitability or appropriateness, the matter will be escalated to Clinical Director, with oversight from the Chief Psychiatrist and if required the Executive Director of MHJHADS.

Referral Pathways to the SMHU

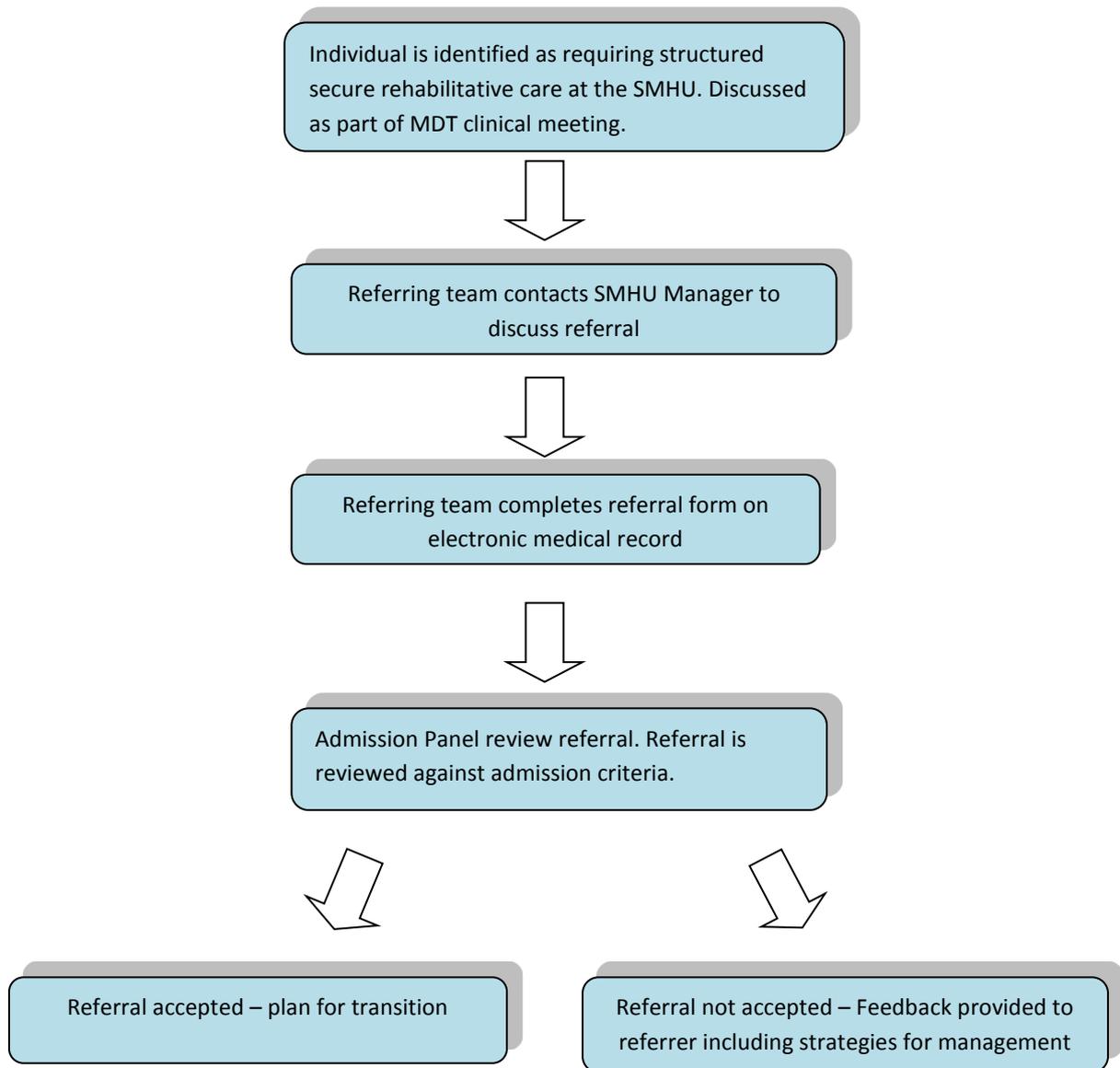
Referrals for acute care will come from the Alexander Maconochie Centre (AMC) Forensic Mental Health Service (FMHS), AMHU or interstate. Referrals for the rehabilitation program may come from any part of MHJHADS.

A person detained under Section 309 of the *Crimes Act 1900* for immediate assessment, will continue to be sent to the Mental Health Assessment Unit (MHAU) at Canberra Hospital.

Referral Pathway – Acute Care



Referral Pathway - Rehabilitative Care



3.2 Assessment and Review

Admission Criteria

Under the *Mental Health Treatment and Care Act 1994* the SMHU will admit “correctional patients” who can consent to treatment and involuntary consumers.

A person who is detained at the AMC can consent to mental health treatment. The Chief Psychiatrist can make a recommendation regarding a correctional patient to the Director General, Justice and Community Safety Directorate to transfer the consumer to a mental health facility. The Director General, Justice and Community Safety Directorate can then order the transfer to the mental health facility.

Admission criteria for involuntary treatment will reflect the amendments to the *Mental Health Treatment and Care Act 1994*, specifically, the section that applies to a forensic psychiatric treatment order.

A person will be admitted to the SMHU if they meet all of the following:

- The person has a mental illness
- Because of the mental illness the person –
 - is doing, or is likely to do serious harm to himself or herself; or
 - is suffering, or is likely to suffer, serious mental or physical deterioration; and
- Because of the mental illness, the person has seriously endangered, is seriously endangering, or is likely to endanger, public safety; and
- That psychiatric treatment, care, or support in the SMHU is likely to –
 - reduce the harm, deterioration or endangerment, or the likelihood of harm, deterioration or endangerment
 - result in an improvement in the person’s psychiatric condition; and
- The treatment, care or support cannot be adequately be provided in a way that would involve less restriction of the freedom of the choice and movement of the person

As per Mock-up MH(T&C) Act 1994: Division 7.1.4: paragraphs 97 (2) (a) to (f).

See **Appendix 2** for the definition of mental illness as per the Mental Health Treatment and Care Act 1994.

The admission criteria and the admission considerations outlined in the section *SMHU Admission Panel*, will guide all admissions to the SMHU.

Guiding Principles of Admission

- Admission to the SMHU will be based on a number of factors including the diagnosis of a mental illness, the person's level of risk, their suitability for a medium secure environment and the person's treatability.
- Young people under the age of 18 years will be considered on a case by case basis taking into consideration their developmental needs and needs for treatment and care
- All consumers will be treated either under a forensic treatment order or a psychiatric treatment order

The SMHU will implement appropriate processes for considering monitoring and managing referrals and facilitating smooth transitions between service areas. Processes need to ensure that people with the greatest need for SMHU receive the highest priority.

Once the decision to admit is made, the person will be made aware to the extent possible and in terms they understand that the admission is to occur and the reasons for the decision. Admission goals will be identified as part of the pre-admission decision making process.

The admission process will maintain the individual and family's rights to privacy and dignity. Where families, carers and significant others are involved, they will be informed, with the consumer's consent, of the decision to admit. It is important that for escort security purposes, whilst the decision to admit is communicated with family, the date of transfer for correctional patients must not be disclosed until after the person has arrived at the SMHU.

Once admitted a full range of assessments will take place. These will include:

- A full mental state examination
- Psychiatric, psychosocial, forensic (including general behaviour in custody, incidents, risks, legal status), cultural and collateral history
- Assessments to determine mental state, physical and medical conditions and presenting risk factors
- A range of multidisciplinary assessments that provide information on the person's functional difficulties and ability to benefit from an admission to the SMHU.

A formal review will be undertaken with the multidisciplinary team (MDT) and the individual. Regular reviews will be conducted within a recovery focused framework that ensures that progress is made towards the goals identified for admission and those prioritised by the person. Individuals will have regular mental state examinations and risk assessments and will be encouraged to attend and participate in suitable programs.

People admitted to the rehabilitation program will be offered a support person present at the time of assessment. Interpreters will also be offered as required. Aboriginal and Torres Strait Islander people will be offered to have an ALO present at assessment.

3.3 Treatment

Acute Care

Acute care will focus on stabilisation, assessment and early intervention. All new referrals to the SMHU will be assessed and admitted to the acute unit. People suitable for the rehabilitation program will also be admitted to the acute wing for an initial period before a decision is made to transfer them to the rehabilitation wing. This will allow for a period of observation and assessment.

People referred from the criminal justice system, including all those transferred from the AMC who are in need of extensive psychiatric assessment and/or acute care and treatment will be admitted to the acute unit.

Acute admissions from general mental health services to the SMHU will also occur in circumstances where the person is not able to be treated in a less restrictive setting. Staffing of the acute wing will reflect the immediate and critical needs of these consumers.

Rehabilitative Care

The aim of the rehabilitation program will be an individual's reintegration into the community and the acquisition of meaningful roles. The rehabilitation program will provide programs and interventions to assist people to gain and maintain an optimal level of functioning. The program will engage people using a strengths-based approach that promotes hope, good health and creates opportunities to grow and develop resilience and life skills. The programs and facilities will be structured so as to take into consideration longer admissions that are required for rehabilitative care.

People will be supported to undertake training and employment. For most people occupational and vocational training programs will be commenced on-site of the SMHU. The vocational training programs will be provided by non-government or training organisations.

A person's progress in the rehabilitation program will be monitored through outcome measures, ongoing assessments and the attainment of goals.

The outcomes of the rehabilitation program for an individual may be:

- Clarification of diagnosis and formulation of treatment
- Seamless transition to living in the community
- Reduction or removal of psychotic symptoms
- Reduction of risk to self or others
- Improved interpersonal functioning
- Increased social inclusion, post-discharge
- Development of a Keeping Well and Relapse Prevention plan
- Development of mindfulness, resilience and illness management skills
- Identification and recruitment of supports needed for successful transition to community living
- Vocational skills
- Knowledge of reasons for previous offending and strategies to reduce the likelihood of re-offending.
- Improved insight and need for compliance with medication

Care Model

Integrated care pathways will be treatment and recovery-focused, person-centred, based on the person's hopes, goals, their assessed needs, criminogenic issues and risk. The care pathways will be developed with the input of the person and the multidisciplinary team to form an integrated plan.

The literature identifies key areas of care which can be termed the 5 Pillars of Care:

- Physical Health
- Mental Health
- Tobacco, Alcohol and other Drug Recovery
- Problem Behaviour
- Psychosocial and Occupational Rehabilitation.

These Pillars can be used to coordinate the many and varied therapies, interventions vocational and occupational activities across a care pathway. Not all Pillars would or could be addressed concurrently but rather they help develop a map to stabilisation and reintegration into the community. The Pillars are central to the principle of recovery where strengths can be identified and holistic care can be delivered.

Pillar 1 – Physical Health

The high level of physical ill health experienced by many people with a severe and enduring mental illness has a direct impact on their life expectancy and quality of life. Often the conditions are unremitting and complex.

Anti-psychotics are associated with weight gain. People will be assessed and a tailored exercise program will be developed for all individuals as required. There will be facility provision for all-weather, day/night, individual and team sports.

Primary health and women's health needs will be met by sessional in-reach services provided by the Justice Health Services – Primary Health. When needed, a medical officer will refer people for specialist or oral health services if that service cannot be provided on-site. This will include inpatient care that cannot be provided on site. A medical officer will also be available on call.

Where individuals are not able to access leave to attend health clinics, services will be provided at the SMHU. These may include: nutrition, physiotherapy, podiatry services amongst others.

Nurse led clinics will be established for the early intervention and management of patients with chronic disease e.g. diabetes, cardiovascular disease and blood borne viruses.

Discussions will be sought with Winnunga Nimmitjyah Aboriginal Health Service and MHJHADS Aboriginal Liaison Officers on how best to provide for the health and family needs of Aboriginal and Torres Strait Islander people that may be admitted to the SMHU.

Pillar 2 – Mental Health

This will be a program specifically focusing on mental health and recovery. Pharmacotherapy, individual therapy, and group programs will all be adapted to a person's needs to improve their mental health. Programs may include learning to live with mental illness, living with voices; Keeping Well Planning and cognitive behaviour therapy. Everyone will receive a tailored assessment and

formulation of their needs. This will inform the care they receive, both in individual and group settings.

Exercise improves mental health by reducing anxiety, depression, and negative mood and by improving self-esteem and cognitive function. The benefits of physical activity on mental health include distraction, self-efficacy, and social interaction. Aerobic exercises, including jogging, swimming, cycling, walking, gardening, and dancing, can reduce anxiety and depression.

Pillar 3 – Tobacco, Alcohol and other Drug Recovery

This will address smoking cessation by offering counselling, support and nicotine replacement therapy. The program will use group work, cognitive behavioural therapy and motivational interviewing to direct behaviour change. The SMHU will also provide an Opioid Treatment Service pharmacotherapy program to provide opiate substitution treatment. Nurses will work together with individuals to form a treatment plan and to assist people utilizing harm reduction strategies to manage opiate and other drug use. The program will not provide acute alcohol or drug withdrawal. People requiring acute withdrawal services will be transferred to the Canberra Hospital.

Pillar 4 - Problem Behaviour

This will address a spectrum of challenging and at times dangerous behaviour including extremes of violence and self-harming behaviour. A key focus for interventions will be risk management and behavioural change. The program will seek to develop a person's insight into antisocial behaviour leading to social disorder. The program will develop a formulation of a person's behaviour so that vulnerabilities, high risk situations, thoughts, moods and strategies to avoid future dangerous behaviour are explored. Relapse prevention planning will be undertaken to ensure that the progress made in therapy is maintained in the future.

Pillar 5 – Psychosocial and Occupational Rehabilitation

Recovery Programs

Creating opportunities for occupational engagement, as part of, as well as outside, the structured program and mitigating the risk of occupational deprivation is essential. Not only do people have the right to high quality treatment and rehabilitation services as would occur in less secure settings but people must also have opportunities to develop skills and interests that can play an important part in recovery during a person's time in the unit and after discharge. Reducing the amount of time

where people have nothing to do also reduces the likelihood of people getting bored, acting out, disengaging, becoming deskilled and depressed.

In both acute care and rehabilitative care there will be opportunities for people to participate in meaningful group and individual activities to enhance psychosocial health and wellbeing. Work will be done with individuals and groups to develop leisure, recreational and vocational interests and opportunities. These activities will aim to engage, motivate, activate, develop skills, and improve outlook and hope rather than just occupy time. Diversional therapies and activities may include:

- Gardening
- Exercise, including team sport
- Leisure and recreational activities
- Personal development activities
- Social activities
- Pre-vocational, vocational and academic activities
- Spiritual, religious and cultural activities
- Arts
- Music
- Hobbies and personal interests.

Family Focused Intervention

Many people will benefit from treatment that involves their family. Family interventions will be facilitated that allow a person's needs and personal challenges to be shared and managed by both the person and with the support of their families or other supports. The interventions will aim to increase the understanding of the person's illness within a family setting, and to empower all those involved.

Vocational Rehabilitation

Vocational issues will be addressed at the earliest opportunity in a person's rehabilitation program. The SMHU will work with community agencies that assist people in gaining vocational skills. Individuals will be assisted to apply for vocational and tertiary training programs. For most people, vocational training will commence on-site of the SMHU. People may choose to enrol in an on-line training course or learn new practical skills e.g. gardening and basic mechanical repairs.

A person's access to the phone and the internet will be based on risk assessment and progress through the various stages.

3.3.1 Additional Clinical Treatment Location Requirements

Sensory Modulation Area

A sensory modulation room will be provided as a place that encourages and promotes self-regulation, self-nurturing, resilience and recovery. Key aims of the sensory modulation room will be to:

- Help people learn to relax and self-regulate.
- Learn what environmental factors and activities are helpful for the person.

This room is intended to be where staff actively engages the person in the exploration of sensory modulation techniques by offering different items in the room as a method of improving the patient's emotions, overall mood and/or social interactions. The items in the room cover all the different sensory systems.

The room can be used as an intervention to reduce arousal levels and may be incorporated into a person's treatment plan. It will also be used for planned sensory based interventions by occupational therapists in the unit.

De-escalation and Seclusion Suite

The purpose of de-escalation and seclusion is to manage a highly agitated and emotionally disturbed or high-risk person away from the main ward area in a room that may be locked. De-escalation spaces and seclusion rooms will be co-located. The de-escalation room or area will provide a quiet, low stimulus space for people experiencing high levels of arousal who may not require a period of seclusion. It can also be used as part of the therapeutic process when people are moving out of seclusion and back into the main ward area. The de-escalation space will be a single purpose area.

A seclusion room is a single-function space with an en-suite and specifically designed to be low stimulus and to ensure the safety and physical wellbeing of the person. All fixtures, furniture and fittings substantially limit the risk and ability of a person to harm themselves or others. Seclusion is the subject of strict protocols, is a last resort and only to be used when approved by a medical officer when other less restrictive interventions have failed.

Outdoor Space

There is a clear, positive relationship between physical and mental health and the proximity and use of green spaces. The availability of natural environments of the SMHU will allow people to distance themselves from routine activities, concentrate better and reduce stress levels. Access to varied and large outdoor space will give staff and consumers options to re-direct activity and behaviour as required.

Large outdoor areas are important to traditional Aboriginal and Torres Strait Islander spiritual practice. The outdoor spaces will help to facilitate mindfulness, spiritual practice, relaxation, activities, exercise and group discussion e.g. yarning circle.

The outdoor spaces will be large enough so that the view of perimeter of the facility is minimised.

3.4 Discharge and Transfer

People will remain in the SMHU until they are able to be discharged back to a correctional facility, the AMHU, University of Canberra Public Hospital (UCPH) Adult Mental Health Rehabilitation Unit or the community. Discharge will be dependent on the full implementation of the legal and medical requirements under the *Mental Health (Treatment and Care) Act 1994*. Clinical improvement and reduction in assessed risk directly inform decisions associated with discharge and transfer

Discharge planning will not be solely dependent on clinical factors as there will be legal implications that need to be considered as part of the discharge process. Discharge planning will take place in conjunction with the processes of the ACT Civil and Administrative Tribunal (ACAT). Where the person is from the AMC or Community Corrections, discharge will take place in conjunction with the processes of ACT Corrective Services (ACTCS). Some people may still have some symptoms at the point of discharge but be well enough to move into a less intensive form of care. There may be some people whose sentence is completed whilst they are at the SMHU and may be discharged from their custodial order to the community. Others may still require their community treatment and care to be provided under the provisions of the mental health legislation.

People in the rehabilitation program will have multiple trials of graduated leave before discharge. A leave bed will not be considered an available bed for a new admission.

Planning for discharge and support after inpatient care will commence at the time of admission.

Discharge planning will incorporate collaborative partnerships with families, carers and other

nominated supports along with other appropriate services or organisations, including supported accommodation and disability services. Discharge will always be to the care of a MHJHADS team that will assume responsibility for further recovery planning, treatment and care for the person.

Where a person has ongoing criminal or civil matters, there will be facilitated access to legal assistance/representation e.g. Legal Aid ACT outreach service.

ACT Civil and Administrative Tribunal

The ACAT is an independent body established to protect the rights of people placed on involuntary orders for mental illness. It provides an independent review, and makes decisions about whether the involuntary order will continue or not. There will be a process for external review by the ACAT for people in the SMHU.

Responsibilities of the ACAT in regards to Forensic Treatment Orders and Psychiatric Treatments Orders will be explained in the *Mental Health (Treatment and Care) Amendment Bill 2014* which has not been enacted by the ACT Legislative Assembly at the time of the development of this model of care.

The SMHU will communicate with ACTCS and Youth Justice where relevant, to ensure that legal requirements are met, that transfer and discharge planning is completed in a timely and cohesive manner, and that the Affected Persons Register obligations are met.

4. Safety and Security Requirements

The approach taken to safety and security requirements is to adopt a three layered approach to physical, procedural and relational security. Each element will be developed in relation to the other two. Physical security alone will not provide safety and cannot operate without appropriate relational and procedural security. Increases in relational and procedural security cannot be used to counterbalance weaknesses in physical security.

A balance has to be maintained between the degree of intrusiveness of any security system and the degree of containment that is required, the level of safety for staff and others working or visiting the facility and the safety of consumers and the general community. The security system in place will enable effective treatment, by providing the structure within which clinical care can be safely provided and privacy of consumers maintained.

The objectives of the security system are to:

- Prevent unlawful departure from the facility and maintain community safety
- Alert staff to incidents and emergency situations
- Protect people who are at risk of causing harm to themselves or others
- Prevent access to illegal and illicit substances and technologies
- Prevent illegal entry of people and contraband
- Provide safety for visitors and other consumers
- Keep staff safe
- Maintain a safe responsive environment
- Allow staff to provide care, treatment and rehabilitation
- Control access and egress
- Provide gender and vulnerable person safety.

4.1.1 Physical Security

Physical security is the provision, maintenance and correct application of appropriate infrastructure, physical barriers, equipment and technology by appropriately trained staff. It is important but should not be the sole element of the security provided. In the SMHU, physical security will address the following:

- Security provided will be such that it protects the privacy and dignity of people
- It will reduce the opportunity of others passing or bringing contraband items into the facility, making unlawful departure and substance abuse difficult
- People will not be locked in their bedrooms, although for therapeutic reasons they may need to have access restricted to their own en-suite bathrooms
- People will be able to secure their rooms when they are not occupying them, or wanting to feel safe from others. Staff will be able to override locks used in consumer areas
- Only under very strict protocols of observation and formal reporting will people be confined to other spaces for reasons of self-protection and behavioural management e.g. seclusion and de-escalation
- Good spatial layout with unobstructed sight lines will be provided
- Provision of adjoining single rooms with a shared, lockable door, to cater for kinship ties (as per the 1991 Royal Commission into Aboriginal Deaths in Custody)
- The building material will be robust and damage resistant

- Access will be strictly controlled at designated security points that include the use of metal detectors
- The duress alarm system will include voice and phone functions
- The facility will have an electronic and grandmaster keying system
- Physical security will be enhanced by a positive physical environment that ensures adequacy of amenity to avoid discontent or a focus on unlawful departure.

The Secure Perimeter

The SMHU will have a secure perimeter. The design, construction and operation of the secure perimeter needs to provide the community and the staff with the confidence that the level of physical security matches the risks associated with assessed risk of those being treated. Good practice dictates that physical barriers to unlawful departure from the facility will not physically injure a person who might try to overcome them e.g. razor wire and electrification of fences. The objective of the secure perimeter will be to:

- **Deter:** provide an obvious barrier for passage into or out of the facility, and reduces the opportunity of contraband entering the facility
- **Detect:** provide some method of reliably detecting a person attempting to depart or enter the facility unlawfully
- **Delay:** provides some method of delaying a person attempting to depart or enter the facility unlawfully until such time as staff arrive.

There will be a planned maintenance programme in relation to the perimeter and other physical security provisions.

4.1.2 Procedural Security

Procedural security is the proper application of policies, standard operating procedures, routines and checking. Establishing a comprehensive range of effective procedures across the service establishes clear boundaries within the facility and anchors the application of therapeutic activity to structure and routine.

The safety and security systems in clinical areas will be managed by clinical staff. All incidents of aggression or violence will be managed by clinical staff. Staff will be trained in the prevention and

management of aggression and violence. All staff will be trained by a team of skilled trainers who will also provide regular refresher courses.

A facility wide personal duress alarm system and telephony will ensure that staff are able to request assistance in an emergency. Hardwired duress, medical emergency and fire alarms will also be located in required locations around the unit to ensure easy staff access under all situations.

Where clinical staff are not able to safely manage a person who is violent and aggressive, ACT Policing will be called to give immediate assistance.

Staff will utilise standard operating procedures to ensure that any restrictions on a person's freedom and any derogation of a person's dignity and self-respect are kept to the minimum necessary for the proper care and protection and safety of the person, other consumers and the protection of the public.

Policies and procedures will be consistent with ACT Health and Divisional policies and procedures.

There will also be SMHU specific policies and procedures including:

- Personal and environmental searches
- Visitor management
- Consumer leave management
- Consumer management during emergency incidents
- Controlled access to facilities and buildings

As part of ensuring the safety of staff and consumers, there will be clear and effective systems for clinical governance, communication, handover and clinical decision making within staff teams. There will be regular multi-disciplinary team meetings for clinical matters and administration, and the team will be consulted on relevant management decisions such as developing and reviewing operational policy.

Leave

People admitted to the secure unit will receive all of their care and treatment within the secure perimeter unless authorised to do otherwise under the *Mental Health (Treatment and Care) Act 1994* or by the courts. Consumers on the rehabilitation program will be able to apply for leave or day release from the SMHU in order to participate in activities that progress their recovery and community re-integration. The Chief Psychiatrist or the ACAT will have the authority to grant leave.

A 'consumer leave' protocol will be established to give a proper process and maintain security. This protocol will be based on clinical presentation and risk assessments as well as external approving body requirements (e.g. court requirements). The leave protocol will clearly specify the circumstances under which leave can be given, the duration of the leave, requirements for staff escorted leave, family escorted leave and unescorted leave. Before a person is granted leave they will be required to demonstrate cooperation with their management plan and demonstrate the absence of disruptive behaviours.

4.1.3 Relational Security

Relational security is the formation of a therapeutic alliance between staff and consumers, centred on continuing assessment and management of risk. Relational security is concerned with developing good interpersonal and sound professional relationships between consumers and the clinical team so that there is a build up of trust that will enable staff to get to know and understand the person and, where necessary, provide interventions before major problems develop or lead to incidents. Relational security is also concerned with staff to patient ratios.

The 4 key areas that help staff maintain relational security are:

- The whole care team e.g. establishing boundaries and therapeutic relationships
- Other consumers on the unit e.g. consumer mix and dynamics
- The milieu experienced by the consumer e.g. physical environment and personal world
- The connections the consumer has to the outside world e.g. visitors and outward connections.

Cultural Safety

In a clinical context, 'cultural safety' is defined as a health professional's understanding of his or her own personal culture and how these personal cultural values may impact on the provision of care to the person, regardless of race or ethnicity.

Cultural safety incorporates cultural awareness and cultural sensitivity and is underpinned by good communication, recognition of the diversity of views nationally and internationally between ethnic groups. The SMHU will provide education and promote awareness of cultural safety and diversity, and how this may affect the services which are provided.

4.2 Secure Entry Zone and Emergency Entry and Exit

A controlled entry point will be used for vehicles to enter the perimeter of secure facilities. People transported to the SMHU will enter through the secure entry zone and be taken to an adjacent secure admissions area. Deliveries of goods will also be made through the secure entry zone. Emergency services including fire brigade and ambulance will also access through the secure entry zone.

Staff and visitors will enter the facility through an adjacent controlled access point where they can leave prohibited items in provided lockers. Where required, consumers, staff, visitors and contractors will be electronically scanned for unauthorized items.

4.2.1 Reception

- The reception area will be adjacent to the secure entry zone and will be staffed during business hours, 7 days a week, to register visitors and for the control of contraband entering the unit
- The reception area will provide access for people with a disability.

The reception area will include:

- Visible signage identifying the list of contraband not permitted into the unit
- Secure lockers to store visitors' possessions whilst they are visiting the unit
- A police gun safe that complies with the relevant firearms legislation operated by police to deposit firearms and sprays when they are in attendance at the unit is required

4.2.2 Contraband

Contraband is identified as any item which is illegal or may be a threat to the safety and security of consumers, visitors or staff.

Contraband will include the following:

- Illegal drugs
- Tobacco
- Alcohol
- Weapons including knives and firearms
- Explosive devices
- Unauthorised tools

- Chemicals
- Offensive material
- Mobile phones and accessories including SIM cards
- Camera, video recorders
- Lap top computers, tablets, computer soft ware, floppy discs, USB memory sticks
- Sharps such as scissors, razors, needles
- Unsealed plastic or glass bottles containing liquid
- Glass bottles
- Plastic bags
- Aerosol cans
- Lighters and matches
- Medication
- Any other item deemed to be contraband by the Director-General.

4.3 Emergency Preparedness

Emergency preparedness is a comprehensive system that requires a continuous commitment to staff and resources to ensure a systematic approach to responding to emergencies. A range of multi-agency planning to assist in emergency preparedness will be required. This multi-agency planning will be required for situations such as:

- Evacuation
- Fire and Flood (internal and external)
- Unlawful departure
- Failure to return from leave
- Hostage
- Riot and disorder
- Barricade
- Roof top occupancy
- Critical infrastructure failure e.g. power or water outage, communications system failure.

4.4 Women and Vulnerable Persons

Evidence indicates that there are a significant number of people accessing inpatient mental health services who have experienced some form of sexual violence in their lives. The SMHU will provide an environment that ensures individuals are safe from experiencing further physical, sexual and psychological trauma. The safety of all persons raises organisational issues as well as building design challenges.

An assessment of vulnerability e.g. young people, elderly people, people with intellectual or physical disability, will be undertaken for each person as soon as is practicable following admission. This assessment will include information gained during the mental health assessment, including risk assessment, where relevant. The collection of such information will be in accordance with National Privacy Principles. Assessments of vulnerability will be reviewed at regular intervals for all consumers during their admission to the SMHU.

Written guidelines which outline the arrangements to ensure the safety of all persons, will be available to staff, consumers and visitors. Wherever possible, people will be offered a choice of either a male or female clinician. Staff will ensure that there is appropriate observation of all women consumers and vulnerable persons. Similarly, individuals who are regarded as a risk to others will be appropriately supervised. Women and vulnerable persons will sleep separately and have appropriate levels of staff supervision at night.

Sexual Safety

Sexual safety is a state in which physical and psychological boundaries of individuals are maintained and respected.

The SMHU will have systems that promote sexual safety. Operational policies and procedures will:

- Support the right to physical and psychological safety
- Encourage and educate regarding monitoring of professional boundaries
- Support professional development
- Respond quickly and appropriately to breaches in personal boundaries.

Assessment and identification of persons as being at risk of potential to harm, or of increased vulnerability to sexual assault are also important to the promotion of sexual safety. Identification of risk will be made at initial assessment and regularly reviewed.

The SMHU will have single bedroom accommodation with access to ensuites. A number of rooms will be able to be arranged into clusters which will be capable of being separated to provide safe and secure space for both males and females.

5. Care Delivery Team

Recruiting for the SMHU will actively include and recruit Aboriginal and Torres Strait Islander workers in all categories. This is in accordance with ACT Health's commitment to a combined effort to close the gap in Aboriginal and Torres Strait Islander Health as laid out in the *Health Directorate Reconciliation Action Plan 2012 – 2015*.

The SMHU will undertake evidence based recruitment and retention strategies such as providing clinical placements for undergraduate students and encouraging rotations through the unit with staff from other areas.

The effectiveness of the secure unit is dependent upon an adequate number of appropriately skilled and qualified clinical and non-clinical staff. The staffing profile will be comprised of a mix of multidisciplinary clinical and nonclinical staff providing treatment and care to consumers.

The clinical team will include:

- Forensic Psychiatrists
- Psychiatry Registrars
- Nurses
- Psychologists
- Occupational therapists
- Social workers

Visiting primary health care staff will include:

- Primary health physician
- Chronic Disease Nurse
- Aboriginal and Torres Strait Islander health care clinician
- Allied Health staff
- Pharmacist

The non clinical staff will include a mix of:

- Administration and support staff
- Diversional or Recreational/Art/Music therapist
- Mental Health Support Workers (*role and term yet to be confirmed*)

Additional support will be provided through food services, maintenance and cleaning staff who will assist with the day to day operations of the unit.

Workforce Development

The complexity of persons admitted to secure mental health units means that there is a need to provide staff with continuing and targeted education programs, clinical supervision and mentoring, skills training and research opportunities. The SMHU will have a workforce plan that will be reviewed at specific intervals. The workforce plan will include staffing and skill mix that reflect the complexity of consumer needs and the risks associated. The workforce plan will also include a training and development strategy, which will specify the requirement to provide security training and training to implement a range of code responses to emergencies.

ACT Health will provide appropriate education and training opportunities so that people who are admitted to the SMHU receive care from staff who are highly skilled in meeting their needs. This will be achieved by training and developing the skills of staff already working in the specialist Forensic Mental Health team in evidence-based interventions, as well as providing opportunities for mental health staff of the SMHU to develop skills and experience to equip them to work within the forensic mental health field.

A Workforce Profile and Workforce Plan for the SMHU will be developed as separate documents to the MoC.

6. Service Partners and Supports

6.1 The Consumer

People will be informed of their rights and responsibilities and how they can access support or advice external to the SMHU. People will be supported in their own journey of recovery (to the degree they are able) through:

- Self-management of their mental illness
- Active participation in the daily program
- The activities of daily living including personal care, domestic, social, vocational and recreational aspects of their lives
- Development of a recovery plan inclusive of aspirations, risks, goals and milestones
- Regular review of progress

6.2 Clinical Mental Health Staff

Clinical staff will provide clinical assessment and therapeutic interventions aimed at effective management of a range of complex psychological conditions to minimise and reduce impairment and disability associated with mental illness. This will include the use of medication, psychological therapies and clinical rehabilitation interventions with a focus on risk management and behavioural change.

More specifically, clinical staff will be responsible for:

- Providing planned clinical mental health treatment and support
- Discharge and transfer planning
- Care Coordination - one clinician will be allocated to coordinate a person's care
- Documenting assessment and care
- Responding to needs for medication and physical health related issues
- Undertaking clinical assessments, risk assessments, mental state examinations and outcome measures
- Supporting consumers in behavioural change management
- Carrying out and reporting against legislative requirements e.g *Mental Health (Treatment and Care Act) 1994*.

6.3 Non-Clinical Staff

Non-clinical support staff will provide support to people within the framework of the multi-disciplinary team to enhance the quality of the therapeutic program. They will do this by:

- Providing individually planned recovery and psychosocial support services on a daily basis with a focus on building independent living skills and community engagement (such as support personal care, shopping, home care, cleaning, etc). This will include support at all phases of the rehabilitation continuum.
- Supporting clinical staff

6.3 Families and Carers

SMHU staff will work to ensure that family members and carers identified by the consumer are involved in their care. This will be done in a way that is respectful of the person's wishes and in accordance with the *Mental Health (Treatment and Care Act) 1994* and the ACT Charter of Rights for People who experience Mental Health Issues.

Identified caregivers, family members and ALO's will be invited to attend clinical reviews as appropriate. As part of the approach to service delivery, staff will provide education to families and carers, supporting them to address their needs, and suggesting links with supports, whenever appropriate.

There will be a dedicated space for individuals to meet with their family. Family visits will be coordinated and time limited. Depending on the assessed risk, staff will supervise visits and children will be allowed to visit.

6.4 Non-Government Psychosocial Rehabilitation and Support Services

Effective links between the SMHU and non-government educational, vocational and rehabilitative agencies will be particularly important. It is anticipated that community based agencies will work internally with the SMHU program providing a range of services.

6.5. Statutory Bodies

Mental Health Official Visitors

Mental Health Official Visitors are appointed by the Minister for Health and independent of MHJHADS. Their role is to assess inpatient mental health facilities in the ACT to ensure they are providing the best possible care. Official visitors will arrange to attend the SMHU and consumers and carers will have the opportunity to talk with and receive assistance from the Official Visitors.

Public Advocate of the ACT

The Public Advocate (PA) undertakes a range of advocacy functions on behalf of children, young people and adults with a mental health issue who are in need of protection from abuse, exploitation or neglect. The PA ACT is an independent Government service which is separate from hospital services, MHJHADS, the ACAT and the Police. The PA ACT aims to support people who come into contact with the Mental Health system to have their views and concerns listened to. Consumers and their carers of the SMHU will be able to contact the PA office if requiring support.

ACT Human Rights Commission

The ACT Human Rights Commission is an independent statutory agency. The ACT Health Services Commissioner is one of three Commissioners within the ACT Human Rights Commission. The Commissioner's mandate is to consider complaints about the provision of health services and services for older people, and complaints about contraventions of the privacy principles or of a consumer's right of access to his or her health records under *the Health Records (Privacy and Access) Act 1997*. If a consumer of the SMHU has a complaint about their care, provision will be made to facilitate their contact with the ACT Human Rights Commission.

Legal Aid ACT

The Legal Aid Commission (ACT) is an independent statutory authority established under the *Legal Aid Act 1977*. The Commission's function is to provide legal assistance in the ACT. Legal assistance includes legal information and advice, duty lawyer services, and grants of financial assistance. Legal Aid ACT helps people with their legal problems, especially people who are socially or economically disadvantaged. Legal Aid ACT can help in criminal law, family law and some civil law matters. If a consumer of the SMHU has any legal problems, provision will be made to facilitate their contact with Legal Aid ACT.

7. Information and Communications Technology (ICT)

Consumers will have vetted access to computers and the internet. For example a computer and the internet will be made available for individuals who might be studying. People will have access to a private space to take phone calls. Access to make outgoing calls will be restricted and staff will vet access.

7.1 Information Technology (IT)

Resources that are to be provided for the unit are reflective of requirements in other units on the Canberra Hospital campus.

The computer hardware to support clinical operations includes multiple standard computer terminals located in designated work zones. The E-Health & Clinical Records Mobile Device Strategy (draft) expects that under the Health Infrastructure Program (HIP) mobile devices will become the primary channel for accessing clinical systems and information. The requirements for fixed computers and workstations in new buildings will decrease.

Operational software requirements (in addition to standard government software provisions) will be required to all relevant clinical and administration systems.

Shared Services ICT will be engaged in the operational commissioning process with installation costs included in the building works program. Lease arrangements will be established for all assets supplied.

All ICT hardware is required to meet identified occupational health and safety, infection control and injury prevention standards for clinical service areas. These include cleanable items as keyboards and mice, adjustable height screens, and space saving mountings to enable maximum access to work zones.

7.2 Communication Technology

Communications systems are reflective of requirements in other units on the Canberra Hospital campus. The communication hardware to support the clinical operations of the SMHU includes Voice over the Internet Protocol (VOIP) phones at each designated workstation. There will be access to STD calling function at the main staff station.

There will also be provision for video-conferencing and telehealth capabilities.

A disaster response phone will be provided and located at the main staff station to support disaster response, and enable access to communication technology in the event of disruption to standard VOIP phone services.

The units VOIP phones are also to be equipped with the standard Malicious Caller ID support via the use of the MIC button available on the main screen functions. Docking portable phones will be available for consumers to make local calls.

7.3 Facility Systems

Equipment Tracking and Monitoring

Tracking systems will be available throughout the SMHU to assist in the location and tracking of items. The two options are radio frequency identification (RFID) and location based services.

Safety and Security

There will be a significant requirement for technology to assist with providing a safe and secure environment for consumers, staff and visitors to the SMHU. The following services have significant technology requirements and these will be required to be documented to inform the design of the technology infrastructure. The systems are nurse call, staff duress alarms, CCTV, mobile staff security and auxiliary/back-up power for the unit. Perimeter security requirements will also be developed.

7.4 Data Management Systems

Patient Administration System

The Patient Administration System (PAS) at ACT Health is known as ACTPAS. The function of this software program is to store patient related information and activities for access by clinicians and support staff. Examples include patient name, contact details, General Practitioner (GP) details, locations and episodes of care. In patient areas Ward Clerks will be responsible for entering data into specified fields within this program.

Members from Information Management and Information Technology department will be engaged in the operational commissioning process to ensure the SMHU design meets requirements and to ensure the delivery of services.

7.5 Electronic Mental Health Record

The Electronic Mental Health Record has complete coverage of all aspects of mental health management to ensure accuracy and consistency of the assessments, outcome measures and clinical documentation, and has a direct feed from ACTPAS with patient demographics, bed and ward allocation and allows staff to enter activity data for reporting.

SMHU staff will undertake training and be given passwords and logon details to access this information and then are able to view “real time” activity within the data base

Appendix 1

National Mental Health Standards

NMHS	Title	Descriptor
1	Rights and Responsibilities	The rights and responsibilities of people affected by mental health problems and / or mental illness will be upheld by the Secure Mental Health Unit and are documented, prominently displayed, applied and promoted throughout all phases of care.
2	Safety	The activities and environment of the Secure Mental Health Facility will be safe for consumers, carers, families, visitors, staff and its community.
3	Consumer and Carer Participation	Consumers and carers will be actively involved in the development, planning, delivery and evaluation of care.
4	Diversity Responsiveness	The Secure Mental Health Unit will deliver care that takes into account the cultural and social diversity of its consumers and to meet their needs and those of their carers and community throughout all phases of care.
5	Promotion and Prevention	The Secure Mental Health Unit will work in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness
6	Consumers	Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.
7	Carers	The Secure Mental Health Unit will recognise, respect, value and support the importance of carers to the

		wellbeing, treatment, and recovery of people with a mental illness.
8	Governance, Leadership and Management	The Secure Mental Health Unit will be governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.
9	Integration	The Secure Mental Health Unit will collaborate with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.
10	Delivery of Care	<p>10.1 Supporting Recovery</p> <p>The Secure Mental Health Unit will incorporate recovery principles and provides consumers with access or referral to a range of support programs aimed at supporting their recovery.</p> <p>10.2 Access</p> <p>The Secure Mental Health Unit will be accessible to the individual who requires specialist care and will meet the needs of its community in a timely manner.</p> <p>10.3 Entry</p> <p>The entry process to the Secure Mental Health Unit will meet the needs of its community and facilitate timeliness of entry and ongoing assessment.</p> <p>10.4 Assessment and Review</p> <p>Consumers will receive a comprehensive, timely and accurate assessment and a regular review of progress will be provided to the consumer and their carer(s).</p>

10.5 Treatment and Support

The Secure Mental Health Unit will provide access to a range of evidence based treatments and facilitate access to rehabilitation and support programs which address the specific needs of its consumers and promote their recovery.

10.6 Exit and Re-Entry

The Secure Mental Health Unit will assist consumers to exit the service and ensures re-entry to mental health services according to the consumer's needs.

Appendix 2

The meaning of mental illness for the admission is also the same as the Mental Health Treatment and Care Act 1994.

Mental Illness means a condition that seriously impairs (either temporarily or permanently) the mental functioning of a person in 1 or more areas of thought, mood, volition, perception, orientation or memory, and is characterised by:

- The presence of at least 1 of the following symptoms:
 - Delusions
 - Hallucinations
 - Serious disorders of streams of thought
 - Serious disorders of thought form
 - Serious disturbance of mood

Or

- Sustained or repeated irrational behaviour that may be taken to indicate the presence of at least 1 of the symptoms mentioned above

A person will **not** be regarded as having a mental illness because of any of the following:

- The person expresses or refuses to express, or has expressed or has refused or failed to express, a particular:
 - political opinion or belief
 - religious opinion or belief
 - philosophy
 - sexual preference or orientation
 - political activity
- The person engages in or has engaged in:
 - sexual promiscuity
 - immoral conduct
 - illegal conduct
 - antisocial behaviour
- The person takes or has taken alcohol or any other drug

As per Mock-up MH(T&C) Act 1994: Chapter 2; 10 (a) to (b); 11 (a) to (k)