



STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
Mr Johnathan Davis MLA (Chair), Mr James Milligan MLA (Deputy Chair),
Mr Michael Pettersson MLA

Inquiry into ACT Budget 2021–22
ANSWER TO QUESTION ON NOTICE

Mrs Giulia Jones: To ask the Minister for Mental Health

Ref: Mental Health, Budget Statements C, page number 11, output class 1.3: Mentally healthy communities

In relation to: Ligature points

At 19 October 2021:

- (a) how many ligature points had been identified in ACT mental health facilities;
- (b) how many ligature points had been removed from ACT mental health facilities; and
- (c) how many ligature points had not yet been removed from ACT mental health facilities?

MINISTER DAVIDSON: The answer to the Member's question is as follows:–

- a. We are unable to provide a specific number
- b. We are unable to provide a specific number
- c. We are unable to provide a specific number

Obvious ligature points can be identified; however, 'potential' ligature points may not be easy to define, and accurately and correctly identify. The Chief Psychiatrist advises that:

- It is important that all Mental Health inpatient units undertake ligature risk audits on a regular basis.
- However, it is unrealistic and unnecessary to eliminate each and every possible ligature point from mental health facilities. A balance must always be struck between making the environment safe and not unnecessarily making the environment non-therapeutic by making it stale and bland.
- The risk of a mental health consumer harming themselves, informed by a clinical risk assessment, must determine what environment would be appropriate and therapeutic for a mental health consumer. Whilst it may be appropriate for an intensive care mental health unit bedroom to have every possible ligature point removed, that may not be needed for a low acuity sub-acute mental health facility which is preparing mental health consumers to transition to their own home.
- Similarly, areas that are under constant staff observation even in a high acuity mental health facility, may not need to have every ligature point removed if it is going to make the therapeutic environment stale and bland. On the other hand, a mental health facility where mental health consumers at high risk of self-harm are admitted but are not under constant staff observation, may need to have all obvious ligature points removed.

All Mental Health inpatient units within Canberra Health Services are audited for ligature risks every six months. Each area within a Mental Health unit is identified as high, moderate, or low ligature risk. All CHS Mental Health units are considered to be ligature minimised.

The Adult Mental Health Unit underwent extensive works in 2019 to remove as many ligature points as possible and to mitigate risk by installing pressure alarms on top of bathroom and bedroom doors, piano hinges to all bedroom doors and changing to anti ligature handles or removing handles entirely where possible.

Approved for circulation to the Standing Committee on Health and Community Wellbeing

Signature: *Emma Davidson*

Date: 8 November 2021

By the Minister for Justice Health, Emma Davidson MLA