

2018

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

MENTAL HEALTH OFFICIAL VISITORS ANNUAL REPORT 2017-18

Minister Shane Rattenbury MLA

Minister for Mental Health

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Introduction

Mental Health Official Visitors (MHOVs), appointed by the Minister for Mental Health, play an important role in ensuring that the health care system maintains an appropriate standard of care for people with a mental illness or disorder. MHOVs visit and inspect 'visitable places' as defined in section 208 of the *Mental Health Act 2015*. An MHOV is required, under section 17 of the *Official Visitors Act 2012*, to provide written quarterly reports to the Minister for Mental Health, as soon as practicable after the end of each quarter.

This 2017-18 Annual Report (the Report) summarises the July 2017 to June 2018 reporting period. This includes an overview of the number of visits undertaken and the type of complaints received from people who were admitted into ACT mental health facilities.

The last 12 months have seen significant changes in the mental health facilities across Canberra, including the expansion of the Dhulwa Mental Health Unit, the planning and opening of the new University of Canberra Hospital which contains the Adult Mental Health Rehabilitation Unit, and the Extended Care Unit in the Brian Hennessy Rehabilitation Centre site.

The MHOVs have reported on and raised ongoing significant challenges including staff capacity, and the challenging acuties of consumers with issues of dual diagnosis with cognitive disability and/or substance abuse.

Mental Health Official Visitors

People working as MHOVs during the period were:

- Ms Sue Connor, Principal Official Visitor
- Mr Shannon Pickles, Official Visitor
- Ms Pamela Burton, Official Visitor
- Ms Kay Barralet, Official Visitor

All of the existing MHOVs have served previous terms in these positions. Government has commissioned a review of the Official Visitors Scheme and is currently considering a response which may also determine future recruitment terms for Official Visitors.

Visits

During visits MHOVs make inquiries as to the adequacy of services for the assessment, treatment, care or support of people with mental illness or mental disorder; the appropriateness and standard of facilities for the recreation, occupation, education, training and rehabilitation of people receiving treatment, care or support for mental illness or mental disorder; and the extent to which people are being provided the best possible treatment, care or support appropriate to their needs in the least possible restrictive environment and least possible intrusive manner.

This also includes examining registers and records; recording observations in a report to the facility; receiving and investigating concerns or complaints received from patients and people subject to Mental Health Orders; and contributing to written reports to the Minister through the Mental Health Principal Official Visitor. With the introduction of the new electronic record system used across Mental Health Justice Health and Alcohol and Drug Services, and the introduction of the *Mental Health Act 2015*, the enforceable giving of medications, seclusion and restraint registers have been placed on the electronic system

and replace the old paper-based system. MHOVs now receive a copy of this reporting on a monthly basis for their review.

MHOV visits to in-patient facilities between July 2017 and June 2018 were made at least once each calendar month. The current visitable places include units at:

1. The Canberra Hospital
 - The Adult Mental Health Unit (AMHU) - 40 beds
 - The Mental Health Short Stay Unit (MHSSU) - 6 beds
2. Calvary Hospital
 - Ward 2N (2N) - 21 beds
 - The Older Persons Mental Health Inpatient Unit (OPMHIU) - 15 beds
 - Hyson Green (HG) (a private psychiatric facility)- 28 beds
3. Brian Hennessy Rehabilitation Centre - 25 beds
4. Dhulwa Mental Health Unit - 10 beds (nominally expanded to 17 beds)

Formal visits by the MHOVs were supplemented by follow-up visits as required. Other visits were made on request by patients of the facilities following contact either by telephone or through messages left in the MHOVs suggestion boxes, which are located in the facilities visited by MHVOs.

A duty telephone service is provided to the public. This requires a mobile telephone to be staffed on a roster basis by the MHVOs. A log of the calls is maintained by each rostered MHOV and responses to concerns sometimes include a visit to the care facility. Contact details for mental health services such as the Crisis Assessment and Treatment Team are provided to the caller if deemed appropriate.

From June 2017 to July 2018, MHOVs made a total of 145 visits to visitable places as outlined below:

Quarter	Sites Visited	Total number of visits per quarter
July - September	Adult Mental Health Unit Mental Health Short Stay Unit Ward 2N at Calvary Brian Hennessy Rehabilitation Centre Older Persons Mental Health inpatient Unit Hyson Green Dhulwa	31
October - December	Adult Mental Health Unit Mental Health Short Stay Unit Ward 2N at Calvary Brian Hennessy Rehabilitation Centre Older Persons Mental Health inpatient Unit Hyson Green Dhulwa Community facilities which include Adult and Youth Step Up Step Down, Marks Place and STEPS	40

January - March	Adult Mental Health Unit Mental Health Short Stay Unit Ward 2N at Calvary Brian Hennessy Rehabilitation Centre Older Persons Mental Health inpatient Unit Hyson Green Dhulwa	38
April - June	Adult Mental Health Unit Mental Health Short Stay Unit Ward 2N at Calvary Brian Hennessy Rehabilitation Centre (BHRC) Older Persons Mental Health inpatient Unit Hyson Green Dhulwa Community facilities which include Adult and Youth Step Up Step Down, Marks Place and STEPS	36
Total		145

These visits consisted of both announced and ad-hoc visits, which was a deliberate shift by the MHOVs in this period, as well as visits on request from consumers.

Issues and adequacy of assessment and treatment services

The staff in Mental Health services are committed to improving the quality of care at all facilities. Staff at facilities endeavour to improve the experiences of their patients and to develop practices and procedures aimed at the long-term benefit of patients.

Regular complaints are made regarding a lack of exercise options and physical activity for consumers in facilities. At the same time there was evidence of a full activities calendar on offer. However, access to gyms was complicated by supervision requirements.

MHOVs have seen the impact of staff capacity constraints on staff and patients, including staff wellbeing and rostering challenges.

Feedback provided to MHOVs is that recruitment strategies could be better coordinated across individual services.

Another concern of note is the increasing impact of people with mental illness and comorbid methamphetamine use on staff safety and mental health services. This comorbidity complicates behaviour management.

The National Disability Insurance Scheme (NDIS) continues to have an impact in terms of people with high and complex needs requiring support as well as suitable accommodation for optimum discharge planning.

Complaints received from persons receiving treatment and care for mental illness or dysfunction

MHOVs receive a wide variety of complaints. The nature of those complaints varies based on the facility, but the most common would be persons stating/believing that they are not unwell/do not need to be in the facility. It has been noted by MHOVs that in some ways the most likely time for reasonable feedback/complaints to occur is on a patient's exit from the facility.

Another regular complaint raised regards access to staffing support. In general, patients and their carers provide positive feedback about their experiences in the facilities. Issues include:

- availability of exercise options;
- smoke free environment;
- accommodation on discharge maintenance;
- staff shortages;
- cleanliness issues;
- discharge plans;
- lack of stimulation; and
- access to some treatments, for example Electro Convulsive Therapy.

Conclusion

Whilst staff performing the day to day operation are excellent, and management at services are highly responsive and transparent with MHOVs about issues, there remain concerns about the complexities managed on the units. The most significant risk at this time is seen at the Adult Mental Health Unit, which consistently operates at maximum capacity. MHOVs believe more resources should be put into an employment strategy for mental health staff. As raised in previous quarterly reports, a lack of adequate staff, and specifically a lack of adequately trained mental health staff is of constant concern to MHOVs.