

2019

THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

MENTAL HEALTH OFFICIAL VISITOR ANNUAL REPORT 2018-2019

Minister Shane Rattenbury MLA
Minister for Mental Health

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*. A 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 practicably after the end of each quarter.

This 2018-2019 Annual Report (the Report) summaries the July 2018 to June 2019 reporting period. This includes an overview of the number of visits undertaken and the type of complaints received from people who are supported in defined ACT Mental Health visitable places.

The last year saw significant changes within the internal mechanisms of the OV scheme. A steering committee was created, and regular meetings held throughout the course of the year to look into the alterations and amendments to the Official Visitor Act. These changes had major impacts on the functioning of the MHOVs with the removal of the principal MHOV role, and some changed interpretations of what is a visitable place.

From a day to day perspective there was also a major change over in the appointed MHOVs. For a variety of reasons - primarily pertaining to the amendments of the Official Visitor legislation - most of the existing MHOVs had been appointed for very long terms, with several periods of one year rollovers for some appointments. There was also identified a number of historical factors in the day to day operation of MHOV work that were no longer relevant and inconsistent with work being done by OVs in all other sections. Examples include most visits being conducted in pairs, monthly reporting, most visits being at announced/pre-planned times.

As a consequence, a decision was made – with support of current MHOVs – to reduce the number of appointments from 4 to 2 members, with the understanding that a shift from pairs to solo visits would result in no reduction of visits. Long term appointees Sue Connor (principal OV), Pam Burton, and Kay Barralet retired from their roles. Between the three they have provided over 30 years of service as Mental Health Official Visitors, and we would like to take the opportunity to thank them for their time and dedication to this work.

One of the existing MHOVs Shannon Pickles was reappointed for a shortened 2 year term. This was both to provide a level of handover, retention of relationships and knowledge, and ensure there was a level of stagger to MHOV appointments, as all 4 previous OVs had unfortunately all coincided their expiry terms within a month of each other. A new MHOV Jane Grace was appointed for a full 3 year term.

Visitable places went through a number of changes in this period, with the closing down of Hennessy House, the opening of the University of Canberra Rehabilitation Mental Health ward, the Extended Care Unit, and the use of hospital ward 7B for patient overflow from AMHU.

Visits

During visits MHOVs make enquiry 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 includes examining registers and records; reviewing patient records and notes (with their explicit permission), receiving and investigation concerns, complaints or feedback from *entitled persons* and staff of *visitable places*. It is common that most visits will also include a meeting with the ADON or responsible manager for a facility to discuss concerns, and more recently with the engagement of Karen Grace as the new Executive Director of Mental Health, MHOVs meet with her on a quarterly basis to discuss systemic issues and any upcoming policy or operational changes.

MHOV visit all ACT Health operated facilities (and Hyson Green) at least once a month. The community based facilities are visited at least once every 6 months. All entitled persons are able to contact or make complaint the MHOVs at any time outside of these visits through request to a staff member, use of the complaints boxes located in each facility, or contacting MHOVs directly via the phone or website contact form. It should be noted the vast majority of complaints are done so in person when MHOVs are on site.

Visitable sites for the 2018-2019 year were as follows:

Canberra Hospital

1. Adult Mental Health Unit
2. Mental Health Short Stay Unit
3. Ward 7B

Calvary Hospital

4. Ward 2N
5. Older Persons Mental Health Inpatient unit
6. Hyson Green (private facility that MHOVs visit by invitation)
7. Brian Hennessy (shut down during this period)
8. Extended Care Unit

University of Canberra Hospital

9. Adult Mental Health Rehabilitation Unit (AMHRU)

Symonston

10. Dhulwa Mental Health Unit

Community Facilities

11. Adult Step Up Step Down
12. Youth Step Up Step Down
13. Marks Place
14. Steps

A total of 98 visits were made to these facilities during the year. With a total of 182 complaints received directly from entitled persons. It should be noted these complaint figures do not include issues or concerns raised by staff about operational matters.

The primary concern noted by Official Visits over the last year has been the acuity, demand and subsequent impacts on services at the crisis end of the service system, and the related challenge of suitable exit points. It is noted that average monthly throughput at the AMHU has increased to over 100 persons a month, demand is so high that MHSSU beds are regularly used to hold AMHU

consumers, a hospital ward (7B) is semi regularly used to house consumers, and the High Dependency Unit of AMHU is under such pressure that some persons are pushed from the HDU into the Low Dependency Unit (LDU) before they are ready to transition. It is noted a pod of the AMHRU is being used to accommodate AMHU patients.

Practical consequences of this issue has been (quotes from staff in parentheses):

- High levels of occupational and consumer on consumer violence (*'its not if you will get hit, its when you will get hit'*)
- Impact on activities and rehabilitation (*'we spend so much time focused on throughput, we don't have time to actually provide quality support'*)
- Consumers are being held in acute settings after they have been deemed to be well due to not having a reasonable housing exit point (*'at a certain point if we keep people in here after they are well, they can start to become unwell again and the cycle starts over'*)
- Consumers report not feeling safe on the ward due to high levels of violence and aggression

Other consistent complaint types were:

- Lack of access to regular activities/exercise
- No smoking rules
- Timely access to their Doctor/clinical supports
- Medication problems
- Quality of food
- Not informed about rights

It should be noted that Official Visitors do consistently receive very high praise for the staff and support provided at the various visitable sites. Many consumers often predicate their complaints by starting with the statement that the nurses are lovely/helpful/great but...

Also many consumers will take the time to speak with Official Visitors even if they have no complaint to provide feedback and thanks for the care and support they have received.

Conclusion

It is understood that management within ACT Government Mental Health are very aware of the challenges being experienced at the crisis end of the system. Whilst significant resources have been spent over the last few years developing a suite of excellent additional resources within the forensic and rehabilitation sectors, it is clear that more funding needs to be invested in the crisis end. Both in terms of additional accommodation capacity, but also resources for staff training, education and methods such as the 'safe wards' program.