



Dr John Reilly
Office of the Chief Psychiatrist
Mental Health Alcohol and Other Drugs Branch
Queensland Health
PO Box 2368,
Fortitude Valley BC, 4006

Sent via: MHAODB-OCF@health.qld.gov.au

Dear John,

SUBMISSION National Safety Priorities in Mental Health

Lived Experience Australia is the national representative organisation for mental health consumers and carers with a strong focus on the private sector. We have State Advisory Forums in all Australian states and the ACT.

Lived Experience Australia, Queensland (LEA QLD) wishes to make this formal Submission in relation to the work under the National Mental Health and Suicide Prevention Plan to improve safety and reduce harm in mental health care. This submission primarily focuses on the inpatient setting.

Which safety areas do you think need more attention and why?

Safety is always a concern to LEA more broadly especially as it related to inpatient care.

This Submission considers/raises the following issues:

Inpatient settings

Bedroom safety

- Many patients, particularly women, have experienced significant childhood or other trauma involving sexual or physical abuse, and are particularly vulnerable because of past experiences relating to bedroom safety. The need to feel the inpatient setting is a safe environment is crucial. Some newer built units have a swipe key or similar mechanism that allows consumers to secure their rooms including while they are sleeping.

The following hospitals have installed this security measure: Box Hill Hospital, Adult Mental Health Inpatient Unit ('Safewards' model) [Eastern Health, Victoria] and SA's Glenside Health Services Acute Mental Health Inpatient Unit.

Improvements

LEA believes that bedrooms of all existing inpatient units should have this type of security installed.

Family Friendly Visitor Room

- It is crucial for hospitals to provide a family friendly room for visitors, to ensure that children's visits are safe. Children are vulnerable and the need to keep them safe as well as feeling safe, is needed. It is important for a parent in an inpatient setting to have visits with family, especially children.

Box Hill Hospital Mental Health Inpatient Unit provides this.

Improvements

LEA believes all inpatient facilities should have a family friendly visitor room to accommodate visits by children.

Separation of male and female patient rooms

- To facilitate the feeling of safety within an inpatient setting, the separation of male and female bedrooms would be advantageous.

Example

Box Hill Hospital Mental Health Inpatient Unit.

Improvements

LEA understands that this can be difficult but would like to see policies and practices reflect that this is actioned wherever possible.

Information Boards

- Information Boards with patient information are often seen within public areas. This relates to the first name of the patient, the primary staff member on the shift and the room number. Males can then identify and know which room a female is in etc. Some people are sexually disinhibited during an inpatient stay because of their mental illness and this information must not be in a public area.

Improvements

LEA believes this a real risk to the safety of vulnerable consumers who are patients. We understand the need for staff and consumers to know which staff member has been allocated to them, but these boards must be in the nurses' station away from public sight.

To alleviate the need for the boards, staff must introduce themselves at the start of each shift, so the consumers know who to approach with any needs they have.

Consumers with suicidality or who have made a suicide attempt

- It is crucial that consumers vulnerable to self-harm or recovering from self-harm must be placed in a room opposite the nurses' station so that frequent sight and surveillance of the consumer can be undertaken.

Improvements

LEA understands that this is not always practical on admission, but relocation must be made as soon as possible to ensure the safety of the consumer. An increase in sighting the consumer must be undertaken at least until timely relocation of rooms. A policy to guide this must be developed and introduced.

Other matters

LEA wishes also to raise this matter of suicidal ideation and self-harm.

We are noting an increase focus on harm minimisation within inpatient facilities. We are seeing a number of processes being flagged or implemented to things such as:

- **Ligature points**
We are concerned that patient privacy is being compromised by a focus on:
 - No doors to the bathroom
 - No doors to the bedrooms
 - Curtains used for bedroom doors rather than wooden doors
 - Bedroom doors being secured via 'swing' or 'café like' doors
 - Bedroom doors being secured via magnetic hinges which see the doors fall off when opened

- Bedroom doors with a sloping top of door

Improvements

There are some facilities which use a top of door sensor which alerts nursing staff when undue weight is applied.

What needs to be strongly considered is the privacy and human dignity of the majority of consumers. We believe that closer surveillance of consumers together with more contact for therapeutic interactions is needed. LEA believes that contact time between a primary staff member and the consumers should be increased to that which more closely aligns with the requirement of private psychiatric hospitals.

People will find a way of taking their lives which is most regrettable, but staff concerns about being called to a Coronial Inquiry should not be the driver of safety within inpatient facilities.

LEA would like to see harm minimisation replaced with common sense, dignity for all, and more staff and patient contact.

Thank you for the opportunity of providing this Submission.

Kind regards



Mr Norm Wotherspoon
Director, Queensland



Ms Janne McMahon OAM
Chair and Executive Director

27 May 2020