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The Hon Lawrence Springborg MP
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Dear Minister

AASW response to the recent directive by the Queensland State Government to lock public mental health facilities to prevent absconding

The AASW is aware that the State Government has recently directed that all inpatient mental health facilities in Queensland must be locked to prevent patients from absconding. Following amendments to the *Mental Health Act 2000* in March 2013 for electronic monitoring devices to be used on mentally unwell patients, the Queensland Government has also recently sought to increase the use of electronic monitoring devices for mentally ill people. Reducing risk, preventing harm to the community and reducing the burden to Queensland Police who are required to return involuntary patients to inpatient facilities, appears to be the primary rationale for these decisions. We recognise that there are issues of safety and duty of care, however, the AASW believes that the current blanket decisions are not based on strong evidence. Nor does this represent the intent and principles of the *Mental Health Act* in relation to ensuring people experiencing mental illness have the same basic human rights in relation to human worth and dignity (S8a), that individuals are presumed to have capacity to make decisions for themselves, and that treatment operates under the principles of being person centred and least restrictive (S8 and 9).

The AASW is concerned that there has been no public consultation about these recent decisions of the State Government that are a return to draconian practices and not reflective of evidence or best practice. The AASW has also been advised that there was little consultation with Queensland Hospital and Health Services (HHS) mental health facilities prior to the directive to lock inpatient facilities, a decision that is usually at the discretion of the HHS mental health facility clinical treating teams and operational managers. Any move to remove the ability for the mental health professionals to exercise discretion and professional judgment when risks are identified for inpatients, raises concerns.

The AASW is further concerned that the State Government mandatory directive to lock inpatient facilities and use electronic monitoring devices, in effect repositions the mentally unwell in our community as criminals, rather than individuals who are experiencing serious health concerns. These actions are also contrary to the Queensland *Mental Health Act 2000* that states that mental health care and treatment must be given using the 'least restrictive practice'.

While the safety of the individuals and the community appears to be the main consideration of government, there are other ways of achieving such an outcome. Clinical treating teams who are trained and experienced in managing patients and assessing risk are best placed to make decisions about whether to place patients in a contained environment. Psychiatrists, Social Workers, Nurses, Psychologists, Indigenous Mental Health Workers and Operational Managers for the most part successfully manage individual and community risk every day. Voluntary and involuntary inpatients and their families are usually known to clinical staff. This knowledge informs decisions whether to place patients within secure or non secure areas of mental health facilities. These carefully determined decisions are best made by mental health professionals. The mental health treating team consider the patient as being central while simultaneously balancing community health and safety issues.

The AASW is concerned that there will be a number of unintended consequences of these directives. One significant risk is that people suffering from a mental illness and their families may delay or avoid seeking assessment and treatment for fear of being 'locked up' in an inpatient facility. Yet it is known that early assessment and intervention by a general practitioner or presentation at an Emergency Department may be an appropriate course of action to access treatment and care thereby improving mental health and wellbeing. Delaying access to mental health services may potentially make a greater call on Police services responding to mentally unwell people in the community. The *2013 National Report Card on Mental Health and Suicide Prevention* highlights that "65% of the estimated 3.2 million Australians who have experienced a mental health problem in the past 12 months have not sought help" (p, 41). This situation is likely to be exacerbated in Queensland with the position taken by the State Government. There is also the issue of the rights of voluntary patients to freely move in and out of mental health facilities. The same applies to patients who attain voluntary status after assessment and treatment within a short time of involuntary admission.

Clarification is also required on the extent of the use of monitoring devices as any decision to use these devices for all mental health patients increases the likelihood that public mental health inpatient services will be perceived by the community as the new 'asylums' of the 21st century. Community perceptions of mentally ill people can too readily be reduced to views of them being dangerous and/or, criminals, thereby increasing discrimination and stigma – something that governments, health services, consumer groups and the community sector have been seeking to reduce for the past fifty years. The AASW is concerned that the current State Government direction and action is also counter to the numerous recommendations of the Burdekin Report following an Inquiry into the human right of people with mental illness in Australia. We therefore request clarification around the use of monitoring devices, what consultation process has occurred, and the policies and procedures that will guide their use to ensure the rights of individuals are maintained.

The AASW recognises that there are various mental health facilities to treat different mental health populations, that is, there is a difference between a Forensic Mental Health facility and an Acute Mental Health Unit in public hospitals. The decision to lock all inpatient facilities treats all people admitted to a mental health unit as having the same needs (voluntary patients, involuntary patients, patients on a forensic order etc). The blurring of these distinctions implies that all people

who experience mental health issues are the same and should be treated the same. This is misrepresentative. Little or no consideration is given to the complexity surrounding mental illness, and the different management options already available within hospital settings. This raises the risk of further unintended negative consequences in terms of how services are offered and staffed, the level of expertise required, the level of risk that is then managed and the impact of what should be a therapeutic treatment environment. Furthermore, locking up people who are mentally unwell, especially Indigenous people, risks increased suicides and self-harm within inpatient facilities that are under-resourced and already 'stretched' to capacity.

The Queensland Government would be better placed investing in mental health inpatient facilities, community based early intervention services and staff training and development to support them in the management of people who are mentally unwell – rather than resorting to turning our State's hospital wards into what look and feel like prisons for people who are mentally unwell. There is compelling evidence that greater focus on early intervention and prevention through community based services to support individuals experiencing mental health concerns, including access to respite for families, is more effective than tertiary level responses. The AASW sees this as an ideal opportunity for the Government to review how early intervention services are provided to minimise the burden on tertiary level inpatient facilities.

The current State Government direction is setting a trend in public mental health care that is moving away from the rehabilitation and recovery focus of care for people with mental illness to custodial practices and incarceration that characterised abusive mental health treatment in the past. This is in direct contradiction to the Mental Health Act and the focus on recovery oriented intervention.

In conclusion, the AASW Queensland and North Queensland branches, join the Australian and New Zealand College of Psychiatrists and the Australian College of Mental Health Nurses in condemning the recent announcement by Queensland Health to introduce locked wards and the expansion of the use of electronic monitoring devices on mentally ill people. The AASW also supports Queensland advocacy groups' concerns about the irresponsible media reporting that refers to people suffering from a mental illness in negative and derogatory terms. Sensational media reporting focusing on a small number of extreme cases amidst the thousands of people diagnosed and treated not only alarms the community but further socially isolates people with mental illness and their families. Negative stereotyping of people with mental illness is in direct contrast to the positive media campaigns promoted by consumer groups and non-government organisations such as BeyondBlue, Sane and Mental Illness Fellowship that has worked to promote the dignity and rights of the mentally ill. Governments and the media play a significant role in shaping public perceptions. Sensational media and the recent State Government directive will further isolate people with mental health problems and their families reflecting a lack of community understanding of mental illness (Sane Australia 2013 *Stigma Watch in 2013 National Report Card on Mental Health and Suicide Prevention*).

Recommendations

The AASW, as the professional association representing qualified Social Workers, calls on the Minister and Queensland Government to:

- Rescind the directive regarding the locking of public mental health facilities to prevent absconding.
- Commission a review of 'absconding' to be conducted by a panel with relevant expertise and experience to provide recommendations about the management of this issue within public mental health inpatient services.
- Undertake robust consultation with stakeholders from the mental health sector including consumers, carers, non-government and public mental health service to inform future mental health policy development.
- Ensure provision of adequate resources by committing to the population based planning targets for inpatient and community mental health services identified in the *Queensland Plan for Mental Health 2007-17*.
- Increase investment in training for mental health staff in the management and care of challenging patients and those who are at risk of absconding.

We look forward to your response, and would be pleased to work with you in relation to the concerns we have outlined.

Yours sincerely



Glenys Wilkinson

Chief Executive Officer