



**Carers ACT response to the Service Delivery Plan for the  
University of Canberra Hospital**

**July 2014**

*Carers ACT acknowledges that modern day Canberra has been built on the traditional lands of the Ngunnawal people. We offer our respects to their Elders past and present, and celebrate the Ngunnawal people's living culture and valuable contribution to the ACT community.*

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***Who is Carers ACT?***

*Carers ACT is a non-profit, community-based, incorporated association and registered charity dedicated to improving the lives of the estimated 43,000 carers living in the Australian Capital Territory.*

*These carers provide ongoing unpaid care for people with disabilities, mental illness, chronic conditions, who have palliative care needs, or who are aged and frail. Carers ACT currently provides direct support to around 8000 families through our counselling, information, respite support, education, social support and case coordination services. We continue to meet national accreditation standards for delivery of our services to carers at a high level.*

*Carers ACT has a constitutional mandate to represent the voices of carers to government and the wider community. We actively consult with a wide diversity of caring families on an ongoing basis to enable improved understanding of their needs, and enable better inclusion for them and the people they care for. Policy work in consultation, research and representation is kept separate from service delivery to ensure that the privacy of individual service recipients is respected. All carer participation in policy work is voluntary.*

*Carers ACT is a member of the National Network of Carers Associations, and works actively with other States and Territories to share knowledge and facilitate improved health and wellbeing outcomes for caring families.*

## **Introduction**

Carers ACT welcomes the opportunity to respond to the Service Delivery Plan for the University of Canberra Hospital (UCPH). We commend the ACT Government for funding the development of the first sub-acute rehabilitation hospital in the ACT, and we note that the UCPH will deliver sub-acute inpatient and day services in rehabilitation, aged care and mental health in line with proposed models of care and service delivery.

Carers ACT is the key organisation in the ACT providing specialist carer support services to the 43,000 carers in the ACT. We support carers through referral to services, provision of advocacy, counselling, information, respite, support, education, social support, and case coordination services. Our engagement with the many carers who have accessed our services over a period spanning more than 21 years and our membership of the national network of carers associations, have provided us with an evidence-based understanding of, and insights into, the interests and concerns of Australian carers.

This submission draws on feedback from Indigenous and multicultural mental health carers at forums facilitated by Carers ACT, anecdotal evidence from Carers ACT Aboriginal and Torres Strait Islander Carer and Culturally and Linguistically Diverse (CALD) Carer program staff, and existing research evidence and policy frameworks. Our response focuses on the ways in which 'recovery' can be supported in an environmental setting that is socially and culturally inclusive, that acknowledges the values and beliefs of collectivist cultures. By collectivist cultures we refer to the carers, families and communities of Aboriginal and Torres Strait Islander peoples, and people of culturally and linguistically diverse backgrounds.<sup>1</sup> We note that more detail for the Models of Care for the various patient areas of this facility will be incorporated during further planning stages of this project and that they may also evolve in response to changes in care delivery. It is our hope that the recommendations of this submission will be taken into consideration in the ongoing development of Models of Care for UCPH.

## **What Carers tell us about Cultural Safety in Health Services**

At a forum for Aboriginal and Torres Strait Islander mental health carers hosted by Carers ACT in August 2013, 46 participants considered the question - what does a culturally appropriate service look like?<sup>2</sup> The importance of recognising Aboriginal and Torres Strait Islander peoples' cultural norms, and providing access to age and gender appropriate health professionals was highlighted. Participants emphasised the importance of Indigenous peoples having the choice of culturally safe health services especially because of the stigma and shame associated with mental health issues and how this impacts on service under-utilisation.

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<sup>1</sup> The concept of 'collectivist culture' is adopted from the cultural competency framework developed by Mental Health in Multicultural Australia. Carers ACT also acknowledges that identity construction in many cultural groups is connected to community and relational interactions, and is privileged over individualism.

<sup>2</sup> <http://www.carersvoice.com.au/assets/files/Indigenous%20Carers%20Forum%20Report%20with%20links.pdf>

Participants also questioned the cultural competency of service providers and the cultural appropriateness of services. One carer talked about how they are made to feel inferior and are not included in discussions with service providers about care and treatment planning. To a degree, these factors go some way towards explaining Aboriginal and Torres Strait Islander Australians' under-utilisation of, and lack of trust in, service providers.

At a forum for CALD mental health carers hosted by Carers ACT in June 2013, 45 participants raised concerns that are particularly relevant for families of diverse cultural backgrounds.<sup>3</sup> In addition to the key issue of language barriers, a central theme was the tension of individualism versus a family relational model. The idea of an independent individual is not necessarily culturally relevant, and participants believed that there should be more respect for the value of CALD families: *it's all about the individual here – the family is 'nothing'*. Participants recommended that mental health services could:

- improve cultural competency through comprehensive cultural awareness training
- provide culturally appropriate information on clinical services
- be aware that in some communities, oral communications may be more culturally relevant than written communications
- promote the availability of interpreter services
- publish resources in different languages: carers need someone to sit down with them and explain processes and medication.

The issues raised by carers at these forums are reinforced by anecdotal evidence provided by Carers ACT Aboriginal and Torres Strait Islander Carers and CALD Carers coordinators. They are also congruent with national policy frameworks. These frameworks acknowledge that concepts of health and illness are not universally shared across all cultures:

*Social and emotional wellbeing is a holistic concept which recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual ... It results from a network of relationships between the individual, their family, and their kin and community ... It is widely accepted that combining traditional treatments and western medicine is necessary for the wellbeing of the whole Aboriginal and Torres Strait Islander person, which leads to patients being more satisfied with the health services they receive.*<sup>4</sup>

*CALD communities hold beliefs about the cause and nature of mental illness that are different to the beliefs held by mental health services and workers. Similarly, CALD communities may also have alternative ways of understanding and explaining mental*

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<http://www.carersvoice.com.au/assets/files/Report%20of%20CALD%20Mental%20Health%20Carers%20Networking%20%20Consulting%20Forum%20June%202013.pdf>

<sup>4</sup> National Aboriginal and Torres Strait Islander Health Plan 2013-23. Accessible at:

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc-priorities-health-enablers>

*wellness, wellbeing, healing or recovery. In addition some cultures do not always distinguish between physical and mental health.*<sup>5</sup>

Carers' feedback is also in alignment with the *Roadmap for National Mental Health Reform 2012-22*:

- Increase the availability of easy-to-understand information, resources and educational material about mental health and wellbeing, including material tailored to people from culturally and linguistically diverse backgrounds. (p. 18)
- Support innovative service delivery models for marginalised and disadvantaged groups and those who have difficulty accessing some services, such as people from culturally and linguistically diverse backgrounds ... (p. 25)
- Enhance the cultural competence and training of those providing mental health services and supports to Aboriginal and Torres Strait Islander people.

Cultural awareness and inclusion are also workforce and organisational capabilities as set out in the *National Framework for Recovery-Oriented Services*:

- Responsive to Aboriginal and Torres Strait Islander people, families and communities
- Responsive to people from immigrant and refugee backgrounds, their families and communities
- Responsive to and inclusive of gender, age, culture, spirituality and other diversity irrespective of location and setting.<sup>6</sup>

Carers ACT believes that the development of an innovative, recovery-focused rehabilitation facility such as UCPH provides an opportunity for embedding culturally inclusive service delivery in all aspects of design and Models of Care.

## **An innovative, recovery-oriented rehabilitation facility**

It is encouraging to note that architectural design principles will create a 'more domestic and less institutional scale, ... to create an empathetic health care environment that promotes improved healing and recovery' (p. 22). Carers ACT also commends ACT Health for:

### *Rehabilitation and Aged Care Inpatient Units*

- the inclusion of carers/family in some functional retraining sessions and their accommodation in the transition unit
- arranging discharges according to patient and carer/family needs
- the provision of indoor and outdoor spaces where patients can meet privately with family and friends
- the provision of a central lounge for family/carers

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<sup>5</sup> *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery. Introductory Guide.* Accessible at: <http://framework.mhima.org.au/framework/index.htm>

<sup>6</sup> [http://www.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/\\$File/9.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/$File/9.pdf)

- taking due consideration of Islamic beliefs and practices, and the involvement of local Islamic community representatives in body handling.

*Mental Health Rehabilitation Inpatient Unit*

- the provision of a kinship room to accommodate the needs of Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse peoples.

*Rehabilitation and Aged Care Day / Community Ambulatory Services*

- the involvement of families and carers in multidisciplinary team conferences to collaborate to develop and implement appropriate interventions and recovery plans
- acknowledging the importance of effective public transport to operationalising the Models of Care for UCPH.

We acknowledge that a multi-faith room will be provided centrally within UCPH. We note that people of Muslim faith are required to pray five times per day, but it is not clear whether this room will be geographically accessible to all patients/consumers with diverse physical mobility capacities and secondly, whether one room is sufficient for the diverse religious needs of a facility that will accommodate 140 patients plus outpatient/day/ambulatory consumers.

We note that while a central lounge has been dedicated for family/carers in the Rehabilitation and Aged Care Units, it is unclear whether family/carers of mental health patients will have access to similar visiting facilities.

Further, we look forward to more detailed specification of how day activity areas will be designed to accommodate ‘Aboriginal and Torres Strait Islander people and other varied ethnic backgrounds’ (p. 33 of the Functional Brief).

Carers ACT raises the following issues for consideration by ACT Health:

**1. What’s in a name?**

Carers ACT supports the position of Health Care Consumers’ Association ACT Inc. as outlined in its submission to ACT Health dated 16 July 2014:

*HCCA strongly opposes the name of University of Canberra Public Hospital. We have been speaking with consumers and staff about the notion that the sub-acute facility is called a “Public Hospital”. Our concerns are shared by many people and we see that there is sufficient concern to warrant reconsideration of the title of the facility.*

*There are several issues with the use of this name. Firstly, **public hospital** is not an accurate description of the services provided in the new sub-acute rehabilitation centre. We have consistent feedback from members that the term ‘public hospital’ is misleading*

*as it implies specific services to consumers. The majority of consumers perceive a hospital as place you go to when you are sick and require emergency or acute medical care.*

We believe that the word ‘hospital’ has specific connotations and expectations that impact on organisational culture, which consequently may undermine innovative, recovery-oriented rehabilitation approaches. For example, risk management and containment may be integral components in an acute care hospital setting, while in a sub-acute, rehabilitation facility *dignity of risk* is more likely to be supported as part of the person’s recovery journey.

## **2. Cultural Safety and Person-Centred Care**

Australia is becoming increasingly more diverse a nation, and the Australian Institute of Health projects that the period 1996-2026 will see the most marked growth in the 80 plus age group in the CALD population - from 13.2% to over 25% of people aged over 80 - and that aged care service delivery models (including dementia services) will need to take this into consideration.<sup>7</sup> Older people, for example, may revert to their language of origin, particularly after the onset of dementia.<sup>8</sup> The percentage of the 80 plus age group in the Australian-born population is projected to be 22.4% in 2026, in comparison with the CALD population, where people aged 80 plus will represent 28.7% of the population.<sup>9</sup> In addition, the 50 years plus age group in the Aboriginal and Torres Strait Islander population is also growing and together, the importance of developing culturally informed service delivery and models of care for the Rehabilitation and Aged Care Units is imperative.

*A focus on the patient journey which meets the clinical health care needs as well as cultural and social needs of Aboriginal and Torres Strait Islander people and their families will produce better health outcomes.*<sup>10</sup>

*Healing cannot occur in an environment that allows for discrimination, social exclusion and inequity. The positive influence of social inclusion, a sense of belonging and of being needed cannot be underestimated particularly for people from more collectivist cultures.*<sup>11</sup>

The *Framework for Recovery-oriented Rehabilitation and Mental Health Care* published by the SA Government (2012) acknowledges that there is confusion around the differences between ‘recovery’ and ‘rehabilitation’.<sup>12</sup> Recovery is described in the Framework as a journey that is unique to each person. Workers cannot ‘do recovery’ to people (p. 8). In

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<sup>7</sup> Gibson, Diane, Peter Braun, Christine Benham and Frieda Mason. 2001. *Projections of Older Immigrants: People from culturally and linguistically diverse backgrounds, 1996-2026, Australia*. Australian Institute of Health and Welfare: Canberra, p.2.

<sup>8</sup> [http://www.swslhd.nsw.gov.au/refugee/pdf/Resource/FactSheet/FactSheet\\_07.pdf](http://www.swslhd.nsw.gov.au/refugee/pdf/Resource/FactSheet/FactSheet_07.pdf)

<sup>9</sup> Australian Institute of Health and Welfare. 2011. *Older Aboriginal and Torres Strait Islander people*. Canberra.

<sup>10</sup> Department of Health and Ageing. *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*.

Commonwealth Government. Accessible at <http://www.health.gov.au/internet/publications/publishing.nsf/Content/oatsih-healthplan-toc~priorities~health-enablers>

<sup>11</sup> *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery. Introductory Guide*. Accessible at: <http://framework.mhima.org.au/framework/index.htm>

<sup>12</sup> <http://mhcsa.org.au/sa-recovery-framework>

contrast, rehabilitation draws on particular skill sets, interventions and techniques (p. 9). At the same time, the Framework affirms rehabilitation as ‘more than the provision of services to an individual to increase their level of functioning: recovery-oriented rehabilitation holds the consumer at the centre of care’ (p. 24). Although the Framework was developed for use in a mental health context, its principles are applicable across the whole UCPH facility, including the Rehabilitation and Aged Care Inpatient Unit and the Rehabilitation and Aged Care Day / Community Ambulatory Service.

Carers ACT has drawn on this person-centred approach of recovery-oriented rehabilitation as a starting point for considering cultural safety within the UCPH. Consequently, we recommend that the UCPH Service Delivery Plan and Functional Brief promote cultural safety in all aspects of design and practice:

- admission criteria identify cultural and language requirements
- the use of Aboriginal and Torres Strait Islander health and mental health practitioners, social and emotional wellbeing workers, Elders, traditional healers where appropriate<sup>13</sup>
- provision of culturally appropriate food options and, related to this, provision for relatives to bring in food in accordance with religious norms (eg halal food)
- ADL kitchens accommodate cultural and religious norms relating to food taboos and gender segregation
- access to gymnasiums and the hydrotherapy pool be available to all UCPH patients to ensure that cultural and religious norms, for example, gender segregation, are taken into consideration
- consider the role of accredited interpreters in the UCPH.

### **3. Seclusion Room in the Adult Mental Health Rehabilitation Unit**

Seclusion is a problematic concept which has impacted on people experiencing mental illness since it was first built into design specifications for purpose-built asylums. The use of coercion is disempowering and retraumatising and the availability of this intervention at UCPH may undermine people’s recovery journeys with the use of restrictive practices such as seclusion likely to cause distress for individuals and carers. Accordingly, the *National Framework for Recovery-Oriented Mental Health Services: Guide for practitioners and providers* states that:

*Mental health practice and service delivery consistent with recovery principles requires an emphasis on maximising choice and self-determination. It also requires a reduced reliance on coercion, seclusion and restraint. (p. 19)*

While recognising that acute mental health services may have some need for seclusion, Carers ACT believes that seclusion rooms do not have a place in a sub-acute setting, and that

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<sup>13</sup> The *National Aboriginal and Torres Strait Islander Health Plan 2013-25* acknowledges the important role of traditional healing practices for complementary use with western science in an integrated health care system. The SA Government *Framework for Recovery-oriented Rehabilitation and Mental Health Care* states that: ‘One of the principles of recovery-oriented rehabilitation is socially and culturally sensitive practice. This may involve partnering with traditional healers’ (p. 26).

greater reliance should be placed on staff trained in de-escalation techniques, and the availability of a de-escalation room. A more appropriate use of available space would be to expand access to a de-escalation environment.

#### **4. Recovery Approaches**

Carers ACT notes that the Model of Care for the Adult Mental Health Day Service ‘will operate within a recovery framework that is person-centred, strengths focused and values people’s participation and self-determination’ (p. 70). In contrast, the concept of recovery in the Model of Care for the Adult Mental Health Rehabilitation Unit is reconfigured into a rehabilitation model that provides ‘specialist rehabilitation services based on principles of recovery’. Unlike the Adult Mental Health Day Service, recovery principles are not defined.

We recommend that concepts of recovery be consistently applied across both mental health services, that is, person-centred, strengths focused, valuing people’s participation and self-determination.

#### **5. Trauma-Informed Care**

Carers ACT believes that the UCPH project represents an opportunity to develop best practice trauma-informed care approaches. The *National Framework for Recovery Oriented Mental Health Services* acknowledges that these are ‘integral to a recovery-oriented approach and should be embedded in rehabilitation service culture, policy and practice’ (p. 24).

We believe that trauma-informed care will reinforce a culture of innovative, recovery-oriented and person-centred care. Secondly, trauma-informed care is compatible with a culturally inclusive and responsive service that goes some way to addressing the intergenerational trauma experienced by Aboriginal and Torres Strait Islander Australians, the experiences of refugees and immigrants, and the traumas relating to experiences of mental illness. A trauma-informed approach is more likely to be effective in a recovery-oriented, rehabilitation facility as the institutional norms and design principles of acute care hospital settings can trigger memories of traumatic experiences:

*Some common Western service models and responses can be inappropriate for Aboriginal and Torres Strait Islander people. For example, hospitalisation can be traumatic for some people due to their being removed from community and traditional ways of life. It can also trigger pain, trauma, loss and grief associated with invasion, colonisation, segregation, assimilation and more recent policies.<sup>14</sup>*

In addition to the forcible removal of children, discrimination and marginalisation experienced by many older Aboriginal and Torres Strait Islander peoples contributing to inter-generational trauma, the migration experiences of CALD people may include traumatic experiences that may not have been addressed upon arrival in Australia:

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<sup>14</sup> *National Aboriginal and Torres Strait Islander Health Plan 2013-23.*

*Disruptions to memory, such as dementia, can trigger painful suppressed memories (Joffe et al 1996). When short-term memory is impeded, old memories can 're-emerge' forcing people to relive extremely painful events, such as torture experiences or time spent in concentration camps. This is extremely distressing for clients and can manifest in challenging behaviour.*<sup>15</sup>

Carers ACT recommends that the UCPH models of care be informed by best practice trauma-informed care approaches.

## **6. Partnerships with communities**

One of the key recovery principles of the *Framework for Recovery-oriented Rehabilitation and Mental Health Care* published by the SA Government (2012) is dignity and respect (including respecting people's values, beliefs and culture). Furthermore, and related to this principle, is the fundamental need for people to experience social inclusion and connection to their communities. The SA Framework also promotes partnership approaches, as does the *National Aboriginal and Torres Strait Islander Health Plan 2013-25*, which reiterates the importance of providing opportunities for older Aboriginal and Torres Strait Islander people to maintain social and cultural connections and age on country.

Carers ACT believes that multi-disciplinary, cross-sectoral partnerships will enhance UCPH service provision, and strengthen its recovery-oriented approach. For this reason we support the HCCA recommendation, that functional relationships with the community are expanded and described in greater detail.

## **Recommendations**

In conclusion, Carers ACT recommends:

- ACT Health reconsider the name of the rehabilitation facility, in line with the feedback provided by HCCA
- the UCPH Service Delivery Plan and Functional Brief promote cultural safety in all aspects of design and practice:
  - admission criteria identify cultural and language requirements
  - the use of Aboriginal and Torres Strait Islander health and mental health practitioners, social and emotional wellbeing workers, Elders, traditional healers where appropriate<sup>16</sup>
  - provision of culturally appropriate food options and, related to this, provision for relatives to bring in food in accordance with religious norms (eg halal food)

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<sup>15</sup> [http://www.swsld.nsw.gov.au/refugee/pdf/Resource/FactSheet/FactSheet\\_07.pdf](http://www.swsld.nsw.gov.au/refugee/pdf/Resource/FactSheet/FactSheet_07.pdf)

<sup>16</sup> The *National Aboriginal and Torres Strait Islander Health Plan 2013-25* acknowledges the important role of traditional healing practices for complementary use with western science in an integrated health care system. The SA Government *Framework for Recovery-oriented Rehabilitation and Mental Health Care* states that: 'One of the principles of recovery-oriented rehabilitation is socially and culturally sensitive practice. This may involve partnering with traditional healers' (p. 26).

- ADL kitchens accommodate cultural and religious norms relating to food taboos and gender segregation
- access to gymnasiums and the hydrotherapy pool be available to all UCPH patients to ensure that cultural and religious norms, for example, gender segregation, are taken into consideration
- consider the role of accredited interpreters in the UCPH
- the inclusion of space for a seclusion room in the Adult Mental Health Rehabilitation Unit be removed, and that greater use be made of a de-escalation room
- concepts of recovery be consistently applied across both mental health services, that is, person-centred, strengths focused, valuing people's participation and self-determination
- models of care be informed by best practice trauma-informed care approaches
- functional relationships with the community are expanded and described in greater detail.