

HCA Submission to SA Health on the feasibility of trialling a model for mandatory assessment and or treatment for those at extreme risk associated with severe substance dependence

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HCA Submission

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HCA acknowledges the Traditional Custodians of Country. We pay respect to Elders past and present, and recognise that their cultural heritage, beliefs and relationship to Country are important for sustaining health and wellbeing.

Background

In February 2017, the Government established the Ministerial Crystal Methamphetamine Taskforce (the Taskforce) to develop a rapid response to the harms from crystal methamphetamine use in South Australia, and the community impacts from health to justice and child protection.

In line with the Taskforce's recommendations, the *Stop the Hurt South Australian Ice Action Plan* was launched on behalf of the Government by the Premier on 15 June 2017.

In January 2018, Health Consumers Alliance of SA Inc (HCA) was invited by Drug and Alcohol Services SA to provide feedback on a consultation paper considering a model for mandatory assessment and/or treatment for those at extreme and immediate risk, based on the Victorian *Severe Substance Dependency Treatment Act 2010*.

The Consultation questions included:

- Do you support the proposed trial's objectives, as set out in this paper? Should amendments be made?
- Should the current Victorian Act's definition 'of a person at extreme or immediate risk' (sections 5 and 8) apply?
- Are the four criteria under which a detention and treatment order may be made under the Victorian Act:
 - sufficient to capture those who might be 'at extreme or immediate risk'?
 - clear enough to ensure that any limitations on peoples' rights are reasonable and are the minimum necessary in the circumstances?
- Are there other legislative and legal requirements or protections which might need to be put in place to ensure adequate safeguards of patients' rights and interests?
- Are the processes for legal review and oversight appropriate?
- Does the model provide for the best possible treatment in the least restrictive environment and in the least intrusive manner possible?
- What elements should be included in any Model of Care for Involuntary Clients under the trial?
- What other evidence should be taken into consideration?
- What practical limitations may need to be considered for the operation of a trial if it were to proceed? What is the feasibility and likely cost impact of transporting severely dependent people to Adelaide for court-ordered assessment and treatment?
- What additional administrative measures and arrangements might need to be considered?
- What components of the trial will need to be essential parts of the evaluation at its conclusion?

HCA feedback on the consultation questions

Do you support the proposed trial's objectives, as set out in this paper? Should amendments be made?

HCA notes this trial focuses on one of the key priority areas of the *South Australian Ice Action Plan*: increasing treatment and family support.

Given this proposed trial is based on an existing model, and there is community support for measures that intend to motivate people to seek treatment as an alternative to the criminal justice system, HCA supports the trial's objectives.

HCA recommends that a patient or consumer-centred approach be adopted as a key principle, and the South Australian Charter of Health and Community Service Rights informs associated trial policy and practice.

Patient centred care and consumer engagement at all levels of decision-making should be fundamental aspects of contemporary health care in Australia.

Should the current Victorian Act's definition 'of a person at extreme or immediate risk' (sections 5 and 8) apply?

Noting the 'very strict' criteria set out under which a detention and treatment order may be made and understanding the four points applicable in defining 'a person at extreme or immediate risk,' HCA supports the need for detention, to be used from time to time. Considering this, we support the current definition.

HCA recommends a patient- or consumer-centred approach be adopted as a key principle and that the South Australian Charter of Health and Community Service Rights also informs policy development and the practices implemented.

Are the four criteria under which a detention and treatment order may be made under the Victorian Act:

- sufficient to capture those who might be 'at extreme or immediate risk'?
- clear enough to ensure that any limitations on peoples' rights are reasonable and are the minimum necessary in the circumstances?

Consumer-centred providers and practitioners respect patients' rights and recognize that:

- A patient is an individual to be cared for, not a medical condition to be treated.
- Each patient is a unique person, with diverse needs.
- Patients are partners and have knowledge and expertise that is essential to their care.
- Patients' family and friends are also partners.
- Access to understandable health information is essential for patients to participate in their care and patient-centred organisations take responsibility for providing access to that information.

- The opportunity to make decisions is essential to the wellbeing of patients, and patient-centred organisations take responsibility for maximizing these opportunities for choices and respecting those choices.
- Each staff member is a caregiver, whose role is to meet the needs of each patient, and staff members can meet those needs more effectively if the organisation supports staff members in achieving their highest professional aspirations, as well as their personal goals.
- Patient-centred care is the core of a high quality health care system and a necessary foundation for safe, effective, efficient, timely, and equitable care. The Australian Commission on Safety and Quality in Health Care cites a body of evidence illustrating linkages between consumer-centred care – through strategies such as consumer engagement – and decreased readmission rates, lower healthcare acquired infections, improved delivery of preventative care services, better functional status, reduced hospital stays and enhanced compliance with treatment regimes.

As previously stated, we note each of the criteria and are supportive they stand as sufficient.

HCA refers to the Health and Community Services Complaints Commissioner's (HCSCC) Charter of Health and Community Services Rights, and the seven domains of 'My Rights' as relevant to supporting these criteria.

Are there other legislative and legal requirements or protections which might need to be put in place to ensure adequate safeguards of patients' rights and interests?

HCA's role is to promote and strengthen the voices, wellbeing and rights of health consumers. We see health consumers as people who use, or are potential users of health services, including their family and carers. These criteria as related to people's rights seem reasonable given assessment of their likely limited decision-making capacity.

HCA notes in the Charter (of the HCSCC) under the principle of authority, some rights can be affected when legal processes or orders are in place. Monitoring of the consumers', family/carers' and providers' experiences should be in place.

Are the processes for legal review and oversight appropriate?

They appear appropriate. It is HCA's experience that processes for review and oversight are subject to the timeliness with which they are implemented, monitored, reported and addressed. Governance is required which meets the Australian Quality and Safety Commission's principles.

Does the model provide for the best possible treatment in the least restrictive environment and in the least intrusive manner possible?

It is HCA's view that the rights to treatment for volunteer clients must be preserved, and investment in new beds for the trial should override diverting beds.

What elements should be included in any Model of Care for Involuntary Clients under the trial?

The consumer's experience begins when they enter the door of the service, so the knowledge, understanding and behaviour of reception, administration and security staff must be considered. We suggest that all staff should have, at least, a fundamental understanding of the associated symptoms and behaviours.

We recommend:

- a detailed explanation of the objectives of the model of care under trial for the client, family and carer.
- incorporation of individual advocacy support for the client and their carer and family.
- a constant point of clinical connection for the client and their carer and family
- consideration of the human rights training initiative developed by the WHO.

What other evidence should be taken into consideration?

We endorse the importance of the physical and therapeutic environment on a person's wellbeing. We would encourage the implementation of best practice design for acceptable, non-threatening and supportive environments. Consultation with consumers, carers and families is vital to work towards creating the most therapeutic environment.

What practical limitations may need to be considered for the operation of a trial if it were to proceed? What is the feasibility and likely cost impact of transporting severely dependent people to Adelaide for court-ordered assessment and treatment?

We recommend consideration of the final results of the evaluation of the Victorian trial, and ensuring rigor in the evaluation of this trial.

HCA is unable to comment on the feasibility and cost aspects without further investigation.

What additional administrative measures and arrangements might need to be considered?

The rights and responsibilities of carers and family when a person is assessed as having impaired decision-making capacity.

What components of the trial will need to be essential parts of the evaluation at its conclusion?

HCA suggests the following be included in all reports and reviews:

- Reporting must include the consumer's experience and evaluation of the event and the circumstances leading up to it.
- Evaluation by an independent body.

Conclusion

HCA has appreciated the opportunity to provide these comments. Given our vision is consumers at the centre of health in South Australia, and our mission is to engage consumers and health services to achieve quality, safe, consumer-centred care for all South Australians, our response takes a consumer-centred approach, in line with the HCSCC's Charter of Health and Community Services Rights.

HCA therefore recommends that a patient- or consumer-centred approach, inclusive and respectful of family and carers, be adopted as a key principle of the trial, and that the HCSCC's Charter of Health and Community Service Rights informs policy and practice.