

14 September 2016  
Australian Commission on Safety  
and Quality in Health Care  
GPO Box 5480  
Sydney NSW 2001

Dear Sir/Madam,

**RE: Consultation Draft of the National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State**

The Schizophrenia Fellowship of NSW Inc. (SFNSW) appreciates the opportunity to provide comment on the draft of the *National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State*.

SFNSW is a specialist mental health recovery organisation, operating across 33 sites in NSW and ACT, committed to improving the circumstances, welfare and access to clinical and allied health services for people with a serious mental illness. Last year we supported 6,200 people living with mental illness to live well in their communities.

**General Comments**

SFNSW welcomes the development of the National Consensus Statement, which will help inform the process of recognising and responding to deterioration in a person's mental state in healthcare settings.

The guiding principles underlying the Consensus Statement and the identification of essential elements will allow timely and agile responses that ensure the safety and quality of health care for people experiencing deterioration in mental state. SFNSW supports the further recognition of the role of carers and others in decision making and communication in the Consensus Statement.

Recognition of the importance of carers in reducing the risk of harm to the consumer through the decision making and recovery processes will enhance partnerships between health service providers, consumers and carers.

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Patron: His Excellency General The Honourable David Hurley AC DSC (Retd)

Supported by the  
Commonwealth Department of Social Services  
Commonwealth Department of Health  
NSW Department of Health

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The draft of the Consensus Statement should include a more comprehensive reflection of the decision making spectrum, which includes autonomous decision making, supported decision making and substitute decision making.

SFNSW advocates that the importance of both consumers and carers in communication strategies and decision making processes be acknowledged explicitly throughout the Consensus Statement. Carers should expect to be involved to an appropriate extent consistent with relevant legislation in decisions about assessment and treatment. The Mental Health Act 2007 (Mental Health Amendment (Statutory Review) Act 2014) states:

Section 68 (j):

*“the role of carers for people with a mental illness or mental disorder and their rights under this Act to be kept informed, to be involved and to have information provided by them considered, should be given effect.”*

This is particularly pertinent to cases where the person experiencing deterioration in mental state does not or is unable to consent to treatment.

SFNSW has provided further specific recommendations on the following page. SFNSW would welcome the opportunity to participate in further discussions with the Australian Commission on Safety and Quality in Health Care towards the development of the Consensus Statement.

Thank you again for the opportunity to comment at this stage.

Regards,



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*The Schizophrenia Fellowship of NSW Inc. (SFNSW) is a leading community mental health service provider committed to improving the lives of people living with a serious mental illness. Last year SF NSW supported 6,200 people living with mental illness to live well in their communities.*

## Specific Recommendations:

Section	Subsection	Page #	Comments
Essential Elements	Section A: Process of Care	8	"Describes the actions that members of the healthcare workforce take, in partnership with the person ( <i>and/or carer</i> ), to safely and effectively recognise and respond to deterioration in mental state"
A. Processes of Care	Recognising Deterioration	9	SF NSW supports acknowledgement of the role of an empathetic and calm response to deterioration that can result in immediate de-escalation.  It is also important that a person's self-identified symptoms of deterioration are recognised as key factors in detecting deterioration in a person's mental state (in addition to the stated changes in a person's behaviour, cognitive function, perception or emotional state).
1. Recognising deterioration in a person's mental state	1.4; point 4	11	"identifies any support people a person wants involved" should include "or does not want involved"
3. Responding to deterioration in a person's mental state	3.3	14	Consider specifying the parties that are required to agree to the timeframe
	3.7		Additional point "actions outlined in a person's personal support (management) plan"
4. Creating safety and minimising restrictive practises	4.1	17	Should include reference to carers
9. Standardising process to support high quality care	9.1	24	Consider addition of "Timely contingency measure when designated members of the healthcare workers are unavailable".
Appendix		30	The description of "de-escalation" should consider the addition of stressed to read "...consist of a variety of psychosocial techniques aimed at reducing violent and/or stressed and/or disruptive behaviour."