Role plays

Role plays allow participants to apply new technical knowledge and skills in situations that simulate those they encounter at work, which helps facilitate transfer of learning to the workplace for improved on-the-job performance. Role plays require participants to react to situations in the moment when applying technical information and processes they have learned.

In addition, role plays help facilitate transfer of learning by giving participants opportunities to:

- Practice in a safe, non-threatening environment where it is permissible to make mistakes.
- Work in small groups and observe the trainer or an experienced participant demonstrate the clinician role, which helps participants to be comfortable trying out new approaches.
- Receive targeted feedback and support after each time they role play a clinician; such immediate feedback is crucial for participants to achieve a high level of proficiency and attain workplace performance expectations.

Trainer's preparation:

- Familiarise yourself with the scenarios.
- Select the role plays that suit the objectives of your training session and represent situations that are most similar to what participants will encounter at their workplace. Trainers may want to use their LHD/SN's IMMS data to create scenarios that are relevant to their workplace.
- Prepare copies of resources. Make enough copies of the clinician and patient role play outline and de-escalation activity observer sheet.

Conducting the activity:

- Introduce the activity and outline the role play instructions.
- Ask participants to break into groups of 3. Direct the members of each group to choose who will play the role of client, provider or observer. Remind the groups that each participant will play each role during the activity.
- Distribute copies of the instructions and role plays for the patient, clinician and observer roles. Decide how you will introduce and use the role plays. If it is the first time that the participants are taking part in a multiple role-playing activity, conduct a demonstration so that they become familiar with the expectations related to the roles and support materials.
- Give the groups 15 minutes to conduct the role play. Circulate among the groups to answer any questions that may arise and provide guidance as needed.
- After the small groups have finished with the role play, ask the groups to take
  5 minutes to talk about what happened during the role play from the

perspective of the clinician (self-assessment), the client (personal satisfaction with the interaction), and the observer (de-escalation activity observer sheet).

- Trainers may, time permitting, want to discuss the outcomes and observations from the smaller groups with the whole class.

De-escalation role play instructions

Patient:

- Read the scenario carefully alone.
- Familiarise yourself with the role play to the best of your ability and take on the individual's character.
- Maintain your role throughout.
- Do not provide any details of your role to the clinician or the observer.

Clinician:

- Read the scenario carefully alone.
- Familiarise yourself with the role play to the best of your ability and take on the individual's character.
- Maintain your role throughout.
- Familiarise yourself with the 10 de-escalation domains, de-escalation guidelines, and think about your approach to de-escalating the scenario.
- 10 de-escalation domains:
    - Respect personal space.
    - Do not be provocative.
    - Establish verbal contact.
    - Be concise.
    - Identify wants and feelings.
    - Listen closely to what the patient is saying.
    - Agree or agree to disagree.
    - Set clear limits.
    - Offer choices and optimism.
    - Debrief the patient and staff.

Observer:

- Note both the content and the process of the communication.
- Note the congruence of verbal and non-verbal communication.
- Are all parties recognising the non-verbal and verbal cues?
- Are the parties then responding to those messages?
- Note the reactions of both parties during the role play.
- Note the de-escalation techniques and practice principles using the table on the next page.
- Use the template on the next page to tick your observations and make comments appropriately.

De-escalation activity observer sheet

De-escalation technique and practice principles	Observed (tick)	Comments
Assesses safety.		
Staff member remains calm and has clear tone of voice.		
Identified the patient and the situation.		
Respects personal space.		
Does not provoke.		
Established verbal contact.		
Introduces self to the patient and provided orientation and reassurance.		
Concise communication.		
Identified wants and feelings.		
Listened closely to what they are saying.		
Agreed or agreed to disagree.		
Set clear limits.		
Offered choices and optimism.		
Offered debrief.		
Management and treatment plan options for patient.		

Please find below a small selection of role plays that trainers may find useful. Trainers are encouraged to develop their own suite of examples that best suits the risks present in the participants' workplace.

Role play 1

Patient:

- You have been waiting at home for over an hour for the community nurse to visit. He/she is late and has not phoned to let you know when they will arrive.
- You are getting increasingly angry because you have other things to do before collecting your children from school. Time is running out and these things are important.
- You know you are supposed to wait so he/she can give you medication you need, but you are frustrated and tense.
- Your nurse arrives and finds you unusually agitated…

Staff:

- You are trying to visit several people in the community at their homes for medication and/or dressings.
- This morning your colleague called in sick and you have had to add their caseload to your own, making you very late and having missed any kind of break.
- In addition, you do not have a list of the peoples' phone numbers and several have been 'cranky' with you.
- You walk up to Mr/Mrs Smith's door feeling quite anxious because you have heard they can be difficult.

Role play 2

Patient:

- You have presented to your local Emergency Department with your 5-year-old child who fell off his/her bike 30 minutes ago.
- Your child may have been knocked unconscious briefly and has a cut and bruising on the side of their head, they are crying, shaking and frightened coming to the hospital. You are very stressed and worried seeing your child like this.
- It is the weekend and ED is very busy. You approach the Triage Desk and the staff member is on the phone.
- You have waited patiently for 2–3 minutes already but no one is coming to the desk, so you demand for someone to see your child in a loud voice and you bang your fist on the desk.

Staff:

- You are the triage clinician on duty at a busy Emergency Department. You have someone on the phone and are trying to find a bed for a person who has been in the ED for several hours.
- A woman comes to the counter and stands in front of you, pacing and looking tense but doesn't say anything. She looks dishevelled and has some blood on her T-shirt.
- You cannot see if anyone is with her but she appears to be unhurt and able to wait until your call is finished.
- Suddenly she bangs her fist on the desk and starts to shout at you...

Role play 3

Patient:

- You were admitted to hospital last night with mild chest pain that is being investigated today by the doctors.
- You are feeling quite stressed because you didn't expect (or want) to come into hospital but were persuaded by your partner to go to ED and now they won't let you home.
- You are a regular smoker and you have been feeling very stressed because you cannot smoke on the ward.
- You see there is some time when you could go outside for a cigarette and call a nurse/Dr/clinician/security over with the thought of asking to go outside.

Staff:

- You are a nurse/Dr/clinician/security on a busy medical unit.
- One of the patients was admitted last night with chest pain (suspected mild heart attack or angina) which is in the process of being investigated.
- You know that he/she is booked for an ECG and the technician is due to arrive in the next hour.
- You also know that the person is on a high level of observation due to the risk of further chest pain or cardiac event.
- The patient calls you over...

Role play 4

Patient:

- You have answered the front door of your house to find your mental health case worker and 2 police officers telling you that you must go with them to hospital. You are given no warning and therefore have not been able to make arrangements for someone to care for your 2 cats.
- You are admitted to a Mental Health Unit and told by staff that you are 'unwell'. So far nobody has listened to you as you have repeatedly asked and called out that you must make sure your pets are cared for. You feel

very confused, frustrated and scared by what may happen to both you and your animals.
- You suddenly find yourself surrounded by several staff and told to take some medication that you have never seen before and looks very suspicious.

Staff:

- The patient has been admitted to the ward after their case manager became worried that their apartment was extremely untidy and they were no longer caring for themselves.
- The patient has a history of previous admissions and has been diagnosed with schizophrenia. The case manager also reports that they have been non-compliant with medications for the past month.
- Upon admission to the Mental Health Unit the patient appears confused and keeps shouting out that she 'has to save the animals'.
- The M.O. has decided that the patient must take medications and due to their unpredictable nature you approach her with 3 other staff in order to attempt to have her take the prescribed medications.

Role play 5

Patient:

- You have been dealing with a very painful back for more than 2 months now. Last week, when your back was so painful you could hardly walk, one of the nurses gave you tablets that actually worked.
- Today is one of those days that you definitely need something stronger than a few Panadol. When you ask the nurse for something stronger they refuse, stating you have received all the pain relief you are allowed.
- You decide to argue this point as you are in pain and are beginning to feel desperate.

Staff:

- You are approached by a patient who asks for pain medication for a sore back. You have observed the patient today to be moving freely and have not noticed any pain or discomfort from them before this.
- When you check their medication chart you observe that they are not due for any more pain relief for another 2 hours.
- When you advise the patient that you cannot administer any other pain relief to him/her they immediately become loud and argumentative.

Role play 6

Patient:

- You are watching TV with another patient who you have become friends with over the past few days. Your friend is surrounded by 5 staff and told that they must go with them to his room. You become very concerned about the welfare of your friend.
- You do not know what is going on or what they are going to do with your friend. This makes you scared and angry so you decide that you should follow them to make sure your friend is alright.

Staff:

- You are part of a team that is dealing with a client who has a very violent history. When the team asks the patient to come to his/her room for a medical procedure you notice that another patient on the unit appears very distressed by what is happening and is approaching the team with what appears to be clenched fists and an angry expression.

Warm up/warm down activity

The warm up/warm down activity should be run during the timeslots indicated in the workshop outline. Workshop trainers should take care to run the warm up/warm down activity as it is presented here, and not to add additional stretches or activities.

Warm up/warm down activity

The warm up/warm down activity begins with marching on the spot, initially relaxed, and then beginning to lift knees up higher, which builds over the course of one minute.

Begin to jog on the spot, trying to land on the balls of the feet to absorb shock and 'bounce' rather than landing heavily on flat feet or heels. Build pace over 2 minutes.

Warming up to music would also be a way to set pace (faster, energetic music), and reduce boredom.

Relevant stretches	Description	Time and repetitions
Neck stretches	Chin to chest.	10 second hold 2 repetitions
	Side to side stretches (ear to shoulder).	10 second hold 2 repetitions
Shoulder exercises	Shrug shoulders in circles.	30 seconds each forwards and back
Arm exercises	Arms outstretched to the sides, move arms in circles, gradually getting bigger.	30 seconds each forwards and back
Pec stretch	Link fingers behind back, lift hands towards head and pull shoulder blades back and together to stretch front of chest.	30 seconds
Shoulder stretch	1 arm straight across body, other arm bent up to pull straight arm towards body and stretch the back of the shoulder.	30 seconds each arm

Continued over page

Relevant stretches	Description	Time and repetitions
Tricep stretch	1 arm above head with elbow bent so hand reaches back down to the area between the shoulder blades. Other arm above head with hand on the other arm's elbow. Push elbow downwards to stretch back of arm.	30 seconds each side
Bicep stretch	Arm straight with hand on wall at shoulder level. Turn body away from the wall so arm ends up behind body, elbow straight, stretching front of upper arm.	30 seconds each side
Wrist stretch	Arms out straight in front. Use one hand to pull other hand back towards body, once with palm out, once with palm back towards body (stretch underside and top of forearm).	30 seconds each side
Leg stretches Hamstring and lower back stretch	Gently reach down towards the toes, allowing the spine to curve and feeling a stretch down the back of the legs. Hold for 10 seconds, then slowly come back up, allowing the spine to 're-stack' itself.	3 repetitions
Calf stretch	Hands against a wall, one leg in front of the other. Straighten the knee of the back leg to feel a stretch through the calf muscle.	30 seconds each leg
Back movement Spine stretch	Lie on floor with knees bent, feet on the floor. Lower both knees to the floor on one side, rotating the lower back. Gently bring back up to the centre, then lower to the other side.	5 x each direction

Medical history questionnaire

The medical history questionnaire on the following page may be used by LHD/SNs and workshop trainers to ensure that all staff participating in the VPM session are aware of the physical and psychological demands of the workshop and to improve safety of workshop participants.

Trainers should use the medical history questionnaire in accordance with local implementation requirements. Please refer to the VPM Implementation Guide and LHD/SN workshop coordinators for specific details of how the questionnaire is to be used.

Violence Prevention and Management Medical History Questionnaire Form

Name

Payroll Number

Please sign this form to indicate that you have discussed relevant medical history with a VPM trainer. It is important that you advise:

1. If you have any previous or current injuries that restrict or limit your range of movement.
2. If you are unable to perform any of the techniques.
3. Your training partners of any limited movement.
4. A trainer immediately if you incur or aggravate injuries.

Current health status

	Yes	No
Are you, or do you think you might be pregnant? If you think you may be pregnant you should not participate in a physical skills workshop		
Have you sustained any fractures, dislocations, joint injuries in the last 24 months that may affect your ability to undertake the physical activities that are an essential part in this workshop?		
Have you sustained any head, neck or back injuries in the past 24 months that may affect your ability to undertake the physical activities that are an essential part in this workshop?		
Have you sustained any soft tissue injuries as a result of manual handling, lifting, pushing or pulling tasks in the past 24 months which may affect your ability to undertake the physical activities that are an essential part of this workshop?		
Have you had a stroke or heart attack in the last 24 months?		
Have you previously been involved in a physical altercation at the workplace for which you have been adversely impacted either physically or psychologically?		
Have you had surgery in the last 24 months that may affect your ability to undertake the physical activities that are an essential part of this workshop?		
Do you currently have any health issue that would be exacerbated by the physical nature of this training?		
At present are you taking any form of medication that may affect your ability to undertake the physical activities that are an essential part in this workshop or which may impair your judgement or physical capacity?		
Do you have any other health issues that training staff should be aware of that may adversely impact on your physical ability to complete this training e.g. asthma, diabetes?		
Is there any other reason that may restrict or prevent you from safely taking part or carrying out this physical intervention training?		

Further comments

I declare that the information on this form is true and correct at this time and that I am not aware of any circumstance under which this information would become inaccurate prior to my commencing training.

Participant name	Participant signature

Trainer name	Trainer signature

Completion requirements

The following Master Record of Training Completion may be used by LHD/SNs and workshop trainers to document individual completion of the workshop. The tasks listed on the record are predominantly learning activities that give the trainer a chance to check achievement of performance outcomes. This document is not intended to be used as a formal competency assessment; rather it reflects the satisfactory completion of performance outcomes and engagement in practical activities throughout the workshop.

Trainers should use the Master Record of Training Completion in accordance with local implementation requirements. Please refer to the VPM Implementation Guide and LHD/SN course coordinators for further details of how the record is to be used locally. The following instructions give general guidance on the intended use of the Master Record of Training Completion.

Throughout the program participants will complete activities for each key content area. All participants will be reviewed on their application of physical skills, taking into account the knowledge and attitude employed during both practical activities and theoretical discussions.

All participants should be given verbal feedback throughout training. If a trainer has concerns about a participant's ability to perform physical skills and apply knowledge in a safe and patient focused way, the trainer should follow up with the participant and their manager according to local arrangements. Equally, if a trainer has concerns about a participant's attitude towards physical restraint of a patient, this must be addressed.

The reason to find someone 'not yet satisfactory' would be if that person doesn't complete the required tasks, doesn't engage in team activities, or if the quality of the person's participation suggests that they require more training or practice in order to satisfactorily meet the requirements of the performance outcomes.

Instructions for use

Trainers should make one copy of this entire document in preparation for use during the in class activities.

Record each participant's engagement in the training tasks and activities by noting **S (satisfactory) vs. NYS (not yet satisfactory)**, or **Yes vs. No** as appropriate.

Upon completion of the training, 2 of the workshop trainers must sign each page of the record and then file this sheet according to local training administration requirements.

This document contains confidential information. Make sure it remains out of view from program participants.

Participants who do not reach the required standards should be supported and offered the opportunity for future training in consultation with their supervisor or manager and in accordance with local procedures.

Master Record of Training Completion – Violence Prevention and Management Personal Safety

DETAILS OF PROGRAM

Workshop location

Workshop date:

Workshop performance outcomes

By the end of this session the participant will be able to:

- Describe the importance of self, environment and others in relation to violence prevention and management.
- Apply a risk assessment approach to preventing and responding to workplace violence.
- Identify the role of verbal and non-verbal communication in the prevention and management of violent behaviour.
- Use de-escalation skills to effectively manage violent behaviour as it occurs in the workplace.
- Identify and select appropriate response options when confronted with violent individuals.
- Use evasive techniques to maintain personal safety when responding to a violent person.
- Implement local workplace policies and procedures regarding the prevention and management of workplace violence.

INFORMATION FOR TRAINERS

Introduction

- This document is a record of training completion achieved by participants completing the Violence Prevention and Management – Personal Safety workshop.
- The tasks listed are predominantly learning activities that give the trainer a chance to check achievement of performance outcomes.
- The reason to find someone 'not yet satisfactory' would be if that person doesn't complete the required tasks, doesn't engage in team activities, or if the quality of the person's work suggests that they need more training or practice in order to satisfactorily meet the requirements of the performance outcomes.

Instructions for use

- Make one copy of this document in preparation for use during the above 'in class' assessment.
- Record each participant's engagement in the training tasks and activities by noting **S (satisfactory) vs. NYS (not yet satisfactory)**, or **Yes vs. No** as appropriate.
- Upon completion of the training, sign and then file this sheet according to your local training administration requirements.

This document contains confidential information. Make sure it remains out of view from program participants.

Trainer name	Trainer signature	Date

Trainer name	Trainer signature	Date

Participant name (BLOCK LETTERS)	**At the completion of training, the participant has engaged appropriately in all training activities and tasks and displays the capacity to:**				
	Use appropriate verbal and non-verbal communication and de-escalation skills during an aggressive or violent situation	Identify and select appropriate response options when confronted with violent individuals	Employ evasive techniques to maintain personal safety when responding to a violent person	**Overall (S or NYS)**	**Additional work needed to fulfil task requirements? (Y/N) Please list below**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Evaluation templates

The benefit of conducting evaluation throughout the 3 days of the workshop is that it allows the trainer to make any changes to the program that have been identified by participants which may improve the rest of the training or to address any housekeeping or potential safety issues.

The following short evaluation templates can be used to conduct a quick evaluation at the end of day 1 or 2 of the training. Trainers may use these templates or others at their own discretion.

The Workshop Evaluation form can be used at the end of the workshop.

Workshop Evaluation

Please circle the number which best reflects how you feel about this workshop.

1. The content of the workshop is relevant to your role

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree

To what extent will you be able to apply the skills and knowledge acquired from this workshop in your workplace?

1	2	3	4	5	6	7
Not at all			Some of the time			Most of the time

To what extent do you feel confident in using the skills and knowledge acquired from this workshop?

1	2	3	4	5	6	7
Confident			Neutral			Not confident

The content was...

1	2	3	4	5	6	7
Too basic			Just right			Too complex

What aspects of the workshop worked well for you?

_____

_____

_____

What aspects of the workshop didn't work so well for you?

_____

_____

_____

The trainer demonstrated a thorough understanding of the subject matter?

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree

The facilitator was effective in helping me learn the workshop performance outcomes?

1	2	3	4	5	6	7
Strongly disagree			Neutral			Strongly agree

The content was

1	2	3	4	5	6	7
Too basic			Just right			Too complex

General comments:

Thank you for attending the workshop and providing your feedback.

Notes

Personality Disorders
Nursing observation, reporting and interventions.

Stephen Neill Clinical Development Nurse
Dhulwa

Diagnostic and Statistical Manual DSM5

General diagnostic criteria

Cluster **A** – paranoid, schizoid and schizotypal

Presentation – odd or eccentric

Cluster **B** – antisocial, borderline, histrionic and narcissistic

Presentation – dramatic, emotional or erratic

Cluster **C** – avoidant, dependent and obsessive-compulsive

Presentation – anxious or fearful

There are ten personality disorders in DSM 5

Personality Disorder: General definition

An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture

PART A

1. Cognition – ways of perceiving and interpreting self, other people and events
2. Affectivity – range, intensity, lability and appropriateness of emotional response.
3. Interpersonal functioning
4. Impulse control

Note – You need proof of pattern across all these domains.

<u>The enduring pattern:</u>

PART **B** - is inflexible and pervasive across a broad range of situations

PART **C** – leads to clinically significant distress or impaired social functioning

PART **D** – is stable and of long duration – traceable to adolescence

PART **E** – is not better explained as a consequence of another mental disorder

PART **F** – is not attributable to physiological effects (substance misuse) or other medical condition (head trauma).

Nursing approach – generally

Good contemporaneous notes – descriptive and detailed

Learning the correct descriptive for behaviours and appearance.

Good intercommunication between staff, shifts and disciplines

Taking a good history from patient and corroborating with family and visitors

Generally, medication is not the answer.

Risk identification, assessment and management.

Personality Disorders

What does this mean when you read or hear a history?

- Across domains- home, school, workplace – Contributes to isolation, job failure and study disruption
- Distressing to individuals even if aware of their own role in creating the problem.
- Is a continuum – from slight to extreme problems:

1. continuous self-harm (borderline personality disorder)
2. uncontrolled criminal conduct and incarceration

- Not time limited – a good history exposes long term problems
- Diminishes with age.
- Rule out substance misuse – addicts develop behaviours that suggest personality disorder – lie, commit crimes, impulsivity
- Rule out brain lesions - these also cause emotional lability, impulsive behaviour suspiciousness and apathy.

CLUSTER A PERSONALITY DISORDERS

Paranoid Personality Disorder

– chronically suspicious and distrust others. Can become irritable, hostile and avoidant. Hypervigilance towards environment.

Within the schizophrenia spectrum.

Nursing interventions

- Feed reality – reassure about (transient) fears.
- Remain distant – involved concern does not help
- Record recurrent fears – risk assess
- Note potential for complaint, stalking, and instrumental violence.
- Always be transparent about what can be promised.
- Avoid ambiguities or doubts. Be certain in interactions.

Schizoid Personality Disorder & Schizotypal Personality Disorder

Schizoid Personality Disorder –

- difficulty achieving intimacy or developing emotionally meaningful relationships.
- Solitary activity. Avoid intimacy or contact with family. Indifferent to praise or criticism.
- Present as dull, emotionally constricted or aloof.
- Rarely seek care. Absent from treatment settings.

Schizotypal Personality Disorder –

- peculiar behaviour, odd speech and thinking and unusual perceptual experiences.
- Not psychotic but appear odd.
- Maybe on schizophrenia spectrum or prodromal (usually not). When diagnosed with schizophrenia this earlier presentation is labelled premorbid.
- Often schizophrenia in the family.
- Can be thought disordered with vague, woolly or elusive thinking.
- Has magical thinking, beliefs in clairvoyance and ideation of reference.

Schizoid Personality Disorder & Schizotypal Personality Disorder

Nursing interventions

- Discourage isolation and assist in socialising.
- Support in groups
- Engage with the patient proactively.
- Avoid intensity – remain distant – but kind and consistent.
- Resist too many changes of care plan

CLUSTER B PERSONALITY DISORDERS

Antisocial Personality Disorder

- pervasive pattern of poor social conformity, deceitfulness, impulsivity, criminality and lack of remorse. 3-4% of population. More common in men and in correctional settings.
- Definitions were behavioural focussed (poor employment and relationship history, aggressive behaviour)
- Psychological elements include lack of remorse.
- Little sense of responsibility, lack judgment, blame others, rationalise behaviours. Often in criminal justice system. From age 15 years.
- Specifier: 'with psychopathic features" used to denote the presence of psychopathy, characterized by 'a lack of anxiety or fear and by a bold impersonal style that may mask maladaptive behaviour'.

Antisocial Personality Disorder: **Nursing intervention**

- Keep good notes, highly detailed and narrative
- Describe affect and manner appropriately.
- Communicate well between staff, disciplines and shifts.
- Plan for negative reinforcement strategies. Willingness to cancel leave, visits, restrict freedoms and prosecute.
- Obtain a history and corroborate with family or across versions as the patient re-works his story. Check history in files.
- Risk assessment – relevant to H C R 20 and also PCL r.
- Risk manage – interpersonal exploitation, grooming or intimidation.
- Reflect on positive countertransference, splitting and being conned.

Borderline Personality Disorder

- profound identity disturbance, unstable moods, difficult interpersonal relationships, Patterns of anger, affective instability, impulsive behaviour, unstable or overly intense interpersonal relationships. More frequent in women.
- Risks include hurting themselves by cutting, burning , attempted suicide or misuse of prescribed or over the counter medication. 10% of those with the diagnosis commit suicide.
- Behaviour present since childhood.
- Behaviours include efforts to avoid abandonment, intense personal relationships both idealised and undervalued, impulsive behaviours (substance misuse, promiscuity, spending, binge eating).

Borderline Personality Disorder
Nursing interventions

- Maintain dialogue and keep up consistent communication
- Prepare to be in and out of favour.
- Prepare for splitting and colleagues to be in and out of favour.
- Keep good notes that are narrative and detailed.
- Be aware of mood changes and depression or risky elation.
- Monitor seeking and use of physical treatments including PRN.
- Monitor complaints of physical or medical illness and describe duration and nature of symptoms carefully.
- Remain distant and 'clinical' in dealing with patient treatment seeking.
- Risk assess for deliberate self-harm, including cutting, self-mutilation and burning.
- Divide physical and emotional attention over time or between staff.

Histrionic Personality Disorder & Narcissistic Personality Disorder

Histrionic Personality Disorder – excessive emotionality and attention-seeking behaviour, excessive concern with appearance and wanting to be the centre of attention, Can be gregarious and charming , but also manipulative, vain, demanding.

Takes its name from hysteria (now somatization disorder) – a condition associated with conversion, somatization and dissociative disturbances. Begins by early adulthood.

Uncomfortable not being centre of attention, inappropriately seductive or intimate in interactions, misjudges relationships, shallow shifting emotions, uses appearance to get attention, theatrical

Narcissistic Personality Disorder – grandiose, exaggerates achievements, sense of entitlement, inter-personally exploitative, lacks empathy, arrogant or haughty.

Histrionic Personality Disorder & Narcissistic Personality Disorder –

Nursing interventions

- Keep a good note of all behaviours.
- Care plan to systematically disregard some behaviours, complaints and some treatment-seeking. (Ignoring needs to be selective and strictly authorised by a care plan).
- Prepare for splitting between favoured and despised colleagues, fellow consumers and relatives.
- Reflect on relations with patient and do not be co-opted into their views of who is OK and who is not.
- Neutral non-committal language in response.

CLUSTER C PERSONALITY DISORDERS
Avoidant Personality Disorder & Dependent Personality Disorder

Avoidant Personality Disorder – avoid social interactions because of fear of rejection.

Low self-esteem, reluctance to engage, anxious preoccupation with social evaluation, lacking positive engagement, anxiety disorder overlap.

Dependent Personality Disorder – once a sub-type of a former category

Passive -Aggressive Personality Disorder - Not well researched and is not a diagnosis of good standing. Too confused with other disorders. To common a trait. Mainly women.

Clinging behaviour. Excessive dependence on others. Denies self to keep in with others.

Obsessive-Compulsive Personality Disorder

Defined by Freud with characteristics – orderliness, parsimony and obstinacy. DSM 5 – excessive perfectionism, preoccupation with orderliness and detail, controlling environment and therefore emotions. More common in men.

Preoccupations with details, rules, lists, order, organisation, or schedules so that main point of activity is lost. Perfectionism that interferes with task completion. Excludes leisure activities and friendships for work. Overconscientious, scrupulous and inflexible. Hoarding possible. Cannot delegate. Miserly. Stubbornness.

Nursing interventions

- Care planned use of benzodiazepams and other anti-anxiolants.
- Flooding
- Response avoidance
- Systematic desensitization
- Specific often numbered detailed notes – spreadsheet or charted.
- Chance for nurses to engage in psychological interventions

Cluster A B C

THE LANCET

Volume 353, Number 9149

The horrors of Ashworth

Scandal has always dogged attempts to solve the vexed question of how we deal medically with those people who present a serious risk to the public. Last week, the latest of these scandals in the UK hit the headlines, following the publication of the Fallon inquiry into the Personality Disorder Unit at Ashworth Special Hospital (see *Lancet* 1999; **353**: 218). The inquiry panel was appointed in February, 1997, to investigate the Unit after allegations made by a former patient. This patient had alleged that "pornography, drugs and alcohol were freely available; that patients were running businesses, which was against hospital policy; that a child had been put at risk of abuse at the hands of paedophiles; that the security of the ward was severely compromised; and that a number of staff were corrupt". With the caveat that the accuser had his own reasons for highlighting these abuses and was a convicted sex offender, the inquiry team nevertheless found his allegations to be largely substantiated.

The shocking activities unearthed by the Fallon inquiry team are difficult to convey, but several examples from the report may help. The inquiry found that a girl born in 1989 ("Child A") visited the Personality Disorder Unit on "hundreds" of occasions with her father, an ex-patient, from the time she was a baby until late October, 1996. During these visits, the child spent time, on occasion dressed only in her underwear, with a patient who had a history of violent sexual assaults on young girls. This patient also visited the child's home, escorted by a nurse from Ashworth. Using the ward camera, this nurse took photographs of the child for the patient—one of her on her bed, another of her sitting on the lavatory. Child A's father also took the young son of a friend to visit a second patient found guilty of kidnapping, sexual torture, mutilation, and murder of a 13-year-old boy.

Although no physical evidence of sexual abuse of Child A was found, the inquiry team did not doubt that she was being groomed for paedophile purposes. They go on to say: "We ourselves have pondered as we listened to days and days of such evidence whether we had become case-hardened to the horrors of what happened at Ashworth and the risks to which Child A was exposed. In reviewing what we have written we are not convinced that we have fully captured the awfulness of it all."

Who were the doctors presiding over this "awfulness"? The inquiry team reports that Dr John Reed, chairman of the Reed Committee on Mentally Disordered Offenders, described a conversation with Prof Pamela Taylor, then head of medical services of the special hospitals, in which the doctors at Ashworth were described as follows. "Doctor 1: moderately capable but with a serious alcohol problem. Doctor 2: moderately capable but feeble. Doctor 3: appalling. Doctor 4: never there. Doctor 5: weak. Doctor 6: made very poor provision for patients on the ward. Doctor 7: lazy. Doctor 8: unstable and not clinically good. There were three competent doctors."

The inquiry team concluded that the system at Ashworth "is rotten and unsustainable", and that the hospital should close. One of the main reasons for this view is that high-security hospitals are simply too big—they are forced to house a large number of people with severe personality disorder, who are adept at manipulating other patients and staff.

The Fallon inquiry has done a great service by clearly laying out the deficiencies not only in Ashworth Hospital but also in the current legal, penal, and clinical approaches to these difficult and dangerous people. Yet, despite the inquiry's reasoned and reasonable recommendations, the Secretary of State, Frank Dobson, refused to contemplate closure of Ashworth. Mr Dobson entirely missed the point of the report when he said that the problems were not a matter of "bricks and mortar". Rather, the problem is that the special hospitals form a deeply flawed system propped up by inadequate legislation and staff of dubious qualities.

If the bricks are to be left in place, urgent attention to the classification of patients in the special hospitals system and to the quality of medical, nursing, and administrative staff is required.

The Lancet

Daly, Kelly (Health)

From: Toohey, Karen
Sent: Thursday, 4 November 2021 5:19 PM
To: Canberra Health Services ED MHJHADS
Subject: RE: request for meeting [redacted] and other matters

Categories: Georgia

OFFICIAL: Sensitive

Thanks Georgia

If Katrina is ok with that approach I am very happy to just do a mtg between us.

Week of 15th is good for me I appreciate how busy she is.

Let me know if either 18th or 19th would work?

Thanks

Karen

From: Ward, Georgia (Health) <Georgia.Ward@act.gov.au> **On Behalf Of** Canberra Health Services ED MHJHADS
Sent: Thursday, 4 November 2021 2:50 PM
To: Toohey, Karen <Karen.Toohey@act.gov.au>
Cc: Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Subject: RE: request for meeting [redacted] and other matters

OFFICIAL: Sensitive

Hi Karen,

Katrina has advised that she is agreeable to meet to discuss the below matters you have raised. Katrina will be Executive on call next week, is it possible for the meeting to occur the week starting 15 November? If you can provide your availability I can find a mutually suitable time.

Can you also please confirm that it will be yourself only in attendance?

Kind Regards,

Georgia Ward | A/g Executive Assistant to
Katrina Rea | A/g Executive Director
Mental Health, Justice Health and Alcohol & Drug Services
Phone: 02 5124 1577 | Email: CHS.EDMHJHADS@act.gov.au
MHJHADS | Canberra Health Services | ACT Government
Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

ACT Government | Canberra Health Services

From: Toohey, Karen <Karen.Toohey@act.gov.au>
Sent: Thursday, 4 November 2021 10:00 AM
To: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Cc: Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>; Vieira, Mariadefatima <Mariadefatima.Vieira@act.gov.au>
Subject: request for meeting [redacted] and other matters

OFFICIAL: Sensitive

Dear Ms Rea

I was hoping to arrange a convenient time to discuss a couple of matters with you related to a number of complaints re provision of mental health services we have on hand.

[redacted]

[redacted]

As above I would be grateful for the opportunity to discuss these matters with you at a convenient time.

Regards

Karen

Karen Toohey
Discrimination, Health Services, Disability &
Community Services Commissioner
ACT Human Rights Commission
T: 02 6207 1045[redacted]

ACT Government

QUESTION TIME BRIEF

GBCHS21/305

Portfolio: Health

OCCUPATIONAL VIOLENCE STRATEGY

- Canberra Health Services (CHS) launched the Occupational Violence (OV) Strategy on 1 April 2020.
- Implementation of the OV Strategy's progressing well with 65% of key activities completed.
- The OV Lost Time Injury Frequency Rate (LTIFR) details the rate of reported staff absence due to reported OV incidents i.e. staff time lost from the workplace.
- The OV LTIFR target for 2021/2022 is 5.80 and is based on the 5% reduction from the baseline OV LTIFR for 2019/2020.
- As at 31 October 2021, the actual rate for 2021/2022 to date is 8.07. The rolling average for the previous 12 months is 5.82.
- CHS achieved and exceeded the target of 5 per cent in the 2020-21 financial year, with a 26 per cent reduction in incidents of lost time.
- The OV Strategy includes a focus on governance, prevention, training, response, reporting, support, investigation and staff/consumer awareness.
- Supporting OV policy and procedures have been developed and are available for staff. This includes updated procedures relating to the classification and reporting of OV incidents to provide consistent and detailed data that can be utilised in OV prevention strategies.
- The governance of OV is further enhanced through the OV Prevention and Management Committee. This Committee has broad representation including ACT Policing, ACT Ambulance Service, Corrections ACT, Worksafe ACT, Carers ACT, Health Care Consumers Association and the ACT Mental Health Consumer Network as well as managers and staff from CHS.
- Examples of actions that have been progressed under the OV Strategy include:
    - Development of Power BI OV staff incident statistics and reports to provide Executive with live data and improved visibility of OV trends and patterns;

Cleared as complete and accurate:	28/09/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Diretorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/235	

- "Respect our staff" posters have been developed and distributed across Canberra Health Services;
- An OV Risk Assessment Tool (OVRAT) was developed to assess and treat work unit OV risks with a goal to complete an OVRAT for all client facing work units in CHS;
- Of the identified 108 work units that require an OVRAT, 57 have been completed which includes all identified higher risk work units;
- Review of current security systems such as access control, CCTV and duress alarms based on assessed level of OV risk from the OV Risk Assessment Tool;
- Implementation of Security audits to enhance systems and reduce OV risk;
- Development and implementation of *Psychological Support for Staff: a Manager's Guide* to improve manager's knowledge of resources to support staff after an OV incident including RUOK?, Psychological First Aid, and operational debriefing;
- Progressing procurement of Community Duress Devices for use by lone and isolated healthcare workers e.g. community nurses;
- Development and piloting of a 'Behaviours of Concern' chart to identify early signs of aggression and proactively intervene to prevent episodes of violence;
- Development and piloting of a 'Behaviours of Concern Safety Management Plan" for patients identified as a higher risk of OV towards staff e.g documents triggers and strategies to prevent OV and manage OV incidents should they arise;
- Commencement of two additional trainers to implement updated face-to-face OV prevention and management training to all CHS staff;
- Update of OV eLearning which is part of the mandatory training framework for all CHS staff. As at 31 October 2021, 77% of CHS staff have completed the OV All Staff elearning; and
- New OV face-to-face training commenced in a limited capacity during COVID lockdown period, focussing on areas of higher-risk. 55 staff have been trained in the new OV face-to-face training from 12B, Adult Mental Health Unit, Dhulwa Mental Health Unit, Wards Persons and the University of Canberra Hospital.

Cleared as complete and accurate:	28/09/2021	
Cleared for public release by:	Chief Executive Officer	Ext: 44701
Contact Officer name:	Daniel Guthrie	Ext: 49544
Lead Diretorate:	Canberra Health Services	
TRIM Ref:	GBCHS21/235	

ACT Government | Canberra Health Services

CAVEAT BRIEF

UNCLASSIFIED

MCHS21/1011

To: **Emma Davidson MLA, Minister for Mental Health and Rachel Stephen-Smith MLA, Minister for Health**

Through: **Dave Peffer, Chief Executive Officer, Canberra Health Services**

Subject: **Allegations of Serious Misconduct**

- The Executive Director (ED) for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) became aware of an allegation of [redacted] incident in the Dhulwa Mental Health Unit (Dhulwa) on 17 October 2021.
- On 18 November 2021, Work Health Safety (WHS) commenced an investigation into the incident due to the number of clinical incident reports they received. This investigation promoted the need to undertake a Preliminary Assessment. The WHS investigation was temporarily paused to allow that to happen.
- On 22 November 2021, a Preliminary Assessment was undertaken by the Assistant Director of Nursing for the Adult Mental Health Unit.
- On 25 November 2021, the CCTV footage was requested and reviewed, by the ED MHJHADS, ED for Nursing and Midwifery and Patient Support Services, Business Partner People and Culture and the Assistant Director for Security Operations.
- A review of the footage displayed the use of [redacted]
- Immediately prior to the restraint event, [redacted]
- On the balance of probabilities, there was enough evidence to support that a serious misconduct has occurred as defined within the *Fair Work Regulations 2009*.

- In this instance this includes:
    - Wilful or deliberate behaviour by an employee that is inconsistent with the continuation of the contract of employment; and
    - Conduct that causes serious and imminent risk to:
        i. The health and safety of a person; or
        ii. The reputation, viability or profitability or the employer's business.
- Due to the allegation of serious misconduct, it has been proposed to terminate the nurse's employment with Canberra Health Services. The nurse has seven days to show cause as to why their employment should not be terminated. [redacted] be on paid leave during this time and has been instructed to not attend the workplace.
- [redacted]
- The Chief Psychiatrist, ANMF Branch Secretary and the Health Service Commissioner have been advised.

Contact Officer: Katrina Rea, Executive Director, MHJHADS
Contact Number: 5124 1577
Date: 26 November 2021

Noted/Please Discuss

Emma Davidson

Emma Davidson MLA
Minister for Mental Health
20 December 2021

Noted/Please Discuss

.....

Rachel Stephen-Smith MLA
Minister for Health

Out of Scope [redacted]

From: Toohey, Karen <Karen.Toohey@act.gov.au>
Sent: Friday, 26 November 2021 5:33 PM
To: Daly, Kelly (Health) <Kelly.Daly@act.gov.au>
Cc: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Subject: RE: Dhulwa Incident

OFFICIAL

Thanks Kelly
Much appreciated
Regards
Karen

Karen Toohey
Discrimination, Health Services, Disability &
Community Services Commissioner
ACT Human Rights Commission
T: 02 6207 1045 [redacted]

From: Daly, Kelly (Health) <Kelly.Daly@act.gov.au>
Sent: Friday, 26 November 2021 4:02 PM
To: Toohey, Karen <Karen.Toohey@act.gov.au>
Cc: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Subject: Dhulwa Incident

OFFICIAL

Good afternoon Karen
As discussed with Katrina this morning, below is the information regarding the [redacted] incident at Dhulwa.

- The Executive Director (ED) for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) became aware of an allegation of serious misconduc[redacted] incident in the Dhulwa Mental Health Unit (Dhulwa) on 17 October 2021.
-
- On 18 November 2021, Work Health Safety (WHS) commenced an investigation into the incident due to the number of clinical incident reports they received. This investigation promoted the need to undertake a Preliminary Assessment. The WHS investigation was temporarily paused to allow that to happen.

On 22 November 2021, a Preliminary Assessment was undertaken by the Assistant Director of Nursing for the Adult Mental Health Unit.

On 25 November 2021, the CCTV footage was requested and reviewed, by the ED MHJHADS, ED for Nursing and Midwifery and Patient Support Services, Business Partner People and Culture and the Assistant Director for Security Operations.

A review of the footage displayed the use of [redacted]

Immediately prior to the restraint event, [redacted]

On the balance of probabilities, there was enough evidence to support that a serious misconduct has occurred as defined within the *Fair Work Regulations 2009*.

In this instance this includes:

- Wilful or deliberate behaviour by an employee that is inconsistent with the continuation of the contract of employment; and
- Conduct that causes serious and imminent risk to:
    i. The health and safety of a person; or
    ii. The reputation, viability or profitability or the employer's business.

- Due to the allegation of serious misconduct, it has been proposed to terminate the nurse's employment with Canberra Health Services. The nurse has seven days to show cause as to why their employment should not be terminated. [redacted] be on paid leave during this time and has been instructed to not attend the workplace.
- [redacted]
- The Chief Psychiatrist, ANMF Branch Secretary and the Health Service Commissioner have been advised.

Kelly Daly | Executive Officer
Phone: 02 5124 7950 | Email: kelly.daly@act.gov.au
MHJHADS | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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ACT Government | **Canberra Health Services**

From: Toohey, Karen
Sent: Monday, 7 February 2022 4:57 PM
To: CHS ED MHJHADS
Cc: Harland, Jennifer (Health)
Subject: RE: Dhulwa Incident

OFFICIAL

Thanks for the update Jenna
Much appreciated
Regards
Karen

From: Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Sent: Monday, 7 February 2022 4:22 PM
To: Toohey, Karen <Karen.Toohey@act.gov.au>
Cc: Harland, Jennifer (Health) <Jennifer.A.Harland@act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: Dhulwa Incident

OFFICIAL

Hi Karen,

The process went to full investigation and as a result has only recently been finalised. [redacted]

Regards,

Jenna Kratzel | Business Manager
Mental Health, Justice Health and Alcohol & Drug Services
Phone: 02 5124 1099 | [redacted] | Email: CHS.EDMHJHADS@act.gov.au
MHJHADS | Canberra Health Services | ACT Government
Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
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From: Toohey, Karen <Karen.Toohey@act.gov.au>
Sent: Monday, 7 February 2022 10:47 AM
To: Daly, Kelly (Health) <Kelly.Daly@act.gov.au>
Cc: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>; Murley, Alison <Alison.Murley@act.gov.au>
Subject: RE: Dhulwa Incident

OFFICIAL

Hi Kelly
Hope you have had a good start to the year.

Would it be possible to get an update on this matter.
I am not aware of any notification to Ahpra about the matter so would appreciate advice about what has occurred.
Happy to discuss
Regards
Karen

Karen Toohey
Discrimination, Health Services, Disability &
Community Services Commissioner
ACT Human Rights Commission
T: 02 6207 1045 [redacted]

From: Daly, Kelly (Health) <Kelly.Daly@act.gov.au>
Sent: Friday, 26 November 2021 4:02 PM
To: Toohey, Karen <Karen.Toohey@act.gov.au>
Cc: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Subject: Dhulwa Incident

OFFICIAL

Good afternoon Karen
As discussed with Katrina this morning, below is the information regarding the [redacted] incident at Dhulwa.

- The Executive Director (ED) for Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) became aware of an allegation of serious misconduct against a nurse during a restraint and seclusion incident in the Dhulwa Mental Health Unit (Dhulwa) on 17 October 2021.
-
- On 18 November 2021, Work Health Safety (WHS) commenced an investigation into the incident due to the number of clinical incident reports they received. This investigation promoted the need to undertake a Preliminary Assessment. The WHS investigation was temporarily paused to allow that to happen.

  On 22 November 2021, a Preliminary Assessment was undertaken by the Assistant Director of Nursing for the Adult Mental Health Unit.

  On 25 November 2021, the CCTV footage was requested and reviewed, by the ED MHJHADS, ED for Nursing and Midwifery and Patient Support Services, Business Partner People and Culture and the Assistant Director for Security Operations.

  A review of the footage displayed the use of [redacted]

  Immediately prior to the restraint event, [redacted]

[redacted]

On the balance of probabilities, there was enough evidence to support that a serious misconduct has occurred as defined within the *Fair Work Regulations 2009*.

In this instance this includes:

- Wilful or deliberate behaviour by an employee that is inconsistent with the continuation of the contract of employment; and
- Conduct that causes serious and imminent risk to:
    i. The health and safety of a person; or
    ii. The reputation, viability or profitability or the employer's business.

- Due to the allegation of serious misconduct, it has been proposed to terminate the nurse's employment with Canberra Health Services. The nurse has seven days to show cause as to why their employment should not be terminated. [redacted] be on paid leave during this time and has been instructed to not attend the workplace.
- [redacted]
- The Chief Psychiatrist, ANMF Branch Secretary and the Health Service Commissioner have been advised.

Kelly Daly | **Executive Officer**
Phone: 02 5124 7950 | Email: kelly.daly@act.gov.au
MHJHADS | Canberra Health Services | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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ACT Government | Canberra Health Services

Daly, Kelly (Health)

From: Moloney, Eliza
Sent: Wednesday, 9 February 2022 9:00 AM
To: Bransgrove, Meagen; Kratzel, Jenna (Health)
Cc: Canberra Health Services ED MHJHADS
Subject: RE: ANMF - DHULWA Matters

Categories: Jenna

HI Meg, yes, 4pm works for me!
Thanks

Eliza Moloney | Adviser
Office of Emma Davidson | ACT Greens Member for Murrumbidgee
Ph: 62050730 [redacted] E: eliza.moloney@act.gov.au

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Wednesday, 9 February 2022 8:59 AM
To: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Cc: Moloney, Eliza <Eliza.Moloney@act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: ANMF - DHULWA Matters

Hi Jenna,

Thank you for following up, really appreciate you organising this, 4pm is perfect. Eliza does that work for you?

Do you want me to send through a calendar invite once Eliza confirms a good time?

Thanks,

Meg Bransgrove
Senior Adviser
Office of Minister Rachel Stephen-Smith MLA
ACT Government
Email: meagen.bransgrove@act.gov.au
[redacted]
ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600

From: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Sent: Wednesday, 9 February 2022 8:39 AM
To: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Cc: Moloney, Eliza <Eliza.Moloney@act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: ANMF - DHULWA Matters

OFFICIAL

Hi Meg,

Sincerest apologies for the delay in response.

Happy to arrange a meeting to discuss this matter, is 4pm too late this afternoon? Jen is in a workshop this morning and I am conscious to avoid question time.

Many thanks,

Jenna Kratzel | Business Manager
Mental Health, Justice Health and Alcohol & Drug Services
Phone: 02 5124 1099 [redacted] Email: CHS.EDMHJHADS@act.gov.au
MHJHADS | Canberra Health Services | ACT Government
Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
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ACT Government | **Canberra Health Services**

From: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>
Sent: Tuesday, 8 February 2022 10:12 AM
To: Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Cc: Moloney, Eliza <Eliza.Moloney@act.gov.au>; Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Subject: FW: ANMF - DHULWA Matters
Importance: High

Hi Jennifer/Kat,

We have been sent the attached from ANMF and just want to get some background on this for Minister's, can Eliza and I please meet with you to discuss? If possible I would be very grateful if we could please meet with you tomorrow?

Thanks,

Meg Bransgrove
Senior Adviser
Office of Minister Rachel Stephen-Smith MLA
ACT Government
Email: meagen.bransgrove@act.gov.au
[redacted]
ACT Legislative Assembly, 196 London Circuit, Canberra, ACT 2600

From: anmfact@anmfact.org.au
Sent: Monday, 7 February 2022 5:03 PM
To: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Cc: sonny.ward@act.gov.au; Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>; Cathie.O'Neill@act.gov.au; Guthrie, Daniel (Health) <daniel.guthrie@act.gov.au>
Subject: ANMF - DHULWA Matters

Dear Ms Rea

Please see attached ANMF correspondence regarding the management of DHULWA Mental Health Unit.

Regards

Out of Scope

[redacted]

From: MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>
Sent: Monday, 14 February 2022 9:00 AM
To: CHS DLO <CHSDLO@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; Moloney, Eliza <Eliza.Moloney@act.gov.au>
Subject: RE: Facebook message re Dhulwa

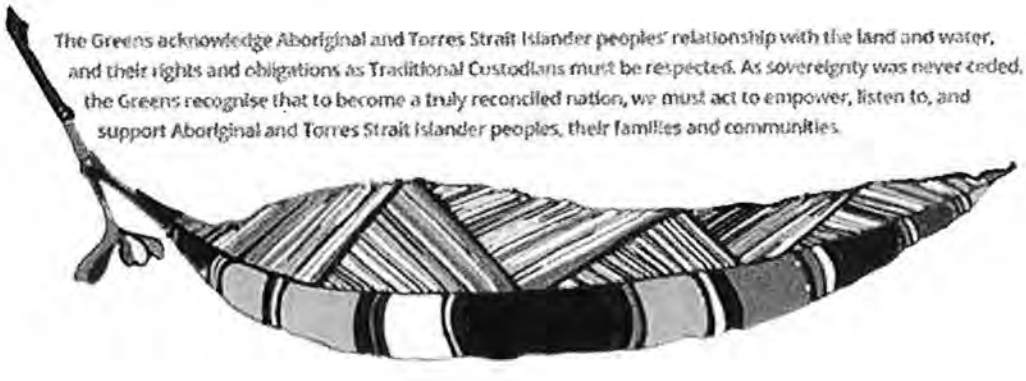
Morning Kerryn,

Can we please get general advice on how to communicate with the person directly? I asked through the Min's Facebook if they are staff or a consumer and they responded with "advocate to both consumers and staff"

Kind regards,

Julia Marais-van Vuuren (she/her)
Communications Adviser | Minister Emma Davidson and Minister Rebecca Vassarotti
[redacted]**e: Julia.MaraisvanVuuren@act.gov.au**

https://greens.org.au/act/assembly



From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Friday, 11 February 2022 4:03 PM
To: MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; Moloney, Eliza <Eliza.Moloney@act.gov.au>
Subject: RE: Facebook message re Dhulwa

OFFICIAL

Hi Julia

The message tag says [redacted] but the constituent refers to himself as [redacted] If the clients name is [redacted] that is not enough information for me to go the MHJHADS to see if they are a client at Dhulwa, I need a last name??

Without that I can seek some general advice on the best way to communicate with client directly??

Kind Regards
Kerryn Hunter
Directorate Liaison Officer | Canberra Health Services
Phone: 620 55030 [redacted] Email: chsdlo@act.gov.au
Office of Rachel Stephen-Smith MLA | Minister for Health **| ACT Government**
Office of Emma Davidson MLA | Minister for Mental Health and Justice Health **| ACT Government**

From: MaraisvanVuuren, Julia <Julia.MaraisvanVuuren@act.gov.au>
Sent: Friday, 11 February 2022 3:30 PM
To: CHS DLO <CHSDLO@act.gov.au>
Subject: Facebook message re Dhulwa

Hi Kerryn,

The Minister received the message below on Facebook. Do you know if this is a consumer at Dhulwa because we are unsure on how to respond/continue communicating with them.

[redacted]

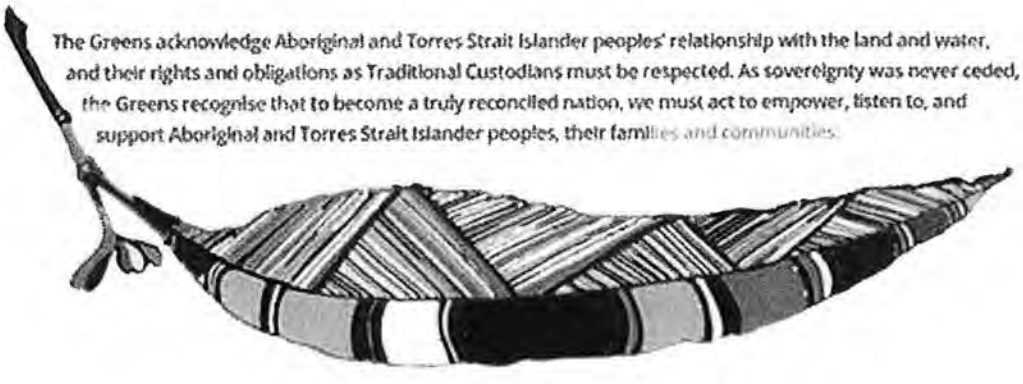
Good day Emma,how are you? My name is [redacted] and I'm a citizen and a tax payer and a long time labour and greens supporter I'm also a m
LGBTQI here in ACT,I would just like to raise my grave concerns in DUHLWA, atm I feel like the place once again have been mismanaged
1. Extensive public property has been destroyed/damaged by consumers and just ignored by management
2. Consumers/inmates aggresive and violent behaviours being ignored and worst sometimes rewarded by management
3.majority of staffs have been mentally traumatised,no support what so ever from management,not even asking if we are ok
4.No consultations of sudden decisions made by management to all stake holders in DUHLWA facility,we feel like we are on a dictatorial reg
moment,staff and consumers alike.
5.Gross Neglect by management to consumers rights to be safe from other consumers and himself on a safe environment
6.irrigular and confusing /not clear instructions from management thus putting everyone at risk,and when ask for clarification we get ignored
7. Neglect to BALANCE consumers and staff welfare
8.Neglect to hear our opinion/concerns as a LGBTQI staffs in DUHLWA.
I pray that you will assist us and investigate further to what is truly happening in DUHLWA at the moment,and I thank you for your continuec
dedication in looking after everyones welfare and wellbeing here in ACT

Hi, thanks
email DAV

Kind regards,

Julia Marais-van Vuuren (she/her)
Communications Adviser | Minister Emma Davidson and Minister Rebecca Vassarotti
[redacted] **e: Julia.MaraisvanVuuren@act.gov.au**

https://greens.org.au/act/assembly



Subject: ANMF Dhulwa

Start: Mon 14/02/2022 2:30 PM
End: Mon 14/02/2022 3:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Guthrie, Daniel (Health)
Required Attendees: Alford, Robert; Rea, Katrina (Health); Kaye, Frances (Health)

-- Do not delete or change any of the following text. --

When it's time, join your Webex meeting here.

Join meeting

More ways to join:

Join from the meeting link
https://actgov.webex.com/actgov/j.php?MTID=m256400e9079f0feaad52f940777657cb

Join by meeting number
Meeting number (access code): 2652 194 5537
Meeting password: GXc3Phs8cU9

Tap to join from a mobile device (attendees only)
+61-2-9338-2221,,26521945537## Australia Toll
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Out of Scope

[redacted]

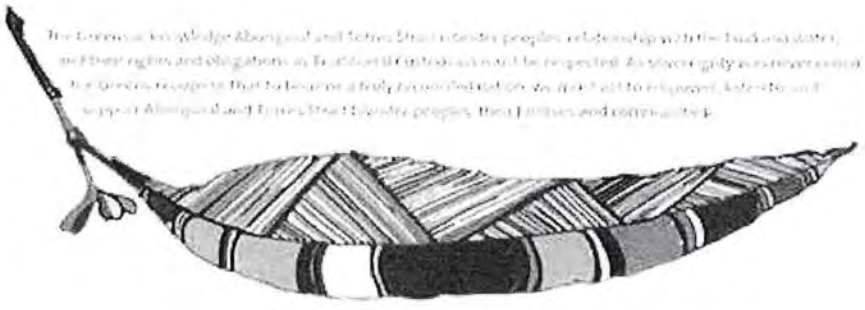
From: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Sent: Monday, 14 February 2022 2:35 PM
To: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au>
Cc: Sullivan, Clare <Clare.Sullivan@act.gov.au>
Subject: Urgent update on Dhulwa?

Hi Kerryn

The Min RSS office has just notified me that there were significant incidents at Dhulwa over the weekend. Could you please let me know if anyone is available to speak to Clare and I about it at 4pm this afternoon?
I understand CHS has briefed Min RSS but given the Mental Health portfolio it would be good if we could please have a briefing ASAP too.

Thank you!

Eliza Moloney | Adviser
Office of Emma Davidson| ACT Greens Member for Murrumbidgee
Minister for Justice Health
Minister for Mental Health
Minister for Disability
Assistant Minister for Families and Community Services
Ph: 62050730 [redacted] E: eliza.moloney@act.gov.au



Daly, Kelly (Health)

From: De Fombelle, Felicity
Sent: Tuesday, 15 February 2022 10:26 AM
To: Moloney, Eliza; Kratzel, Jenna (Health)
Cc: DAVIDSON; Canberra Health Services ED MHJHADS
Subject: RE: Ms Castley Dhulwa tour

Categories: Jenna

Understood, thank you Eliza and thanks to you and Jenna for organising the visit for Leanne and I.

Best wishes to all,
Felicity

Felicity de Fombelle
Adviser | Office of Ms Leanne Castley MLA, Member for Yerrabi
Phone: (02) 6205 0071
Email: felicity.defombelle@parliament.act.gov.au

From: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Sent: Tuesday, 15 February 2022 10:08 AM
To: De Fombelle, Felicity <Felicity.DeFombelle@parliament.act.gov.au>; Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: Ms Castley Dhulwa tour

Thanks Felicity, Wednesday will work for me.
Unfortunately, we can't offer Mrs Kikkert a tour in this role, as it is not directly relevant to Dhulwa as a Mental Health Institution. I'm sure Mrs Kikkert will understand that unless directly relevant to a portfolio, we don't open Dhulwa up to tours, as it's a place where people live (at that time) so they deserve their privacy.
Thanks

Eliza Moloney | Adviser
Office of Emma Davidson | ACT Greens Member for Murrumbidgee
Ph: 6205073[redacted] E: eliza.moloney@act.gov.au

From: De Fombelle, Felicity <Felicity.DeFombelle@parliament.act.gov.au>
Sent: Tuesday, 15 February 2022 9:07 AM
To: Moloney, Eliza <Eliza.Moloney@act.gov.au>; Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: Ms Castley Dhulwa tour

Good morning Eliza and Jenna and thank you for organising,

Unfortunately Leanne is not available on Tuesday March 15 but can do the following day, Wednesday March 16, from 9.30am to 10.30am.

Also, Leanne's colleague Elizabeth Kikkert is keen to attend in her role as Shadow Minister for Families and Youth and also Shadow Minister for Aboriginal and Torres Strait Islanders.

Best wishes,

Felicity

Felicity de Fombelle
Adviser | Office of Ms Leanne Castley MLA, Member for Yerrabi
Phone: (02) 6205 0071
Email: felicity.defombelle@parliament.act.gov.au

From: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Sent: Monday, 14 February 2022 3:36 PM
To: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; De Fombelle, Felicity <Felicity.DeFombelle@parliament.act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: Ms Castley Dhulwa tour

Thank you Jenna! Tuesday 15 March from 330-4 works well for me.
Felicity, does that work for Ms Castley?
Thanks

Eliza Moloney | Adviser
Office of Emma Davidson| ACT Greens Member for Murrumbidgee
Ph: 62050730[redacted]E: eliza.moloney@act.gov.au

From: Kratzel, Jenna (Health) <Jenna.Kratzel@act.gov.au>
Sent: Monday, 14 February 2022 1:53 PM
To: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; De Fombelle, Felicity <Felicity.DeFombelle@parliament.act.gov.au>; Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Subject: RE: Ms Castley Dhulwa tour

OFFICIAL

Good afternoon Eliza,

No problem at all, happy to assist in arranging a visit for Ms Castley and yourself to Dhulwa Mental Health Unit (DMHU).

Katrina Rea, Executive Director, Mental Health, Justice Health and Alcohol & Drug Services, will meet you both at DMHU and facilitate your visit of the facility.

I have suggested the below times, taking into account upcoming annual report hearings. Please let me know if this timing is not ideal and I will endeavour to bring the visit forward.

Tuesday 15 March 2022, 3:30pm-4:30pm
Wednesday 16 March 2022, 9:30am – 10:30am
Thursday 16 March 2022, 9:30am-10:30am

If the above times are not suitable, please let me know and I will provide some alternatives.
Once we have confirmed the date and time I will forward a calendar invitation with relevant information such as directions on how to get there and entry/security requirements.

Regards,

Jenna Kratzel | Business Manager
Mental Health, Justice Health and Alcohol & Drug Services
Phone: 02 5124 1099 [redacted] Email: CHS.EDMHJHADS@act.gov.au

MHJHADS | Canberra Health Services | ACT Government
Building 28, Level 2 – The Canberra Hospital | health.act.gov.au
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ACT Government | **Canberra Health Services**

From: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Sent: Monday, 14 February 2022 12:51 PM
To: Canberra Health Services ED MHJHADS <CHS.EDMHJHADS@act.gov.au>
Cc: DAVIDSON <DAVIDSON@act.gov.au>; De Fombelle, Felicity <Felicity.DeFombelle@parliament.act.gov.au>
Subject: FW: Ms Castley Dhulwa tour

Good afternoon Jenna

Kerryn advised that you would be the best person to help organise a visit for Ms Castley, new Shadow Min Mental Health, to Dhulwa. I will be accompanying Ms Castley.

Could you please let us know how best to arrange this and what you need from us? I have copied in Felicity from the Castley office.

Thanks
Eliza

Eliza Moloney | Adviser
Office of Emma Davidson| ACT Greens Member for Murrumbidgee
Ph: 62050730[redacted] E: eliza.moloney@act.gov.au

From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Monday, 14 February 2022 11:53 AM
To: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Subject: RE: Ms Castley Dhulwa tour

OFFICIAL

Hi Eliza

I have spoken to MHJHADS this morning and they are more than happy to facilitate a tour of Dhulwa for Ms Castley. Rather than me being in between would it be easier for you or someone from Ms Castley's Office to liaise with the MHJHADS Business Manager directly to arrange times etc.

If that is the case then the BM for MHJHADS is Jenna Kratzel and she can be contact via email CHS.EDMHJHADS@act.gov.au or by phone[redacted]

Kind Regards
Kerryn Hunter
Directorate Liaison Officer | Canberra Health Services
Phone: 620 55030 [redacted] Email: chsdlo@act.gov.au
Office of Rachel Stephen-Smith MLA | Minister for Health | **ACT Government**
Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | **ACT Government**

From: Moloney, Eliza <Eliza.Moloney@act.gov.au>
Sent: Monday, 14 February 2022 11:18 AM
To: CHS DLO <CHSDLO@act.gov.au>
Cc: De Fombelle, Felicity <Felicity.DeFombelle@parliament.act.gov.au>
Subject: Ms Castley Dhulwa tour

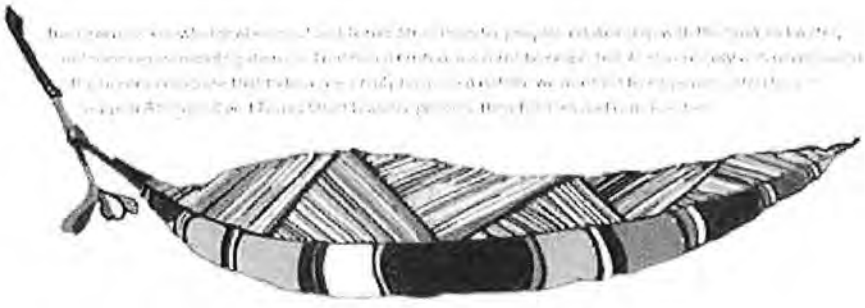
Good morning Kerryn

Ms Castley is now the Shadow Minister for Mental Health and Wellbeing, and therefore would like to visit Dhulwa.

Could you please organise a tour from CHS, with our offices? I will attend with Ms Castley.

Thanks
Eliza

Eliza Moloney | Adviser
Office of Emma Davidson| ACT Greens Member for Murrumbidgee
Minister for Justice Health
Minister for Mental Health
Minister for Disability
Assistant Minister for Families and Community Services
Ph: 62050730 [redacted] E: eliza.moloney@act.gov.au



Out of Scope

[redacted]

From: Guthrie, Daniel (Health)
Sent: Tuesday, 15 February 2022 2:53 PM
To: Grey, Brooke <Brooke.Grey@worksafe.act.gov.au>; Beaver, Jeffrey <Jeffrey.Beaver@worksafe.act.gov.au>
Cc: Ward, Sonny (Health) <Sonny.Ward@act.gov.au>; Kleinig, Peta (Health) <Peta.Kleinig@act.gov.au>
Subject: Dhulwa incidents

UNOFFICIAL

Hi Jeff and Brooke,

Attached are relevant incidents from the weekend.

I also attached an incident from over two weeks ago that [redacted] reported on the weekend, I assumed you would want it and seem to remember it was discussed.

Regards

Daniel

Daniel Guthrie
Senior Director | Work Health Safety
People and Culture| Canberra Health Services
Level 1, Building 23 | Canberra Hospital
Phone: 5124 9544 [redacted]
Email: daniel.guthrie@act.gov.au
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ACT Government | **Canberra Health Services**

From: Kaye, Frances (Health) <Frances.Kaye@act.gov.au>
Sent: Monday, 14 February 2022 3:23 PM
To: Guthrie, Daniel (Health) <Daniel.Guthrie@act.gov.au>
Cc: Rea, Katrina (Health) <Katrina.M.Rea@act.gov.au>
Subject: Dhulwa incidents over the weekend

UNOFFICIAL

Regards,

Frances Kaye
Work Health Safety | People and Culture
Canberra Health Services
Level 1, Building 23 | Canberra Hospital
Phone: 512 46087 [redacted]
Email: frances.kaye@act.gov.au
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