



Model of Care

Dhulwa Forensic Mental Health Inpatient Service
(MHJHADS)

November 2023 v1.1



ACT
Government

**Canberra Health
Services**

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1. Introduction

The Model of Care (MoC) for Dhulwa Forensic Mental Health Service (Dhulwa) sets out an evidence-based framework for practice. It guides the delivery of the right care, at the right time, by the right person / team and in the right location across the continuum of care. A clearly defined and articulated MoC helps ensure that everyone is 'viewing the same picture', working towards common goals and evaluating performance on an agreed basis. This section provides the relevant context and understanding of the MoC.

The Dhulwa MoC:

- outlines Dhulwa's vision and principles, and the elements of care.
- provides the basis for how to deliver evidence-based care to consumers every day through integrated clinical practice, education, and research.
- contains information on consumer journeys (the areas from where consumers enter and exit the service) and service coordination.
- details the approaches to risk assessment and management.
- sets out the approach for governance, supporting safety and continuous improvement.

A MoC is a dynamic document that is updated over time to support new evidence and improved ways of working. Any updates will be supported by relevant change management principles and processes to ensure clear engagement and communication.

This MoC should be stored on the Canberra Health Services (CHS) 'Models of Care' intranet site. It will be reviewed and updated following an extended period of change to embed the updated MoC into practice. Any updates will occur through consultation and relevant communication.

The following subsections describe the context in which this MoC has been drafted and the overarching purpose of a new MoC for Dhulwa.

1.1 Background

'Dhulwa' is a Ngunnawal name that means honeysuckle, a native flowering Banksia. The Ngunnawal Elders have gifted the name. Dhulwa is pronounced "dull-wa".



Honeysuckle

On 24 August 2016, Dhulwa was declared a secure mental health unit. Services are provided in a 25-bed purpose built medium security facility, which commenced receiving consumers in November 2016. The facility comprises three service areas: Lomandra (10 beds), and Mallee and Cassia (15 beds).

The three service areas have also been named after native plants.

'Lomandra' is commonly known as spiky-head mat-rush. 'Mallee' is a small eucalypt species that has several stems rather than a single trunk. 'Cassia' produces an abundance of yellow flowers in winter and spring.



Lomandra



Mallee



Cassia

Gawanggal was established in 2018 as a low security step-down community reintegration facility for people transitioning from Dhulwa.

Dhulwa sits at the intersection between the mental health and justice systems with a commitment to delivering specialised forensic services focussed on addressing mental illness and offending behaviour. Forensic mental health is a specialist area that primarily focuses on providing clinical services that include the assessment, treatment, and management of people with a mental illness who have offended or are at risk of offending.

Placeholder- Low secure content

Dhulwa contributes to the care continuum of mental health services in the ACT provided by the Division of Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS) through Canberra Health Services (CHS).

There are three interconnected but distinct services that provide forensic mental health care across the care continuum in the ACT:

- Custodial mental health services
- Inpatient forensic mental health services
- Community-based forensic mental health services

Dhulwa sits within the inpatient forensic mental health service category and is the most restrictive healthcare environment in the ACT. However, Dhulwa should not be considered an endpoint in a person's care pathway. Recovery and rehabilitation need inform how long a person will receive treatment at Dhulwa before moving on to the next stage of their recovery pathway and coming under the care of another part of the health care system, either in a hospital, the community, or a custodial setting.

To support learning, innovation, and evidence-based service delivery, Dhulwa is connected with a broader forensic mental health network across Australia and globally.

In 2022, a Board of Inquiry into the Legislative, *Workplace Governance and Clinical Frameworks of Dhulwa Secure Mental Health Unit* (the Inquiry) was established in response to increased violence and assaults on staff at Dhulwa. Its purpose was to review the legislative, workplace governance, and clinical policy frameworks at Dhulwa to enhance workplace safety and clinical practice. The Inquiry made 25 recommendations to improve clinical care, workplace safety, governance, leadership, and culture.

Recommendation 2 of the Inquiry was to clarify Dhulwa's Model of Care to "confirm that its primary purpose is the provision of forensic mental health services, which in turn will inform the therapeutic and work health and safety management of the unit."

1.2 Purpose of this document

The purpose of this MoC is to guide service delivery at Dhulwa. This includes the 25-bed medium secure forensic mental health inpatient facility and the Gawanggal low secure forensic step-down facility.

Placeholder – step down inclusion i.e. "A new building is planned to accommodate low secure forensic mental health services at Dhulwa focused on step-down and community reintegration.

1.3 The legislative foundations of Dhulwa

The MoC ensures that the approach to care, recovery, treatment, security and a person's requirements for privacy and dignity are considered within the guiding principles of the *Human Rights Act 2004*, the *Mental Health Act 2015* and the *Mental Health (Secure Facilities) Act 2016*. ACT mental health legislation aims to protect, promote, and improve the lives and overall mental health and wellbeing of ACT citizens. Treatment and care should be provided in the least restrictive environment. All people admitted to Dhulwa should have the same rights to access and quality of health care as the general population.

2. Vision and principles

To ensure consistency across services in the ACT, this MoC has been designed in alignment with the CHS vision and values. This section provides an overview of the CHS vision, role, and values, and sets out a clear vision and set of principles for Dhulwa. The Dhulwa vision and principles underpin this MoC.

2.1 Canberra Health Services vision, role, and values

The CHS vision, role and values reflect what CHS stands for, wants to be known for, and what it will deliver daily. The vision and role are more than just words; they are a promise to each other, to consumers and their families, and to the community. They capture the commitment to delivering exceptional health care to the community. All CHS staff have a role to play in delivering on this promise.

- **CHS vision:** Creating exceptional health care together.
- **CHS role:** To be a health service that is trusted by our community.

The CHS values are:

- We are reliable – we always do what we say.
- We are progressive – we embrace innovation.
- We are respectful – we value everyone.
- We are kind – we make everyone feel welcome and safe.

2.2 Dhulwa vision

A dedicated vision for Dhulwa has been developed in collaboration with stakeholders. It provides a shared picture of the future we want to create for Dhulwa.

***“Hope, healing and creating meaningful lives for
a safer future together”***

2.3 Dhulwa principles

The Dhulwa vision is the goal for the future of Dhulwa. These six principles guide the path to achieve Dhulwa's shared vision.



Collaboration

Partnering together with consumers and carers, families, supporters, and community to address their specific needs



Recovery

Promoting hope, honesty, and healing to create meaning, purpose, and safety



Respect

Respecting dignity, appreciating strengths, and showing compassion in all interactions and decision-making processes.



Safety

Creating safe environments for consumers, staff, and the community



Evidence based and values driven

Basing our services and actions on the latest evidence and our core values



Aspiring for excellence

Continuing to strive for excellence in forensic mental health service delivery through research, innovation, and quality improvement.

3. Description of service

Dhulwa is an inpatient forensic mental health service delivered in a secure facility providing connected, recovery-focused, trauma-informed mental health care. Multidisciplinary teams (MDT) partner with consumers and carers, families, and supporters to promote healing, recovery, and safety, aligning with the Dhulwa vision.

This section of the MoC sets out the three specialised functions of Dhulwa.

Dhulwa offers service functions designed around consumers' needs in a medium secure or low secure environment. The service functions are dynamic and focused on partnering with consumers to meet their recovery goals at each stage of their journey – from higher needs to lower needs, and ultimately to safe and sustained community reintegration. They are not time or location-based and are in addition to the core forensic mental health service delivery functions of recovery oriented clinical assessment, co-planning, individualised treatment, capacity building and risk management.

The three specialised functions of Dhulwa service support are:

- Assessment and stabilisation (medium secure)
- Rehabilitation (medium secure)

- Community reintegration (low secure)

3.1 Medium secure assessment and stabilisation

Goal: To facilitate the comprehensive assessment (understanding) and care required to improve mental health, wellbeing, functioning, and safety.

This is usually done through:

- extended assessment of individual strengths and needs.
- medication management
- a high level of therapeutic engagement and support
- therapeutic security and safety measures.

3.2 Medium secure rehabilitation

Goal: To support acquiring, developing, rediscovering, and enhancing essential skills to transition to a low secure inpatient unit or the community.

This is usually done through:

- engaging in meaningful activities across all aspects of health and wellbeing
- building on assessments to deliver treatments and interventions across comprehensive, individualised, and evidence-based modalities.
- collaborative, recovery-oriented goal setting and care planning
- all members of the MDT partnering with consumers to support skill development, safety, and learning.
- offence-specific intervention
- peer support.

3.3 Low secure community reintegration

Goal: To bring together skills, learning and wellbeing improvements and build connections to reintegrate into the community safely.

This is usually done through:

- building on skills developed in higher security settings with increasing personal responsibility and accountability.
- promoting community integration by graduated engagement in community-based activities
- linking to community support services to:

- obtain appropriate accommodation.
- create relationships with community mental health services.
- engage with NDIS support.
- build a range of wellbeing supports.
- participate in vocational activities.
- strengthen social networks.
- sharing information between relevant agencies, including criminal justice, health, and social services
- planning discharge for community-based treatment involving family and carers, health services and support agencies.

Placeholder further consultation- low secure service goals and description

4. Consumer population and eligibility

Dhulwa provides assessment, stabilisation and rehabilitation services for consumers as classified under the *Mental Health Act 2015* and described in Section 3 – Description of service above.

It is important to note that some consumers present with diverse backgrounds and needs that require *additional consideration*. These include but are not limited to the following:

- First Nations People
- People with gender and/or bodily diversity
- Older people
- People with a co-occurring intellectual disability and/or various levels of cognitive functioning
- LGBTIQ+ communities
- People from culturally and linguistically diverse backgrounds
- People of foreign national background
- People with addiction and substance misuse challenges

Careful consideration is given to the consumer mix at Dhulwa to ensure a safe and supportive therapeutic environment for all.

The *Mental Health (Secure Facilities) Act 2016* affords Dhulwa the unique ability to accept custody of consumers detained in the ACT's custodial facilities, providing mental health care in a therapeutic environment that promotes dignity, recovery, and confidentiality.

The following subsection describes the eligibility and exclusion criteria for Dhulwa.

4.1 Consumer eligibility

To be eligible for Dhulwa, consumers must meet one of the below inclusion criteria:

- Be subject to a forensic order or conditions of release under the *Mental Health Act 2015*
- Be sentenced or remanded to custody and have mental illness with a need for greater treatment than what can be provided in a correctional setting.
- Be unable to receive treatment in a less secure civilian mental health service due to specialist forensic need (i.e., pose a danger of serious harm to others)

Exclusion criteria are:

- Those who could be assessed and treated in other non-forensic mental health services.
- Those who are assessed as requiring a level of therapeutic security commensurate with a high secure service.

Dhulwa must not be used to assist with challenges with patient flow relating to the broader mental health system. Consumers who do not meet the admission criteria will not be admitted as this contravenes the fundamental rights and requirements of the *Mental Health Act 2015*.

Placeholder- low secure eligibility

5. Consumer journeys

The consumer journey details the experience of accessing support from Dhulwa. Within this section, there are two subsections. The first explains how recovery underpins the consumer journey, including the principles and strategies Dhulwa has in place. The second outlines the distinct entry points, care, and transition services within Dhulwa and the broader service system.

5.1 Recovery to guide the consumer journey

A consumer's journey at Dhulwa is guided by recovery-focused practice.

Recovery in mental health is a journey to create and live a meaningful, contributing life with or without the presence of mental health issues¹. No recovery journey is the same as it is deeply

¹ Commonwealth of Australia, 2013, A national framework for recovery-oriented mental health services: Guide for practitioners and providers

personal and unique. Best practice suggests positive consumer outcomes are best achieved when mental health services adopt a recovery approach. This encourages consumers to take an active role and reclaim responsibility for the direction of their lives. Implementing recovery-focused practice within forensic settings requires a specific, skilled balance between recovery values and confronting an individual's risk to others. Recovery within forensic settings must address not only mental health needs but also potentially violent offending behaviours.

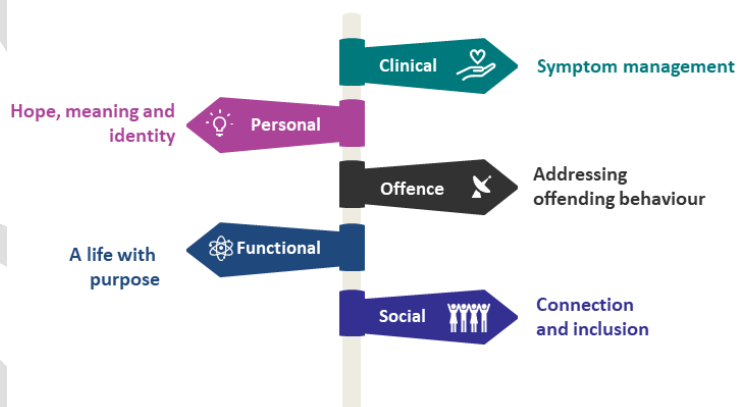
Secure recovery has been adopted for mental health care in forensic settings². Secure recovery acknowledges the challenges of recovery from mental illness and emotional difficulties that can impact on offending behaviour. It recognises that the careful management of risk is a necessary part of recovery in services, but this can happen alongside working towards restoring a meaningful, safe, and satisfying life.

Leading forensic services are increasingly adopting the secure recovery framework at both a national and international level. This shift towards recovery not only advances the quality of care but also strengthens the potential for improved outcomes for consumers within forensic mental health services.

Secure recovery comprises five domains including:

- Clinical recovery centres upon symptom management
- Personal recovery focuses on the concepts of hope, control, identity, and meaning in life.
- Offence recovery relates to issues surrounding an individual's offending or risk of future harm.
- Functional recovery focuses on skills training and developing capabilities for undertaking life tasks (including employment and relationships)
- Social recovery relates to social inclusion/exclusion and the impact of stigma upon an individual

Figure 1 – Secure recovery domains



See Figure 1 – Secure recovery domains.

Recovery is not a linear journey; different domains may be foremost at certain times.

5.2 Dhulwa consumer journeys

There are several pathways in and out of Dhulwa. Common pathways are via the courts and prisons, but a small number of consumers arrive from other settings, such as acute mental health services. A series of common pathways are described below. These pathways are not the only pathways in and

² Drennan, G. and D. Alred, *Secure recovery: approaches to recovery in forensic mental health settings*. 2012, London: Routledge.

out of Dhulwa, and all consumer placement decisions are made having regard to the least restrictive environment that will best respond to and meet the consumer's needs.

Within Dhulwa, the focus of intervention and length of stay is linked to the three specialist Dhulwa functions (See Section 3 – Description of service). Dhulwa supports a range of both short-term and longer-term admissions focussed on guiding a consumer's recovery journey.

Defining the Dhulwa consumer pathways helps to explain the goals of a Dhulwa period of care and what needs to be done to deliver that care over time.

Please note: These common pathways below are not exhaustive and are examples only. Not all journeys will be linear and there may be other influencing factors related to a consumer's journey (e.g., court processes, or terms of custodial orders). Some words are broad to keep the pathways reasonably simple but accurate to understand. E.g. "community" could mean "home", which might include supported accommodation, and "mental health service" could encompass both inpatient/acute and community-based mental health services.

Common Pathway 1: Prison → Dhulwa → Prison

Detainees within a custodial environment that require inpatient mental health care for assessment and stabilisation must access a forensic mental health unit for this support. These individuals typically only need a short admission, after which they will return to prison for follow-up.

Common Pathway 2: Court → Dhulwa → Court

Persons charged with a criminal offence and deemed 'unfit to plead' and requiring inpatient treatment, will also be admitted to Dhulwa. In the event the person becomes 'fit to be tried' within 12 months, court matters will resume. However, if the person does not become fit to be tried, they will either continue their detention in a hospital, prison, or the community (subject to conditions the court deems appropriate).

Common Pathway 3: Court → Dhulwa → Gawanggal → Community

Persons who are charged and tried for a criminal offence, found to be 'mentally impaired' and require inpatient treatment will also be admitted to Dhulwa under conditions determined by the mental health tribunal. While the period of admission of Dhulwa is dependent on the person's needs, a step down via a service such as Gawanggal is encouraged to support a gradual reduction in support and security before a planned community discharge. A step-down will not be indicated for all consumers, and some may be discharged directly from Dhulwa to the community.

Common Pathway 4: Mental health service → Dhulwa → Gawanggal → Mental health service

Consumers admitted to an acute mental health service with specialist forensic needs that cannot be met in a less restrictive environment may be admitted to Dhulwa. Step down via a service like Gawanggal may be beneficial, followed by further support from the consumer's local community mental health service.

Common Pathway 5 – Mental health service → Gawanggal → Mental health service

Consumers who may have exited Dhulwa or Gawanggal to the community previously may require a period of higher care from time to time to support their longer-term community reintegration. In this case, a temporary step-up to an inpatient facility like Gawanggal may be beneficial to prevent further deterioration or serious harm that may compromise their community placement.

5.3 Admission

All consumer admissions into Dhulwa are managed under the Dhulwa Mental Health Unit Referral, Admission and Transfer of Care Procedure.

Admission referrals will be assessed against the admission criteria by the Admission and Assessment Panel (AAP). Consumers referred to Dhulwa must be found appropriate for treatment in a secure forensic environment. Following acceptance of a referral, the AAP representatives will complete a comprehensive assessment with the referred consumer which includes the DUNDRUM Quartet Toolkit (see Section 7- Risk Assessment and Management). This assessment is then reviewed by the AAP to determine whether the consumer will be admitted to Dhulwa.

The admission experience for consumers should focus on building trust, safety, and connection. Formal obligations under the *Mental Health Act 2015* exist to share information; in addition, other Dhulwa information helps orient consumers upon admission. For example:

- An overview of what to expect (e.g., meal times, engagement expectations, carer/family/supporter involvement and staff roles)
- The process of making requests (e.g., personal visits, community leave, additional food, access to personal belongings and electronic device usage)

5.4 Transition

Transition planning from Dhulwa is part of the care planning that starts at the consumer's admission. All transitions from Dhulwa are structured and carefully planned to ensure consumers' safe and efficient transition. The transition from Dhulwa may be to a step-down facility, another inpatient mental health service, correctional environment, or the community.

The MDT will confirm any decision to transfer or discharge a consumer from Dhulwa. Following this, an application will be made to the AAP. Where appropriate, family, carers and supporters should be involved in the care planning for transition or discharge. This decision is underpinned by a thorough risk assessment to determine consumer needs, goals, security, and support requirements to ensure safety and wellbeing.

Before any transition, Dhulwa will confirm that the receiving unit or community setting has the appropriate staff and resources to facilitate a safe and successful transition.

6. Therapeutic supports

Therapeutic supports encompass interventions and services that promote consumers' recovery and wellbeing across the five domains of secure recovery. These supports are provided through an MDT approach. MDT members collaborate to deliver comprehensive and individualised recovery-led interventions aligned to a co-designed consumer care plan. These supports are delivered across all Dhulwa functions of assessment and stabilisation, rehabilitation, and community reintegration.

Typically, consumers receiving care at Dhulwa present with co-occurring, intersecting, diverse and complex needs. All consumers must have an individualised care plan to ensure that their unique needs are considered.

Underpinning the successful delivery of therapeutic support is the quality of engagement, dialogue, respect, and partnership between all members of the Dhulwa team and consumers. This collaboration is of the highest importance to achieve positive outcomes for consumers and carers, families, and supporters, alongside the community.³

Dhulwa's therapeutic supports are designed to address consumers' physical, emotional, psychological, and forensic needs as they progress along their recovery journey (See section 5.1 – Recovery to guide the consumer journey). This is strengthened and sustained by building strong collaborative relationships with carers, families, and services to support this progress.

This section describes the two broad types of therapeutic supports delivered at Dhulwa: clinical supports and wellbeing supports.

6.1 Clinical supports

Clinical interventions are provided (both in group and individual formats) to support consumers to understand their mental health needs and make personal changes to manage their own risk of offending in the future. This includes problem behaviour programs, other psychological therapies, and the full range of psychosocial interventions. These include but are not limited to:

- Assessment, diagnosis, and formulation
- Medication management
- Psychoeducation
- Psychological interventions
- Art therapy
- Physical health support
- Substance misuse treatment
- Offending behaviour interventions

3 McKeown, M., et al. (2014). It's the talk: a study of involvement initiatives in secure mental health setting. *Health Expect.* 19(3), 570-579.

6.2 Wellbeing supports

Wellbeing supports enhance consumers' overall quality of life and psychological wellbeing, emphasising practical, meaningful activities that build on strengths and skills across the five secure recovery domains (see Section 5.1 – Recovery to guide the consumer journey). These include but are not limited to:

- Employment and educational programs (e.g., life skills, vocational programs such as first aid, adult learning courses)
- Accommodation supports.
- Lifestyle and recreation activities (e.g., shopping, sports, arts groups)
- Recovery programs (e.g., self-care, activities of daily living)
- Peer support and engagement with people with lived experience
- Practical support (e.g., financial)
- Occupation and vocational programs
- Family and carer engagement

Placeholder- testing of reintegration supports

7. Risk assessment and management

“If risk assessment and management is going to be effective, it needs to be collaborative and meaningful, where service users can become assessors and managers of their own risk.”⁴

In the context of forensic mental health services, the concept of risk refers to the harm individuals with a mental disorder (including neurodevelopmental disorders) pose, or have posed, to others, where that risk is usually related to their mental disorder⁵. Violence risk assessment and management is essential for forensic mental health services.

This section details the relevant risk assessment and management approaches, tools and supporting processes that are used at Dhulwa.

4 O’Dowd, R., Laithwaite, H., & E Quayle, E. (2022) A Qualitative Exploration of Service Users’ Experiences of Violence Risk Assessment and Management in Forensic Mental Health Settings: An Interpretative Phenomenological Analysis. *Journal of Forensic Psychology Research and Practice*, 22, 357-388.

5 Markham S. (2020). Collaborative risk assessment in secure and forensic mental health settings in the UK. *General Psychiatry*. 33(5)

Risk assessment aims to assess the level of risk a person poses by considering established risk factors, harm, and the likelihood that this behaviour will occur. At Dhulwa, risk assessments are conducted through a range of different methods, including:

- actuarial tools (such as the DASA-IV or risk matrix)
- structured professional judgement tools (e.g., HCR-20)
- unstructured clinical judgement (i.e., clinical opinion based on training and experience).⁶

All methods of risk assessment require the application of clinical judgement. Risk assessment at Dhulwa is viewed through a therapeutic lens, recognising the need to balance safety with the consumers' recovery journey.

Risk management includes individualised strategies and practices to mitigate risks, respond to needs, and support the safety and wellbeing of consumers and others. The management of clinical risk is part of the broader management framework, which also includes organisational, financial, workplace safety and consumer safety systems.

Risk assessment, risk management and relational security work together to adapt and respond to the needs and circumstances of consumers throughout their recovery journey.

Approaches to risk assessment and management need to be structured. This requires clinical instruments to underpin clinical expertise, training in their use and correct interpretation, and a quality assurance cycle to review and monitor for continuous improvement. Risk assessment instruments are an essential adjunct to clinical practice and should not be used as a standalone measure. **They should be used in conjunction with clinical judgement, MDT review and other relevant factors.** This comprehensive approach supports in responding to escalating risks and implementing proactive interventions and support to manage aggression risks effectively.

7.1 DUNDRUM Rating Scale

Tools such as the DUNDRUM quartet are used at Dhulwa to support decision-making regarding care environments, admission, leave and transition (see Section 5 – Consumer journeys).

The DUNDRUM provides an objective evaluation of therapeutic security needs as well as Program Completion and Recovery that can assist in decision making and guide care planning. The DUNDRUM ratings of consumers admitted to Dhulwa are used to measure therapeutic engagement and progress, and to inform the planning of the structured group interventions and therapeutic programs.

The rating scales for the DUNDRUM are informed by a range of established outcome measures and theoretical models of behaviour change and attempt to operationalise the relationship between treatment, recovery, and changing security needs. Risk, particularly the assessment of violence risk, is considered separately; however, it is also considered in making decisions about treatment programs and security needs.

6 Baird, J., & Stocks, R. (2013). Risk assessment and management: Forensic methods, human results. *Advances in Psychiatric Treatment*. 19(5), 358-365.

7.2 Consumer participation in risk assessment and management

Involving consumers in risk assessment and management is an essential component of collaborative care at Dhulwa. Consumers should be treated individually and subject to individual risk assessments to inform all aspects of their treatment plan, including leave and access to therapies. Effective individual risk assessment can assist in the early identification and management of re-emergence of concerning behaviours.

Open and transparent conversations between the MDT and consumers help individualise assessments and any risk management strategies put in place. **Continued conversations with consumers regarding their risk can increase their responsibility of risk, creating opportunities for considered positive risk-taking during admission.** Safewards is one framework that has been highly effective in increasing a sense of safety and mutual support for staff and consumers, which, alongside collaborative risk assessment and management, can enable more recovery-oriented practice at Dhulwa.

7.3 Processes to support effective risk management at Dhulwa

The risk assessment and management approaches within this MoC are supported by the necessary governance processes, as detailed in Section 10 – Governance. There is a strong emphasis of reporting and information to drive improvement and enhance learning.

The approaches to risk assessment and management approaches outlined in this MoC align with CHS policies and procedures. This ensures all incidents are reported and investigated. Incident review assists in improving Dhulwa's processes for care and safety for consumers and carers, families and supporters, and staff.

8. Therapeutic security

Security at Dhulwa is delivered in line with a therapeutic mental health care response rather than a custodial one. Therapeutic security supports the safety of Dhulwa's consumers, carers, families and supporters, and staff. The Dhulwa security approach is delivered in alignment with the security level protocols of the therapeutic environment (e.g., medium secure), ensuring a proportionate level of security is maintained.

The therapeutic security at Dhulwa encompasses three distinct elements:

- relational security.
- environmental security.
- procedural security.

8.1 Relational Security

In the context of therapeutic security, relational security is fundamental. Relational security described the relationships between staff and consumers, including aspects relating to the quality of

care and resourcing, such as consideration of staff-to-consumer ratios⁷. Relational security involves knowing and understanding the consumer group and the circumstances in which there is a security risk⁷. It requires staff to have a therapeutic relationship with the consumers and know their history, risk potential, current mental state, behaviour, stressors, and protective factors⁷. **Relational security is by far the most critical element in the maintenance of the therapeutic progress of consumers.**

The focus at Dhulwa is on building strong professional and therapeutic relationships between consumers and the MDT. These relationships are characterised by trust, respect, and clear boundaries. The approach includes:

- availability of adequately skilled staff who understand and respect consumer needs.
- high staff-to-consumer ratios and time spent in face-to-face contact, building trust between consumers and staff.
- a balance between intrusiveness and openness.
- collaboration and active partnerships with consumers to understand their needs and walk alongside them throughout their recovery journey each day.
- consumer engagement in meaningful activities.
- a shared commitment to achieving consumers' goals.

8.2 Environmental Security

The physical environment supports the safety and security of consumers, staff, and visitors. Environmental or physical security pertains to structural aspects of the environment that make a facility physically secure. It includes building design, composition and maintenance, lockable doors, keys, alarms, cameras, and screening x-rays at the entrance.⁷

The medium secure facility in which Dhulwa operates has been carefully designed for safety to be both supportive and secure. This design aligns with the Australasian Mental Health Facility Design Guidelines to ensure the environment minimises potential consumer harm while providing necessary safety measures.

The Dhulwa approach to environmental security support includes:

- access controls aiming to prevent unauthorised access or exit.
- screening of people entering a secure facility.
- training for security personnel so they understand and can perform their roles and responsibilities.
- management of security related incidents.
- perimeter security.

⁷ Kennedy H.G. (2002). Therapeutic uses of security: mapping forensic mental health services by stratifying risk. *Advances in Psychiatric Treatment*. 8(6): 433-443.

Security staff will be responsible for active observation of the perimeter, both internally and externally, and for responding to any activated perimeter alarm or observation of suspicious activity. Reception staff also play an important role as a welcoming first point of contact for visitors at Dhulwa.

Perimeter security consists of managing the entry and exit to the unit, including:

- Dhulwa-specific key and proximity card access.
- management of the biometric system.
- the secure fence, with built-in motion detection alarms.
- CCTV.
- lighting.
- regular and random patrols.

Further information on the policy and procedures of environmental security at Dhulwa is available via the secure Dhulwa Mental Health Unit: Security Policy and Procedures document.

8.3 Procedural Security

Procedural security is the method used by the staff to maintain security guided by policies and procedures. It can include, among other things:

- counting consumers.
- searching the unit, consumers, and their items.
- storage of equipment.
- management of visits.

It also includes legislation and guidelines governing the treatment and management of incidents, including policy and practices relating to consumers which control access, communications, personal finances, and possessions, as well as those relating to quality and governance, including information management, legal obligations, audit, research, and human resources⁸.

Operations at Dhulwa are guided by the Security Procedural Framework (SPF), which provides a framework for the security systems and personnel. The SPF is to be used in conjunction with this MoC and other relevant policies and procedures.

Staff must comply with CHS, MHJHADS and local policies, procedures, and guidelines. These documents provide clear direction and emphasise the use of least restrictive practices. To further support procedural safety, all Dhulwa staff must:

8 Kennedy H.G. (2002). Therapeutic uses of security: mapping forensic mental health services by stratifying risk. *Advances in Psychiatric Treatment*. 8(6): 433-443

- undertake essential education as stipulated in the CHS Essential Education Policy and Framework, including occupational violence training.
- be orientated to testing and reporting the duress alarm system, including fixed and personal duress alarms.
- understand the backup procedures if system and device failures occur.
- demonstrate the CHS values and Dhulwa principles to ensure personal and professional behaviour does not contribute to the potential to escalate risk.
- apply safe work practices involving proactive risk assessment, mitigation, and management.
- record all reportable incidents through the risk reporting system to line management and Dhulwa / CHS Security as required.
- participate in clinical review of incidents to support a culture of learning and quality improvement, including support post incident.

The therapeutic security approach at Dhulwa is a holistic, integrated model that prioritises safety, trust, and collaboration.

By emphasising relational, environmental, and procedural security, underpinned by the principles of Safewards, Dhulwa is an environment where consumers can feel safe and supported in their journey to recovery, knowing their wellbeing and safety are central.

9. Workforce

The Dhulwa workforce is diverse and multidisciplinary. This includes a range of skills, knowledge, and experience to deliver comprehensive services and interventions.

This section details the workforce model of Dhulwa and includes three subsections providing an overview of the MDT approach, the Dhulwa staffing profile and the workforce training requirements.

9.1 The multidisciplinary team

Care at Dhulwa is delivered by experienced professionals who are appropriately trained and passionate about providing care and interventions. This includes staff from different health professional backgrounds, as well as people who hold lived experience roles and clinical support roles. Together, Dhulwa staff provide comprehensive, discipline-specific, and evidence-based interventions. An MDT approach involves collaborative efforts to combine expertise to offer access to therapeutic interventions, holistic treatment formulation and comprehensive clinical review. The peer workforce supports the MDT in delivering active collaboration and partnership with consumers and carers, families, and supporters.

9.2 Dhulwa staffing profile

The Dhulwa MDT model includes nursing, medical, allied health and peer workforce members focussed on providing a holistic approach to intensive, recovery-orientated forensic care. In addition, a number of administrative and security staff support service delivery at Dhulwa. It should be noted

that staffing requirements and ratios for Dhulwa are guided by the appropriate industrial agreements for relevant professionals.

9.3 Training

Professional development and supervision are essential to delivering high quality care, and adequate time and resources should be provided to meet clinicians' learning needs. This includes opportunities for supervision and establishing and promoting linkages with other forensic mental health specialists and services that can support staff development.

The Australian Health Practitioner Regulation Agency (AHPRA) and other professional bodies overseeing clinical disciplines have specific requirements for continuing professional development and supervision. Clinicians must adhere to these requirements to maintain their professional registration. The ACT Government has also supported the continued maintenance of clinical competence for healthcare workers not covered by AHPRA by endorsing the National Code of Conduct for Healthcare Workers.

All Dhulwa staff have an individual performance plan developed in consultation with supervisors to support their learning and professional development and ensure a skilled and competent workforce.

Orientation training packages should not only focus on familiarising new staff with the service components and work duties, but also orientate new staff to the principles of care and culture underpinning the Dhulwa MoC.

A comprehensive training program is required to implement the MoC effectively. This includes the recommended training areas suggested by the Inquiry, such as:

- clinical risk assessment and management
- proactive risk mitigation.
- de-escalation techniques and limit setting.
- ethics and human rights.
- developing therapeutic relationships.
- role-specific training to enhance evidence-based intervention service offerings.
- supporting diverse and intersecting needs.
- supporting co-occurring disability and AOD use.

9.4 Research and collaboration

Dhulwa is committed to contributing to the knowledge and evidence base in forensic mental health by contributing to and engaging in research and academic forums. Staff at Dhulwa are encouraged to pursue higher degrees relevant to forensic mental health and to participate in academic teaching and research opportunities. Quality improvement and research activities are actively sought and supported as are attendance and participation in local and national research forums and conferences.

Dhulwa acknowledges it is part of a broader network of national forensic mental health services and has a role to play in contributing to national benchmarking and research activities and the body of academic literature in the field. As such, Dhulwa participates in a number of national collaborative forums with other forensic mental health services in Australia and overseas.

10. Governance

In health and mental health services, governance relates to the network of connections and obligations established among the executive team, the workforce and stakeholders, including consumers. It combines various procedures, policies, guidelines, and legal frameworks that influence an organisation's direction, administration, and control. There is a strong interconnection between corporate governance (i.e. health service management) and clinical governance (i.e. quality care). This section describes the corporate and clinical governance arrangements responsibility at Dhulwa.

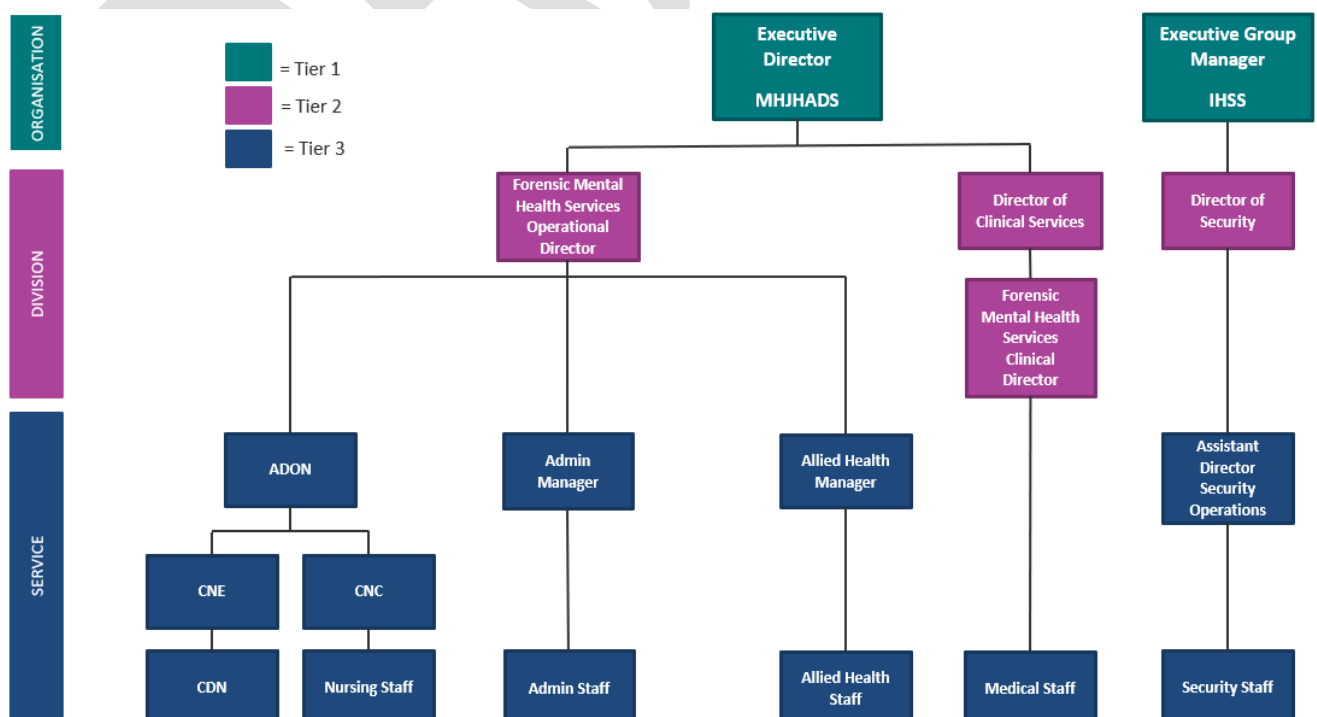
10.1 Corporate governance

Corporate governance refers to the structure, processes, behaviour, and culture used to direct and manage the business and affairs of an organisation. It ensures that it can fulfil its mandate, it has efficient use of resources, and there is accountability for the stewardship of those resources. Dhulwa has established a series of governance tiers:

- Tier 1 – Organisation
- Tier 2 – Division
- Tier 3 – Service

See Figure 2 – Dhulwa corporate governance structure, below.

Figure 2 – Dhulwa corporate governance structure



10.2 Clinical governance

Clinical governance provides a framework that ensures organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care⁹. This is achieved by creating an environment with transparent responsibility and accountability for maintaining standards and allowing excellence in clinical care to flourish¹⁰.

Clinical governance activities are dynamic, changing as new evidence is reviewed. They are created in an environment and culture that:

- encourages communication and feedback from all people affected by clinical practices.
- ensures best evidence-based practice is maintained and processes improved to ensure services are evidence based regarding accessibility, acceptability, effectiveness, and equity.
- has strong leadership that supports teamwork, organisational values, and positive culture change.
- gives opportunities for people to be involved in the decision-making related to their health care because they are the experts.
- incorporates strategies for individual and family/carer involvement in health care planning at the clinical and organisational levels.

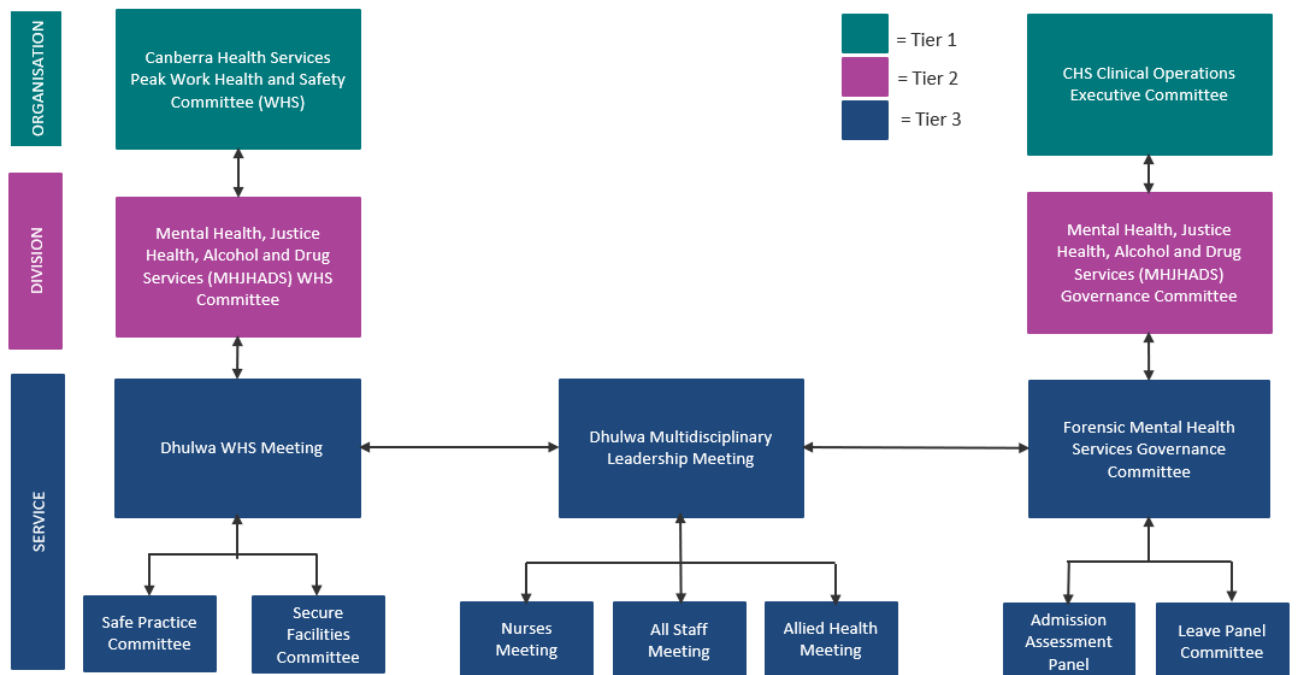
Governance is embedded within existing MHJHADS and CHS corporate, clinical, and operational governance systems. These systems provide a framework that draws together initiatives, processes, systems, and ways of working.

Dhulwa clinical governance sits within a tiered hierarchy of organisational governance regarding decision making and endorsement of service activities (see Figure 3 – Dhulwa clinical governance structure, below). This aligns with the Governance Framework for Mental Health, Justice Health and Alcohol and Drug Services 2018.

9 Macfarlane, A.J.R. (2019). What is clinical governance? BJA Education. Jun;19(6):174-175

10 Australian Commission on Safety and Quality in Health Care 2011.

Figure 3 - Dhulwa clinical governance structure



The specific roles and responsibilities of the staff within this governance structure are also detailed in individual position descriptions and duty statements.

Both the Governance Framework for Mental Health, Justice Health and Alcohol and Drug Services 2018 and the ACT Health Governance Framework 2018 – 2023 highlight that clinical governance is the responsibility of every person involved in receiving or providing health services. Dhulwa and strives to implement team-based governance principles that enable staff of all levels, including clinicians, managers, team leaders and medical staff, to retain responsibility for Dhulwa performance and quality service provision.

The Clinical Director and Operational Director provide overarching senior leadership to ensure service delivery is in line with the strategic direction, organisational accountability targets and corporate governance processes.

The governance of clinical risk at Dhulwa is structured to ensure the timely identification and escalation of potential issues or safety concerns. As this MoC promotes a learning culture, any feedback on an incident or issue should be reviewed to inform ongoing training and quality assurance processes.

11. Interdependencies

Promoting optimal consumer outcomes requires acknowledging interdependent relationships; a single service component cannot exclusively accomplish holistic and effective consumer care. Several services work collaboratively alongside Dhulwa to ensure consumers' safe and supported recovery journey. These occur across three service levels:

- Legislative – supporting operation within the legal frameworks.
- Service – partnerships and collaborations focussed on service delivery.

- Consumer supports – meeting the diverse and evolving recovery needs.

11.1 Legislative

Dhulwa is required to comply with the following overarching legislation, which collectively aims to ensure that individuals with mental health needs receive appropriate and compassionate care while protecting the rights and safety of patients and the broader community.

This legislation provides a legal framework that governs the operation of mental health services, setting standards for assessment, treatment and detention while adhering to human rights principles and best practices in the mental health field. Dhulwa staff must understand their responsibilities and apply service interventions in line with the following ACT legislation.

- ***Human Rights Act 2004***

The *Human Rights Act 2004* is the foundational human rights framework for the ACT. It protects and promotes the human rights of all individuals within the jurisdiction. In the context of mental health services, this legislation ensures that the rights of mental health consumers are respected and upheld. It sets the standard for the ethical and dignified treatment of individuals with mental health conditions, safeguarding their fundamental human rights. This includes rights related to privacy, dignity, freedom from discrimination, and access to adequate healthcare.

- ***Mental Health Act 2015***

The *Mental Health Act 2015* provides the legal framework for the assessment, treatment, and care of individuals with mental health disorders in the ACT. Its central function is to balance patients' rights and needs with the community's protection. This act outlines the processes and criteria for involuntary assessment and treatment of individuals who pose a risk to themselves or others due to their mental health condition. It aims to ensure that mental health services are delivered with a focus on the least restrictive interventions and respect for patient rights.

- ***Mental Health (Secure Facilities) Act 2016***

The *Mental Health (Secure Facilities) Act 2016* addresses explicitly secure facilities and the detention of individuals who pose a significant risk to themselves or the community due to their mental health condition. This act defines the rules and procedures for individuals' detention, assessment, and treatment within secure mental health facilities. Its role is to balance protecting detainees' rights and ensuring the facility's and community's safety and security. It also outlines the rights and safeguards for individuals detained in secure mental health settings.

Further relevant government legislation and policies have been included in the Appendix.

11.2 Service

At the service level, partnerships and collaborations with various services, organisations and agencies are essential to ensure consumers receive comprehensive and holistic care. These relationships with key service partners are described in Table 1, below.

Table 1 – Key Dhulwa service partnerships

Agency	Role	Function
Canberra Health Services- Acute Mental Health Units	Mental health inpatient care	At times, there is a need for a consumer to be stepped down to a less secure acute mental health unit. Transfers are considered for clinical reasons and will be discussed between the Dhulwa treating Consultant, Clinical Nurse Consultant (CNC) and the receiving unit's Consultant. After hours, transfers are facilitated by the Nurse in Charge (NIC) in collaboration with the on-call Psychiatric Registrar.
Canberra Health Services- General	Physical health care	To support the physical health needs of Dhulwa consumers through a range of primary, secondary, and tertiary healthcare services.
GP access	Physical health care	Dhulwa encourages people to maintain their relationship with their GP, including booking a consultation when needed.
NDIS coordinators and support workers	Facilitating access to National Disability Insurance Scheme (NDIS) supports and services, including direct care and assistance to individuals with disabilities.	Stakeholders involved in a consumer's NDIS plan are welcomed and encouraged to be involved and support consumer recovery.
ACT Correctional Services	Oversight and management of individuals in the criminal justice system.	Identifying and referring eligible detainees to Dhulwa and supporting their transition (where required) back to a custodial facility.
Housing providers	Managing and offering accommodation options	To provide safe and suitable housing solutions.
Alcohol and other drug services	To offer support for individuals with co- occurring mental health and substance misuse needs.	To deliver a range of interventions, counselling, and rehabilitation services to assist individuals in addressing and overcoming substance use disorders,

		ultimately promoting recovery and wellbeing.
Community services	To offer community based occupational, educational, and psychosocial services.	To provide opportunities for community engagement in meaningful activities and social connection.

11.3 Consumer supports

At the consumer level, service partnerships are tailored to meet consumers' unique needs and challenges. These partnerships at the consumer level are designed to empower consumers, engage their support networks, and promote recovery while respecting individual choice, values, and goals. Any additional service involvement should be decided in partnership with consumers to support their involvement in selecting and engaging with these services, which will support positive outcomes.

These service partnerships include but are not limited to:

- family and carer involvement.
- peer support and support groups.
- advocacy and legal services.
- educational and vocational support.
- spiritual and cultural services.
- recovery and wellness planning.

12. Monitoring and evaluation

The MoC has been developed to align practices with the best contemporary standards and the expectations of staff and consumers. A continuous improvement approach, informed by insights from the previous model of care and the Dhulwa Inquiry, will assist implementation. Continuous improvement (as described in the subsection below) involves closely monitoring service functions and expectations, particularly in risk management, through key performance indicators (KPIs), consumer and carer, family, and supporter feedback, and risk reviews. The MoC will undergo a continuous improvement approach throughout the implementation and review in 3-5 years.

12.1 Continuous improvement

Continuous improvement is the rigorous management of performance and progress to benchmark, manage risk and drive improvement¹¹. This iterative process is at the core of Dhulwa's commitment to providing consumers with the best assessment, treatment, and support within the available resources. KPIs guide the improvement and continuous learning process. These metrics are one

¹¹ Canberra Health Services, The Foundation of Exceptional Care: Clinical Governance Framework 2020-2023.

aspect of the performance assessment to identify areas for enhancement and make data-driven decisions. Dhulwa reports on the required MHJHADS Access, Quality, Finance and Human Resource KPIs at an appropriate frequency.

A subset of the KPIs is listed in Table 2, below.

Table 2 – KPIs to support continuous improvement.

Key Performance Indicators	Description						
Inpatient admissions	Total number of consumers admitted to Dhulwa.						
Transfers in and out	<table border="0"> <tr> <td>Total transfers in</td> <td>Total transfers out</td> </tr> <tr> <td>Transfers from:</td> <td>Transfers to:</td> </tr> <tr> <td> <ul style="list-style-type: none"> • other mental health units • corrections facility • other facility </td> <td> <ul style="list-style-type: none"> • other mental health units • corrections facility • other facility </td> </tr> </table>	Total transfers in	Total transfers out	Transfers from:	Transfers to:	<ul style="list-style-type: none"> • other mental health units • corrections facility • other facility 	<ul style="list-style-type: none"> • other mental health units • corrections facility • other facility
Total transfers in	Total transfers out						
Transfers from:	Transfers to:						
<ul style="list-style-type: none"> • other mental health units • corrections facility • other facility 	<ul style="list-style-type: none"> • other mental health units • corrections facility • other facility 						
Inpatient discharges	Total number of consumers discharged from Dhulwa (not to other mental health unit)						
Ward utilisation	Total number of bed days						
Ward occupancy	Percentage of 25 inpatient beds occupied						
Average length of stay	Calculated for discharged consumers						
Care plan	Care plan is completed every three months						
Structured sessions	Number of structured sessions delivered each week						
Admission assessment	Admission assessment is completed within seven days						

13. Glossary

Acute mental health services	The primary goal of care is reduction in severity of symptoms and/or distress associated with the recent onset or exacerbation of a mental illness.
Carer	A person who provides personal care, support, or assistance to you. According to the Act, people can be carers if they are a partner, parent, child, relative, or guardian of the person or if they live with a person who experiences mental illnesses or disorders. However, a person is not automatically a carer simply because they hold such a position.
Conditions of Release	A person who is found not guilty due to mental impairment of a serious offence by a court may be released from custody with conditions by the ACT Civil and Administrative Tribunal. Where inpatient care is required, the person may be made subject to a condition to reside at an address or approved facility such as Dhulwa. Decisions about leave for such persons is required to be consulted upon by the ACAT so that the conditions can be varied.
Consumer	Consumers are people who identify as having a living or lived experience of mental illness, irrespective of whether they have a formal diagnosis, have accessed services, and received treatment.
Correctional patient	A person serving a custodial sentence who requires treatment, care or support in an approved mental health facility and consents to receiving the treatment, care, or support.
Forensic Psychiatric Treatment Order (FPTO)	A Forensic Psychiatric Treatment Order authorises the involuntary treatment, care, and support of someone with mental illness who is detained in a correctional facility, at a place of detention or is serving a community-based sentence, on parole, or where a court has found that person to be 'unfit to plead' or 'mentally impaired' under the Crimes Act 1900 (ACT) or the Crimes Act 1914 (Commonwealth). It can be either as an inpatient or in the community and can be made for up to three months. If four consecutive Forensic Psychiatric Treatment Orders have been made for a person for one year), a one-year order can be made.
Leave	Leave is a period of time out of a facility agreed between the person receiving treatment and care and their treating team. The leave period is designed to enhance recovery and help the person return to their usual life in the community.
Mental illness	A condition that seriously impairs (either temporarily or permanently) the mental functioning of a person in one or more areas of thought, mood, volition, perception, orientation, or memory. It can be characterised by the presence of:

	<ul style="list-style-type: none"> delusions, hallucinations, severe disorders of streams of thought, serious disorders of thought form, or serious disturbance of mood, or a sustained or repeated irrational behaviour that may be taken to indicate the presence of at least 1 of the symptoms mentioned in the dot point above. <p>A mental illness may be secondary to mood disorders (e.g., major depressive disorder and bipolar disorder) and psychotic illnesses (e.g., schizophrenia).</p>
Mental impairment	<p>A mental impairment is a defence for a criminal charge. This defence will be used where the person committed the physical act of the crime where they have a mental illness or other mental disorder and as such, they:</p> <ul style="list-style-type: none"> did not understand the nature of their actions; did not know that their conduct was wrong; or could not control their conduct. <p>Where a court finds a person mentally impaired in relation to a criminal charge the person will not be held criminally responsible for that conduct.</p>
Model of care	<p>A model of care broadly defines how health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury, or event. Models of care may be developed at the project level, where required.</p>
Psychiatric Treatment Orders (PTO)	<p>A type of Mental Health Order made by ACAT under the Act. A Psychiatric Treatment Order authorises the involuntary treatment, care, and support of someone with mental illness when they require longer term treatment, care, and support. It also authorises certain restrictions (such as admission or detention in an approved mental health facility) to ensure that this treatment, care, and support can occur safely and effectively. A psychiatric Treatment Order can be made for up to six months, and can authorise involuntary treatment, care, and support either as an inpatient or in the community.</p>
Recovery	<p>Being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues</p>
Trauma informed care	<p>Trauma Informed Care involves staff understanding the impact of trauma, triggers, and how service delivery can aggravate the impacts of trauma.</p>
Treatment, care and support	<p>Things are done or services provided by health professionals to promote a person's recovery, remedy the disorder, or illness, or lessen its ill effects, or the pain, or suffering it causes.</p> <p>This may include:</p> <ul style="list-style-type: none"> the giving of medication, counselling, training, or

-
- therapeutic and rehabilitation programs.

Any treatment, care or support provided to the person under the Mental Health Act on an involuntary basis must have a clear relationship with restoring the person's mental health, e.g., if a person requires antipsychotic medication to treat their psychosis, blood levels must be checked regularly to ensure the safe and therapeutic administration of the antipsychotic, therefore requiring a blood test constitutes treatment, care or support under the Act. A person cannot be required to accept treatment for a non-related physical health condition, i.e., asthma, because they are receiving care under the Act.

Unfit to be tried

A person who is charged with a criminal offence is deemed unfit to plead if their mental process is disordered or impaired, affecting their ability to understand essential court processes.

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14. Appendix

As detailed in Section 11.1 –Interdependencies – Legislative, Dhulwa is required to comply with relevant legislation and CHS policy. These include but are not limited to the items set out in Table 3, below.

Table 3 – Additional legislative and policy items

Legislation	CHS policy
<i>Carers Recognition Act 2021 (ACT)</i>	Canberra Hospital and Health Services Operational Procedure: Emergency Department and Mental Health Interface. Canberra Health Services (2017)
<i>Children and Young People Act 2008 (ACT)</i>	ACT Charter of Rights for People who experience Mental Health Issues, 2015, Canberra Health Services
<i>Corrections Management Act 2007 (ACT)</i>	Child Protection Policy, 2019, Canberra Health Services
<i>Crimes Act 1900 (ACT)</i>	ACT Health Consent and Treatment, 2016, Canberra Hospital and Health Services
<i>Crimes Act 1914 (Cwlth)</i>	ACT Health Searching: Limits to Staff Ability to Search a Consumer’s Patient and Property, 2018, Canberra Hospital and Health Services
<i>Discrimination Act 1991 (ACT)</i>	Canberra Health Services Operational Policy: Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management, 2015, Canberra Health Services
<i>Guardianship and Management of Property Act 1991 (ACT)</i>	Smoke Free Environment Policy and Procedure, 2014, ACT Health
<i>Health Records (Privacy & Access) Act 1997 (ACT)</i>	ACTPS Nursing and Midwifery Safe Care staffing framework
<i>Human Rights Act 2004 (ACT)</i>	CHS Incident Management Policy, 2021, Canberra Health Services
<i>Privacy Act 1988 (Cwth)</i>	Canberra Hospital and Health Services Clinical Guideline - Identification, Mitigation and Management of Aggression and Violence for Mental Health Justice Health Alcohol and Drug Services, 2017, Canberra Hospital and Health Services
<i>Work Health and Safety Act 2011 (ACT)</i>	Canberra Health Services Operational Guideline Providing Physical Health Care Across Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS), 2019, Canberra Health Services
	Canberra Health Services Procedure Dhulwa and Gawanggal Mental Health Units – Leave Management for People Admitted, 2021, Canberra Health Services
	Canberra Health Services Policy Occupational Violence, 2022, Canberra Health Services
	Canberra Health Services Procedure Dhulwa Mental Health Unit – Security Policy and Procedures 2020, Canberra Health Services


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Acknowledgement of Country

 Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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