

Dear [REDACTED]

I refer to correspondence regarding the request made by you for information under the *Freedom of Information Act 1989* (the FOI Act) to:

1. *"State-wide figures/data for mental health service settings, between 1 January 2002 and the latest date for which figures are held, regarding*
 - a) *seclusion use*
 - b) *mechanical restraint use*
 - c) *physical restraint*
 - d) *chemical restraint use (by which I mean tranquilisation/sedative administration to control behaviour regarded as problematic as opposed to for treatment of a psychiatric condition)*
 - *number of instances and clients restrained (please note here and elsewhere in this application, 'restraint' includes 'chemical restraint' as defined above) per year,*
 - *percentage of patients in mental health services in total secluded, and percentages restrained, at any point during their admission,*
 - *a number representing instances of restraint per 1000 bed days,*
 - *average durations of seclusion and durations of restraint events*
 - *breakdown of seclusion and restraint events by differing periods of duration (e.g. 0-4 hours, 4-12 hours, 12-24 hours, 24-48 hrs etc)*
 - *breakdown of seclusion and breakdown of restraint events by ages of patients secluded/restrained*
 - *breakdown of seclusion and breakdown of restraint events by reasons for which patients were secluded/restrained*
2. *Total mental health inpatient episodes (that is, admissions or separations or however it is/was standardly recorded) for each reporting year since 1 January 2002.*
3. *Information/reports/documents held by or compleible by the ACT Health regarding deaths or injuries of/among patients and staff, and the particulars thereof, in psychiatric services in circumstances that were associated with (whether seen as potentially partially or fully consequential to or as simply having co-occurred with) the use of seclusion, physical restraint, mechanical restraint or emergency sedation/rapid tranquilisation that constitutes chemical restraint, as defined above, of a patient between 1 January 2002 and the present*

4. *Summary information (such as a list or table whether in existence already or extractable/produced) relating to the events described in the above dot point that details*
 - (a) *the date of each death/injury*
 - (b) *the nature of the event -- that is, whether death or injury and if the latter what kind of injury*
 - (c) *which restrictive practice(s) an event was associated with*
 - (d) *total no. of such deaths in the period described above and*
 - (e) *total no. of such injuries in the period described above.*

5. *Copies of*
 - *the Excel document(s)/file(s) detailing seclusion rates provided by the ACT to the Quality and Safety Partnership Subcommittee, DOHA or the AIHW or related authorities used for the purposes of a presentation made by [REDACTED] at the 2012 Seclusion and Restraint Reduction forum in Cairns and referred to in the attached decision on an FOI request made by me to the AIHW, and*
 - *any equivalent materials provided for the 2011 forum also referred to in the AIHW decision attached (relevant sections marked)."*

As Executive Director, Mental Health, Justice Health and Alcohol and Drug Services, ACT Government Health Directorate, I am an officer authorised under Section 22 of the Act to make a decision in relation to this matter.

After conducting a thorough search of all relevant ACT Health records, documents were identified that fall within the ambit of your request. The documents identified date from 2007 to 2013, and with the exception of one week in 2004, all documents prior to 2007 that fall within the scope of your request are clinical records and exempt from provision under section 6(2) of the FOI Act.

The Division of Mental Health, Justice Health and Alcohol and Drug Services has an overriding philosophy of recovery and psychopharmacology for treatment and not chemical restraint. The Chief Psychiatrist has advised me that there have been no cases of chemical restraint that fall within the scope of your FOI request.

I have decided to exempt certain documents, or part thereof, under the following provisions of the FOI Act:

- **S21 Deletion of exempt matter; and**
- **S41 Documents affecting personal privacy.**

In making my decision I have considered the sections of legislation listed at **Attachment A** to this letter. In addition, I have provided a Statement of Reasons for my decisions, at **Attachment B**.

The statement of reasons for the exemptions that have been applied to each report is provided in the schedule of documents.

Seclusion Registers

The exemption in Section 41 of the Act is applied as the information includes personal information about a person. The incident reports have been redacted for partial release, pursuant to Section 21, to remove all personal information. I note that there is no public interest test required for Section 41 of the FOI Act.

Incident reports

The exemption in Section 41 of the Act is applied as the information includes personal information about a person. The incident reports have been redacted for partial release, pursuant to Section 21, to remove all personal information. I note that there is no public interest test required for Section 41 of the FOI Act.

Please note the incident reports are regarding physical injuries.

If you wish to seek a review of this decision you should write to:

The Principal Officer
c/- FOI Coordinator
Executive Coordination
Health Directorate
GPO Box 825
CANBERRA ACT 2601

You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer/ Secretary permits.

You also have the right to complain to the Ombudsman about the progression of your request.

If you wish to lodge a complaint you should write to:

The Ombudsman
GPO Box 442
CANBERRA CITY ACT 2601

Should you have any queries in relation to this matter please contact Jonas Allen, Acting Assistant Government Business Coordinator on telephone 6205 1340 or jonas.allen@act.gov.au.

Yours sincerely



Katrina Bracher
Executive Director
Mental Health, Justice Health, Alcohol and Drug Services
/ August 2013