

# Community Consultation Report

## *Mental Health Act 1986 Review*

### **Key points raised by participants at the Ballarat public forum on 10 February 2009** (Approximately 40 participants)

Note the identified 'suggested changes' do not necessarily correlate with 'discussed challenges'. This is consistent with the flow of conversations at the forums. Further, a wide range of opinions were expressed at the forums and the identified 'suggested changes' were not necessarily universally supported.

#### **1. Rethinking involuntary orders**

Discussed challenges: concern about ambulance transport of involuntary patients for several hours without powers to sedate; concern raised about the use of community treatment orders as a substitute for good clinical care.

Suggested changes: assessment orders to promote early intervention (though some concerns that it may delay treatment); a different set of criteria for community treatment orders.

#### **2. The Act's role in promoting recovery**

Suggested changes: the inclusion of a definition of 'recovery' in the Act and the recognition of consumers and carers as central to recovery; increased support for consumers during and after admission, including providing consumers with a copy of their treatment plans; treatment plans being holistic (rather than just medical), being renamed 'recovery' plans, and a partnership approach to development of treatment plans/discharge planning by including family, carer and general practitioners; that a right to treatment be enshrined in the new Act.

#### **3. Patient participation in decisions about treatment and care**

Suggested changes: inclusion of advance statements in the new Act; statement of rights being provided to both voluntary and involuntary consumers (verbally as well as in writing); inclusion of voluntary patients' rights in the Act; access to independent advocates to act on behalf of consumers.

#### **4. A stronger human rights focus**

Suggested changes: inclusion of specific provisions for children and youth; continuous observation of patients in seclusion; some support for mandatory second psychiatric opinions for ECT and also for ECT only with informed consent.

#### **5. Effective and accessible mechanisms for overseeing treatment and care**

Suggested changes: review of involuntary orders within two weeks; more regular review of community treatment orders; the Chief Psychiatrist being independent from the Department of Human Services and reporting to Parliament.

#### **6. Responding to the needs of families and carers**

Discussed challenges: concern about the mental health system expectation that carers will provide care in the absence of necessary information and support.

Suggested changes: a nominated person scheme in the Act; greater clarity on information sharing provisions in the Act; best interests of the consumer being considered before disclosing information.