

# Community Consultation Report

## *Mental Health Act 1986 Review*

### **Key points raised by participants at the Geelong forum on 4 February 2009** (Approximately 56 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**

Challenges discussed: concern that community treatment orders are used too often and a call for different types of community treatment orders to be introduced.

Suggested changes: introduction of assessment orders; clarification or removal of the word 'appears' to be mentally ill and a clearer definition of mental illness; removal of 'refusal of treatment' from the criteria; clearer distinction between an involuntary treatment order and a community treatment order.

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

Suggested changes: emphasis on recovery in the Act; renaming of treatment plans as 'recovery plans'; involving patients and those involved in their care in the development of these plans which should be holistic; recovery planning starting at the earliest possible time after admission.

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

Suggested changes: the right to an advocate being enshrined in the Act; statement of rights provided to both voluntary and involuntary consumers; advance statements included in the Act; recognition of everyone's right to treatment in the Act; rights to be explained to the consumer by an independent advocate throughout involuntary inpatient treatment.

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

Challenges discussed: recognition that refusal of treatment by a consumer is not a symptom of mental illness.

Suggested changes: involvement of more non-psychiatrists in decisions; provision of better safeguards in monitoring people in seclusion, such as offering debriefing for consumers following a period of seclusion.

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

Suggested changes: consumers to make complaints to an independent complaint body; shorter initial review of involuntary orders and regular reviews.

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

Challenges discussed: the difficult balance between confidentiality of the consumer and need of carers to have information.

Suggested changes: greater clarity around criteria for disclosure of information to carers, with the Act to specify when carers should be given information; support for the introduction of a nominated person scheme.