

Community Consultation Report

Mental Health Act 1986 Review

Key points raised by participants at the Preston public forum on 30 January 2009 (Approximately 70 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: risk criteria currently too broad.

Suggested changes: clearer definition (or removal of) "appears to be mentally ill"; introduction of an assessment order; introduction of a test to determine whether or not a person has capacity; use of community treatment orders as a substitute for good clinical care.

2. The Act's role in promoting recovery

Suggested changes: inclusion of a definition of recovery in the Act and recognition of consumers and carers as central to recovery; increased support for consumers during and after admission; provision of copies of treatment plans to consumers; a partnership approach to development of treatment plans/discharge planning by including family, carer and general practitioners; enshrining a right to treatment in the new Act; holistic (rather than just medical) approaches to treatment and care in order to achieve recovery.

3. Patient participation in decisions about treatment and care

Suggested changes: inclusion of advance statements/directives in the legislation; provision of more information about treatment and care to both voluntary and involuntary consumers (verbally as well as in writing); access to independent advocates to act on behalf of consumers; information about rights and responsibilities which should be provided to the consumer upon admission and again when the consumer is best able to absorb it; the need for recognition of 'informed consent' in the Act.

4. A stronger human rights focus

Discussed challenges: identification of the tension between early intervention and civil liberties in treating serious mental illness; identification of the tension between consumer safety and worker safety in wards.

Suggested changes: the need for access to independent second psychiatric opinions; treatment plans to work as a tool to keep consumers engaged in their treatment; support for the introduction of a Code of Practice.

5. Effective and accessible mechanisms for overseeing treatment and care

Discussed challenges: accountability and transparency for clinicians and services; a formal hearing as not always the best way for involuntary order review (consumers often find Board hearings unhelpful); the multiple roles of the Office of the Chief Psychiatrist as problematic; how to ensure the Act's provisions are implemented as current breaches are not addressed;

Suggested changes: a shorter initial review period for an involuntary order; provision of better information to consumers about their right to appeal and right to make a complaint; a centralised complaints system in the Act; strengthening the community visitors scheme.

6. Responding to the needs of families and carers

Discussed challenges: finding the balance between consumer privacy and carer's need for information; the mental health system expectation that carers will provide care in the absence of necessary information and support.

Suggested changes: nominated persons having legal standing and recognition in legislation; greater information sharing, conducive to a patient's care; mandating of contact with next of kin when a consumer is admitted; treatment plan provided to key people with consent of the consumer and involving them in the plan.