

Community Consultation Report

Mental Health Act 1986 Review

Key points raised by participants at the Traralgon public forum on 19 February 2009 (Approximately 30 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; concern about availability of second psychiatric opinion in rural areas.

Suggested changes: simplification of grounds for making of involuntary orders, such as a clearer definition (or removal of) "appears to be mentally ill"; clarification of police role under section 10; two clinicians to make an assessment of a person's mental illness.

2. The Act's role in promoting recovery

Suggested changes: inclusion of recovery focus in the Act; increased recognition of consumers and their carers as central to recovery; necessity for a holistic (rather than just medical) approach to treatment and care in order to achieve recovery; treatment plans which should be frequently reviewed and involve carers.

3. Patient participation in decisions about treatment and care

Suggested changes: advocates to help communicate the statement of rights to consumers upon admission and again when the consumer is best able to understand; statement of rights provided to all consumers; the inclusion of advance statements in the Act; greater ability for consumers to challenge decisions, for example, the ability to decline medication if it is not in their best interests.

4. A stronger human rights focus

Suggested changes: recognition of Charter rights in the new Act; recognition of diverse needs in the Act; recognition of consumer consent in treatment decisions; continuous observation of seclusion and the offer of debriefing to the consumer; access to independent second psychiatric opinions for ECT, seclusion and restraint; ECT only to be given with informed consent.

5. Effective and accessible mechanisms for overseeing treatment and care

Discussed challenges: formal hearing not always the best way for reviewing involuntary orders, in particular the use of teleconferencing (consumers often find Board hearings unhelpful).

Suggested changes: a shorter initial review period for an involuntary order; part of the review of an involuntary order including a mandatory second psychiatric opinion after two months; a more flexible board structure to review involuntary orders; mandatory legal representation made available to consumers at board hearings; a centralised independent complaints body in the Act.

6. Responding to the needs of families and carers

Suggested changes: improved information sharing between agencies, for example with PDRS; greater recognition of carers in the Act, for example, carer's and/or nominated person's involvement in treatment planning and discharge planning; clarification of definition of a carer; support for a nominated person scheme.