

Community Consultation Report

Mental Health Act 1986 Review

Key points raised by participants at the Warrnambool forum on 5 February 2009 (Approximately 36 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

Suggested changes: the introduction of an assessment order (three days) to allow for a proper diagnosis; clearer definition of mental illness; clarification or removal of the word "appears" to be mentally ill; clarification on section 10 of the Act for police; minimisation of involuntary orders where possible; reduction in length of community treatment orders to 90 days which will allow for more frequent review. Where voluntary consumers wish to leave a unit then they should be able to leave rather than being immediately detained and made involuntary.

2. The Act's role in promoting recovery

Discussed challenges: consideration of whether involuntary treatment orders or community treatment orders assist or impede recovery.

Suggested changes: consumers having sufficient time with a psychiatrist for adequate assessment and individual care; a holistic approach to treatment and recovery; greater focus on discharge planning to help promote recovery.

3. Patient participation in decisions about treatment and care

Suggested changes: recognition that the rights of voluntary consumers are important because access to treatment is important; mechanisms to ensure statements of rights are understood by the consumer; the right to an advocate enshrined in the Act; statement of rights to be provided to both voluntary and involuntary consumers; inclusion of advance statements in the Act.

4. A stronger human rights focus

Suggested changes: mandated second psychiatric opinions for all invasive/restrictive treatments including ECT; full disclosure of all information including side effects of treatment; notification to carers/nominated persons when ECT, seclusion or restraint are used; seclusion and restraint not to be used for convenience or as a punitive measure.

5. Effective and accessible mechanisms for overseeing treatment and care

Suggested changes: greater involvement of carers/families in Board hearings; shorter initial review period for an involuntary order (8 weeks too long); greater clarification on the role of the Chief Psychiatrist; greater accountability from services; a Mental Health Commissioner with powers to deal with complaints.

6. Responding to the needs of families and carers

Suggested changes: the Act recognising the needs of families/carers to be involved in decisions about treatment and care; a nominated person scheme with clear guidelines about who nominates the person and how; more flexibility in information sharing with carers; greater clarity around proper disclosure of information to carers.