

Community Consultation Report

Mental Health Act 1986 Review

Key points raised by participants at the Keysborough public forum on 9 February 2009 (Approximately 95 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: use of community treatment orders as a substitute for good clinical care.

Suggested changes: clearer definition (or removal of) "appears to be mentally ill"; introduction of an assessment order for a period of two to four days; involvement of general practitioners and families during assessment order stage.

2. The Act's role in promoting recovery

Discussed challenges: the Act's limited capacity to influence recovery when mental illness is a permanent disability.

Suggested changes: support for treatment plans as holistic (rather than just medical); greater involvement of families in promoting recovery; 'recovery' plans for involuntary and voluntary patients; 'recovery' plans requiring consultation with all parties and services involved in the care, for example, the general practitioner, carer, case manager; increased consumer access to information on side effects of medication.

3. Patient participation in decisions about treatment and care

Suggested changes: inclusion of advance statements in the legislation; provision of 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.

4. A stronger human rights focus

Suggested changes: the Charter's use as the framework for all discussion about involuntary orders; clear articulation of specific needs of children in the Act; recognition of diverse cultural needs in the Act; continuous observation of patients in seclusion; patients who are subjected to restraint to have access to an appeal process; ECT only with a patient's consent; access to independent second psychiatric opinions.

5. Effective and accessible mechanisms for overseeing treatment and care

Discussed challenges: formal board hearing as not always the best way for reviewing involuntary orders (consumers often find board hearings disempowering).

Suggested changes: a shorter initial review period for an involuntary order; more regular review of community treatment orders; access to legal representation for patients at Board hearings; an independent centralised complaints system in the Act; introduction of an independent monitoring body.

6. Responding to the needs of families and carers

Discussed challenges: current provisions for information sharing are not clearly understood.

Suggested changes: greater family/carers involvement in treatment and care for example, in making of involuntary orders, treatment planning and board hearings; recognition of carers' rights in the Act; introduction of nominated person scheme.