

# Community Consultation Report

## *Mental Health Act 1986 Review*

### **Key points raised by participants at the Ringwood public forum on 12 February 2009** (Approximately 105 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: the risk criterion for an involuntary order is currently too broad; questioning of whether 'patient' is the appropriate legislative term.

Suggested changes: clearer definition (or removal of) "appears to be mentally ill"; tightening the grounds for making of an involuntary order; introduction of a test to determine whether or not a person has capacity; introduction of an assessment order; community treatment orders for six months.

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

Discussed challenges: questioning of 'recovery' as an appropriate term given mental illness is often chronic.

Suggested changes: inclusion of a definition of recovery in the Act; treatment plans which should be holistic (rather than just medical) and renamed as 'recovery' plans; obligation to consult with carers and families to develop treatment plans; introduction of Codes of Practice regarding the development of treatment plans, for example, the requirement to provide information on side-effects of medication.

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

Broad issues discussed include: statements of rights which should be provided to all consumers and their carers upon admission and again when the consumer is best able to understand; provision of information about treatment and care continually to both voluntary and involuntary consumers; support for inclusion of advance statements in the legislation; access to independent advocates to act on behalf of consumers.

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

Suggested changes: mandatory second psychiatric opinions for ECT; Code of Practice needed for seclusion, restraint and ECT; inclusion of specific provisions for children and elderly; protection of voluntary consumers within Act, for example a voluntary consumer's right to say "no" without the fear of being made involuntary; use of Charter as framework for all discussion about involuntary treatment.

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

Suggested changes: shorter initial review period for an involuntary order (within one to four weeks); shorter period for regular reviews of an involuntary order (six months); participation at Board hearings of all involved in the consumer's care, for example family, carer and support services; a centralised external complaints body in the Act with power to recommend changes and public reporting accountabilities; an independent monitoring body.

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

Suggested changes: greater clarity on information sharing in the Act including when this is in the consumer's "best interest"; support for a nominated person scheme; the Act requiring an assessment of the capability of families to care.