

Community Consultation Report

Mental Health Act 1986 Review

Key points raised by participants at the Sunshine public forum on 23 February 2009 (Approximately 53 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

Broad issues discussed include: simplification of grounds for making of involuntary orders, for example a clearer definition (or removal of) "appears to be mentally ill"; capacity to consent and risk criteria as currently too broad; support for introduction of an assessment order (four to seven days); introduction of a second opinion which should be required during assessment stage; section 12A, 12B, 12C and 12D of the Act as violating the Charter because they allow the continued detention of a person who has not met the criteria.

2. The Act's role in promoting recovery

Broad issues discussed include: greater focus on rehabilitation and recovery in the Act; treatment planning which should be more recovery focused and holistic, include discharge planning and be more transparent in development (for example, incorporating a requirement to advise consumer about medication side effects and documenting when treatment team goes against consumer's wishes); recognition that specific groups have specific needs, for example separate facilities for males and females.

3. Patient participation in decisions about treatment and care

Broad issues discussed include: a statement of rights which should be provided to all consumers; support for access to independent advocates to act on behalf of consumers; support for the inclusion of advance statements in the legislation which is regularly updated.

4. A stronger human rights focus

Broad issues discussed include: seclusion and restraint which should only be used as a last resort and not with voluntary patients; the need for access to independent second psychiatric opinions for ECT; ECT only to be given with informed consent and to be banned for consumers under 18 and over 65 years old.

5. Effective and accessible mechanisms for overseeing treatment and care

Broad issues discussed include: a shorter initial review period for an involuntary order (within four weeks) and shorter regular review of involuntary orders (three to six months); board hearings which should involve carers, families, clinicians, PDRSs and other relevant parties; access to advocates to represent consumer at board hearings; consumers needing access to information about hearings at least three days in advance; compulsory review of death which should be required in the Act; a centralised independent complaints system in the Act; penalties for breaches of the Act to ensure the provisions are implemented.

6. Responding to the needs of families and carers

Broad issues discussed include: greater recognition of carers and their rights in the Act (for example, carer's and/or nominated person's involvement in treatment planning and discharge planning); improved information sharing with the carer because information is important to fulfil their role; nominated person to have legal standing and recognition in legislation; need for clarification of what information can be shared between different agencies.