

Submission template

Response to *Review of the Mental Health Act 1986 Some key questions*

Introduction

This template is designed to assist people in making a submission in response to the *Review of the Mental Health Act 1986 Some key questions* paper. It contains a list of the questions posed in the paper. Comment is welcome on any matter related to the Act, and need not be limited to the questions in the paper or the *Consultation paper*.

Please note: Closing date for submissions is 5:00pm on Friday 27 February 2009. The use of this template is optional.

Contact details

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Name of organisation (if applicable):

Return address:

List of questions in *Review of the Mental Health Act 1986 Some key questions* paper

Framework for reform (Ch.2)

(a) What other reforms could the new Act include?

Involuntary orders (Ch.3)

(b) When should people who are seriously mentally ill be able to be placed on an involuntary order under the new Act?

(c) How could the new Act improve ITOs and CTOs to better meet patients' needs?

Patient participation (Ch.4)

(d) How could the new Act improve patient participation in decisions about treatment and care?

Electroconvulsive therapy (ECT) (Ch.5)

(e) How should the new Act deal with ECT?

Restraint and seclusion (Ch.6)

(f) How should the new Act deal with restraint and seclusion?

External review (Ch.7)

(g) How should the new Act deal with external review of involuntary orders?

Monitoring patient wellbeing (Ch.8)

(h) How could patient rights and wellbeing be protected and monitored in the new Act?

Complaints (Ch.9)

(i) How could the new Act improve the complaint system for mental health?

Confidentiality and information sharing (Ch.10)

(j) When should patient information be shared with others?

INTRODUCTION

As a carer of an individual, my breadth of experience is very narrow. The coverage of the reforms/questions proposed are very wide. Therefore my comments are qualified by this acknowledgement of my limited understanding of many of the issues involved.

MY CONCERNS

On reading the consultation paper, it seems that most of the issues raised relate to those persons who are already "in the system", particularly within the public health system.

My issue relates to those individuals who are not yet in the system given that their condition has not been yet formally diagnosed, and usually for which there has not been the "first episode". In our case, this occurred for a person at the age of 17/18.

However, it is at this stage that the individual is particularly vulnerable. This is because the individual has only a limited understanding of their condition, the carer (esp parent) is not aware of the reasons or causes of the unusual behaviour and of course there is no

formal regime of care being provided. The individual (rightly) requests confidentiality of their thoughts/condition at this stage. Usually, formal action is taken only after a serious incident occurs - and this serious incident can be particularly damaging either to the individual or to others.

At this stage of the process, all parties are both largely ignorant of the risks involved, and too, are all probably in denial.

My belief is that if the GP or psychiatrist were able to brief the carer at an early stage then it may be possible to avoid the trauma and damage of that first incident.

CONCLUSION

So my question relates to some or all of the following:

1 Reviewing the definition of a "mentally ill person", to permit a GP or other trained person to disclose some information about the person's condition to a carer/parent even though the extreme tests of being a "mentally ill person" are not met. That is, a GP should be able to disclose some information to a carer where that GP believes that there is a reasonable degree of risk relating the mental health of the individual.

2 Place some responsibility on the GP/trained person to inform the carer of the risk conditions associated with a person who has a reasonable degree of risk of having a mental health condition.

I recognise that this places a major risk of breaking down doctor/patient confidence and all that that entails. But we are most likely dealing with persons in the age of 17 - 20. This should be a consideration as well.

3 Education. While not included in the coverage of the Consultation Document, one solution may well be to increase community awareness to assist parents and individuals in these situations to respond, even if it is not appropriate for release of confidential information to the carer. With a better community understanding of mental health, then it would be more likely for the person to be willing to consent to information about themselves being provided to their carer.

Please attach any further comments.