

PRACTICE IMPLICATIONS OF THE ACT'S INTENT AND PROVISIONS

THE PRESENTERS

Dr Yega Muthu - Adjunct Fellow, School of Law, Western Sydney University

Yega has been teaching Mental Health Law since 2004 at the University Technology of Sydney and currently from Western Sydney University. He held a judicial appointment as a member of the Mental Health Review Tribunal from 2008-2012 and runs a criminal and mental health law practice, where he views his role in protecting vulnerable people in the community from exploitation.

Dr Leanne Craze, AM - Director, Craze Lateral Solutions

Leanne has over 30 years' experience in a broad range of fields including mental health, health, community services, housing and homelessness, disability and criminal justice. She runs a mental health and social policy consultancy and was part-time member of the NSW Mental Health Review Tribunal for many years. In June 2017, Leanne was honoured as a Member in the General Division of the Order of Australia (AM) for her contribution to mental health service development and reform.

VIDEO TRANSCRIPT

The NSW Mental Health Act in Practice

Leanne Craze: The Act's provisions can be difficult for clinicians to implement. What I think is important is to come back to why has Parliament put those provisions in.

Promoting recovery

Leanne Craze: I think we all should be able to rattle off the objects and the principles of the Act. We should be able to say: "These are the objects, these are the principles." Because if we are able to say them we know how we ought to be practising.

So what we do with someone in every contact, is it promoting recovery? Is it helping them to gain back their capacity to make decisions? Is it involving them in decision-making no matter how unwell they are? Are we listening to them and finding out what's important to them?

Consumer focused

Yega Muthu: Things have taken a change especially with the intervention that Parliament made in 2015. Because of this recovery process the language has changed as well and with that practice has changed as well. It's important as part of this training process that everyone understands this, that it's consumer focused on a pathway to recovery.



Designated carers / Principle care providers

Leanne Craze: The Act has chosen to refer to family and friends who we are to involve in decision-making as Designated Carers and Principle Care Providers. We are talking about people who love and who care and have the person's best interests at heart. We are talking about the people who know that person better than anyone else.

Family and friends are essential players in the treatment team. They can make a clinician's life so much easier however, it can be very difficult. The purpose of Designated Carer is one of empowerment. It's saying to the person under the Act "You can choose two people who you think have your interest at heart".

With Principle Care Provider, the purpose that I think Parliament has behind that is that the person who primarily cares and supports the person when they're not in hospital is involved, can be heard from, can receive information.

S73 to s79 Notification and information sharing

Yega Muthu: There are a couple of important provisions that relate to the Authorised Medical Officer in the Mental Health Act. It comes under the heading information sharing, specifically Sections 73 to 79.

It is the role of the authorised medical officer in a gazetted mental health facility to inform the consumer of these mental health services about why they are detained, the length of their stay in hospital and secondly to inform Designated Carers and Primary Care Providers about the length of the person's stay in hospital.

The information sharing extends to the medication the consumer's taking followed by any Mental Health Review Tribunal hearing that they are going to go for. If there is going to be a medical surgical intervention where, because the patient or consumer concerned lack capacity to make decisions with respect to that, the application is made to the Tribunal to obtain that consent.

Promoting recovery, involving the person

Leanne Craze: It's the follow-up discussions with the person after admission that are important. Peer workers have an important role here. They have an important role in checking in: Do you still have the statement? Was it in a language the person can actually understand? Do you have any questions about it? Would you like to run through it again? And sometimes, helping the person to understand what's important about it.

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