

Delay for new mental health laws

The Age Kate Hagan

January 26, 2011

A PLANNED overhaul of Victoria's mental health laws may be delayed by up to a year and key reforms - including a move to involve families and carers in making treatment decisions - are being reconsidered by Mental Health Minister Mary Wooldridge.

Ms Wooldridge said Victoria's mental health laws needed to be overhauled, but the former Labor government had not allowed sufficient time for feedback and a number of areas of contention had emerged from submissions on its draft bill received last month.

She said she would extend the date for submissions until the end of February and re-examine areas of concern, including a move towards supported decision-making and requiring a tribunal to approve electroconvulsive therapy (ECT) treatment for involuntary patients.

Victoria is the only jurisdiction in Australia that allows ECT to be given without the consent of the patient and without either external review from a tribunal or a second psychiatrist.

A submission by St Vincent's Hospital argued that waiting for tribunal approval for ECT could delay treatment and "acute patients whose lives are not in immediate danger may remain unwell for longer than necessary".

The hospital also said an emphasis on supported decision-making would result in clinicians spending more time liaising with family and carers, possibly leading to greater lengths of stay and blockage of mental health beds.

"It is predicted that the retention of senior psychiatrists in the public sector may be affected due to increased administrative responsibilities impacting on clinical time," the hospital submission said.

"Possible imprisonment for infringement of ECT regulations and patient-consent protocols adds a further disincentive to remain in the public system."

The Royal Australian and New Zealand College of Psychiatrists said ECT's effectiveness had been established beyond doubt for conditions including major depression, particularly for patients who had not responded to medication.

"The bill introduces harsh and unrealistic penalties for the failure to meet requirements at the same time as imposing highly restrictive requirements on clinical practice," the college said in its submission.

Penalties including a possible 12-month jail term were "quite disproportionate to those in other areas of medicine and imply an unacceptable mistrust of psychiatrists".

Ms Wooldridge said any move towards supported decision-making needed to strike "the appropriate balance between respecting the privacy of the individual versus the involvement of families and carers".

She said there was strong community support for elements of the draft bill, including a new mental health commissioner and improved Mental Health Tribunal.

Acting Health Services Commissioner Dr Grant Davies supported the appointment of a mental health commissioner which, he said, "should greatly assist the management and resolution of mental health complaints".

ARAFEMI Response

Re: Delay for new mental health laws, Kate Hagan (*January 26, 2011*)

There is overwhelming evidence that supporting and involving families and carers is not only cost effective but essential, particularly within acute hospital settings. As the Executive Director of ARAFEMI, we hear daily from families and carers about how a little bit of information can go a long way to reduce the trauma associated with major mental illness. In our community, unpaid families and carers provide the large bulk of ongoing support and care. Provision of accurate and timely information *and* inclusion in decision making is not a cost burden – it is an essential recognition that they will be left to provide care for long after the acute services close their file.

Executive Director
Frances Sanders