



Consumer Handbook to the Mental Health Act 2014

Version 2
Updated 9 December 2015

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Acknowledgments

This Consumer Handbook to the *Mental Health Act 2014* has been prepared to help people experiencing mental illness to navigate the mental health system and uphold their rights.

Preparation has been coordinated by the Mental Health Commission, to provide consumers with high quality, informative and accessible materials. To make this handbook more user friendly and relevant for consumers, it has been written by people with lived experience of mental illness.

The Commission extends special thanks to Ms Jo Kirker and Ms Helena Pollard for their enthusiasm, dedication and diligence in preparing the content. The Commission also appreciates the input of the numerous consumers and carers who have shared their lived experiences and who are quoted throughout the handbook.

Although care has been taken to ensure that it is accurate and comprehensive, mental health law can be complex. The application of the law can vary depending on an individual's own personal circumstances. Therefore, this handbook should be used as a guide only.

Introduction

Why was this handbook developed?

The Parliament of Western Australia passed a new Mental Health Act in October 2014, which replaces the existing Mental Health Act of 1996.

People's rights under the *Mental Health Act 2014* have changed and the Mental Health Commission is responsible for informing people who use mental health services, and the people who care for them, about the new legislation.

How is this handbook structured?

This handbook has been developed around the concept of how to navigate the mental health system from a mental health service consumer's perspective.

Each section reflects a different experience that a mental health service consumer may have while they are being treated by mental health services, either in hospital or in the community.

Every section is structured around a series of questions and answers. We have created a [Glossary of Terms](#) where you will find explanations of the terms you may come across when you access mental health services.

There is also a [List of Approved Forms](#) so that you will know about the forms that mental health service providers will be using.

In this handbook for consumers, we have tried to differentiate, where necessary, between what voluntary consumers and involuntary consumers need to know.

There is also a handbook for families and carers of people with a mental illness. It contains similar information from their perspective and emphasises their right to be part of your recovery process.

In addition to the handbooks, there is a **Community Services Directory** that compiles a list of the most commonly used community services for people with a mental illness and those who care for them. This directory is available on the [Mental Health Commission](#) website.

How should I use this handbook?

We have not assumed that every section will be relevant to you, so each one is self-contained and can be read on its own. In other words, you should not need to read the whole handbook in order to find what you need. If there is relevant information in another section, we have included an underlined cross-reference to that section.

Who provided input into this handbook?

As you read through the handbook, you will see quotes (written in *italics*) from people who have experienced mental illness.

These are the people who have written and together reviewed this handbook.

We hope you will find our experiences useful as you work through your own mental health recovery journey.

1. Recovery from Mental Illness

In this section:

- What is a mental illness?
- What does recovery mean?
- Where can I get help to support my recovery?

What is a mental illness?

- Good mental health involves a sense of wellbeing, confidence and self-worth. It enables us to fully enjoy and appreciate other people, day-to-day life, and our environment. However, sometimes people can lose their sense of wellbeing and become mentally unwell. One in five Australians will suffer from a mental illness in any given year.
- A mental illness is diagnosed where a specific set of symptoms meet certain criteria as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).
- Examples of specific mental illness diagnoses include: generalised anxiety disorder, bipolar affective disorder, borderline personality disorder, major depressive disorder, eating disorder, obsessive compulsive disorder, post-traumatic stress disorder, and schizophrenia.

“Some people are afraid of being diagnosed with a mental illness because they think other people will treat them badly in future. Just remember that anyone can become mentally unwell at some point in their life and getting a diagnosis is the first step on the road to recovery.”

What does recovery mean?

- There are many views regarding the meaning of recovery in the context of mental illness.
- You may hear many definitions of recovery and there is no one definition that fits everyone’s situation. Recovery can be described as a personal, unique journey involving changing your attitudes, values, feelings, goals, skills and/or roles in a way that is oriented towards rediscovering a state of mental wellbeing that enables you to stay in the community and live a satisfying, hopeful and contributing life.
- Personal recovery is about being able to create a meaningful and contributing life in the community, with or without the presence of mental health issues. Recovery involves gaining and retaining hope, understanding abilities and difficulties, and having a meaningful and purposeful life with a sense of positive self-worth.
- Remember that you are not alone in coping with mental illness. People can and do recover.
- Many people who have recovered from mental illness describe how an important step is to take **personal responsibility** for yourself and your recovery journey, whatever age you are.

“You may not understand everything now, but in the future you may look back and understand.”

- You might wish to find out about other people’s **personal stories** of recovery:
 - [Black Dog Institute: Personal Stories of Depression and Bipolar Disorder](#)
 - [Children of Parents with a Mental Illness: Mum’s Stories](#)
 - [DepressioNet \(dNet\): Our Stories](#)
 - [Grow: Stories of Recovery](#) (audio)
 - [Hearing Voices Network WA: Our Stories](#)
 - [June O’Connor Centre: Stories](#)
 - [Lifeline: Real Stories](#)
 - [Mental Health Commission WA: Personal Stories](#)
 - [Orygen Youth Mental Health: Client Stories](#)
 - [Richmond Fellowship WA: Recovery Stories](#)
 - [Sane Australia: Snapshots](#)
 - [Secret Squirrel Business: Recovery](#) (and much more on living with a mental illness)
 - [Western Australian Association for Mental Health: Video Gallery](#) (video).

“There’s a great saying, ‘No one is a no hoper’, which gave me hope that I too would recover. One of my friends also said, ‘Believe in yourself and your own resilience’, which made me realise I had all the resources I needed to recover, if only I reached out to find the right support. Recovery journeys are so personal that you’ve got to be in the driving seat. So I would encourage you to ‘put your hands back on the steering wheel’.”

Where can I get help to support my recovery journey?

- It is important to find good **professional help** to support you in your recovery journey (such as a general practitioner (GP), psychiatrist, psychologist, community nurse, counsellor, pharmacist, occupational therapist or social worker). Here are some characteristics of what ‘good’ professional help looks like to other people on their recovery journey:

Honest – Friendly – Approachable – Accepting – Focuses on me as a person

Understands my culture – Understands people of my age

Caring – Compassionate – Supportive – Listens well – Communicates well

Open minded – thoughtful – respectful – non-judgmental – balanced – flexible

Positive – hopeful – trustworthy – maintains confidentiality

Affordable – accessible – willing to see me regularly – gives me the time I need – willing to work with others.

- Finding good professional help can be difficult and sometimes it can be hard to know where to start. A recommendation from someone you trust, like another health professional, a family member, a friend or another person with a mental health issue can be the place to start. Some people try the internet to find a list of possible health care providers and then contact them to find out more about them and their service. It is okay to talk with the health care professional before you commit to receiving their services. If the first health care provider you contact does not suit you, you can contact someone else.
- In addition to mainstream health services, you may want to explore any non-government **community services** that might help you recover from mental illness and reconnect with your family, friends and community – refer to the Community Services Directory available on the [Mental Health Commission](#) website.
- People who have recovered from a mental illness often say that a strong **personal support system** is very important. These are people you can reach out to when you need practical or emotional help and support. They may be family or friends, but they may also be people you meet along the way who also have an experience of recovering from mental illness (known as peers). Other people who have recovered from mental illness characterise a good personal supporter as someone who:

You feel you can trust – Makes you feel comfortable – Respects you

Is willing to learn more about your situation – Listens to you without judgment – Keeps things confidential

Empathises with what you are going through – Cares for you as a person – Treats you compassionately

Lets you freely say what you want to say – Gives good advice when you need it

Gives honest feedback when you ask for it – Accepts you in your good and bad moments

Is willing to be there for you when you need them – Will offer practical as well as emotional support

Is prepared to take action if you ask for their help – Will work with you to figure out what to do next

Is positive and hopeful.

- You might wish to join a **peer support group** or an **online forum** where people with mental health issues share their experiences – refer to the Community Services Directory available on the [Mental Health Commission](#) website.

“My GP and my psychologist have been my most amazing professional supporters – they work as a team. They are both caring and compassionate people who give me the time I need to find out how best they can help me. Without them, I would not have recovered from my illness. I may not even be alive today.”

“You are the expert on your own mental health and recovery, so find out what works for you and follow that. But make adjustments when you need to because your recovery journey won’t be linear, there will be ups and downs.”

2. Charter of Mental Health Care Principles

In this section:

- What is the primary focus of the *Mental Health Act 2014*?
- What is the Charter of Mental Health Care Principles?

What is the primary focus of the *Mental Health Act 2014*?

- The primary focus of the legislation is the rights of people who require involuntary treatment for mental illness.
- A person who requires involuntary treatment will be placed on an involuntary treatment order. An involuntary treatment order may be an inpatient treatment order or a community treatment order.
- An inpatient treatment order allows the patient to be detained and treated in a hospital without the need for consent.
- A community treatment order (sometimes called a CTO) allows the patient to be provided with treatment while they are living in the community (usually at home, but sometimes in another place such as a hostel). The patient can be treated without the need for consent.
- The legislation also refers to people experiencing mental illness who are voluntary patients. Treatment can only be provided to a voluntary patient with the consent of the patient or another person who is legally able to consent to treatment for the patient (such as a guardian).
- The legislation aims to ensure that people experiencing mental illness (voluntary and involuntary patients) are provided with the best possible treatment and care, in the least restrictive way.
- Further, the legislation recognises the roles and rights of personal support people. The legislation defines 'personal support person' as: a guardian or enduring guardian of an adult; the parent or guardian of a child; a close family member; a carer; or any nominated person.
- The intention is to involve them as partners in decisions regarding a person's treatment and care, and to minimise the effect of mental illness on family life.
- The legislation is also there, when necessary, to protect people experiencing a mental illness from harming themselves, their family or a member of the community.

"When you first come in contact with the mental health services, you have no idea what it even means to be a voluntary or involuntary patient. You hear this thing about being 'put on forms' but you have no idea what that means until it happens to you."

What is the Charter of Mental Health Care Principles?

- The legislation is built around 15 principles described in a Charter of Mental Health Care Principles.
- Mental health services and private psychiatric hostels must always consider these principles when they are providing treatment, care and support to a person experiencing mental illness.
- The Charter applies to voluntary and involuntary patients.
- In summary, mental health services are expected to treat people experiencing mental illness with dignity and respect, which includes respecting their right to make decisions about their own lives.
- Services must not discriminate against or stigmatise people with mental illness.
- They must recognise and try to respond to individual needs; promote collaboration, choice and independence; and focus on recovery.
- They must provide information to, listen to, and involve families, carers and other personal support people.
- They must treat people fairly, be accountable for their actions and consult others before making decisions.
- They must focus on providing the best possible service, in the least restrictive way, to the people they are there to help.

Principle 1: Attitude towards people experiencing mental illness

- A mental health service must treat people experiencing mental illness with dignity, equality, courtesy and compassion and must not discriminate against or stigmatise them.

“I hope that the new legislation will bring about a positive culture change in mental health services.”

Principle 2: Human rights

- A mental health service must protect and uphold the fundamental human rights of people experiencing mental illness and act in accordance with the national and international standards that apply to mental health services.

Principle 3: Person-centred focus

- A mental health service must uphold a person-centred focus with a view to obtaining the best possible outcomes for people experiencing mental illness, including recognising life experiences, needs, preferences, aspirations, values and skills, while delivering goal-oriented treatment, care and support.
- A mental health service must promote positive and encouraging recovery focused attitudes towards mental illness, including that people can and do recover, lead full and productive lives and make meaningful contributions to the community.

“I’m currently at university studying occupational therapy and I’ve appreciated when my treating team have recognised that completing university is an important goal for me and have been supportive of me getting back to uni when I leave hospital.”

Principle 4: Treatment, care and support

- A mental health service must be easily accessible and safe and provide people experiencing mental illness with timely treatment, care and support of high quality based on contemporary best practice to promote recovery in the least restrictive manner that is consistent with their needs.

Principle 5: Choice and self-determination

- A mental health service must involve people in decision making and encourage self-responsibility, cooperation and choice, including by recognising people’s capacity to make their own decisions.

Principle 6: Diversity

- A mental health service must recognise, and be sensitive and responsive to, diverse individual circumstances, including those relating to gender, sexuality, age, family, disability, lifestyle choices and cultural and spiritual beliefs and practices.

Principle 7: People of Aboriginal or Torres Strait Islander descent

- A mental health service must provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers.

Principle 8: Co-occurring needs

- A mental health service must address physical, medical and dental health needs of people experiencing mental illness and other co-occurring health issues, including alcohol and other drug problems.

“When you are dealing with an eating disorder, you cannot help but see that a person’s mental and physical health go hand in hand. With other mental illnesses, the connection is sometimes not so obvious, but it’s important to treat people’s health and wellbeing holistically.”

Principle 9: Mental health and wellbeing

- A mental health service must recognise the range of circumstances, both positive and negative, that influence mental health and wellbeing, including relationships, accommodation, recreation, education, financial circumstances and employment.

“Mental illness affects everyone in the family one way or another, so of course relationships are impacted; therefore recovery and treatment needs to meet the needs of the whole family.”

Principle 10: Privacy and confidentiality

- A mental health service must respect and maintain privacy and confidentiality.

Principle 11: Responsibilities and dependants

- A mental health service must acknowledge the responsibilities and commitments of people experiencing mental illness, particularly the needs of their children and other dependants.

Principle 12: Provision of information about mental illness and treatment

- A mental health service must provide, and clearly explain, information about the nature of the mental illness and about treatment (including any risks, side effects and alternatives) to people experiencing mental illness in a way that will help them to understand and to express views or make decisions.

Principle 13: Provision of information about rights

- A mental health service must provide, and clearly explain, information about legal rights, including those relating to representation, advocacy, complaints procedures, services and access to personal information, in a way that will help people experiencing mental illness to understand, obtain assistance and uphold their rights.

Principle 14: Involvement of other people

- A mental health service must, at all times, respect and facilitate the right of people experiencing mental illness to involve carers, families and other personal and professional support persons in planning, undertaking and evaluating their treatment, care and support.

“My partner is my main support and it’s been helpful for both of us when doctors and nurses have explained my treatment to him too.”

Principle 15: Accountability and improvement

- A mental health service must be accountable, committed to continuous improvement and open to solving problems in partnership with all people involved in the treatment, care and support of people experiencing mental illness, including their family members, carers and other personal and professional support persons.

3. Consumer Rights

In this section:

- Who is a mental health consumer?
- What is the difference between an involuntary patient and a voluntary patient?
- When can a person be made an involuntary patient?
- What is the meaning of mentally impaired accused?
- What rights do patients have?
- What additional rights does a referred person or an involuntary patient have?
- What do I need to know about freedom of lawful communication?
- What do I need to know about confidentiality?
- What do I need to know about accessing medical records?
- Who can I complain to if I am dissatisfied?

Who is a mental health consumer?

- The term ‘**mental health consumer**’ commonly refers to a person who experiences mental illness and receives treatment from a mental health service.
- You may also hear people describing themselves as a ‘peer’, ‘survivor’, ‘person with a lived experience’ or ‘expert by experience’.
- This handbook is directed at people who have a current experience of mental illness and require treatment either in the community or in a hospital. It is hoped that it will help you to navigate the mental health system and to understand your rights under the *Mental Health Act 2014*.

What is the difference between an involuntary patient and a voluntary patient?

- An involuntary patient is a person who has been placed on an involuntary treatment order.
- An involuntary treatment order means either an inpatient treatment order or a community treatment order (CTO). For more information on involuntary treatment orders, see Section 6 [Becoming an Involuntary Patient](#).
- An involuntary inpatient can be detained in hospital and provided with treatment for mental illness without the need for consent.
- An involuntary community patient can be provided with treatment for mental illness without the need for consent, while they are living in the community (usually at home, but sometimes in another place such as a hostel).
- The legislation also refers to voluntary patients.
- Treatment can only be provided to a voluntary patient with the consent of the patient (if they have capacity), where consent is given in an advance health directive, or by another person who is legally able to consent to treatment for the patient (if the patient does not have capacity). This other person may include: a guardian appointed by the State Administrative Tribunal for an adult patient; an enduring guardian that the patient appointed when they were well; the parent or guardian of a child; or, in some cases, another person such as a relative who has a close relationship with the patient. For more information about informed consent, see Section 7 [Treatment Options](#).

“Sometimes I have been an involuntary patient and other times I have been voluntary, but I want to be treated at all times as a human being who matters and can think for herself.”

When can a person be made an involuntary patient?

- Only a psychiatrist can make you an involuntary patient.
- An inpatient treatment order can only be made where the psychiatrist who examines you concludes that:
 - You have a mental illness requiring treatment; and
 - Because of your mental illness, there is significant risk to your health or safety, or the safety of another person, or there is a significant risk of serious harm to yourself or another person; and

- You are not well enough to make a decision about your treatment; and
- Treatment in the community would not be sufficient; and
- There is no option that will be less restrictive to your freedom of choice and movement.
- A community treatment order (CTO) can only be made where the psychiatrist who examines you concludes that:
 - You have a mental illness requiring treatment; and
 - Because of your mental illness, there is significant risk to your health or safety, or the safety of another person, or there is a significant risk of serious harm to yourself or another person, or there is a significant risk of you suffering serious mental or physical deterioration; and
 - You are not well enough to make a decision about your treatment; and
 - Treatment can be provided in the community; and
 - There is no option that will be less restrictive to your freedom of choice and movement.

What is the meaning of mentally impaired accused?

- There is another category of patients, in addition to voluntary patients and involuntary patients.
- A person who is a mentally impaired accused is a person who has been found unfit to plead or is acquitted on grounds of unsoundness of mind under the [Criminal Law \(Mentally Impaired Accused\) Act 1996](#). A mentally impaired accused will come within the scope of the *Mental Health Act 2014* where a court has made a custody order and it has been decided that the person needs to be detained in an authorised hospital (usually the Frankland Centre at Graylands Hospital). Sometimes a patient who is a mentally impaired accused will be referred to as a ‘forensic patient’.

What rights do patients have?

Western Australian Public Patients’ Hospital Charter

- The Western Australian Public Patients’ Hospital Charter provides people who are receiving treatment and care from public (government-run) health services with the right to be treated fairly, equitably and with dignity.
- Specific rights are:
 - The right to receive free treatment in a public hospital, or the choice to be treated in a private hospital.
 - The right to receive treatment based on your health needs and, if you need to wait for this treatment, to be told how long you can expect to wait.
 - The access a range of public hospital services regardless of where you live in Western Australia.
 - The right to have access to an interpreter.
 - The right to agree to, or refuse to, participate in professional training or medical research.
 - The right to be treated with respect, dignity and consideration for your privacy (including confidentiality of your medical records) and special needs.
 - The right to be accompanied by a family member, friend, carer or person of your choice where appropriate.
 - The right to safe and high quality health care provided with professional care, skill and competence.
 - The right to a clear explanation of any proposed treatment including alternative and the possible risks, before agreeing or refusing to have the treatment in a language, form and terms you understand.
 - The right to seek a second opinion.
 - The right to information about your continuing health care before you leave hospital and to have your contact details kept up to date.
 - The right to apply to access your medical records under the [Freedom of Information Act 1992](#).
 - The right to compliment, comment or complaint about the health care you receive, and to be given information about how to lodge a complaint without compromising your health care.

- The *Mental Health Act 2014* provides a number of extra rights for patients receiving treatment for mental illness, both in hospital and in the community. It is built around 15 principles described in a Charter of Mental Health Care Principles that applies to all people accessing mental health services – see Section 2 [Charter of Mental Health Care Principles](#). You have a right to complain about any breaches of the Charter by mental health service providers.
- As a patient under the *Mental Health Act 2014* you have a right to:
 - Have your rights explained to you and to your personal support people in a form, language and terms you understand, and to be given written information about your legal status and rights.
 - Nominate another person, such as a friend (to become your nominated person), who can receive information and be involved in decisions about your treatment and care.
 - Apply for access to your medical records (separate from your right under the [Freedom of Information Act 1992](#)), plus receive copies of forms and other documents about you (for more detail see the section below ‘What do I need to know about accessing medical records?’).
 - Not be mistreated or deliberately neglected by staff from a mental health service or a private psychiatric hostel.
 - Be admitted to a hospital if required, or to receive a written explanation if admission is refused.
 - A physical examination.
 - Use and secure storage of your personal possessions.
 - Request an interview with a psychiatrist.
 - Freely communicate with other people in a lawful way (see the section below about freedom of communication).
 - For more details about your rights as a patient in hospital, see Section 7 [Treatment Options](#), Section 9 [Hospital Admission](#) and Section 12 [Hospital Discharge](#).
 - For more details about your rights as a community patient, see Section 7 [Treatment Options](#) and Section 13 [Community Treatment Orders](#).
- Under the *Mental Health Act 2014*, a personal support person can help you uphold your rights. The legislation defines ‘personal support person’ as: a guardian or enduring guardian of an adult; the parent or guardian of a child; a close family member; a carer; and any nominated person. For more information about personal support persons, see the [Glossary of Terms](#) included in this handbook.

“When I was in hospital I picked up and read a booklet on patients’ rights. I was given other one page brochures, but I found reading a more detailed booklet helpful as it provided more detail about my rights as both a voluntary and involuntary patient. It was good to have it on hand to refer to when needed.”

What are the additional rights of referred persons?

- If you are assessed by a medical practitioner or an authorised mental health practitioner and that practitioner thinks you may need to be an involuntary patient, they will refer you for an examination by a psychiatrist.
- The examination may take place at an authorised hospital (a place that is authorised to detain and treat involuntary patients) or another place, such as an emergency department at a hospital.
- If a practitioner decides that you need to be detained to ensure that you can be examined, they may make an order for detention. While you are detained you have the right to contact any personal support people, the Mental Health Advocacy Service, and any health professional that has been providing you with treatment (such as your GP or a private psychologist).
- You may also be placed on a transport order – see Section 5 [Assessment, Referral and Examination](#).
- If you are detained or a transport order is made, the service must contact at least one of your personal support people to advise them of this (unless this would not be in your best interests).
- For more information about referral for examination by a psychiatrist, see Section 5 [Assessment, Referral and Examination](#) and Section 6 [Becoming an Involuntary Patient](#).
- As a referred person you have the right to request assistance from the Mental Health Advocacy Service – see Section 14 [Mental Health Advocacy Service](#).
- If you have been detained (as a referred person) then an advocate will contact you within 3 days of your call. Otherwise, an advocate will contact you as soon as they can, but it may not be within 3 days.

- As a referred person you also have the right to request **legal advice** – refer to the Community Services Directory available on the [Mental Health Commission](#) website.

What are the additional rights of involuntary patients?

- If you are an involuntary patient you can only be provided with treatment after a doctor has explained the treatment to you and asked about your wishes and preferences. This will not apply in an emergency where treatment needs to be provided immediately.
- If you are an involuntary patient and have an **advance health directive**, the doctor must consider the advance health directive but is not required to follow it. If the doctor makes a decision about treatment that is inconsistent with your advance health directive, they must report the decision and reasons for the decision to you, your personal support persons, the Chief Psychiatrist and the **Mental Health Advocacy Service**.
- You have the right to be involved in developing your treatment, support and discharge plan.
- If you are an involuntary patient you will be contacted by a mental health advocate within 7 days if you are an adult, or within 24 hours if you are a child.
- Mental health advocates, together with your personal support persons and a lawyer can help you uphold your rights. The **Mental Health Tribunal** also exists to protect your rights.
- The Mental Health Tribunal reviews involuntary treatment orders, both initially and on a periodic basis where an initial order is continued – see Section 15 [Mental Health Tribunal](#) for how reviews are organised and conducted. Generally speaking, you may apply for a review of your involuntary status at any time, as may a personal support person, your lawyer or a mental health advocate.
- You have the right to a **further opinion** about your diagnosis and treatment from an independent psychiatrist. Your psychiatrist or the Chief Psychiatrist must arrange this. You can request more than one further opinion (an additional opinion) if you are not satisfied with the outcome of the further opinion. However, there is no guarantee that this will be allowed.
- The Chief Psychiatrist has the power to override the decisions of a psychiatrist with respect to treatment being provided to an involuntary patient or mentally impaired accused patient in an authorised hospital.
- For more information about treatment and further opinions, see Section 7 [Treatment Options](#).

“When you become an involuntary patient, it’s easy to feel like you have lost control over what happens to you, but that is not at all the case. Your rights are there to ensure that you have some control over what happens to you; people like mental health advocates and your family or friends are there to help you protect your rights.”

What do I need to know about freedom of lawful communication?

- Both voluntary and involuntary patients have the right to have contact with family, friends, carers and other people while in hospital.
- You have the right to be visited by your personal support people and friends. If you are an involuntary patient, you also have the right to have contact with a mental health advocate at any time.
- A **lawyer** can contact you as well – the Community Services Directory available on the [Mental Health Commission](#) website lists legal services. Your psychiatrist has the ability to restrict your contact with your personal support people or other people if he or she believes it is not in your or the other person’s best interests. This decision must be explained to you, your personal support people, and recorded on a legal form. If you do not understand why this is happening, ask questions and find out what you can do for this restriction to be lifted.
- The Mental Health Advocacy Service will be informed within 24 hours of any restrictions to your contact with others, and a psychiatrist is required to reconsider the decision every day. Phone calls between yourself and a mental health advocate or your lawyer cannot be restricted.
- If necessary, talk to a mental health advocate about how to have this restriction lifted. As a final resort, you can ask the Mental Health Tribunal to review the decision – see Section 15 [Mental Health Tribunal](#).

“Under the new Mental Health Act, I will be able to talk to a mental health advocate to help me get any restrictions on talking with my family lifted as soon as possible.”

What do I need to know about confidentiality?

- Generally, staff in mental health services need to protect your confidentiality.
- Exceptions apply where your personal support people are required to be informed of certain matters – see Section 4 [Rights of Personal Support People](#).
- Also, in exceptional circumstances, there are laws outside of the *Mental Health Act 2014* that require services to provide information to other people. An example would be where you are at risk of harm and you leave a hospital without anybody knowing. In this situation the hospital may have a duty of care to contact your family to see whether you are with them and to tell them that you are at risk.
- Questions you might want to ask your treating team about confidentiality are:
 - What information do you need to share with other people and why?
 - What sort of information have you shared with other people?
 - Who have you shared this information with exactly?
 - What information do you want from other people to help you assess, treat and care for me?
- Mental health services can also share information with other mental health services where this would be to your benefit; for example, to help with ongoing treatment.
- Finally, some information about you will generally be provided to the Mental Health Advocacy Service, the Mental Health Tribunal, and the Chief Psychiatrist.
- The legislation includes a fine for staff who breach confidentiality.

What do I need to know about accessing medical records?

- You have a right to read and obtain a copy of the whole or part of your medical record from the mental health service that treated you. You can exercise this right either while you are a patient or after you have been discharged. This right under the *Mental Health Act 2014* is separate from your right under the [Freedom of Information Act 1992](#).
- Being able to access your medical records and, in some cases, making changes to rectify any mistakes identified by yourself, a personal support person, or a lawyer, aligns with the principles of person-centred care and promoting recovery that are outlined in the Charter of Mental Health Care Principles.
- You also have a right to receive copies of forms and other documents that are filed in your medical record.
- In very limited circumstances, a psychiatrist can restrict access to part of your medical record if he or she thinks that:
 - Providing the information would create a significant risk to your health or safety, or the safety of another person; or
 - Providing the information would create a significant risk of serious harm to yourself or to another person; or
 - Disclosure of the information would reveal personal information about another person that you are not entitled to know; or
 - The information is confidential and was provided in confidence.
- Nevertheless, the default position is that you have a right to see everything. If your request is refused, the person refusing it must explain this to you, provide you with a written copy of their reasons and also file this document in your medical record.
- You may be able to obtain access your medical record at a later date when the reasons you were refused no longer apply, such as when you are fully recovered and no longer at risk to yourself or others.
- Alternatively, you can ask for a doctor (such as your GP) or your lawyer to be allowed to see your medical record on your behalf; for example, before a Mental Health Tribunal hearing. However, if your psychiatrist has restricted your access to any part of your medical record, your doctor or lawyer will not be allowed to reveal to you what was in your medical record. If they do, he or she can be fined.

- Note that there are additional exceptions for patients who are mentally impaired accused.

“After I was discharged from hospital, I applied to receive a copy of my notes under Freedom of Information. There are both pros and cons in doing so. It allowed me to be clear about what was being written about me, but it can also be quite confronting and brought me back to a time when I was quite unwell.”

Who can I complain to?

- If you have any complaints about how you have been treated you should first discuss the matter with the mental health practitioners involved. They may refer you to the person in charge of the mental health service.
- In addition, you may:
 - Complain to the Health and Disability Services Complaints Office on any health matter;
 - Complain to the Mental Health Advocacy Service, if you become an involuntary patient, either in hospital or the community; or
 - Contact a lawyer about any legal matter to do with you being a patient.
- For more detail on how the complaints process works, see Section 17 [Compliments, Complaints and Feedback](#).
- If you think your rights under the legislation have been breached you can request a Mental Health Tribunal hearing. The Tribunal will make an independent decision and may issue a **compliance notice**. Where a service does not comply with a compliance notice, they may be fined.
- It is an offence for any staff member from a mental health service to mistreat or deliberately neglect a patient.
- Staff have a duty to report any serious concerns they have about patient care and can be fined if they do not do this.

4. Rights of Personal Support People

In this section:

- Personal support people
- Who is considered to be a guardian or an enduring guardian?
- Who is considered to be a close family member?
- Who is considered to be a carer?
- Who can be my nominated person?
- Identifying a close family member and a carer
- How will anyone know where I am?
- What are the rights of my close family member, carer and nominated person?
- What your psychiatrist must do with regard to your close family member and carer
- What your psychiatrist must do with regard to your nominated person

Personal support people

The legislation defines a 'personal support person' to include any of the following:

- a guardian or enduring guardian of an adult
- the parent or guardian of a child
- a close family member
- a carer
- a nominated person.

Who is considered to be a guardian or an enduring guardian?

- If you are an adult, then the State Administrative Tribunal may have appointed a guardian to make decisions on your behalf if you become unwell.
- Alternatively, you may have made an 'enduring power of guardianship' at a time when you were well. This operates if you become unwell, and the enduring guardian can make decisions for you, and can help uphold any treatment decisions you made when you were well.
- For more information on guardianship you can refer to the *Guardianship and Administration Act 1990* and the resources available on the [Office of the Public Advocate](#) website.

Who is considered to be a close family member?

A close family member can be any member of your family and can include relationships through marriage, as well as de facto, written law or natural relationships. These are:

- a spouse or de facto partner
- a child
- a step child
- a parent
- a step parent
- a foster parent
- a sibling
- a grandparent
- an aunt or uncle
- a niece or nephew
- a cousin
- if you are of Aboriginal or Torres Strait Islander descent — any person regarded under the customary law, tradition or kinship of your community as equivalent to the people listed above.

Who is considered to be a carer?

A carer is a person who provides ongoing care or assistance to someone who has a mental illness. This definition is taken from the [Carers Recognition Act 2004](#) and is the same definition used in the *Mental Health Act 2014*. However, it does not include someone who is paid or is doing voluntary work with an organisation to provide care and assistance for someone.

It is recognised that very often, although not always, a carer is actually a family member. It is also acknowledged that sometimes family members provide ongoing care and assistance to you without recognising themselves as a carer. Similarly, you may not recognise them in that way either. For instance, you may refer to your brother as your brother and not consider him to be your carer as well, but if they provide ongoing care and support to you then they are also considered a carer. There is no need to call them a carer but it is useful to acknowledge that they do perform the role of a carer. The mental health staff must acknowledge and respect that role.

Who can be my nominated person?

You may nominate another person, such as a friend, to be your nominated person. However, you can only make the nomination if you show that you understand the effect of making the nomination. The role of the nominated person is to help you uphold your rights and to ensure that your wishes and interests are taken into account by the treating team. The rights of a nominated person do not replace the rights of a close family member or carer.

If you would like to formally nominate a nominated person, the mental health service can provide you with a form to complete, and can help you to complete it.

If you have made a nomination but you no longer want it to apply, you should talk to your treating team and they can cancel the nomination for you.

Identifying a close family member and a carer

When you are being admitted or received into a mental health service you must be asked:

- whether or not you have a close family member;
- whether or not you have a carer;
- whether or not you consent to them being provided with information about your treatment and care;
- whether or not you consent to them being involved in your treatment, care and support; and
- if there are parts of your treatment, care and support that you are okay with them having information about and being involved in, and parts that you are not.

You can provide or withdraw consent at any time.

“Being an inpatient was frightening for me. Knowing I have a right to have my family member involved gives me some of my power back and helps me feel safe.”

How will anyone know where I am?

It is important that at least one of your personal support people know where you are at any given time. Therefore, at least one of these people will be notified of times when you are detained or when you are moved to another service. These times include:

- the making of a detention order, if you have been referred for examination by a psychiatrist;
- the making of a transport order, for you to be taken to the place of examination;
- the making of an inpatient treatment order or a community treatment order; and
- if you are transferred between hospitals.

If you are made an involuntary patient, the Mental Health Advocacy Service and the Mental Health Tribunal will also be notified – see Section 14 [Mental Health Advocacy Service](#) and Section 15 [Mental Health Tribunal](#).

What are the rights of my close family member, carer and nominated person?

If you are admitted to a mental health service, your close family member, carer and nominated person may all be entitled to information about:

- the mental illness for which you are being provided with treatment or care;
- if you are an involuntary patient, the grounds for the involuntary treatment order;
- the treatment and care that is proposed and any other treatment options that are available;
- the treatment provided to you, and your progress;
- the use of seclusion or bodily restraint, if either needs to be used; and
- the services available to meet your needs.

Your close family member, carer and nominated person will be entitled to information about your rights under the legislation and how those rights can be upheld; as well as information about their own rights in their role.

They may also be entitled to be involved in certain matters, including:

- decisions around treatment and care;
- the provision of support; and
- the preparation and revision of any treatment, support and discharge plan.

Your close family member, carer and nominated person have the right to decide the extent to which they would like to be informed and involved.

Under the *Mental Health Act 2014* the right to information and involvement does not also give a close family member, carer, or nominated person the right to admit you to, or discharge you from, a mental health service.

Information must be provided in a language and form of communication that the close family member, carer and/or nominated person are most likely to understand.

What your psychiatrist must do with regard to your close family member and carer

If you have a psychiatrist, your psychiatrist is responsible for ensuring that your close family member and carer are informed and involved, where the legislation requires this. If you do not have a psychiatrist, this is the responsibility of the person in charge of the mental health service.

In deciding whether or not a close family member or carer should be informed and involved, your psychiatrist (or the person in charge of the mental health service) will consider: whether you are a voluntary or an involuntary patient; your capacity to decide whether or not to inform and involve your close family member and carer; and your best interests.

The laws regarding when a close family member and/or carer can be informed and/or involved are set out in the table below.

Your legal status as a patient	Your capacity to decide whether to inform and/or involve	Obligations on psychiatrist or person in charge of mental health service
Voluntary patient	With capacity to decide	Can only inform and involve with your consent
Voluntary patient	Without capacity to decide	Must inform and involve unless this would not be in your best interests
Involuntary patient	With capacity to decide	Must inform and involve unless you refuse to consent and this refusal is found to be reasonable
Involuntary patient	Without capacity to decide	Must inform and involve unless this would not be in your best interests

If your close family member or carer is not informed or involved because informing or involving them in your treatment and care is not in your best interests, this will be documented, with reasons. The record must be given to you and to the Mental Health Advocacy Service.

In order to inform and involve your close family member and/or carer, the service needs to make reasonable efforts to make contact with them.

What your psychiatrist must do with regard to your nominated person

If you have a psychiatrist, your psychiatrist is responsible for ensuring that your nominated person is informed and involved, where the legislation requires this. If you do not have a psychiatrist, this is the responsibility of the person in charge of the mental health service.

Your nominated person must be informed and involved as explained above, unless this would not be in your best interests. If your nominated person is not informed or involved because it would not be in your best interests to inform or involve them, this needs to be documented, with reasons. The record must be given to you and to the Mental Health Advocacy Service.

In order to inform and involve your nominated person, the service needs to make reasonable efforts to make contact with them.

5. Assessment, Referral and Examination

In this section:

- What is an assessment?
- What is a referral?
- How does a referral work?
- Can I be detained?
- Can the police become involved?
- What is a transport order?
- What happens when I get to the place of examination?
- What can happen after the examination?
- Who can I complain to?

What is an assessment?

- A **medical practitioner** (i.e., a psychiatrist or another doctor) or an **authorised mental health practitioner** (a highly qualified and experienced mental health nurse, psychologist, occupational therapist or social worker) may conduct an assessment under the *Mental Health Act 2014*. (For definitions of a medical practitioner and an authorised mental health practitioner see the [Glossary of Terms](#) included in this handbook.)
- An assessment must take place in the least restrictive (confining) way and in the least restrictive environment. You must be able to communicate directly with the practitioner (ideally face to face).
- In metropolitan areas, assessments must be conducted in person.
- In non-metropolitan areas (also called regional, remote or rural areas), sometimes an assessment can be conducted using audiovisual communication (also called videoconferencing). However, this can only occur if you are not at an authorised hospital and if there is a health professional (a medical practitioner or an authorised mental health practitioner) with you at the time of the assessment. (For definitions of a medical practitioner and an authorised mental health practitioner see the [Glossary of Terms](#) included in this handbook.)
- Although the assessing practitioner can take into account information in your medical record, and information from other people (such as your personal support people), they cannot make a referral without considering their own observations of you from seeing and speaking with you and interacting with you generally.
- If you are a person of **Aboriginal or Torres Strait Islander descent**, the practitioner assessing you must try to involve an Aboriginal or Torres Strait Islander mental health worker and significant members of your community (such as traditional healers and elders). However, this will generally not happen where you do not agree to it, or in a crisis or emergency situation.
- If English is not your first language or you have a hearing impairment, you will be entitled to an interpreter.
- If you have a mental illness, an assessment can be the first step in ensuring that you receive the treatment you need.

What is a referral?

- The **medical practitioner** or **authorised mental health practitioner** who assesses you may make a referral. A referral requires you to be examined by a psychiatrist. The examination may be at an authorised hospital, or at some other suitable place.
- A referral can only be made where the assessing practitioner assesses you and decides that you may need to be placed on an involuntary treatment order. The assessing practitioner must consider the criteria for an involuntary treatment order – see Section 6 [Becoming an Involuntary Patient](#).
- The assessing practitioner makes a referral by completing a legal form.
- Only a psychiatrist can make an involuntary treatment order – see Section 6 [Becoming an Involuntary Patient](#).

"I find the idea that my GP can refer me for examination by a psychiatrist unsettling, but I have come to trust that they would only do this if they thought it was absolutely necessary because they respect my wish to be treated as much as possible in the community."

How does a referral work?

- A referral order cannot be made more than 48 hours after your assessment.
- A referral is valid for 72 hours. However, in non-metropolitan areas where it may take longer for you to get to the place of examination, the order can be extended by another 72 hours; so the maximum length could be 6 days.
- The practitioner who made the referral can change the destination (the place of examination) at any time, if it is clear that the original destination is no longer appropriate.
- The practitioner who made the referral, or sometimes another practitioner, must revoke (cancel) the referral if they decide that you no longer meet the criteria required for involuntary status.
- You will be given a copy of the referral form.

Can I be detained?

- If you are on a referral it is because a practitioner has decided that you need to be examined by a psychiatrist. In some situations a referred person may need to be placed on a detention order, to enable the examination. For example, where the referred person attempts to leave an emergency department and it would be unsafe for them to leave.
- If you are referred for examination by a psychiatrist and a practitioner decides that you need to be detained to enable the examination to take place, then he or she may make a detention order.
- The practitioner can make the detention order by filling out a legal form. You will receive a copy of this form.
- At least one of your personal support persons will be notified that you have been placed on a detention order (unless this would not be in your best interests or the service cannot get in contact with them).
- A detention order lasts 24 hours. However, if a practitioner reviews you at least every 24 hours and decides that you still need to be detained, then they can extend it.
- The maximum length of a detention order is 72 hours for a metropolitan area or 144 hours (6 days) for a non-metropolitan area.
- If a practitioner revokes (cancels) your referral, then your detention order is cancelled too.
- Detention is only used as a means to ensure that you are properly cared for and kept safe prior to being transported to the place of examination. It is not the same as being detained as a suspect in a police station.
- While you are detained, the service must ensure that you are able to contact the Mental Health Advocacy Service, your personal support persons, and any health professional who provides you with treatment for mental illness (for example, your GP or psychologist).
- Detention can also be used if you are already in hospital as a **voluntary patient** but are trying to leave against medical advice. In this case the person in charge of your ward (usually a senior mental health nurse) can detain you for up to 6 hours for an assessment. The assessment is conducted by a medical practitioner or an authorised mental health practitioner, and the purpose would be to see whether or not you are in need of a referral for an examination by a psychiatrist.
- If you run away while you are on a detention order then a police officer, a transport officer, or mental health service staff, can collect you and return you to the place. This is known as an **apprehension and return order**.

Can the police become involved?

- There are a few ways in which police could become involved.
- Firstly, a police officer in the community might see you and form the opinion that you may have a mental illness that is creating significant risk. The police officer can take you to a place (such as an emergency department) for an assessment, even if you do not want to go. This does not mean you are

on any criminal charges or have to go to court. It is because the police officer is concerned for your welfare.

- Secondly, the police may suspect you have committed an offence and that you also have a mental illness. You can be admitted to hospital. When you are discharged, you may still be charged with an offence.
- Thirdly, the police may become involved if you are on a transport order (see below 'What is a transport order?').
- You can be searched by a police officer when you are apprehended or arrested. If he or she finds anything that might harm you or other people, they can keep it locked away and only return it to you when they believe it is safe to do so. Illegal items will not be returned.

What is a transport order?

- Often a referred person can be taken to the place of examination by a family member, by ambulance, or by mental health service staff, as examples.
- However, this is not always a safe option for transporting people who are very unwell and at risk.
- If a medical practitioner or an authorised mental health practitioner decides that you are at risk, he or she can place you on a **transport order**. A transport order allows a police officer or a transport officer to take you to the place of examination.
- **Transport officers** are trained people employed by or through mental health services, who have some powers to transport people under the *Mental Health Act 2014*. Using transport officers rather than the police is intended to reduce waiting times for you and avoid possible distress to you from being transported by the police. However, the police will be asked to be involved if you or other people are at significant risk of serious harm.
- To make a transport order, the practitioner must complete a legal form. You will be given a copy of the form.
- At least one of your personal support persons will be notified when you are placed on a transport order (unless this would not be in your best interests or the service cannot get in contact with them).
- You may be searched by mental health service staff, by a police officer or by a transport officer before or during transportation. If anything dangerous is found they can take it from you. They do not have to give it back to you until it is safe to do so. Illegal items will not be returned.

What happens when I get to the place of examination?

- If you do not arrive at the place of examination (such as an authorised hospital) before your referral expires, you are free to leave. If, just before the referral was made, you were a voluntary inpatient in an authorised hospital, then this does not apply and you must stay at the hospital.
- You may be searched by staff. If they find anything that might harm you, they can keep it locked away and only return it to you when they believe it is safe to do so. This may include things like prescription medication, alcohol, belts, razors, scissors, phone chargers and cables. Illegal items will be given to the police or destroyed.
- A psychiatrist will then examine you and decide whether you need to be made an involuntary patient – see Section 6 [Becoming an Involuntary Patient](#).
- In metropolitan areas, the examination must occur within 24 hours of you reaching hospital but, in non-metropolitan areas, this can be extended by 48 hours (reflecting the fact that psychiatrists are not always immediately available in regional and remote areas). If you are already a voluntary inpatient in an authorised hospital, then you must be examined within 24 hours of being referred. If you are not examined within these time periods, you are free to leave.
- In metropolitan areas, examinations must be conducted in person.
- In non-metropolitan areas (also called regional, remote or rural areas), sometimes an examination can be conducted using audiovisual communication (also called videoconferencing). However, this can only occur if you are not at an authorised hospital and if there is a health professional (a medical practitioner or an authorised mental health practitioner) with you at the time of the examination. (For

definitions of a medical practitioner and an authorised mental health practitioner see the [Glossary of Terms](#) included in this handbook.)

- If you are a person of **Aboriginal or Torres Strait Islander descent**, the examining psychiatrist must try to involve an Aboriginal or Torres Strait Islander mental health worker and significant members of your community (such as traditional healers and elders). However, this will generally not happen where you do not agree to it, or where there is a crisis or emergency situation.
- If English is not your first language or if you have a hearing impairment, you will be entitled to an interpreter.
- While you are detained, the service must ensure that you are able to contact the Mental Health Advocacy Service, your personal support persons, and any health professional who provides you with treatment for mental illness (for example, your GP or psychologist).
- While you are waiting to be examined, you may be looked after in an open or locked ward.
- You may be offered treatment while you are detained. Generally you have the right to refuse treatment – see Section 7 [Treatment Options](#).

“A comprehensive assessment approach that supports empowerment is essential for effective rehabilitation. For many of us with a lived experience on this ever evolving journey towards recovery, the methods used will vary greatly and are very much determined by the needs of the patient – from a clinical approach with careful monitoring to one that encompasses a wide range of therapeutic counselling, wellbeing and self-help programs.”

What can happen after the examination?

After examining you, the psychiatrist must decide on one of the following options.

- You do not need to become a patient and you are free to leave (unless you were originally arrested and referred for assessment by the police – see earlier points in this section ‘What is a referral?’ and ‘How does a referral work?’); or
- You have a mental illness that needs treatment but you are able to be treated as a voluntary patient; or
- You need to be an involuntary patient but can be treated in the community (see Section 6 [Becoming an Involuntary Patient](#) and Section 13 [Community Treatment Orders](#)); or
- You need to be an involuntary inpatient in hospital (see Section 6 [Becoming an Involuntary Patient](#) and Section 9 [Hospital Admission](#)); or
- You need to see another psychiatrist before a decision can be made.

“At the time, I could not understand why I had to be treated under the Mental Health Act. I knew something was amiss with me, but it was okay to think and act the way I did – it was my life – as difficult and as out of control as I felt. I may not have had the overall choice about whether I wanted the treatment or to be in hospital, but I had some choices. I learnt that there were always negotiables within the non-negotiable. Talking with my team helped them to understand the best way to support me to help myself.”

Who can I complain to?

- If you have any complaints about how you have been treated you should first discuss the matter with the mental health service. You can make an internal complaint with the service.
- You can complain to the Health and Disability Services Complaints Office.
- In making a complaint you can seek the help of the Mental Health Advocacy Service, or a lawyer.
- For more detail on how the complaints process works, see Section 17 [Complaints, Compliments and Feedback](#).

6. Becoming an Involuntary Patient

In this section:

- What is an involuntary treatment order?
- How do you become an involuntary patient?
- What are the criteria for an involuntary treatment order?
- What does 'capacity' to make a treatment decision mean?
- How long does an inpatient treatment order last?
- How long does a community treatment order last?
- What can I do if I don't think I should be an involuntary patient?

What is an involuntary treatment order?

- An involuntary treatment order can be an inpatient treatment order or a community treatment order.
- If you are on an inpatient treatment order, you may be referred to as an involuntary inpatient.
- If you are on a community treatment order, you may be referred to as an involuntary community patient. A community treatment order is often called a 'CTO'.
- An inpatient treatment order allows you to be detained in a hospital and given treatment for mental illness, without the need for consent.
- A community treatment order allows you to be given treatment for mental illness, without the need for consent, but without you being detained in hospital.
- Given that a person of any age can experience severe mental illness that creates risk, a person of any age can be placed on an involuntary treatment order. However, there are specialised mental health services for children and for older adults.
- An involuntary treatment order should be in force for as short a time as possible, be reviewed regularly and must be revoked (cancelled) if you no longer meet all of the criteria for an involuntary treatment order (see below 'How do you become an involuntary patient?' for the criteria for an involuntary treatment order).

How do you become an involuntary patient?

- Only a psychiatrist can make an involuntary treatment order.
- When you first meet with a psychiatrist, he or she will conduct an **examination**. The examination involves the psychiatrist observing you and asking you questions.
- The psychiatrist will also take into consideration your mental and physical condition and history, and any other relevant information that you or someone else (such as a carer or another doctor) provides at the time.
- The psychiatrist will want to gather information about things like:
 - your history of any physical or mental illness
 - your family medical history
 - any prior or current treatment including medications you are or were taking (this includes prescription, over the counter medications and complementary medicines)
 - any problems you are having with drug or alcohol use
 - any physical, intellectual or other disabilities you may have
 - what has happened to you in your life recently and in the past
 - your relationships with other people in your life, including people who rely on you
 - how you are currently feeling about your life
 - any difficult thoughts or problems you are struggling with
 - how you see the world around you
 - what you are like when you are feeling well.
- If you already have a diagnosis, it is important that you tell your psychiatrist about any change to your condition, or problems you are having with your treatment so far.

- If you are a person of Aboriginal or Torres Strait Islander descent, the psychiatrist must, to the extent that it is practicable and appropriate, involve an Aboriginal or Torres Strait Islander mental health worker and significant people from your community such as elders and traditional healers identified by you or the community.
- If English is not your first language or you have a hearing impairment, you have a right to ask for the help of a free interpreter.
- In metropolitan areas, examinations must be conducted in person. In non-metropolitan areas (also called rural, regional or remote areas), if you are not in an authorised hospital and it is not possible to conduct the examination in person, then the psychiatrist can examine you using audiovisual communication (also called videoconferencing) so that you do not have to leave your community to be transported great distances for an examination. However, another health professional must be with you during the examination. (For definitions of a medical practitioner and an authorised mental health practitioner see the [Glossary of Terms](#) included in this handbook.)
- Whether you then become an **involuntary patient** will depend on whether you meet all of the strict criteria in the *Mental Health Act 2014*.
- At least one of your personal support persons will be notified of the making of an inpatient treatment order.
- The service will also advise the **Mental Health Tribunal** and the **Mental Health Advocacy Service** that you have been made an involuntary patient. You will be contacted by a **mental health advocate** from the Mental Health Advocacy Service within 7 days of becoming an involuntary patient if you are an adult, or within 24 hours if you are a child – see Section 14 [Mental Health Advocacy Service](#).

What are the criteria for an involuntary treatment order?

- You can only be placed on an inpatient treatment order if the psychiatrist who examined you decides that:
 - You have a mental illness that needs treatment; and
 - Because of your mental illness, there is a significant risk to your health or safety, or the safety of another person; or there is a significant risk of serious harm to yourself or another person; and
 - You do not have the capacity (see the section below, ‘What does “capacity” to make a treatment decision mean?’) to make a treatment decision; and
 - Receiving treatment in the community would not be sufficient; and
 - There is no less restrictive option available than making an inpatient treatment order.
- You can only be placed on a community treatment order if the psychiatrist who examined you decides that:
 - You have a mental illness that needs treatment; and
 - Because of your mental illness, there is a significant risk to your health or safety, or the safety of another person; or there is a significant risk of serious harm to yourself or another person; or there is a significant risk of suffering serious physical or mental deterioration; and
 - You do not have the capacity (see the section below, ‘What does “capacity” to make a treatment decision mean?’) to make a treatment decision; and
 - Treatment in the community can reasonably be provided to you; and
 - There is no less restrictive option than making a community treatment order.
- The [Chief Psychiatrist’s Risk Assessment and Management Standard](#) describes risk in the following way.
 - Risk to self includes: self-harm, suicide and attempted suicide; repeated self-injury; self-neglect; physical deterioration including drug and alcohol misuse and medical conditions (including medical conditions secondary to eating disorders); quality of life issues including issues impacting on dignity, reputation, social and financial status.
 - Risk to others includes: harassment; stalking or predatory intent; violence and aggression; property damage; public nuisance and reckless behaviour that endangers others.
 - Risk from others especially considering vulnerable persons includes: physical, sexual or emotional harm or abuse by others and social or financial abuse or neglect by others.

“When I heard that I had been ‘put on forms’, it meant nothing to me but later I found out it meant I had become an involuntary patient. I had no idea how this had happened or what it meant, but under the new Mental Health Act, all of this would be explained to me at the time.”

What does ‘capacity’ to make a treatment decision mean?

- Adults are considered to have capacity, unless they demonstrate that they do not have capacity.
- Children are considered not to have capacity, unless they demonstrate that they do have capacity.
- For you to have the required capacity you need to be able to:
 - Understand information given to you about the treatment, other options and risks; and
 - Understand what is involved in making a treatment decision; and
 - Understand the effect (consequences or outcomes) of the treatment decision such as side effects, or the consequences of refusing treatment altogether; and
 - Use or weigh up this information to make a decision; and
 - Freely communicate your decision in some way.
- Your capacity to make a decision has to be specific to the proposed treatment. It is important that you ask for help if you do not understand the information the psychiatrist is giving you, or you are having trouble communicating with him or her. For example, if English is not your first language, you come from a different cultural background, or are vision or hearing impaired, your psychiatrist must get support from a person who can assist you, such as an interpreter, a family member or someone from your community.
- You may not have capacity to make decisions at certain times because, for example, you may be sedated, affected by drugs or alcohol, or very distressed.
- The psychiatrist examining you will take all reasonable steps to help you demonstrate you have capacity to make reasonable judgments, such as waiting until you are more alert, less intoxicated, less confused, or less distressed, as examples.

“I’m so grateful that the new Mental Health Act does away with ‘refusing treatment’ as one of the criteria for becoming an involuntary patient because it meant you could never disagree with the psychiatrist who examined you. Now if you can show you have the capacity to make your own treatment decisions, you can’t become an involuntary patient.”

How long does an inpatient treatment order last?

- An inpatient treatment order is made when the psychiatrist completes a legal form. You will be given a copy of the form.
- The time period for an **initial inpatient treatment order** can be no longer than 21 days for an adult, or 14 days for a child.
- If you are still in hospital shortly before the initial inpatient treatment order is going to end, your psychiatrist must examine you to decide whether or not you still need to be an involuntary inpatient.
- If you do still need to be an involuntary inpatient, the psychiatrist can place you on a **continuation order**. The psychiatrist will complete another legal form. You will be given a copy.
- The time period in a continuation order can be no longer than 3 months for an adult, or 28 days for a child.
- There is no limit on the number of continuation orders that can be made.
- If you are on an inpatient treatment order, you will not be able to leave the hospital until:
 - You are granted leave (see Section 11 [Taking Leave from Hospital](#)); or
 - You are placed on a community treatment order (see Section 13 [Community Treatment Orders](#)); or
 - The inpatient treatment order expires (see Section 12 [Hospital Discharge](#)); or
 - The inpatient treatment order is revoked (cancelled) (see Section 12 [Hospital Discharge](#)).

How long does a community treatment order last?

- An **initial community treatment order** lasts 3 months.
- A **continuation order** also lasts 3 months.

- There is no limit on the number of continuation orders that can be made.
- If you are on a community treatment order, you will need to comply with the requirements of the order until:
 - The community treatment order expires (see Section 13 [Community Treatment Orders](#)); or
 - The community treatment order is revoked (cancelled) (see Section 13 [Community Treatment Orders](#)); or
 - You are admitted to hospital as a voluntary inpatient.
- Alternatively, you may become more unwell and need to be placed on an inpatient treatment order – see Section 9 [Hospital Admission](#).

What can I do if I don't think I should be an involuntary patient?

- The **Mental Health Tribunal** independently reviews every involuntary treatment order, both initially and on a periodic basis if it is continued – see Section 15 [Mental Health Tribunal](#) for how reviews are organised and conducted.
- You may request a review of your involuntary status at any time, but even if you do not make a request, the Mental Health Tribunal will conduct a review anyway within 5 weeks for an adult, and within 10 days for a child.
- If your involuntary treatment order is extended, then it must be regularly reviewed. This will be at least every 3 months for an adult, and at least every 28 days for a child.
- Another person, such as a family member or carer, can also apply for a review on your behalf. You can also ask a **mental health advocate** or a lawyer to request a review on your behalf – see Section 14 [Mental Health Advocacy Service](#).
- The Mental Health Tribunal will notify your personal support persons of your application for a review and any upcoming reviews.
- You can represent yourself at a Mental Health Tribunal review, or be represented by another person, such as a family member, a mental health advocate, or a lawyer. Children can represent themselves at reviews if they have the maturity and understanding to make reasonable decisions about matters relating to them. If the Mental Health Tribunal feels that it is not in your best interests to represent yourself, it can make an order that you be represented.
- When conducting a review of your involuntary status, the Mental Health Tribunal must consider your wishes, the views of your personal support persons, your medical record, what your treating team says, and whether all of the legal requirements in making an involuntary treatment order have been complied with.
- The Mental Health Tribunal can also make recommendations to your psychiatrist about your treatment, support and discharge plan (although your psychiatrist is not required to follow these recommendations) – see Section 7 [Treatment Options](#), Section 8 [Electroconvulsive Therapy and Psychosurgery](#) and Section 12 [Hospital Discharge](#).
- Decisions made by the Mental Health Tribunal can be reviewed by the State Administrative Tribunal and, after that, by the Supreme Court.

“It’s really important to understand your rights and, now that the new legislation has come in, psychiatrists, other mental health workers and mental health advocates will have to explain them to you.”

7. Treatment Options

In this section:

- What kinds of treatment are there?
- Who decides what treatment is given to voluntary patients?
- Who decides what treatment is given to involuntary patients?
- What do I need to know about emergency psychiatric treatment?
- What about non-psychiatric treatment?
- What can I do if I disagree with the treatment being provided?

What kinds of treatment are there?

- It is your right to receive timely treatment, care and support of a high quality, based on up-to-date best practices that work towards your recovery, in the least restrictive manner and that aligns with your needs.
- If you are admitted to hospital you will usually be given occupational therapy, psychotherapy or counselling. These may also be offered to you if you are an outpatient at a mental health service.
- If you are admitted to hospital you are also likely to be given some form of medication. Usually this will be oral medication. You may also be given medication via an injection, which is known as ‘depot’ medication.
- Other kinds of treatment include electroconvulsive therapy and psychosurgery – see Section 8 [Electroconvulsive Therapy and Psychosurgery](#).
- Whether you are a voluntary or an involuntary patient, your psychiatrist will decide on what treatment he or she thinks would be right for you. A doctor will need to seek your consent to provide it to you, even if there is someone to consent on your behalf or if you are involuntary patient.
- You have the right to receive a clear explanation of the proposed treatment, any risks and alternative options.
- It is important that you are open and honest with your psychiatrist. This will allow him or her to decide on the correct diagnosis and to choose the treatment that is most likely to help you recover. It is important that you tell your psychiatrist about:
 - Your medical history, including physical and mental conditions
 - Any medications you are already taking, including prescription, over the counter medications and complementary medicines
 - Any problems you are having with drugs or alcohol
 - What has happened to you in your life recently and in the past
 - How you are currently feeling about your life
 - Any difficult thoughts or problems you are struggling with.
- If you are an involuntary patient, your treatment and care will be guided by a **treatment, support and discharge plan**. The service will involve you and your personal support persons in the making of the plan, and in reviewing it when needed.
- If you are a person of Aboriginal or Torres Strait Islander descent, your psychiatrist must – to the extent that is practicable and appropriate in the circumstances – involve an Aboriginal or Torres Strait Islander mental health worker and significant members of your community (such as elders and traditional healers) in deciding on the appropriate treatment.
- If English is not your first language or you have a hearing impairment, you have a right to ask for the help of a free interpreter.

“Some people are afraid of being diagnosed with a mental illness because they think other people will treat them badly in future. Just remember that anyone can become mentally unwell at some point in their life and getting a diagnosis is the first step on the road to recovery.”

Who decides what treatment is given to voluntary patients?

- A **voluntary patient** is a person receiving treatment or care for mental illness by a mental health service but is not an involuntary patient or a mentally impaired accused patient.
- If you are a voluntary patient and you have the **capacity** to decide on treatment, then treatment can only be provided with your consent, or, where it is emergency psychiatric treatment, see the section below ‘What do I need to know about emergency psychiatric treatment?’.
- If you are a voluntary patient and you do not have the capacity to decide on treatment, then a doctor may rely on an **advance health directive** (if you have one); otherwise, someone else (such as a guardian) may be able to **consent to treatment on your behalf**.
- The process of giving consent involves a number of steps that are set out in the *Mental Health Act 2014*. If you have capacity to make a treatment decision, the doctor must take the following steps:
 - The doctor proposing treatment gives you information about the proposed treatment.
 - He or she ensures that you understand the information.
 - You are given enough time to think about whether you want the treatment.
 - You advise the doctor of your decision.
 - He or she records your decision.
- The same applies if the doctor is seeking consent from another person (such as your guardian).
- If the doctor uses words you do not understand, you can ask him or her to use simpler words you can understand.
- If English is not your first language or you have a hearing impairment, you have a right to ask for the help of a free **interpreter**.
- If you would like written information to support what the doctor is saying, you can ask for it.
- You have the right to ask as many questions as you would like until you are ready to make a decision for yourself. You must be given sufficient time to consider the information given to you and to obtain other advice if you want to.
- Questions you may like to ask include:
 - What are your aims for my treatment and care?
 - Who will be responsible for my treatment and care?
 - What treatment do you recommend and why?
 - What are the risks and side effects of this treatment?
 - What are the potential benefits?
 - How effective is this treatment?
 - How long would it last?
 - How would I know whether it is working or not?
 - What will it cost me?
 - Where can I get other information about this treatment?
 - What other treatment options are available to me?
 - What could happen if I refuse this treatment?
 - How often will you check on my progress?
 - How often will you review my treatment, support and discharge plan with me?

“When I was in hospital, I don’t ever remember being asked what I thought about the treatment I was given. Even though I was unwell, I was capable of making decisions for myself. I would encourage everyone to take an active interest in their treatment and ask a lot of questions. After all, it’s your body, mind and life that are affected.”

Who decides what treatment is given to involuntary patients?

- A doctor will decide on what treatment needs to be provided.
- If you are an **involuntary patient**, it means that a psychiatrist has decided that you do not have the capacity to make treatment decisions.
- Your care must still be governed by a **treatment, support and discharge plan** that should be prepared as soon as possible after you become an involuntary patient.

- Even if you are an involuntary patient, a doctor proposing treatment must first explain the proposed treatment to you and find out your wishes.
- The need to find out your wishes follows the same process as seeking consent from a voluntary patient and you are entitled to the same support from a personal support person, an interpreter, an Aboriginal or Torres Strait Islander mental health worker and significant people from your community, as required.
- If you are an adult and have made a relevant advance health directive, this will be taken into consideration.
- Once the doctor has understood your wishes, he or she must take those wishes into account when deciding on treatment for you. For example, if you have stated that a particular medication has caused negative side effects for you in the past, the doctor will take this into account.
- Where a doctor makes a decision that is different to what you wrote in an advance health directive, the decision and reasons for the decision must be reported to you, your personal support persons, the Chief Psychiatrist, and the Mental Health Advocacy Service.
- However, if you are an involuntary patient, you may be given treatment for mental illness without your consent.

“Looking back I can see why it was necessary to keep me in hospital against my wishes when I was at risk to myself, but you can feel quite powerless and distressed when you’re made an involuntary patient.”

What do I need to know about emergency psychiatric treatment?

- **Emergency psychiatric treatment** (sometimes called ‘EPT’) may be given to you where your life is at risk, or to prevent you from behaving in a way that is likely to result in serious physical injury to you or another person.
- Emergency psychiatric treatment is usually in the form of oral medication or an injection of psychiatric medication (called a ‘depot’).
- Emergency psychiatric treatment can be provided without your consent. This applies to adults and children, whether voluntary or involuntary. Provision of EPT must be reported to the Chief Psychiatrist.

What about non-psychiatric treatment?

- Sometimes **mental illness may result in a physical condition**. For example, if you have an eating disorder or you have deliberately harmed yourself.
- If you are a voluntary patient and you have a physical condition that is a result of mental illness, you can be provided with treatment based on: your consent (if you have capacity); the information you provided in your advance health directive; or, the consent of someone else, such as a guardian (if you do not have capacity).
- If you are an involuntary patient and you have a physical condition that is a result of mental illness, you can be provided with treatment without the need for your consent.
- If you have a physical condition that is not a result of mental illness, your treating team will decide whether you need urgent treatment or non-urgent treatment.
- You can be given **urgent non-psychiatric treatment** if you have a physical condition that needs urgent treatment, you are unable to consent to treatment, and nobody else is immediately available to consent on your behalf. If you are an involuntary patient or a mentally impaired accused patient in an authorised hospital, your psychiatrist must report the provision of such treatment to the Chief Psychiatrist.
- You can be given **non-urgent non-psychiatric treatment** based on: your consent (if you are a voluntary patient and have capacity); the information you have given in an advance health directive; or the consent of someone else, such as a guardian (if you do not have capacity).

What can I do if I disagree with the treatment being provided?

- If you are an involuntary inpatient or an involuntary community patient, or you are a mentally impaired accused patient in an authorised hospital, you are entitled to a **further opinion** regarding your treatment.
- You can request a further opinion from your psychiatrist or from the Chief Psychiatrist.
- Any of your personal support persons can also request a further opinion. However, you do not have to agree to go ahead with this.
- Whoever is organising the further opinion should discuss your wishes with you; what psychiatrists are available in what timeframe; where they are located; and whether there will be any costs involved for you (for example, if you request a private psychiatrist).
- When you ask for a further opinion, you should be clear as to why you are asking for it and what outcome you are looking for. For example, it might be that you want to stop taking a certain medication, or change to a different medication or have the dosage changed.
- An independent psychiatrist will examine you and decide whether your treatment is appropriate. He or she will give a written report to your psychiatrist, and your psychiatrist will give a copy to you.
- There is no guarantee that the independent psychiatrist will agree with your point of view and stop or change your treatment, but their opinion will be independent of your own psychiatrist.
- While there is no requirement that your original psychiatrist accept the recommendations of the independent psychiatrist, he or she has a duty to fully consider any alternative views they may have put forward.
- In the past, this 'further opinion' was referred to as a 'second opinion'. Under the *Mental Health Act 2014*, if you are unhappy with the further opinion, you can request an additional opinion. However, there is no guarantee that this will be given.
- The Chief Psychiatrist always has the power to override the decisions of your own psychiatrist.
- If you are a **voluntary patient**, you have a right to seek a further opinion, but you may need to arrange this for yourself.

8. Electroconvulsive Therapy and Psychosurgery

In this section:

- What is electroconvulsive therapy and how is it performed?
- When can voluntary patients be given electroconvulsive therapy?
- When can involuntary patients be given electroconvulsive therapy?
- What is emergency electroconvulsive therapy?
- Why is psychosurgery and when can it be provided?
- What can I do if I don't want the treatment being given?

What is electroconvulsive therapy and how is it performed?

- Electroconvulsive therapy (ECT) is a form of treatment that is used to help people with severe depression, bipolar disorder, and some psychotic illnesses.
- It may be recommended when symptoms are severe, it has worked in the past and other treatments are considered too risky or ineffective.
- Electroconvulsive therapy involves a patient being given a general anaesthetic and a muscle relaxant, and then having a seizure induced.
- Treatment is usually given in 'courses'. An average course of ECT may involve around 3 treatments per week for 3 to 6 weeks.
- There is a clear body of scientific evidence that ECT is effective in improving depressive and psychotic symptoms.
- Electroconvulsive therapy is regarded medically as a very safe treatment, with no evidence of long-term damage to brain functions, such as reasoning and creativity.
- However, when you wake up you may feel confused. This is quite normal following a general anaesthetic. Some patients get a headache. Sometimes patients report short-term memory loss.

When can voluntary patients be given electroconvulsive therapy?

- If you are an **adult voluntary patient**, ECT can be given with your consent (if you have capacity), based on your wishes expressed in an advance health directive, or with the consent of somebody else, such as a guardian (if you do not have capacity).
- If you are a **child voluntary patient**, ECT can only be given with your consent (if you have capacity) or with the consent of your parent or guardian (if you do not have capacity). Approval of the Mental Health Tribunal is also needed – see Section 15 [Mental Health Tribunal](#).
- A child can only be given ECT if they are at least 14 years old.
- Before anyone can consent to ECT, a description of the treatment, possible risks, and alternative treatments available, must be explained. The psychiatrist must leave the decision maker time to consider whether or not to consent.
- The person who provides consent has the right to withdraw consent at any time, even just before the treatment.

When can involuntary patients and mentally impaired accused patients be given electroconvulsive therapy?

- If you are an involuntary patient or mentally impaired accused patient, you can be given ECT with the approval of the Mental Health Tribunal – see Section 15 [Mental Health Tribunal](#).
- The same rule applies for adults and children, but a child can only be given ECT if they are at least 14 years old.
- Electroconvulsive therapy may also be given where it is emergency ECT.

What is emergency electroconvulsive therapy?

- You can only be given emergency ECT if you are an adult patient, either involuntary or mentally impaired accused, and only in limited circumstances.

- The circumstances in which emergency ECT can be given are where it is needed to save your life; or where there is an urgent need for ECT to prevent behaviour that will result in serious physical injury to yourself or someone else. The approval of the Chief Psychiatrist is needed.

What is psychosurgery and when can it be provided?

- Psychosurgery is a surgical procedure that has not been performed in WA since the 1970s.
- It is used to treat severe depression and obsessive compulsive disorder. It is commonly used to treat physical conditions, particularly Parkinson's disease.
- It can only be provided with the consent of the patient themselves (either as a voluntary patient with capacity, or where their consent is provided in an advance health directive). The approval of the Mental Health Tribunal is also needed – see Section 15 [Mental Health Tribunal](#).
- Psychosurgery can only be provided to a child who is at least 16 years old.

What can I do if I don't want the treatment being given?

- If you are an involuntary patient, you or a personal support person can ask for an independent **further opinion** from another psychiatrist – see Section 7 [Treatment Options](#).
- The Mental Health Tribunal is also there to safeguard your interests – see Section 15 [Mental Health Tribunal](#) for more details for how reviews are organised and conducted.

9. Hospital Admission

In this section:

- Why am I in hospital?
- Where will I stay?
- What will happen during admission?
- How will I be treated in hospital?
- How can I ensure I get the best treatment?
- Who can talk to me and visit me?
- Can I leave if I want to?

Why am I in hospital?

- If you are an **adult voluntary patient** in hospital, it means that either yourself (if you have capacity) or someone else, such as your guardian (if you do not have capacity), agreed that you should be admitted to hospital.
- If you are a **child voluntary patient** in hospital, it means that either yourself (if you have capacity) or your parent or guardian (if you do not have capacity) agreed that you should be admitted to hospital.
- If you are an **involuntary patient** in hospital, you have been admitted to hospital under the *Mental Health Act 2014* because the psychiatrist who examined you decided that:
 - You have a mental illness that needs treatment; and
 - Because of your mental illness, there is a significant risk to your health or safety, or the safety of another person; or there is a significant risk of serious harm to yourself or another person; and
 - You do not have the capacity to make a decision about your treatment; and
 - Treatment in the community cannot reasonably be provided to you; and
 - There is no other treatment option available that is less restrictive to your freedom of choice and movement than the making of an **inpatient treatment order** (see Section 6 [Becoming an Involuntary Patient](#)).

Where will I stay?

- Whether you are a voluntary inpatient or an involuntary inpatient, you may be in an authorised hospital or a general hospital.
- An authorised hospital is a hospital that is authorised to detain and treat involuntary patients. Authorised hospitals can still admit and treat voluntary patients.
- A general hospital is a hospital that is not an authorised hospital (i.e., not authorised to detain and treat involuntary patients).
- It might be that you cannot stay at the place where you were examined by a psychiatrist. For example, if you started off in an emergency department, you may be transferred to a mental health ward at the same hospital or at a different hospital.
- You can only be made an involuntary inpatient in a general hospital if you have a physical condition and a mental health condition, and both require treatment. This kind of order can only be made with the approval of the Chief Psychiatrist.
- **Mental health wards** in authorised hospitals treat a number of patients at once so you will be staying in a place with other people who are unwell where there are rules and routines that apply to everyone.
- Some wards are called locked wards (also known as 'secure wards'). Others are called open wards. You can be placed in either, and sometimes a voluntary patient may be in a locked ward, and sometimes an involuntary patient may be in an open ward. Some patients are transferred between locked wards and open wards, depending on how well or unwell they are.
- Whether you are in a locked or an open ward, you cannot leave the ward without permission.
- If you are a child, you should be admitted to a ward specifically for children. Sometimes this is not possible; for example, in a regional area. If you are a child in an adult ward, the hospital must take extra steps to look after you (such as allocating you a room right outside the nurses' station) and they must

write a report as to how they will look after you. This report must be given to your parent or guardian and to the Chief Psychiatrist.

“The first time I was admitted to a psychiatric ward, I was terrified as I was unsure about what would happen during my admission. It gets easier though as you settle into the ward and become familiar with the routine and you realise it’s not so scary after all.”

What will happen during admission?

- When you arrive at the ward, staff will introduce themselves, provide you with information about the place and your rights, and show you around.
- During admission, staff have the right to search through your possessions. If they find anything that might harm you, they can keep it locked away at the nurses’ station and only return it to you when they believe it is safe to do so. This may include things like prescription medication, alcohol, belts, razors, scissors, phone chargers and cables. Illegal items will be given to police or destroyed.
- You may also want to ask staff to look after some items like keys and money that you do not need while you are in hospital. They will make a record of any items they keep, to prevent it going missing.
- Staff may also decide that it is inappropriate for an item to remain at the hospital, such as your car or expensive electronic devices, in which case you will be informed and asked to remove it. This is something that your family member or a friend may be able to help you with.
- You will be asked to hand over any tablets (pills) or other medication that you have brought with you. Staff will take responsibility for these medications while you are in hospital.
- Within 12 hours of admission, a doctor will come to see you to offer you a physical examination. This will usually involve things like testing your heart rate and blood pressure, and asking you whether you have any physical health problems. The doctor may want you to have tests, such as a blood test.
- If you are not able to be examined within the 12 hours (for example, where you are sedated or perhaps intoxicated), the doctor will come back regularly until you are able to be examined.
- If you are a voluntary patient, you can only be given a physical examination with your consent (if you have capacity) or with the consent of another person, such as your guardian (if you do not have capacity).
- If you are an involuntary patient or a mentally impaired accused patient in an authorised hospital, you can be given a physical examination (which might include taking samples) even if you do not agree to it.
- Usually you will be assigned a **mental health nurse** as your main point of contact. Nurses are available to you at all times of the day and night, so they work in shifts and you will probably have a different nurse for each shift. The name of your nurse for each shift will usually be put on a noticeboard near the nurses’ station. You are entitled to ask to talk to them at any time.
- You may or may not be given your own room. You may have to share bathroom and shower facilities with other patients too, but you can use them in private.
- You will be given a secure place to keep your possessions, but you are responsible for looking after them and most hospitals advise you to keep as few valuables, money and property with you as possible.
- Staff are allowed to enter your room, but will usually knock to signal that they wish to enter. Other patients are not allowed to enter your room. Visitors may not be allowed to enter your room.
- There are generally some communal rooms on the ward for eating, watching television, receiving visitors or meeting with your treating team.
- Questions you may want to ask after you arrive include:
 - What items does the ward provide? (this may or may not include toiletries, pyjamas and similar items)
 - How can I buy anything else that I might need?
 - What times are meals served and where do I go to eat?
 - Where can I do my laundry?
 - What activities are available during the daytime?
 - Can I use a mobile phone and, if not, how can I make telephone calls?
 - How can my family, carers and friends contact me?

- What are the visiting hours?
- How can I access the internet, email and my social media sites?
- How can I receive any mail?
- How can I continue to receive Centrelink benefits and pay my bills?
- How can I receive support from other services, like social workers, interpreters and Aboriginal mental health services?
- Where can I go if I want to follow my religious practices?
- Where can I go to smoke? (Most hospitals place restrictions on where patients are allowed to smoke, if at all.)
- What can I do if I am not happy with what is happening to me?

How will I be treated in hospital?

- Everyone has a right to be treated with dignity and respect while they are in hospital. No one should be ill-treated or wilfully neglected.
- You will see a psychiatrist and a team of other staff such as mental health nurses, social workers, occupational therapists, and possibly psychologists.
- The mental health staff looking after you have a responsibility to you and your personal support persons to:
 - Treat you with dignity and respect.
 - Explain your rights, legal status and entitlements to you in a way that you can understand.
 - Give you copies of forms filled out about you.
 - Listen to you and answer your questions.
 - Speak in words and a language you can understand, or provide an interpreter free of charge if you need one.
 - Inform and educate you about your illness and treatment.
 - Actively seek information from you.
 - Involve you in discussions about your treatment and ongoing care.
 - Discuss your treatment with you, including the associated benefits and risks of that treatment.
 - Provide you with sufficient information and time to make informed decisions about your treatment.
 - Address any fears or concerns you may have.
 - Try to deal with any complaints you have in a timely and considerate manner.
 - Ask for your permission to involve you in any research to be performed during your treatment.
- In return for your rights being respected, you are expected to:
 - Respect hospital staff and other patients, and not behave aggressively towards them or threaten them, either verbally or physically.
 - Respect the privacy of other patients and their visitors.
 - Actively participate in your evaluation and treatment.
 - Cooperate with staff by following their instructions, or explain clearly and calmly why you cannot or do not wish to do so.
- Remember that you are in hospital to receive help from professional mental health workers, so you are not expected to cope with everything on your own.
- Everyone understands that when you are in hospital some days will be easier to cope with than others. At times, you may feel sad, angry or distressed, or you may just need to talk to someone about how things are going and how you are feeling that day. Staff members, especially the nurse assigned to you, are there to listen to you and help you cope with your feelings.
- Alternatively, you may prefer to write down or draw something that expresses your feelings. You can share this with your nurse, or a personal support person, or keep it private.
- If you become highly distressed, agitated or destructive, or become a danger to yourself or others, staff have a right to seclude or restrain you – see Section 10 [Seclusion and Bodily Restraint](#).

“Another patient in hospital gave me a journal as a Christmas present and I found it really helpful to write down what I was feeling and thinking each day. I kept my journal going after I left hospital and it became something I could refer back to and remind myself of how much progress I had made.”

How can I ensure I get the best treatment?

- There are several different categories of treatment – see Section 7 [Treatment Options](#) and Section 8 [Electroconvulsive Therapy and Psychosurgery](#).
- In order to get the best treatment, your treating team will need to gather some important information from you. You can ask someone you trust, such as a friend, or an interpreter to help you communicate this information to them if you want to.
- Make sure you tell your treating team about:
 - Your medical history and any relevant family medical history.
 - Any medications you are already taking, including prescription, over the counter medications and complementary medicines.
 - Any change in your condition, or problems you are having with your treatment so far.
 - Any special needs you have, including dietary, cultural or religious needs.
 - Any concerns you have about managing your responsibilities, such as caring for other family members or your pets, work commitments, payment of bills and rent, keeping appointments with other health care providers.
 - Any concerns you have about your interactions with staff or other patients.
- The hospital staff and/or you can initiate a special meeting with your personal support people – often called a ‘family meeting’ – if there are complex decisions to be made together. This allows all of your treating team to come together with you and your personal support persons to discuss all aspects of the situation before making any decisions or planning for the future.

Who can talk to me and visit me?

- Usually you can have as many visitors as you like, and you can make and receive phone calls.
- However, if you are an inpatient in an authorised hospital (voluntary, involuntary, or mentally impaired accused), a psychiatrist may restrict some visitors and phone calls in some situations – see Section 3 [Consumer Rights](#).
- There are usually public and private rooms available for visits. If you need privacy, try to make arrangements with staff in advance.
- When your personal support people are visiting they can use this opportunity to speak with your treating team and provide input into your treatment and recovery. This can be an important part of your recovery. However, you usually can also refuse to allow this.
- Usually staff can provide your personal support persons with information about your progress when they visit, and also by phone.
- You are allowed to talk to other patients.
- You are not allowed to record conversations, make videos or take photos with your mobile phone in hospital, because this could breach privacy and confidentiality.

“Another patient became a really good friend of mine while we were in hospital. I found it so easy to talk with him because he had been through similar experiences. We helped one another cope with being confined to the ward for so many weeks. He is still my friend three years later and we regularly look out for one another.”

Can I leave if I want to?

- If you are a **voluntary patient**, you can legally leave the hospital whenever you wish. However, leaving without permission may be against hospital policy.
- If you are thinking about discharging yourself it is important that you first discuss it with your psychiatrist and other staff.

- If you are a voluntary inpatient in an authorised hospital, then the person in charge of your ward can detain you for up to 6 hours to enable you to be assessed by a doctor or an authorised mental health practitioner. Even if you have not been assessed within this period, you are free to leave after 6 hours – see Section 5 [Assessment, Referral and Examination](#).
- However, if the doctor or authorised mental health practitioner assesses you and believes you may be in need of involuntary treatment, he or she will refer you to a psychiatrist for examination. If the psychiatrist believes that you should stay in hospital longer and you meet the criteria for becoming an involuntary patient, you may be detained under the *Mental Health Act 2014* – see Section 6 [Becoming an Involuntary Patient](#).
- If you are an **involuntary patient**, you will not be allowed to decide when you want to leave, although staff and your personal support people will work with you to help you leave as soon as is possible. You can ask to take leave or to be discharged from the hospital at any time and your psychiatrist has to consider your request. If you do leave without permission though, a hospital, community mental health worker, or the police will look for you and bring you back – see Section 11 [Taking Leave from Hospital](#).

10. Seclusion and Bodily Restraint

In this section:

- What is meant by seclusion?
- What is meant by bodily restraint?
- How can seclusion and bodily restraint be used?

What is meant by seclusion?

- Seclusion means confining a person (who is being provided with treatment or care at a hospital) by leaving them alone in a room or area that they cannot leave, at any time of the day or night.
- This definition of seclusion applies to any patient in an authorised hospital, whether they are voluntary, involuntary, or referred for examination.
- Seclusion does not mean asking someone to remain in an area where there is no physical barrier, or being stuck in a room because you are too frail, unwell or physically disabled to leave.
- Seclusion also does not include taking a voluntary time-out in a quiet area.

What is meant by bodily restraint?

- **Bodily restraint** is the physical or mechanical restriction of the movements of a person who is being provided with treatment or care at a hospital.
- There are two types of bodily restraint permitted:
 - **Physical restraint**, which means applying bodily force to a person's body to restrict the person's movement.
 - **Medical restraint**, which means restricting a person's movement by using a device such as a belt, harness, manacle, sheet or strap. It does not include the appropriate use of medical or surgical appliances or restricting a person through the appropriate use of furniture, such as cot sides or a chair fitted with a table.
- This definition of bodily restraint applies to any patient in an authorised hospital, whether they are voluntary, involuntary, or referred for examination.
- Bodily restraint does not apply to physical or mechanical restraint used by a police officer.
- Bodily restraint does not mean being supported physically to help you do something because you are frail or disoriented.

How can seclusion and bodily restraint be used?

- The [Chief Psychiatrist's Standard on Seclusion and Restraint](#) says staff should agree on a Patient Safety Plan with you and your personal support persons as soon as possible after your admission to hospital, in order to reduce the chance of you becoming highly distressed or agitated, and to prevent a crisis from occurring.
- However, if you are physically injuring yourself or another person, or persistently damaging property, you may be put in seclusion or restrained if there is no better alternative. It will not be used as a way to punish you.
- Bodily restraint may be used to provide you with treatment, such as injected medication, where this is necessary. Staff do not need your consent to this treatment, but will try to ask for it.
- Bodily restraint must not be used where it is likely to cause a significant risk to your health, for example if you have a heart condition or breathing difficulties.
- A person of any age, including a child, can be secluded or restrained, although it is something staff will try to avoid, especially in regard to children.
- Staff will try to de-escalate the situation and calm you down; they may offer you medication, or the chance to go to a quiet room. If a personal support person is with you at the time, they may ask them to help. If they are not with you at the time, it may help to ask to talk to them by phone or try to see them in person.

- If staff cannot manage this, they may seclude or restrain you in a safe, dignified and respectful manner, and then they will try to calm you down and release you as soon as possible.
- Bodily restraint must use the least possible force, cause no pain and must not restrict your breathing.
- Only a psychiatrist or other doctor, or mental health practitioner, can order that you be secluded or restrained.
- Seclusion can last up to 2 hours. The time can be extended for further two-hour periods after a doctor has examined you, if required. A nurse must check your mental and physical wellbeing at least every 15 minutes and a doctor will review you at least every 2 hours. Staff will try to calm and reassure you.
- Bodily restraint can last for up to 30 minutes. The time can be extended for further 30-minute periods after a doctor has examined you, if required. A nurse must observe your mental and physical wellbeing at all times and a doctor will review you at least every 30 minutes. Staff will try to calm and reassure you.
- If you need a bed, food, drink, clothing, access to toilet facilities, or anything else, you should let the staff know.
- Within 6 hours of you being released from seclusion or bodily restraint, a doctor will examine you to see whether your condition has changed due to being secluded or restrained.
- You should also have a chance to talk to the staff member who ordered you to be secluded or restrained. This debrief should be documented and you should be given copies of all the forms used to seclude or restrain you.
- Here are some questions you might want to ask:
 - Why did this happen to me?
 - What are the best ways to stop it happening again?
 - Have you told my personal support persons?
- The Chief Psychiatrist must be informed of any instances of seclusion and bodily restraint.

“I was treated under the Mental Health Act for anorexia nervosa because my physical health was at risk. However, because I was refusing to let them insert a nasogastric tube to provide me with nutrition, I had to be restrained for them to put it in. It was highly distressing at the time, but what helped was that the nurse did so in a compassionate manner, acknowledged that it would likely be quite traumatic for me and explained what they were going to do before carrying it out.”

11. Taking Leave from Hospital

In this section:

- How can I get leave from hospital?
- What can I expect as an involuntary patient?
- Can my leave be cancelled or extended?
- What happens when I get back to hospital?
- What happens if things don't go according to plan?

How can I get leave from hospital?

- You can ask your psychiatrist for leave from hospital, even if you are an involuntary patient. Being allowed leave from the hospital while you are an involuntary patient is quite common once you are getting better. Leave can last from a few hours to a few days.
- You may, as examples:
 - Have an important event you don't want to miss.
 - Want to obtain treatment from another health professional, such as your GP or a dentist.
 - Want to see whether you function and feel well enough when you are back at home.
- At some point, your psychiatrist will want to see how well you are doing by allowing you to have time in the community, to be with your family and friends, or to see how well you might cope at home or in new accommodation.
- Before leave can be granted, you will need to have a conversation with your psychiatrist about whether it is appropriate for you to have leave and how to stay safe if you do go on leave.
- Your personal support persons will usually be involved in the discussion about whether you should be granted leave, and the conditions of your leave.
- Your personal support persons need to be clear about whether they believe they can cope with looking after you if you take leave at that time. You should think about how the leave will affect them, yourself and your whole family.
- Questions you might want to ask include:
 - How long can I go on leave for?
 - Where can I go and where will I stay?
 - What medication do I need to take, if any?
 - Who do I need to contact if I have any questions or problems while I am away from hospital?
- In deciding whether to grant you leave, your psychiatrist will apply the guidelines in the [Chief Psychiatrist's Risk Assessment and Management Standard](#), which require them to consider any risk to yourself, risk to other people and risk from other people you may be exposed to while you are on leave – see Section 6 [Becoming an Involuntary Patient](#).
- If your psychiatrist does not want to grant you leave, he or she must explain the reasons. Either way, his or her decision to grant leave or not has to be written down, including the reasons for that decision. You are entitled to a copy of the form.

"I really wanted to spend time with my family on Christmas Day, so my psychiatrist discussed this with me and my husband and I was able to spend a few hours with them before having to go back to hospital for my evening medication."

"It's really hard being in hospital for a long time. I just kept saying to myself, every day I must be one day closer to going home. I was so happy when I finally got some leave as it helped me to realise I was eventually going to get out of there."

What can I expect as an involuntary patient?

- If you leave hospital without permission to do so, you will be considered 'absent without leave'. If you do not return by your own choice when asked to do so, a member of staff from the hospital, the police,

or a transport officer, will look for you and bring you back to hospital. Your personal support persons may be able to help you decide to go back to hospital if you find it difficult to do so by yourself.

- If you are granted leave it does not mean that you are no longer an involuntary patient. You have to comply with any conditions of your leave, like taking medication and returning to hospital when required to do so.
- Make sure you receive a copy of the form that tells you the length and conditions of your leave, and that you understand what it says before you leave. If you have difficulty doing this, ask for someone from the hospital, or a personal support person, to help you.
- If you go on leave for a day or more, the hospital staff may be asked to pack up and store your belongings at the hospital so that someone else can use the room while you are away.
- If you are granted extended leave, usually one of the conditions is that someone from the hospital staff contacts you every day or every few days to check how you are going. This also gives you a chance to tell them if there is anything bothering you that staff may be able to help with.
- While you are on leave, a member of your treating team may also contact you or your personal support people from time to time to ask how everyone is going.
- When granting leave, your psychiatrist must also consider whether it would be more appropriate to make you a voluntary patient, put you on a Community Treatment Order, or discharge you completely – see Section 12 [Hospital Discharge](#) and Section 13 [Community Treatment Orders](#).
- While you are on leave, if another medical practitioner, such as your GP, writes to your psychiatrist to say that your involuntary treatment order is no longer necessary, your psychiatrist may make a decision to discharge you.

“I was really tempted to jump the fence many times, but I realised it wouldn’t do me any good because someone would come and find me and take me back anyway, so I worked towards getting well enough to be given leave.”

Can my leave be cancelled or extended?

- While you are on leave, your psychiatrist can:
 - Extend your leave
 - Change the conditions of your leave, or
 - Cancel your leave.
- If your psychiatrist extends your leave then he or she must consider, at least every 3 weeks, whether you should become a voluntary patient, an involuntary community patient, or discharged completely – see Section 12 [Hospital Discharge](#) and Section 13 [Community Treatment Orders](#).
- If your psychiatrist cancels your leave, for example because you have not complied with the conditions of leave, your treating team will inform you that you will need to come back to the hospital.

“Once my leave was going really well, I was given more and more time away from hospital, until I was finally discharged. That was such a happy moment for me, knowing I was on the way to recovery and was free to live my life again.”

What happens when I get back to hospital?

- The hospital staff will usually ask to search your bags and possessions to ensure that you are not bringing back anything that is harmful to you or someone else.
- You might not be able to return to the same room that you were using before you went on leave, especially if you have been away for some days.
- Your psychiatrist will usually want to meet with you and your personal support persons soon after you get back to discuss how your leave went and what the next steps are.

What happens if things don’t go according to plan?

- If you feel unsafe in any way while you are on leave, you should contact the staff at the hospital you left from, your local community mental health service, your community social worker, or another health professional.

- If you cannot make the call, ask someone you trust, like a personal support person, to do this for you.
- In an emergency, phone one of the emergency contact numbers listed in the Community Services Directory on the [Mental Health Commission](#) website, or visit your local hospital's emergency department and tell them that you are an involuntary patient on leave.
- If you do not return from leave when expected, a staff member from the hospital, the police, or a transport officer, can be sent to find you and take you back to the hospital using an **apprehension and return order**.
- However, before this happens, every effort will be made to get you to return to hospital by yourself, or with the help of your personal support persons.

12. Hospital Discharge

In this section:

- What is discharge planning?
- What happens during discharge?

What is discharge planning?

- Discharge planning is a process that involves yourself, your personal support persons, and any staff involved in your care (for example, a community mental health nurse or your GP).
- The aim of discharge planning is to ensure your safe and smooth discharge from hospital, whether to your home, a hostel or another location, and to manage the transfer of your care either between or within services.
- A discharge plan documents what happened while you were in hospital, any medications you need to take and any follow-up care or treatment needed after you leave hospital.
- Your plan must be drawn up in line with standards published by the Chief Psychiatrist, including the [Physical Health Care Standard](#), the [Care Planning Standard](#) and the [Transfer of Care Standard](#). These standards state that staff at the hospital must provide you and your personal support persons with information about the range of services available to support you in the community. If you have multiple care plans, they should be merged wherever possible to ensure your care is coordinated across a range of services in a person-centred way.
- When you are discharged from hospital, you might:
 - Remain an involuntary patient and be placed on a **community treatment order** (see Section 13 [Community Treatment Orders](#)); or
 - Receive follow-up care from outpatient services and/or a community services team from the hospital; or
 - Be transferred (back) into custody if you are a mentally impaired accused patient on a custody order.
- A written copy of your discharge plan will be given to you, your personal support persons and everyone else involved in your care prior to discharge. Your psychiatrist may need to provide a copy of your discharge plan to other services, such as a community mental health service, to ensure the continuity of your care.
- A copy should also be sent to your GP if you are going to be treated in the community. If you do not currently have a GP, then a social worker can help you locate one in the area where you live.
- If you are going to be treated in the community, **questions** to ask about your discharge plan might be:
 - Who is going to be involved in preparing my discharge plan?
 - Can I decide who to involve and what information is shared (and with who)?
 - What treatment(s) do you recommend once I leave hospital?
 - What alternatives can you suggest if these treatments do not work, or do not suit my lifestyle?
 - Who else will be involved in my treatment and care?
 - Who will be responsible for my care (in addition to myself)?
 - How will you ensure that there is regular communication between yourself and other medical practitioners or service providers involved?
 - What symptoms should I watch out for that would indicate I am becoming unwell again?
 - What should I do if I think I am becoming unwell again?
 - Who should I contact in an emergency?
 - What can I do to help myself recover?
- There are practical things to think about too when you are going to be discharged from hospital into the community. If you need help with these, in addition to the support you get from your personal support person, you should ask for the assistance of a social worker from the community mental health service team who will be supporting you.

- **Questions** you might want to find answers to could be:
 - Where am I going to live?
 - What am I going to do during the day?
 - How am I going to support myself financially?
 - Who can help me apply for any government benefits?
 - Where can I get advice about how to manage my money?
 - Where can I find legal support?
 - Where can I find support to manage an addiction?
 - Where can I find support to help me reconnect with my family, friends and community?
 - How can I connect with other people who are recovering from the same mental illness (my peers)?
 - Where can I get education and training to support my recovery?
 - What local support, self-help or community service groups could I get in touch with?
- For ideas on what community services are available to you, refer to the Community Services Directory available on [Mental Health Commission](#) website.

“When I was discharged from hospital, the plan was for me to keep taking medication, come back and see my psychiatrist every few weeks, talk to my case manager periodically and enrol in some group therapy. This was not enough to help me get back on my feet, and to get back to work and supporting my family. I had to figure the rest out for myself with the help of my GP and the psychologist she recommended me to. Under the new Mental Health Act, my treating team in hospital would help me make a whole of life plan before I left.”

What happens during discharge?

- Make sure that a personal support person knows when you are going to be discharged. If they are unable to pick you up, the hospital should arrange for your transport home.
- There are some **forms** that the hospital staff will need to fill out and you should receive copies of these.
- Make sure the hospital has a record of your contact details and those of your personal support persons.
- Make sure you make note of any follow-up appointments with your psychiatrist, psychologist, community mental health workers and/or your GP.
- When you leave hospital there are a number of practical things you will have to do, like packing up your belongings and emptying out your room. If the staff have kept any of your belongings in the nurses’ station, you will need to reclaim them.
- Note that the hospital has the right to dispose of anything of yours that you leave behind at hospital and are unclaimed for more than 6 months after discharge. However, the hospital would need to notify you of this a month before they plan to dispose of items.
- Many people are discharged with a limited amount of medication from the hospital pharmacy and it can take some time for hospital staff to arrange this on the day. Make sure you understand all medication instructions. You have a right to ask additional questions about your medication – see Section 7 [Treatment Options](#) for some questions you may like to ask.
- Hospital staff should also return to you any medication you brought with you to hospital.
- **Checklist:**
 - Personal support person knows when I am going to be discharged
 - Transport home arranged
 - Received copies of forms
 - Hospital has my contact details
 - Follow-up appointments arranged
 - Collected all my belongings
 - Have any medication I need.

“Everyone told me to take things one day at a time when I got out of hospital and not try to do too much too quickly. I set myself the goal of getting to my first outpatient appointment with my psychiatrist without being readmitted to hospital. It gave me something to focus on and a sense of achievement when I reached my goal.”

13. Community Treatment Orders

In this section:

- Why am I on a community treatment order?
- What is a community treatment order?
- How does a community treatment order work?
- How long can a community treatment order last?
- What happens if I don't follow the community treatment order?
- What can I do if I don't think I should be on a community treatment order?
- When can I request a further opinion?

Why am I on a community treatment order?

- If you are on a community treatment order (CTO), a psychiatrist has examined you and believes that:
 - You have a mental illness that requires treatment; and
 - Because of your mental illness, there is a significant risk to your health or safety, or the safety of another person; or there is a significant risk of serious harm to yourself or another person; and
 - You do not have the capacity to make a treatment decision; and
 - There is no less restrictive option.
- An involuntary treatment order can apply to a person of any age – see Section 6 [Becoming an Involuntary Patient](#).
- If the psychiatrist believes you can be treated in the community, but you would not accept the treatment voluntarily, or because of your mental illness you are unable to agree (give consent) to the treatment, then he or she can make a CTO. The order is made when the psychiatrist completes a legal form.
- A CTO can be a less restrictive alternative than involuntary admission to hospital, as you can remain living at home or at another location in your community.
- However, in order for a CTO to work, in a practical sense you have to be able to attend your appointments with your psychiatrist and the other people involved in your treatment and care. Therefore, if you normally live in a remote place, this may not be the best option for you. For these reasons, your psychiatrist may instead make an **inpatient treatment order** that requires you to be treated in hospital – see Section 6 [Becoming an Involuntary Patient](#) and Section 9 [Hospital Admission](#).
- At least one of your personal support persons must be notified of the making of a CTO.
- You must also be contacted by a **mental health advocate** from the Mental Health Advocacy Service within 7 days of becoming an involuntary patient if you are an adult, or within 24 hours if you are a child – see Section 14 [Mental Health Advocacy Service](#).

What is a community treatment order?

- A CTO is a form that sets out the compulsory treatment and care to be provided to you in your community.
- The treatment that you will be given will be based on your **treatment, support and discharge plan** – see Section 7 [Treatment Options](#).
- It is important you are able to maintain a home, support yourself, care for your family and any pets, have a social life and build relationships, participate in your community, and generally have a meaningful life. Your treatment, support and discharge plan therefore should take into account your **personal circumstances**, and it is important that you tell the staff things like:
 - Where you are living and with whom.
 - Who else is caring for you or supporting you.
 - If you are responsible for providing care for other people or pets.
 - Whether you are working (paid or unpaid), and when and where you work.
 - Any other health issues that you need treatment for (such as diabetes, kidney failure or a substance addiction).

- Who else is already giving you treatment (such as your GP, a psychologist or a specialist).
- Any travel plans or other commitments (such as before and after school care, religious or cultural ceremonies or volunteering activities) that might interfere with your ability to attend appointments.
- Anything else that is important for maintaining your health, wellbeing, safety and quality of life.
- Note: Permission can be given for you to travel interstate on a CTO if arrangements can be made for your ongoing treatment and care in another state or territory.
- Some other questions you may like to ask include:
 - What are your aims for my treatment and care?
 - Who will be responsible for my treatment and care?
 - What treatment do you recommend and why?
 - What are the risks and side effects of this treatment?
 - What are the potential benefits?
 - How effective is this treatment?
 - How long will it last?
 - How will I know whether it is working or not?
 - What will it cost me?
 - Where can I get other information about this treatment?
 - What other treatment options are available to me?
 - What could happen if I refuse this treatment?
- Your treatment, support and discharge plan must be reviewed regularly and in line with standards and guidelines published by the Chief Psychiatrist, including the [Physical Health Care Standard](#) and the [Care Planning Standard](#).
- So that you are fully informed, know what to expect from your treatment and care, and are easily able to comply with (follow) it, a CTO must include:
 - the name of your psychiatrist (known as your **supervising psychiatrist**)
 - the name of your treating practitioner (i.e., the doctor, or mental health practitioner (psychologist, mental health nurse, occupational therapist or social worker)) who is treating you
 - a requirement to comply with your psychiatrist's directions about treatment
 - the date and time when the CTO was made, when it comes into force, and how long it will last, and
 - a requirement to tell your psychiatrist of any change of address or any travel plans (outside of WA) at least 7 days before departure (or, if you have to travel urgently, as soon as possible).
- Your psychiatrist will explain the details of your treatment, support and discharge plan and the CTO to you, your personal support persons, and anyone else involved in your care. It is important that you ask questions if there is anything you do not understand.
- Make sure that your supervising psychiatrist and your treating practitioner have your contact details and those of your personal support persons, so they can contact you if required.

How does a community treatment order work?

- Your supervising psychiatrist must inform you of when and where your first appointment will be, so that you and/or your personal support person can make arrangements for you to be there.
- While the CTO is in force, your supervising psychiatrist or your treating practitioner must check on your progress at least every month.
- If your supervising psychiatrist does not see you, then the treating practitioner who does must provide a written report to him or her. Nevertheless, your supervising psychiatrist must see you at least once every 3 months to review your involuntary patient status.
- At your appointment, tell your supervising psychiatrist or your treating practitioner about anything that is affecting your health, wellbeing, safety and quality of life, and how you are getting on with your treatment.
- At any time, your supervising psychiatrist can vary the terms of your CTO, such as changing your treatment, support and discharge plan; who is treating you; or where you are going to be treated. If

this happens, he or she should discuss this with you and your personal support persons, as well as provide both of you with the legal form to confirm this.

How long can a community treatment order last?

- A psychiatrist makes a CTO by filling out a legal form. This form will be given to you.
- The form will say when the CTO ends. It cannot last longer than 3 months. However, after the 3 months it can be extended.
- You will be examined every month.
- Sometimes it may be your supervising psychiatrist who examines you. Other times it may be your treating practitioner. However, the supervising psychiatrist must examine you at least every 3 months.
- During the examination the psychiatrist or practitioner must consider whether you still need to be an involuntary patient.
- If your CTO is coming to an end, you will be examined by your supervising psychiatrist. At this point there are several different options:
 - If you continue to meet all of the criteria for an involuntary treatment order and can be treated in the community, the supervising psychiatrist can continue the CTO for up to 3 months using a **continuation order**.
 - If you continue to meet all the criteria for an involuntary treatment order, but can no longer be treated in the community, your supervising psychiatrist may suspend (pause) the CTO and consider making an **inpatient treatment order** – see Section 5 [Assessment, Referral and Examination](#) and Section 6 [Becoming an Involuntary Patient](#).
 - If the psychiatrist decides that you no longer meet all the criteria for an involuntary treatment order, he or she must **revoke (cancel) the CTO** and you can either become a voluntary patient, or be discharged from the community mental health service.
- If your CTO expires without being extended or changed, then the CTO automatically ends and you are no longer an involuntary patient.
- If your involuntary status changes, your supervising psychiatrist should discuss this with you and your personal support persons, and give you the legal form to confirm this.
- Even if your involuntary treatment stops, in order to recover fully you may need ongoing treatment and care in the community as a voluntary patient.

What happens if I don't follow the community treatment order?

- Although you may be living at home, or in a hostel, and you are not a patient at the hospital, under the *Mental Health Act 2014* if you are on a CTO you are still an involuntary patient and must comply with (follow) the treatment that has been prescribed for you.
- At the start of your CTO, you and your personal support persons should discuss with your supervising psychiatrist and/or treating practitioner what might happen if you refuse the treatment. He or she will make all reasonable efforts to help you and your personal support persons understand and encourage you to follow the terms of your CTO.
- However, if you do not follow the terms of your community treatment order, such as not taking the required medication or not attending a clinic, under the *Mental Health Act 2014* one or more of the following things can happen:
 - You can be issued with a **notice of breach** that tells you what you need to do differently and by when.
 - If things do not change, then you can be given an **order to attend** that requires you to attend and possibly receive treatment at a particular time and place (such as a community mental health service).
- Your supervising psychiatrist must tell you, and should also tell your personal support persons, about any notice of breach, or order to attend, and explain why this has happened, how to follow the order and what can happen if you do not follow it.
- If you do not follow along with the notice of breach or order to attend, your supervising psychiatrist can then do one of the following things:

- Issue a **transport order** that tells the police or a transport officer to bring you to a particular place, where you can be detained for up to 6 hours.
 - Order that you be admitted to hospital on an **inpatient treatment order** – see Section 6 [Becoming an Involuntary Patient](#).
 - Revoke (cancel) the CTO so you are no longer an involuntary patient.
- Your supervising psychiatrist must tell you, and should also tell your personal support persons, about these decisions and explain why this has happened and what will happen next, as well as provide you with the appropriate form to confirm this.
 - If you object to being on a CTO or to the terms of your CTO, it is better to discuss this first with your supervising psychiatrist and/or treating practitioner. If you are still not satisfied, then you can request a further opinion – see below.

What can I do if I do not think I should be on a community treatment order?

- The **Mental Health Tribunal** independently reviews every CTO, both initially and on a periodic basis if it is continued – see Section 15 [Mental Health Tribunal](#) for how reviews are organised and conducted.
- You may request a review of your involuntary status at any time, but even if you do not make a request, the Mental Health Tribunal will conduct a mandatory review anyway, within 5 weeks for an adult or within 10 days for a child. If your CTO is extended, then it must be periodically reviewed at least every 3 months for an adult or at least every 28 days for a child.
- A personal support person can also apply for a review on your behalf, as can your lawyer or a **mental health advocate** – see Section 14 [Mental Health Advocacy Service](#).
- You can represent yourself at a Mental Health Tribunal review, or be represented by another person, including a personal support person, a friend, your lawyer or a mental health advocate. Children can represent themselves at reviews if the Mental Health Tribunal decides that they have the maturity and understanding to make reasonable decisions about matters relating to them. Children have the right to speak for themselves at a hearing even if they are unable to represent themselves.
- Personal support persons will automatically be invited to the review, so long as the Mental Health Tribunal has their contact details.
- When conducting a review of your involuntary status, the Mental Health Tribunal must consider your current mental and physical health; your history of mental or physical illness; your treatment, support and discharge plan; your wishes; the views of your personal support persons; input from your lawyer or a mental health advocate; and, anything else they think is relevant.
- The Mental Health Tribunal can also make recommendations to your supervising psychiatrist about your treatment, support and discharge plan – see Section 7 [Treatment Options](#) – however your supervising psychiatrist is not obliged to follow these recommendations.
- If necessary, decisions of the Mental Health Tribunal can be reviewed by the State Administrative Tribunal, and after that by the Supreme Court.

When can I request a further opinion?

- You have a right to request an independent further opinion if you:
 - disagree with your diagnosis;
 - are unhappy with the treatment being given to you on your CTO; or
 - would like to challenge a continuation order.
- You can make this request either by asking verbally or by writing to your supervising psychiatrist or the Chief Psychiatrist.
- Your personal support persons also have the right to request a further opinion, but this will not be provided if you refuse.
- You can also seek a further opinion if you disagree with the making of a continuation order that extends your CTO.
- For more detail on the process, see Section 7 [Treatment Options](#).

- In the past, a 'further opinion' was referred to as a 'second opinion'. Under the *Mental Health Act 2014*, you can ask for one or more additional opinions if you are not satisfied with the outcome of the further opinion, however there is no guarantee that this will be allowed. If the request is refused, the person you made the request to has to write down the reasons and give a copy of them to you.

14. Mental Health Advocacy Service

In this section:

- What is the Mental Health Advocacy Service and who can use it?
- What can a mental health advocate help me with?
- How will the mental health advocate look after my individual needs?
- When can I see a mental health advocate?
- What do I do if I want to make a complaint through a mental health advocate?

What is the Mental Health Advocacy Service and who can use it?

The Mental Health Advocacy Service (MHAS) is a free, confidential and independent service. An advocate is dedicated to ensuring that:

- You are informed about your rights;
- Your rights are respected; and
- Your wishes are considered.

The following people can use the service:

- Involuntary inpatients.
- Involuntary community patients.
- Referred persons and people who are subject to an order for further examination
- Voluntary inpatients in an authorised hospital who are under an order for assessment
- Residents of private psychiatric hostels.
- Mentally impaired accused in an authorised hospital, under a hospital order or custody order.
- Mentally impaired accused on a release order.

What can a mental health advocate help me with?

The main role of an advocate is to:

- Support you to express your own wishes about your situation and what you want to happen.
- Advise you of your legal rights, and the options and possible consequences of your decisions.
- Consider and address issues that affect you and all other people who are receiving treatment, care and support at the place where you are staying.
- Promote the least restrictive environment and conditions for you to help with your recovery.
- Ensure that your treatment and care is the best it can be for promoting your wellness and recovery.
- Respect all other parties and acknowledge their diverse obligations and opinions – this may be the obligations of your personal support persons when you have given permission for them to be involved.

The MHAS upholds all the principles of the Charter of Mental Health Care – see Section 2 [Charter of Mental Health Care Principles](#).

A mental health advocate can also:

- Assist you and/or refer you to individuals or agencies to address issues such as housing, employment, transport, income support, guardianship and the care of children.
- Give you information about various other services that may be able to assist you, such as drug and alcohol services or legal aid if you have a legal issue to deal with.
- Speak up for you within the hospital or mental health service and externally with government and non-government agencies.
- Represent you in different settings such as during reviews held by the Mental Health Tribunal – see Section 15 [Mental Health Tribunal](#).
- Represent your wishes or concerns to your treating team if you feel that your rights are not being upheld or your personal wishes are not being considered.

- Access your personal information from hospital staff and can inspect any part of a mental health service if they wish to do so; it can be very helpful for you at times to have someone who can help you to look at your files and then discuss your situation with you.
- Listen to and act on any complaints you may have.
- Ensure that you have access to interpreters, community representatives and any other person or organisation that you feel may be helpful to you at this time.
- If you are an Aboriginal or Torres Strait Islander person, ensure that an Aboriginal or Torres Strait Islander mental health worker and significant members of your community (such as elders and traditional healers) are involved in your treatment and care.
- Be a link with family members and other support networks in your life.

How will a mental health advocate look after my individual needs?

A mental health advocate is someone who will look after your interests while you are in hospital or being treated on a community treatment order. They will represent your perspective only while you are involved with the mental health service. Their support will continue until you are no longer an involuntary patient.

If you are a child (under 18 years) or youth (between 18 and 25 years) then a mental health advocate is likely to have qualifications, training or experience specific to children and young people.

If you have specific issues related to gender, sexuality, age, family, disability, lifestyle choices and cultural and spiritual beliefs and practices, Principle 6 of the [Charter of Mental Health Care Principles](#) applies. This principle states: “A mental health service must recognise, and be sensitive and responsive to, diverse individual circumstances, including those relating to gender, sexuality, age, family, disability, lifestyle choices and cultural and spiritual beliefs and practices.” A mental health advocate will be able to assist you in ensuring this principle is followed.

If you are Aboriginal or a Torres Strait Islander, Principle 7 of the [Charter of Mental Health Care Principles](#) applies. This principle states: “A mental health service must provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers.” A mental health advocate will be able to assist you in ensuring this principle is followed.

If you are unable to express your wishes at different times while in hospital, a mental health advocate will make every effort to understand your preferences and represent them to ensure your rights are upheld.

It may be a good idea to prepare an **advance health directive** that outlines your wishes. Advance health directives are legal documents in which an adult with capacity to make decisions can set out their decisions about future treatment. An advance health directive only comes into effect if there comes a time when the person is unable to make reasonable judgments.

When can I see a mental health advocate?

- A mental health advocate will come to visit or will make contact with you within 7 days of you being admitted to hospital as an involuntary inpatient or you becoming an involuntary community patient.
- If you are a child a mental health advocate will visit or otherwise contact you within 24 hours.
- A mental health advocate can visit you at any time.
- You can also request a visit from a mental health advocate by contacting the MHAS yourself. You will find all their contact details on the MHAS posters placed around the mental health service, or from the information they gave you when they first visited you. You can visit the [Mental Health Advocacy Service](#) website for further information.
- You can also ask the mental health service to request a visit for you. Let your treating team know that you would like a visit from a mental health advocate. The service must then make contact with the MHAS within 24 hours to let them know that you would like to talk with an advocate.

What do I do if I want to make a complaint through a mental health advocate?

To make a complaint you can contact a mental health advocate and register a complaint with them, or request a visit and speak to them in person. They will then assist you to make a complaint and represent your views for you. They can also make a complaint on your behalf if you do not want to complain yourself.

The sorts of things you may want to ask your advocate for assistance with might be:

- You would like to have leave but you cannot reach agreement with the mental health service or your psychiatrist.
- You are feeling very uncomfortable about your room on the ward and would like to be moved.
- You would like to do some therapy or activities but you have been told that you can't.
- You need some additional support for drug and alcohol issues but can't seem to get it.
- You feel you have been treated badly by a staff member or another patient.

15. Mental Health Tribunal

In this section:

- What is the Mental Health Tribunal?
- Why is it called a Tribunal?
- Who is on the Mental Health Tribunal?
- What happens at a hearing or review?
- What can I do if I am unhappy with the Tribunal's decision?

What is the Mental Health Tribunal?

- The Mental Health Tribunal is a group of people who make decisions about whether you still need to be on an involuntary treatment order. They do this through conducting meetings, which are called 'hearings' or 'reviews'. They can also consider other issues to do with your involuntary treatment order.
- You may hear some people refer to 'reviews' while others say 'hearings'. They are actually the same thing.
- Hearings and reviews are informal and are closed to the public, so you do not need to worry about your privacy. They are conducted in person, in meeting rooms at the place where you are staying or at a community mental health service (also called a 'community clinic'). For people in regional or remote areas, hearings can be conducted by videoconferencing where video conferencing; the details of this arrangement will be provided to you before the hearing.
- Hearings will be conducted by the Tribunal as soon as possible and some hearings must be conducted within certain timeframes (see table below).

Timeframes for mandatory reviews of involuntary treatment orders

	Adults	Children
Initial review	Within 5 weeks of involuntary treatment order being made	Within 10 days of involuntary treatment order being made
Periodic review	Within 3 months after initial review	Within 28 days after initial review
Subsequent periodic reviews	No more than 3 months apart	No more than 28 days apart

Why is it called a Tribunal?

The Tribunal is a legal body and is independent of the health services and the government. This does not mean that the hearing will run like a court hearing. It will be much less formal. A hearing is a way of protecting your rights and making sure that the correct procedures were followed when you were referred and made an involuntary patient. It is a place where your best interests are looked into by a third party and where you and your personal support persons, and a mental health advocate, can have input into the process and request further reviews if necessary.

Who is on the Mental Health Tribunal?

The Tribunal has a President and other members including psychiatrists, lawyers and community members.

If you are an adult, the Tribunal is made up of:

- a member who is a lawyer;
- a member who is a psychiatrist; and
- a member of the general public who is not a lawyer, or a doctor, or a mental health practitioner working as a staff member at a mental health service or private psychiatric hostel.

If you are a child, the Tribunal is made up of:

- a member who is a lawyer;

- a member who is a child and adolescent psychiatrist; or, if a child and adolescent psychiatrist is not available, then a member who is a psychiatrist; and
- a member of the general public who is not a lawyer, or a doctor, or a mental health practitioner working as a staff member at a mental health service or private psychiatric hostel.

What happens at a hearing or review?

- The hearing or review is a face-to-face meeting held where you are staying – usually at an authorised hospital or a community mental health service (also called a ‘community clinic’). Everyone who is invited to attend will be given advance notice of the date and time of the meeting.
- These meetings are held in private to protect your privacy and confidentiality.
- If you are in a regional or remote area and are having your meeting as a videoconference, the video is transmitted over a secure link. This means that the only people who can see or hear the meeting are the Tribunal and the people in the room with you at the mental health service. If you have any issues with the sound or image quality at a videoconference hearing, you need to let the Tribunal know during the hearing and let the staff at the mental health service know too.
- You will have the opportunity to talk with the Tribunal members at the meeting. You should try to actively participate and put your wishes and concerns across.
- You are entitled to know about the information the Tribunal members have been given, and usually you will have access to the same documents as the Tribunal members.
- There will be an agenda or a list of topics that will be followed and discussed. The Tribunal members will ask your opinion about what you would like and also how you may feel about certain things.
- If any of your personal support persons attend, the Tribunal will ask for their views. However, they can speak as much or as little as they would like.
- You can also ask a mental health advocate or your lawyer to speak up for you at the meeting.
- During the hearing or review any special needs you have must be taken into account, such as wheelchair access, an interpreter, support of a community member or any other requirements.

What can I do if I am unhappy about the Tribunal’s decision?

If you are unhappy with the decision made by the Mental Health Tribunal you may apply to the State Administrative Tribunal for a review of the decision.

16. Chief Psychiatrist

In this section:

- What does the Chief Psychiatrist do?
- Can the Chief Psychiatrist review my treatment?
- What reports does the Chief Psychiatrist receive?

What does the Chief Psychiatrist do?

- The Chief Psychiatrist has overall responsibility for the treatment and care of people experiencing mental illness who come within the scope of the *Mental Health Act 2014*.
- The Chief Psychiatrist publishes standards and guidelines for the treatment and care to be provided by mental health services.
- The Chief Psychiatrist deals with reports from services about serious matters such as possible staff misconduct, and any serious risks to the welfare of patients while they are in hospital.
- The Chief Psychiatrist can visit an authorised hospital at any time, and may visit any other mental health service if it is suspected that proper standards of treatment and care are not being maintained.

Can the Chief Psychiatrist review my treatment?

- The Chief Psychiatrist can consider the treatment that your psychiatrist is providing to you, and can direct your psychiatrist to change your treatment.
- The first step is to seek a further opinion on your treatment – see Section 7 [Treatment Options](#).

What reports does the Chief Psychiatrist receive?

Where the person in charge of a hospital becomes aware of a **notifiable incident**, he or she must report this to the Chief Psychiatrist.

A notifiable incident could be any of the following:

- The death of a patient
- A serious medication error
- Unlawful sexual contact between patients in hospital
- Unlawful sexual contact between a staff member and a patient
- Unreasonable use of force on the person by a staff member
- Any other incident connected with the treatment or care of a person that has had, or is likely to have, a serious adverse effect on the person.

17. Compliments, Complaints and Feedback

In this section:

- What can I give feedback about?
- How can I avoid needing to make a complaint?
- How can I make a complaint?
- Who can make a complaint?
- How long will it take to resolve my complaint?
- What sort of things can I complain about to the Health and Disability Services Complaints Office?

What can I give feedback about?

Feedback includes compliments, suggestions, or complaints, or any information you would like to communicate about the service you have received.

- **Compliments:** Everyone loves a compliment and you can certainly provide compliments if you believe that you have been treated well by a person within a service or if you're happy with the service generally. You may also have a specific example of something that really helped you while you were involved with the service. For example, you could write a letter to a service, about a particular nurse who really listened to you and helped with your recovery. You could express how this was helpful to you and how it made a difference for you.
- **Suggestions:** Suggestions include all general comments on how the service could improve. At different times throughout your treatment you may be asked to provide feedback and suggestions about the mental health service. You can also provide feedback or suggestions at any time to staff at the mental health service.
- **Complaints:** You have a right to make a complaint if you believe that you have not been treated well by a mental health service. It is a good idea to make a complaint as soon as possible in case you may be able to solve the problem with the service straight away, and to avoid any miscommunication.
- If anyone, such as one of your personal support persons or a mental health advocate, makes a complaint on your behalf, they must take reasonable steps to resolve the issue with the service you have a complaint about. An example of taking reasonable steps when making a complaint would be to discuss the issue with the service and see if things can be changed, or have a meeting with the person you have an issue with. It could be a good idea to ask someone to be with you when you do this.
- Keep in mind that making a complaint can give a service the opportunity to change the way that they do things and actually improve the service, which can be a good thing for everyone.

How can I avoid needing to make a complaint?

Good communication can make things a lot easier for everyone. Sometimes things can go a bit wrong because communication between you and your treating team may not be so great. Here are some things to consider when communicating with your treating team that may make things better and perhaps avoid problems between you:

- Ask questions if you're not quite sure about something.
- It is okay to take your time when talking or asking questions.
- Ask for explanations of certain terms of language used (and refer to the [Glossary of Terms](#) at the end of this handbook).
- Be open and honest with your treating team.
- Do not be afraid to ask if you can make notes while you are with staff.
- Get advice or help from someone if there are things that you are embarrassed to bring up with your treating team.
- For key meetings with your treating team, involve other people such as your personal support persons or a mental health advocate – to help you get your wishes and concerns across.
- If English is not your first language or you have a hearing impairment, ask for the help of an interpreter.

How can I make a complaint?

- The mental health service will have an **internal complaints procedure** in place so that people can make complaints and to ensure the service has an organised way of dealing with complaints that must be followed.
- Up-to-date copies of the complaints procedure are freely available at the mental health service. If you cannot find one, ask someone who works at the service, as they must provide you with one. Otherwise ask someone, such as a personal support person, or a mental health advocate, to help you to locate one.
- A complaint can be **formal**, which is usually a complaint that is written down. However formal complaints can be verbally communicated by yourself or someone that you decide can represent you.
- A complaint can also be **informal**, which often means the issues are more straightforward and you can talk with someone to resolve the issues, and between you, you work out a better way to do things.
- Making a complaint can be a bit worrying, but if you feel unsure then talk with someone about making the complaint as they may be able to assist you with the process and talk through some of the issues that may come up for you. Remember that you have every right to make a complaint and there is a process in place to help you do this.

Who can make a complaint?

- You can personally make the complaint yourself or someone who represents you can make the complaint for you; for example, a personal support person or a mental health advocate.
- There may be times when you are unable to complain yourself and/or unable to find someone you know who can represent you. In this case you can approach an independent organisation about your complaint. If the organisation supports you and believes that it would be very difficult for you to submit the complaint on your own, the complaint can then be made by that independent organisation or service.
- One of your personal support persons may also believe that they have not been treated well by a service and can make a complaint about how they have been treated. An independent service can also make this complaint on their behalf.

How long will it take to resolve my complaint?

- Complaints must be dealt with as soon as possible by any service.
- If your complaint is not resolved by the service, is taking an unreasonable amount of time, or you are unhappy with the outcome, then you may wish to make a complaint to the [Health and Disability Services Complaints Office \(HaDSCO\)](#). However, HaDSCO can only accept complaints about things that occurred less than 2 years before the day that the complaint is made unless, in the Director's opinion, you have shown good reason for the delay.

What sorts of things can I complain to the Health and Disability Services Complaints Office about?

You can make a complaint to HaDSCO if you believe the mental health service did any of the following:

- Acted unreasonably by not providing a mental health service.
- Acted unreasonably by providing a mental health service.
- Acted unreasonably in the manner of providing a mental health service.
- Acted unreasonably by delaying, denying or restricting access to records kept by the service provider.
- Acted unreasonably in disclosing records or confidential information.
- Failed to comply with the [Charter of Mental Health Care Principles](#).
- Failed to comply with the Carers Charter.
- Not properly investigating the complaint or not causing it to be properly investigated.
- Not taking proper action or causing proper action to be taken in relation to the complaint.
- Acted unreasonably by charging an excessive fee or acted unreasonably with respect to a fee.

18. Glossary of Terms

In this 'Glossary of Terms' you will find an explanation of terms you may come across in mental health services. Much of the content has been taken from [Carers WA's Prepare to Care](#) resource, the Mental Health Association of NSW, the [Mental Health Coordinating Council](#), the WA Mental Health Commission's report [Mental Health 2020](#), or the [Mental Health Act 2014](#) itself. The terms included here are broader than the ones mentioned within the handbook.

Note: words in blue text refer to other terms contained within this glossary.

A

Aboriginal or Torres Strait Islander: According to the High Court of Australia (1983), this is a person of *Aboriginal or Torres Strait Islander* descent who identifies as an *Aboriginal or Torres Strait Islander* and is accepted as such by the community in which he or she lives.

Acute: A person experiencing severe distress associated with the onset of, or increased signs/symptoms of, psychiatric problems. These are characterised by severe symptoms that have the potential to be prolonged or cause risk to the person or to others.

Addiction: The inability to control a psychological or physiological dependence on a substance or activity that leads to [self-harm](#).

Adult: Legally, an adult is a person who has reached 18 years of age.

Admission: The admission, entry or receiving of a patient into a mental health service, whether the patient is admitted as an [inpatient](#) or an [outpatient](#).

Advance health directive: Written instructions under common law that apply to health care professionals about the amount and type of medical care and treatment a person wants. It usually contains information about where they do or do not wish to be cared for and by whom, or what treatment they want or do not want. However, an advance health directive can express wishes about any aspect of a person's life or affairs. They are used when a person is too unwell to state these wishes for themselves.

Advocate/advocacy: An advocate is someone who works on your behalf and at your direction (advocacy). Under the *Mental Health Act 2014*, [involuntary patients](#) and some other people will always be contacted by a [mental health advocate](#) from the [Mental Health Advocacy Service](#).

Anaesthetic: A medication given to patients who are undergoing [electroconvulsive therapy \(ECT\)](#) or [psychosurgery](#) by a specialist anaesthetist in order to make them unconscious. The anaesthetist also takes care of them during and after the procedure.

Antidepressant medication: A form of medication intended to help reduce the symptoms of depression. Antidepressants may also be helpful in the treatment of anxiety disorders, such as generalised anxiety disorder, obsessive-compulsive disorder, social anxiety disorder, eating disorders and post-traumatic stress disorder. People with depression and anxiety disorders may have an imbalance in certain natural chemicals in the brain. Antidepressant medications can help the brain to restore its usual chemical balance and so reduce symptoms. It can take up to six weeks after the first dose of medication before it has a noticeable effect.

Antipsychotic medication: This is a form of medication helpful to people with schizophrenia and some forms of bipolar disorder. It is able to reduce, or sometimes eliminate, the distressing and disabling symptoms of psychosis, such as paranoia, confused thinking, delusions and hallucinations. People with psychotic illnesses may have an imbalance in certain natural chemicals in the brain, especially dopamine. Antipsychotic medications help the brain to restore its usual chemical balance and so reduce symptoms. People should begin to feel better within six weeks of starting to take antipsychotic medication.

Area Health Service: These agencies are responsible for providing public health services on behalf of the WA government. There are currently four Area Health Services: North Metropolitan, South Metropolitan, WA Country, and Child and Adolescent (statewide).

Authorised hospital: This is a public or private hospital in WA that is authorised to detain and treat involuntary patients.

Authorised mental health practitioner: This means a person with at least three years' experience in the management of people with a mental illness, and may include a psychologist, a mental health nurse, an occupational therapist or a social worker, whom the [Chief Psychiatrist](#) has decided has the relevant qualifications, training and experience to administer the *Mental Health Act 2014*.

B

Bodily restraint: This is the physical or mechanical restriction of the movements of a person who is being provided with treatment or care at an [authorised hospital](#).

C

Capacity: A legal term meaning the extent to which someone is able to make decisions about their treatment and personal welfare. These may be small decisions, such as whether to take a mild painkiller for a headache, or what treatment to have for mental illness. A person may lack capacity in some areas of their life, but still be able to make other decisions. An [adult](#) is assumed to have capacity unless it is established that they lack capacity, whereas a [child](#) is assumed to not have capacity unless they can demonstrate otherwise. To demonstrate capacity, a person has to have the ability to understand, remember and use the information given to them.

Care coordination: Care coordination provides a locally based approach to supporting people with mental health issues and their families to navigate, plan and coordinate access to the services and supports needed to live a good life.

Carer: This is a term defined under the [Carers Recognition Act 2004 Section 5](#) that can apply to family members, friends and even neighbours who provide ongoing support and assistance (without being paid) to people who have a mental health illness. You may hear support workers and other staff working in the mental health sector use the term 'carer' when talking about themselves, but under the [Carers Recognition Act 2004](#) someone who provides a service on contract or while doing voluntary community service is not considered to be a carer.

Catatonic: This is a state of apparent unresponsiveness where a person can remain speechless and motionless, and refuse to eat or drink for an extended period of time even though they are apparently awake. It can be associated with [post-traumatic stress disorder \(PTSD\)](#), [bipolar disorder](#), and [depression](#).

Charter of Mental Health Principles: The *Mental Health Act 2014* is built around 15 principles described in a Charter of Mental Health Care Principles. Mental health services, including private psychiatric hostels, have to follow these principles when providing treatment, care and support to people experiencing a mental illness, and when dealing with their carers, families and other support people.

Chief Mental Health Advocate: This person is appointed by the Minister for Mental Health to run the [Mental Health Advocacy Service](#).

Chief Psychiatrist: A psychiatrist appointed who is responsible for the overall treatment and care of all mental health patients (including in private psychiatric hospitals). The Chief Psychiatrist always has the power to override the decisions of a patient's psychiatrist with respect to the treatment being provided to an [involuntary patient](#) or [mentally impaired accused patient](#) in an [authorised hospital](#). His or her responsibilities include publishing standards and guidelines for the treatment and care provided by mental health services, and ensuring compliance.

Child: Under the *Mental Health Act 2014*, a child is a person who is under 18 years of age.

Child and Adolescent Mental Health Service (CAMHS): This service provides mental health programs to infants, children and young people under the age of 18 who are experiencing significant mental health issues, and their families. This includes services offered in the community and in a hospital setting.

Chronic: A prolonged mental or physical illness or disability.

Close family member: Under the *Mental Health Act 2014*, this is a family member who is not also the person's primary carer, or their nominated person, but who nevertheless provides ongoing care or assistance to the person. If a person identifies as an [Aboriginal or Torres Strait Islander](#), then a close family member includes any person recognised this way under customary law or tradition.

Cognitive behavioural therapy (CBT): A short-term goal oriented psychological treatment that stresses the importance of thoughts in controlling behaviour and mood. Cognitive behavioural therapy helps people discover how their feelings, thoughts and behaviour can get stuck in unhelpful patterns. They are encouraged to try new, more positive ways of thinking and acting. Therapy usually includes tasks to try between sessions. Cognitive behavioural therapy is a well-established treatment for depression and most anxiety disorders. It can also be an effective part of treatment for other conditions, including post-traumatic stress disorder, eating disorders, bipolar disorder and schizophrenia.

Community mental health service: Comprises a team of psychiatrists, psychologists, mental health nurses, social workers and occupational therapists, but does not include private medical practitioners or other health professionals. They are able to conduct assessments or examinations under the *Mental Health Act 2014* or provide care and treatment in the community for people of all ages. It does not include doctors or other health professionals in private practice.

Community treatment order (CTO): A [psychiatrist](#) who makes someone an [involuntary patient](#) may offer that person compulsory treatment and care in the community instead of being admitted to hospital under an [inpatient treatment order](#). A CTO can apply to a person of any age. It must be in force for as short a time as possible, be reviewed regularly and be revoked (cancelled) if the person no longer meets one or more of the criteria for an [involuntary treatment order](#).

Comorbidity: The co-occurrence of two or more disorders (for example, a person having an anxiety disorder with depression), or a mental illness combined with substance abuse.

Confidentiality: A set of rules or a promise that limits access or places restrictions on certain types of information being shared. Under the *Mental Health Act 2014*, nobody is allowed to directly or indirectly record, disclose (reveal) or use any information they obtain about a person while providing them with a mental health service.

Consultant psychiatrist: The consultant psychiatrist is the most experienced psychiatrist on the team.

Consumer: Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress or problems, irrespective of whether they have a diagnosed [mental illness](#) and/or received treatment. It is most commonly used when referring to a person utilising, or who has utilised, a mental health service. Other ways people may choose to describe themselves include 'peer', 'survivor', 'person with a [lived experience](#)' and 'expert by experience'.

Continuation order: A form filled out by a psychiatrist that recommends the continuation of an [involuntary treatment order](#) – either an [inpatient treatment order](#), or a [community treatment order](#).

Counsellor: Someone who is a health professional that provides supportive listening and emotional support to individuals dealing with difficulties of varied nature, as well as providing support to their families.

Culturally and linguistically diverse (CaLD): This is a term applied to people of diverse ethnic origin who identify with one or more non-Australian cultures and/or talk in language(s) other than English. They may include migrants, immigrants or refugees born overseas, or children of these people who were born in Australia. Sometimes, such people are referred to as 'multicultural' or 'transcultural'. The public mental health service for CaLD communities is called the WA Transcultural Mental Health Service.

D

Depression: Clinical depression is an illness that significantly affects the way someone feels, causing a persistent low mood. Depression is often accompanied by a range of other physical and psychological symptoms (including feeling extremely sad or tearful; disturbances to normal sleep patterns; loss of interest and motivation; feeling worthless or guilty; loss of pleasure in activities; anxiety; changes in appetite or weight; loss of sexual interest; physical aches and pains; and impaired thinking or

concentration) that can interfere with the way a person is able to function in their everyday life. Every year, around 6% of all adult Australians are affected by a depressive illness. Children and teenagers can also be affected by depression.

Depot: Medication that is injected rather than taken orally.

Detention order: A form filled out by a [medical practitioner](#) or [authorised mental health practitioner](#) to detain (hold) a person in order to take them safely to an [authorised hospital](#) or another place where a [psychiatric examination](#) can take place. Detention can also be used if a person is already in hospital as a voluntary patient but are trying to leave against medical advice. Then the person in charge of the ward can detain them and refer you to be examined by a [psychiatrist](#).

Diagnosis: The determination that the set of symptoms or problems of a person indicates a particular disorder which is described in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). This is a manual produced by the American Psychiatric Association to define and classify mental and personality disorders.

Discharge: This means the discharge or exit of the patient from a mental health service, whether the patient was admitted as an inpatient or outpatient.

Discharge planning: Discharge planning is a process that involves the patient, close family members, carers, nominated persons, guardians or enduring guardians and any staff involved in the patient's care. The aim of discharge planning is to ensure a safe and smooth discharge from hospital, whether to home, a hostel or another location.

Doctor (medical practitioner): Doctors, also known as medical practitioners, diagnose, treat and assist in the prevention of human physical and mental illness, disease and injury and promote good human health. They are involved in a wide range of activities including consultations, attending emergencies, performing operations and arranging medical investigations. In caring for patients, medical practitioners work with many other health professionals.

E

Early intervention: Responding early in life and/or early in the course of a mental disorder or illness, or early in an episode of illness, to reduce the risk of escalation, have a positive impact on the pattern of illness and minimise the harmful impact on individuals, their families and the wider community.

Electroconvulsive therapy (ECT): This treatment involves the application of an electric current to specific areas of a person's head to produce a generalised seizure. It is administered under general anaesthetic together with a muscle-relaxing agent. It is often recommended in the treatment of severe depression, bipolar disorder or acute psychosis when symptoms are severe and other treatments are considered too risky or ineffective.

Enduring guardian: A person can appoint an enduring guardian, at a time when the person is well, to make certain decisions on their behalf if they become unwell.

Enduring power of guardianship: A legal document that authorises a person of a patient's choice to be their [enduring guardian](#).

Emergency psychiatric treatment: Treatment may be given to a person without their informed consent where their life is at risk, or to prevent them from behaving in a way that is likely to result in serious physical injury to that person or another person.

F

Family meeting: Family meetings are quite common in hospitals, often being used to inform or educate families, gather information from families, make decisions, resolve any possible conflict in families; and plan for the future. This gives everyone involved, including the patient, time to prepare, to consider the issues, any questions they have and how they might respond should certain situations arise. It is helpful to know who will be present: various staff that are involved in a patient's care will be present. This is an opportunity for everyone to gather information as well as present their point of view.

Family therapy: This therapy aims to support families and other carers where one or more members of the family have a mental illness, by fostering calm and constructive family relationships. Family therapy sessions typically focus on education about mental illness, solving problems encountered as a result of the illness, and improving communication and relationships where these are strained or stressful. This form of therapy can reduce relapse rates for people with mental illness while also supporting everyone involved.

Forensic patient: A person who has been arrested for committing a crime but found to be of unsound mind or unfit for trial under the [Criminal Law \(Mentally Impaired Accused\) Act 1996](#). These people are referred to as [mentally impaired accused patients](#) under the *Mental Health Act 2014*.

Forensic mental health service: Refers to mental health services that principally provide assessment, treatment and care of people with a mental health problem and/or mental illness who are in the criminal justice system, or who have been found not guilty of an offence because of mental impairment. Forensic mental health services are provided in a range of settings, including prisons, hospitals and the community.

Forms: When staff refer to 'forms' they are meaning the mandatory forms that they have to complete to enter information and record clinical decisions for the health information network and a person's medical record. The information contained in these forms is confidential. Sometimes, staff refer to people being 'put on forms', or 'being formed' which means that they have been deemed an [involuntary patient](#) under the *Mental Health Act 2014*.

Further opinion: The independent opinion of a psychiatrist other than a patient's treating psychiatrist, regarding the treatment being offered to the patient.

G

General hospital: A hospital in which patients with many different types of ailments or illnesses are given care and treatment. It does not include an [authorised hospital](#), maternity home or nursing home.

General practitioner (GP): General practitioners or GPs diagnose and treat physical and mental illnesses, disorders and injuries. They recommend preventative action and refer patients to specialist doctors, other health care workers, and social, welfare and support workers.

Guardian: A guardian can be appointed to make personal, lifestyle and treatment decisions in the best interests of an adult who is not capable of making reasoned decisions for themselves because of a mental illness. They can also be the legal guardian of a child.

Guardianship: The State Administrative Tribunal can appoint a person as a guardian under the [Guardianship and Administration Act 1990](#) for a person who does not have decision making capacity.

H

Health and Disability Services Complaints Office (HaDSCO): This is an independent body that provides a service to resolve complaints relating to health or disability services in WA. This service is free and available to all consumers and providers of health or disability services. The Health and Disability Services Complaints Office also reviews and reports on the causes of complaints, undertakes investigations, suggests service improvements and advises service providers about how to better resolve complaints.

Health professional: A person who is a medical practitioner, nurse, [occupational therapist \(OT\)](#), [psychologist](#) or [social worker](#) or an Aboriginal or Torres Strait Islander mental health worker.

I

Informed consent: This is a legal term meaning that a person with mental [capacity](#) has given permission for a particular medical treatment. Consent should only be given after a full disclosure and discussion of treatment risks, possible side effects, perceived benefits and alternative options. The person must be given sufficient time to consider the information given and to obtain other advice if they want to, which may include a [further opinion](#). Failure to resist treatment is not informed consent.

Inpatient: Someone receiving treatment while staying within the hospital setting.

Inpatient treatment order: An order allowing a patient to be detained in hospital and provided with treatment for mental illness without a need for consent.

Involuntary patient: An involuntary patient is someone who is placed on an [involuntary treatment order](#).

Involuntary treatment order: An involuntary treatment order can be an [inpatient treatment order](#) that requires a person to be admitted to an [authorised hospital](#) or a [community treatment order](#) that means the person must receive treatment in the community.

L

Lawyer: A lawyer can provide advice on how the *Mental Health Act 2014* applies to your situation, your rights under the Act, how to access medical records and how to deal with the [Mental Health Tribunal](#). The [Mental Health Law Centre \(WA\)](#) provides free and confidential legal services to people who are involuntary patients under the *Mental Health Act 2014* and may also be able to assist in other legal matters related to criminal law, guardianship and administration, family law, employment and discrimination law, and freedom of information, amongst other things.

Lived experience: A term commonly used to describe the current or past lived experience (of mental health [consumers](#) and [carers](#)) of dealing with psychological or emotional issues, distress or problems, irrespective of whether this was related to a diagnosed mental illness and/or involved treatment.

M

Medical practitioner (doctor): Doctors, also known as medical practitioners, diagnose, treat and assist in the prevention of human physical and mental illness, disease and injury and promote good human health. A psychiatrist is a kind of medical practitioner.

Mental disorder (mental illness): Clinically, a recognised and diagnosable disorder that significantly interferes with an individual's thoughts, emotions or social abilities. The diagnosis is generally made when a specific set of symptoms meet the criteria in the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

Mental health: A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his/her community.

Mental health advocate: An employee of the [Mental Health Advocacy Service](#).

Mental Health Advocacy Service (MHAS): This service is established to ensure that all people are informed of their rights, their rights are respected and their wishes known. The MHAS is allowed to inspect facilities and advocate on behalf of people referred for examination by a psychiatrist, involuntary patients, hostel residents and mentally impaired accused. It replaces the Council of Official Visitors that existed under the *Mental Health Act 1996*.

Mental Health Commission: A government department that provides mental health policy advice to the WA government and purchases mental health services on behalf of the State.

Mental health consumer: Any person who identifies as having a current or past lived experience of psychological or emotional issues, distress or problems, irrespective of whether they have a diagnosed [mental illness](#) and/or have received treatment. Most commonly used when referring to a person utilising, or who has utilised, a mental health service. Other ways people may choose to describe themselves include 'peer', 'survivor', 'person with a [lived experience](#)' and 'expert by experience'.

Mental health nurse: A specialised type of nurse who cares for people with mental illness. The term 'psychiatric nurse' is also used.

Mental health practitioner: Under the *Mental Health Act 2014*, this means a person with at least three years' experience in the management of people with a mental illness and may include a [psychologist](#), [mental health nurse](#), [occupational therapist \(OT\)](#) or [social worker](#).

Mental health service: Refers to hospital or community based services in which the main function is to provide clinical treatment, rehabilitation or support targeted at people affected by mental illness. Mental

health services are provided by organisations operating in both the government and non-government sectors. Such organisations may exclusively provide a mental health service or a broader range of health or human services.

Mental Health Tribunal: A quasi-judicial oversight body (that is, it has some legal powers) responsible for reviewing involuntary treatment orders and other matters relating to the administration of the *Mental Health Act 2014*. It replaces the Mental Health Review Board that existed under the *Mental Health Act 1996* and is independent of the mental health services, and the government. A lawyer, an independent psychiatrist and a community member will usually make up the Mental Health Tribunal.

Mental illness: Clinically, a recognised and diagnosable illness that significantly interferes with an individual's thoughts, emotions or social abilities. The diagnosis is generally made when a specific set of symptoms meet the criteria in the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

Mentally impaired accused patient: These are people found unfit to stand trial or are acquitted on the grounds of unsoundness of mind, but may still be detained on a custody order under the [Criminal Law \(Mentally Impaired Accused\) Act 1996 Section 23](#). Sometimes these people are referred to as [forensic patients](#). They can be sent to an [authorised hospital](#) (such as the Frankland Centre at Graylands Hospital in Perth) as an [involuntary patient](#) if they have a treatable mental illness.

Mentally Impaired Accused Review Board: This the body defined under the [Criminal Law \(Mentally Impaired Accused\) Act 1996 Section 41](#) to supervise [mentally impaired accused patients](#). It comprises the chairperson and community members from the Prisoners Review Board, a psychiatrist and a psychologist.

Metropolitan area: This is an area of WA that is not serviced by the WA Country Health Service.

N

Nominated person: An adult, such as a friend, who has been formally nominated (named) in writing by a person to receive information and be involved in decisions about their treatment and care. Any person, even a child, may propose someone to be their nominated person, but they must understand the impact of making the nomination. They can name only one person at a time. The person who made the nomination can revoke (stop) it at any time, in any way they choose.

Neurosurgeon: This is a specialist surgeon who has been trained in surgery of the spine and brain. They can perform [psychosurgery](#) and are involved in approvals for psychosurgery by the [Mental Health Tribunal](#).

Non-metropolitan area: This is an area of WA that is serviced by the WA Country Health Service. Also known as a regional, remote or rural area.

O

Occupational therapist (OT): A person who assesses someone's levels of independence, cognitive skills and safety, and encourages activities that promote health and [wellbeing](#). This helps people to participate fully in activities of daily life. Mental health OTs provide education sessions on stress management, community engagement and disease management, amongst other things.

Office of Mental Health (OMH): An office within the Department of Health that promotes improvement within the WA's public mental health services.

Outpatient: Someone receiving treatment during visits to a community mental health service or a private practitioner such as a private psychiatrist.

P

Parent: The person who has parental responsibility for a child as defined in the [Family Court Act 1997 Section 68](#).

Paranoia: The general terms for delusions of persecution, grandiosity or both, found in several mental health conditions.

Peer support: Social, emotional and/or practical support provided between one or more people who have a similar or shared [lived experience](#) of mental health problems, and who recognise each other as peers. These experiences provide the conditions for fostering trust, equality, respect and understanding. This can be offered professionally (through a [peer support worker](#)), or informally (such as through friendships and support groups).

Peer support worker: Someone with a lived experience of mental illness or disorder, who is living well and is able to support others experiencing mental health problems in facilitating their own recovery.

Person-centred: An approach to providing a service, which aims to provide respect for, and a partnership with, people receiving [mental health services](#). It is a collaborative effort between [consumers](#), [family members](#), [carers](#), friends and [mental health practitioners](#).

Personal support person: Under the *Mental Health Act 2014*, this means: the guardian or enduring guardian of an adult; the parent or guardian of a child; a [close family member](#); a [carer](#), or a [nominated person](#).

Prevention: Strategies to maintain positive [mental health](#) through addressing factors which may lead to mental health problems or illnesses ahead of time. These strategies can be aimed at increasing protective factors, decreasing risk factors or both, as long as the goal is to maintain or enhance [mental health](#) and [wellbeing](#).

Private hospital: A hospital owned and funded by a private organisation that charges a fee for medical care.

Psychiatrist: Psychiatrists are doctors with specialist training in psychiatry that enables them to diagnose, assess, treat and prevent human mental, emotional and behavioural disorders. They are able to prescribe medication.

Psychiatric treatment: Treatments include medication, [electroconvulsive therapy](#), [psychosurgery](#), and [emergency psychiatric treatment](#). The most common form of psychiatric treatment is oral or injected medication.

Psychologist (clinical): A clinical psychologist is a health professional who engages in therapy or counselling as treatment for mental health problems with the aim of reducing psychological distress and improving and promoting psychological wellbeing. They work with people with a range of mental health and physical problems – which might include anxiety and depression, adjustment to physical illness, neurological disorders, addictive behaviours, childhood behaviour disorders, or personal and family relationships.

Psychosis: This is a sign of mental illness in which thinking and emotion are so impaired that the individual is unable to distinguish what is real – there is a loss of contact with reality. Symptoms can include confused thinking, delusions and hallucinations.

Psychosurgery: This includes a surgical procedure performed by a [neurosurgeon](#) known as deep brain stimulation (DBS) whereby electrodes are inserted into a person's brain to alter their thoughts, emotions or behaviour. Deep brain stimulation is used to treat conditions such as Parkinson's disease and Tourette's syndrome and may be used to treat some mental illnesses, including major depression and obsessive-compulsive disorder.

Public hospital: A hospital owned and funded by the WA government that provides medical care free of charge.

R

Recovery: Many definitions of recovery from mental illness have been put forward and there is no one that fits everyone's situation. In general, recovery is described as a personal, unique journey involving changing attitudes, values, feelings, goals, skills and/or roles that is oriented towards rediscovering a state of [mental wellbeing](#) that enables a person to stay in the community, out of hospital and live a satisfying, hopeful and contributing life.

Recovery-oriented service: The intention is that services are delivered in a way that supports each person's individual recovery. This practice promotes a partnership between people accessing mental health services and professionals who provide those services, whereby people with lived experience are considered experts on their lives and experiences, while the professionals are considered experts on available interventions and services.

Referral: Referral can have two meanings in mental health. One is where a doctor, such as a GP, refers a person to a specialist. This may be a mental health specialist, such as a private psychologist. This is similar to a referral to a specialist in general health, such as a cardiologist. The other meaning of referral is the one used under the *Mental Health Act 2014*. This means an order made by a doctor or an authorised mental health practitioner for a person to be examined by a psychiatrist (to decide whether they need to be an involuntary patient).

Registrar: A registrar has completed a medical degree. They have some extra experience in their specialty area of mental health but work under the instructions of a psychiatrist.

Respite care: Respite provides temporary care of a person in order to offer relief for the family, friend or regular carer. Respite care may be provided in the home of the person receiving care or providing care, or may involve a short stay somewhere else.

Resilience: Capacities within a person that promote positive outcomes, such as [mental health](#) and [wellbeing](#), and provide protection from factors that might otherwise place that person at risk of adverse health outcomes such as stress and adversity.

Risk factors: Those characteristics that make it more likely that an individual will develop a disorder.

S

Safe: This is a word commonly used in the question, 'Are you safe?' to people who are, or have been showing signs of thinking about harming themselves ([self-harm](#)) or ending their own life ([suicide](#)). If you think someone is at risk of deliberately trying to end his or her life, [Lifeline](#) recommends asking the more direct question, 'Are you thinking about suicide?'

Seclusion: Seclusion means confining a person who is being provided with treatment or care at an authorised hospital by leaving them (at any time of the day or night) alone in a room or area that they cannot leave.

Sedative: This is a medication used to reduce a person's anxiety or help them to sleep. The most common sedatives used for mental health patients are benzodiazepines.

Self-esteem: This is characterised as the perception an individual has of themselves and how their self-belief affects their social and emotional wellbeing.

Self-harm: A deliberate injury to one's own body.

Self-help groups: A self-help group is a place where members are encouraged to improve their wellbeing through certain activities and the application of new skills learnt within the group. Self-help groups may also draw on, or offer a bridge to, professional assistance.

Service provider: This term is used to describe a person or agency that delivers health care or social services. Providers can be individuals (doctors, nurses, social workers, and others) or facilities (hospitals), or agencies (respite care, hostels, community support), or businesses that sell services or equipment.

Social worker: A health professional who provides support to people and their families to deal with personal and social problems. Social workers may counsel individuals or families through a crisis that might occur because of death, illness, relationship breakdown, finances or other reasons. They provide patients and families or carers with practical support, counselling, and information on services to assist them and emotional support.

Stigma: A mark or label that sets a person apart. Stigma can create negative attitudes and prejudice, which can lead to negative actions, prejudice and discrimination.

Supervising psychiatrist: The [psychiatrist](#) who is overseeing someone who is on a [community treatment order](#).

Support group: A support group is a place where a group of people with some common interest meet to provide emotional support and exchange information and past experiences.

T

Traditional healer: The role of traditional healers is recognised in the *Mental Health Act 2014*. A traditional healer is defined as a person of Aboriginal or Torres Strait Islander descent who uses traditional (including spiritual) methods of healing, and is recognised by the community as a traditional healer. The Act requires assessment and examination of a person of Aboriginal or Torres Strait Islander descent to be conducted in collaboration with Aboriginal or Torres Strait Islander mental health workers and significant members of the person's community, including elders and traditional healers. The same collaboration is required in relation to the provision of treatment.

Transport officer: A person who is trained and employed by or through mental health services, who has some powers under the *Mental Health Act 2014* to apprehend, detain and transport people to hospital or another specified place.

Transport order: A form filled out to order the police or a [transport officer](#) to take a person safely to another place, such as an [authorised hospital](#), [general hospital](#) or other place.

Treating practitioner: Usually refers to the medical practitioner or mental health practitioner who provides treatment and care to an involuntary community patient.

Treating psychiatrist: The [psychiatrist](#) who is overseeing someone who is on an inpatient treatment order or is a voluntary inpatient.

Treatment: Psychiatric, medical, psychological or psychosocial interventions intended to help a person's mental illness. Medical treatment can only be provided where the medical problem is caused by mental illness; for example, an eating disorder.

Treatment, support and discharge plan: Governs the treatment, care and support that is to be provided to a patient, and makes plans for when the patient is discharged. Every [involuntary patient](#) and [mentally impaired accused patient](#) must have a treatment, support and discharge plan. This is prepared with input from the patient and their personal support persons.

Triage nurse: The triage nurse in an emergency department allocates triage categories to each patient based on an assessment of their presenting conditions, with Triage 1 being the most urgent and Triage 5 being the least urgent. There are also mental health triage nurses at some hospitals that will respond to questions by phone or in person from a person experiencing mental illness, or their family member or carer. Their role is to prioritise the mental health service type, need and urgency based on their assessment of risk, need and dysfunction. They may request a service or make a referral to an appropriate service on your behalf.

V

Voluntary patient: Under the *Mental Health Act 2014*, a voluntary patient is someone to whom treatment is being given, or going to be given, by a [mental health service](#), who is neither an [involuntary patient](#) nor a [mentally impaired accused patient](#). It means that they must be able provide [informed consent](#) to their treatment; or, if they are unable to provide informed consent, then someone else (such as a guardian) may be able to make a decision on their behalf.

W

Wellbeing: The state of being and maintaining a balance of physical, mental, emotional and spiritual health.

19. List of Approved Forms

Below is a list of the forms used by clinicians under the *Mental Health Act 2014*.

Group	Form Number	Form title
1. Referrals	1A	Referral for examination by psychiatrist
	1B	Variation of referral
2. Voluntary inpatient	2	Order to detain voluntary inpatient in authorised hospital for assessment
3. Detention	3A	Detention order
	3B	Continuation of detention
	3C	Continuation of detention to enable a further examination by a psychiatrist
	3D	Order authorising reception and detention in an authorised hospital for further examination
	3E	Order that person cannot continue to be detained
4. Transport and Transfer	4A	Transport order
	4B	Extension of transport order
	4C	Transfer order
	4D	Interstate transfer order
	4E	Interstate transfer approval order
5. Community treatment order	5A	Community treatment order
	5B	Continuation of community treatment order
	5C	Variation of terms of community treatment order
	5D	Request made by a supervising psychiatrist for a practitioner to conduct the monthly examination of a patient
	5E	Notice and record of breach of community treatment order
	5F	Order to attend
6. Inpatient treatment order	6A	Inpatient treatment order in authorised hospital
	6B	Inpatient treatment order in general hospital
	6C	Continuation of inpatient treatment order
	6D	Confirmation of inpatient treatment order
7. Leave & Absence without leave	7A	Grant of leave to involuntary inpatient
	7B	Extension and/or variation of grant of leave
	7C	Cancellation of grant of leave
	7D	Apprehension and return order

Group	Form Number	Form title (continued)
8. Search and seizure	8A	Record of search and seizure
	8B	Record of dealing with seized article
9. Urgent treatment	9A	Record of emergency psychiatric treatment
	9B	Report to Chief Psychiatrist about provision of urgent non-psychiatric treatment
10. Bodily restraint	10A	Record of oral authorisation of bodily restraint
	10B	Written bodily restraint order
	10C	Record of informing medical practitioner and treating psychiatrist of bodily restraint
	10D	Record of observations made of restrained person
	10E	Record of examination of restrained person and possible extension of bodily restraint
	10F	Variation of bodily restraint order
	10G	Revocation or expiry of bodily restraint order
	10H	Review of bodily restraint order by psychiatrist
	10I	Record of post-bodily restraint examination
11. Seclusion	11A	Record of oral authorisation of seclusion
	11B	Written seclusion order
	11C	Record of informing medical practitioner and treating psychiatrist of seclusion
	11D	Record of observations made of secluded person
	11E	Record of examination of secluded person
	11F	Revocation or expiry of seclusion
	11G	Record of post-seclusion examination
12. Communication and information sharing	12A	Nomination of nominated person
	12B	Record of refusal of patient's request to access document
	12C	Restriction on freedom of communication
13. Reporting	13	Statistics about ECT