

Appendix A - Mental Health Bill 2015 Case Study

Case study:

Mr M is a 25 year old male with a history of schizophrenia. Mr M lives at home with parents and siblings in a supportive environment. He is studying at university and works part time in customer service. He also has a large group of friends. He is usually compliant with medications, however has required two involuntary emergency admissions due to his mental illness in the last five years. After each admission, a successful medication regime has been established and Mr M has resumed normal activities.

Mr M is brought into the emergency department of the local hospital in Brisbane after having been verbally abusive in public.

The examples below examine how Mr M would be treated where he does not have capacity to consent to treatment and care under the current Act, and under the Bill through the 'less restrictive way' (statutory health attorney), or a treatment authority.

<i>Mental Health Act 2000 Involuntary treatment order</i>	<i>Mental Health Bill 2015 'less restrictive way' (statutory health attorney)</i>	<i>Mental Health Bill 2015 Treatment authority</i>
<p>Mr M is brought to the emergency department by ambulance officers under an emergency examination order. On arrival at the emergency department, Mr M is assessed by an authorised doctor and immediately placed under an involuntary treatment order.</p> <p>Mr M is admitted as an inpatient in the mental health unit for monitoring and medication review.</p> <p>Mr M objects to being kept in the mental health unit and objects to being forced to take his medication. He absconds from the ward, without leave, on several occasions.</p>	<p>Mr M is brought to the emergency department by ambulance officers under an examination authority.</p> <p>Under the less restrictive way Mr M's parents are contacted by an emergency department doctor as his statutory health attorneys to consent to his mental health treatment and care. The doctor is not an authorised doctor under the Bill, and there is no legislative requirement that an authorised doctor or psychiatrist review Mr M prior to consent being received from his parents.</p> <p>The parents are not clear what information they need to give the doctor, and are not</p>	<p>Mr M is brought to the emergency department by ambulance officers under an examination authority.</p> <p>Mr M arrives at the emergency department and his parents (as his statutory health attorneys) do not consent to him receiving the administration of medications that doctors consider are clinically necessary for his treatment and care.</p> <p>Mr M is examined by an authorised doctor and placed under a treatment authority. As the authorised doctor who made the authority is not a psychiatrist, the treatment</p>

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<p>On these occasions, he was returned by police to the mental health unit under the involuntary treatment order.</p> <p>Mr M requires long term involuntary treatment and care. Mr M has had some, limited community treatment, during which time he took his medications. However, he has remained as an inpatient in the hospital for a total of 8 months.</p> <p>Mr M has his involuntary treatment order reviewed after 6 weeks of the making of the involuntary treatment order, and it is required to be reviewed every 6 months thereafter by the Mental Health Review Tribunal.</p> <p>During his time as an inpatient, he had the initial review and a subsequent review. The order was revoked shortly after his second review.</p>	<p>sure what information they are entitled to receive from the doctor in order to consent to mental health treatment. However, they consent to treatment as they want their son to get better. Mr M is admitted as a patient to the mental health unit.</p> <p>Mr M objects to being kept in the mental health unit, and objects to being forced to take his medication. He attempts to leave the ward on several occasions. He would like to have treatment in the community, rather than be kept as an inpatient.</p> <p>The patient remains an inpatient of the mental health unit for 8 months under the original consent of the statutory health attorney. There is no legislated review or assessment by the Mental Health Review Tribunal (or any other body) for the entirety of his stay, as to whether the consent to inpatient care as provided under the statutory health attorney remains appropriate.¹</p> <p>Mr M is finally discharged into the community after 8 months as an inpatient. His statutory health attorneys are not aware</p>	<p>authority is reviewed by a psychiatrist within 3 days.</p> <p>The doctor must ensure that the treatment authority complies with the following:</p> <ul style="list-style-type: none"> • Must be in an approved form • State the treatment criteria • The mental health service responsible • The category (inpatient, community, limited community treatment) • If inpatient category, consideration must be given to community treatment • Nature and extent of the treatment and care • Any conditions considered necessary <p>As Mr M is an inpatient, consideration must be given to reasons his treatment and care cannot be met in the community. Under the Bill, the nature and extent of the treatment and care must be discussed with Mr M and regard must be had to his views, wishes and preferences.</p> <p>Within seven days after Mr M is placed under the treatment authority, the Mental</p>
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¹ Note: if the consent had been provided by a guardian, they may have been appointed for a term of 1 to 5 years, and at the end of the appointment period there would be a review by QCAT to determine whether the appointment should be ended, revoked or changed.

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	<p>of this as there is no requirement that they be notified.</p>	<p>Health Review Tribunal is notified that a treatment authority has been made for Mr M. The Mental Health Review Tribunal schedules a review of Mr M's treatment authority within 28 days. As Mr M remains on a treatment authority for in excess of 6 months, the Mental Health Tribunal schedules a further review of his treatment authority, 6 months after his first review.</p>
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