Submission by the ACT Mental Health Consumer Network on the Draft ACT Charter of Rights for Mental Health Consumers

Submitted via email to:
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Submission by the ACT Mental Health Consumer Network on the Draft ACT Charter of Rights for Mental Health Consumers.

Background
This submission has been prepared by the ACT Mental Health Consumer Network in response to a public consultation by the ACT Health on the Draft ACT Charter of Rights for Mental Health Consumers.

The ACT Mental Health Consumer Network (the Network) is the peak body for mental health consumers in the ACT. Run by consumers for consumers, our aim is to advocate for services and support for mental health consumers to assist them to live fuller, healthier and more valued lives in the community. We do this through advocacy, representation, lobbying and active involvement in new developments in the mental health sector, as well as in the wider health and community sectors.

Introduction
The Network compliments the Minister for Health and others involved with developing the Draft ACT Charter of Rights for Mental Health Consumers (the Charter). We believe that the initiative represents a great step forward towards the inclusion of the rights of mental health consumers to receive effective services, in line with the Network’s Statement of Consumer Principles for a Mentally Healthy Community (Attachment 1).

The Network considers that the process for developing the Charter has been inclusive and we are pleased to have been involved in the Working Group along with other peak bodies.

This submission is supportive of the current draft of the Charter and contains some ideas for further strengthening the Charter prior to its finalisation.
1. What do you think of the Charter as it stands?
The Network supports the substance of the Charter as it stands, but has some suggestions for strengthening and clarifying the language used – see our responses to the following questions.

2. Do you think it is clear?
The provisions in the draft Charter are sufficiently clear. However, several of the Network’s members have commented that the Charter would benefit from including specific examples of how its provisions should be applied in different contexts.

3. Do you think the language used is appropriate and understandable?
Most of the language is appropriate and understandable apart from the use of terms with specific legal connotations such as “unlawful discrimination”. These terms should be retained but explained in plain English in a glossary appended to the Charter.

4. If you could change the Charter what would you add, what would you modify or what would you remove?
The Network has the following comments and suggested amendments to the current draft Charter:

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<tr>
<th>Provision in current draft</th>
<th>The Network’s comments/suggested amendments</th>
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<td>1. Consumers, at all times, have the right to receive services and to be treated in a way that is consistent with the Human Rights Act 2004 (ACT)</td>
<td>No change required, but more work needs to be done to educate the public – including mental health consumers and professionals they regularly interact with – on the Human Rights Act 2004 (ACT).</td>
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<td>2. Consumers have the right to respect and to have their individual human dignity valued and to be free from unlawful discrimination.</td>
<td>The use of term ‘unlawful discrimination’ needs to be explained in a glossary and through practical examples.</td>
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<td>3. Consumers have the right to evidence based health care at all stages of their illness.</td>
<td>The Network suggests that this provision should acknowledge the importance of personal lived experience and the dynamic, contested nature of knowledge about mental health. This provision could be amended to read as follows: Consumers have the right, at all stages of their illness, to evidence-based health care, with personal lived experience forming an important part of this evidence. Consumers also have the right to seek second opinions regarding their treatment and care.</td>
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<td>4. Consumers have the right to equality and non discrimination; to live, work and participate in the</td>
<td>The Network suggests including the right to accommodation in this provision and amending it as follows:</td>
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<td>Community to the extent of their full potential with equitable access to human services.</td>
<td>Consumers have the right to equality and non discrimination; to work and participate in the community and live to fulfil their potential with equitable access to accommodation and other public services.</td>
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<td>5. Consumers, regardless of diagnosis, have the right to timely access to mental health services that promote independence and recovery according to their needs.</td>
<td>No change required.</td>
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<td>6. Consumers have a right to mental health services that respect the individual needs of consumers, including needs related to age, culture, language, disability, gender and sexuality.</td>
<td>The Network suggests including a reference to “developmental needs” in this provision.</td>
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<td>7. Consumers have the right to appropriate, comprehensive and timely information regarding their mental health and the treatments available, and to participate at all stages of their care and recovery.</td>
<td>The Network is concerned that the use of the words ‘comprehensive’ and ‘timely’ are open to interpretation and could be defined differently by consumers and non-consumers. As one member stated: “The act of providing ‘comprehensive’ information may be dismissed by health professionals that believe their view is right and consumers do not need to look beyond that, or it may be seen as a tiresome chore by busy professionals and consequently side stepped and broader issues not brought up at all.” The Network would also like to see a reference to advance agreements in this provision. The Network therefore suggests that this provision be split into the following two provisions: Consumers have the right to information about their mental health and available treatments in a manner that is appropriate, comprehensive and timely enough to promote a mentally healthy community. Consumers have the right to participate at all stages of their care and recovery, and to have an advance agreement to inform their care and recovery.</td>
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<td>8. Consumers have the right to be treated in the most therapeutic and</td>
<td>The Network suggests amending this provision as follows:</td>
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<td>9. Consumers have the right to access mechanisms of complaint and redress, to appeal decisions and to seek second opinions regarding their treatment and care.</td>
<td>The Network suggests that the second opinion part of this provision be incorporated into the third right (as suggested above) and the rest of this provision be incorporated into the tenth right.</td>
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<td>10. Consumers have the right to participate in mental health proceedings. Consumers have the right to access independent advocacy and legal advice regarding their treatment and care and social needs.</td>
<td>The Network suggests that, due to the importance of this right and its connection with the third right, it should be inserted into the earlier part of the Charter as the fourth right. The Network would also like this provision to highlight the importance of the right to know about the complaints process before lodging a complaint. This provision could be amended as follows: Consumers have the right to information on mechanisms of complaint, to access mechanisms of complaint and redress, to appeal decisions and to participate in mental health proceedings. Consumers have the right to access independent advocacy and legal advice regarding their treatment and care and social needs.</td>
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<td>11. Consumers have the right to access family and friends and other supports.</td>
<td>The Network would like this provision to also highlight the importance of consumers’ right to deny access for family and friends who they think are not supportive in their recovery journey. The Network suggests the following amendment: Consumers have the right to be supported by the person of their choice especially at critical times, including family, friends and other significant others. Consumers have the right to deny access to family and friends who they do not find therapeutic.</td>
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<td>12. Children and young people requiring mental health services have the right to the provision of</td>
<td>The Network suggests incorporating this provision into the sixth right.</td>
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services that are appropriate to their age and developmental needs; they have the right to participate in decisions about their care and treatment.

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<th>13. Consumers have the same right to privacy and confidentiality of personal information as other health consumers.</th>
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<td>The Network considers that, due to stigma of mental illness, more privacy protection should be in place compared to other health consumers. This provision could be amended as follows: Consumers have the right to protection of their privacy and confidentiality of personal information and the right to be notified of any breach of their privacy and confidentiality. Proper mechanisms dealing with breach of privacy and confidentiality should be in place to rectify and prevent breaches.</td>
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| 14. Consumers subject to the criminal justice system have the right to access mental health care appropriate to their clinical and social needs that is equivalent to care available in the community. |
| No change required. |

5. How could the Charter best be promoted so mental health consumers know of their rights?

Ideas from the Network’s members for promoting the Charter among mental health consumers include:

- distributing copies of the Charter in community centres, medical surgeries, Centrelink offices, churches and at emergency meal program sites;
- funding a peer advocate program in which mental health consumers are engaged to promote the Charter to other mental health consumers;
- producing a pocket book of the Charter;
- uploading the Charter to the websites of the ACT and Australian Human Rights Commissions;
- making the Charter available in Braille and audio for the visually impaired;
- making the Charter available in languages other than English; and
- producing a version of the Charter with animation and graphics to target youth and people with dyslexia and other learning difficulties.

6. What might assist this process?

The Charter and its promotion will benefit from supporting networks between mental health consumer organisations and other community organisations, such as those working with alcohol and drug addiction, unemployment, physical disability and homelessness. It would also be useful to incorporate the implementation of the
Charter with activities in the ACT under the Federal Government’s Personal Helpers and Mentors (PHaMs) program.

7. How do you think we could promote the Charter within ACT Health and across different sectors of the community?
The Network considers that it is important to promote the Charter to mental health consumers but that efforts need to be made to promote it to other members of the community as well – particularly doctors, police and mental health inpatient unit staff. Ideas for doing this include:

- providing a copy of the Charter to every general practitioner and police officer;
- holding training workshops for general practitioners, mental health workers and police officers about how to apply the Charter in a range of scenarios;
- producing a poster of the Charter and hanging this in every mental health inpatient unit, Centrelink office and other useful areas in the ACT;
- including a module on the Charter in all Mental Health First Aid training courses;
- holding a workshop for ACT politicians;
- funding a media campaign using television and radio advertisements;
- distributing copies of the Charter in public libraries; and
- posting a flyer about the Charter to all households in the ACT.

8. What opportunities currently exist to promote the Charter?
See responses to Questions 5 and 7.

9. Do you have any suggestions on how we might be able to support government and the non government sector to engage with the Charter and use it as a framework for a rights based approach in service development and provision and review?
In addition the suggestions provided above, such as funding a peer advocacy program, government could:

- develop and distribute a Mental Health Rights Evaluation Form at each service provider which would ask mental health consumers to rate the services they have received based on the extent to which these services comply with the Charter; and
- develop a website, similar to MySchool or MyHospital, which publishes each service provider’s annual aggregated results from their Mental Health Rights Evaluation Forms.

The Network looks forward to continuing the partnership in developing the ACT Charter of Rights for Mental Health Consumers through our Consumer Representative Program.

Dalane Drexler – Executive Officer, ACT Mental Health Consumer Network