Program and Service Awards

Steering the Public Mental Health Sector Towards Recovery Using a Human Rights Framework

North West Area Mental Health Service (NWAMHS)

Anne-Maree Newbold
Part B

1. Additional Information

The Victorian Charter of Human Rights and Responsibilities 2006 and the Victorian Mental Health Act 2014 (MHA) requires clinicians to work with consumers and carers within a human rights framework which necessitates clear and regular discussions regarding their rights and responsibilities. Acting in accordance with the MHA is an effective way of preventing human rights violations and discrimination, and promoting the autonomy and dignity of people with mental illness. Overseas and national research shows consumers are not always aware of their legal status, let alone their rights. Research shows that sharing information with the consumer about their legal and human rights may increase the therapeutic elements of the consumer-clinician relationship (Rolfe, T et al, 2008). NWAMHS has a long history of promoting consumer rights and has conducted a range of activities since 2008.

The Rights and Responsibilities working group, consisting of consumer and carer consultants and clinical staff representing all disciplines, has raised awareness and promoted meeting rights and responsibilities obligations across the service. We have provided targeted training for staff and endeavoured to better understand the consumer perspective. The project has included:

- a joint training event held with consumers, carers and clinicians in 2010
- a compulsory training program for staff since 2008
- evaluation of this training includes pre and post testing of participants' knowledge plus feedback regarding their experience of the training
- the development of written resources for consumers, carers and clinicians (posters, brochures, clinician guide)
- focus group held with consumers in 2016 to explore their understanding of Rights
- development of two animated videos explaining consumer rights under the MHA 2014 and an accompanying suggestion sheet on ways to use the videos with consumers and carers
- development of a demonstration video for clinicians on ways to have a rights conversation with consumers
- weekly rights discussion groups at the inpatient unit facilitated by a senior clinician and a peer support worker and monthly rights discussions at the Community Care Units
- digital resources folder for staff

Since 2008 we have conducted 69 training sessions with 762 staff to explain their responsibilities under the MHA and better equip them to have conversations with consumers and carers about their rights. In 2019 we developed a demonstration video showing segments of meetings between a psychiatrist and consumer where rights are explained at different points of a consumer’s journey (first contact, being placed on an Assessment Order and preparing for a Mental Health Tribunal hearing). This video is used in training sessions and clinicians are asked to roleplay rights conversations.

In order to protect rights, people need to first know that they have rights. Therefore, weekly rights discussion groups are held in the inpatient unit. We estimate that 25-30% of consumers have attended the rights groups since they began in 2017. There is also a Rights notice board in both the LDA and ICA areas of the inpatient unit.
2. Criteria

2.1 Evidence of a significant contribution to the field of mental health on a local, state or national level

For the first time Victorian consumers can access information about their rights in a format directed by them and delivered in a way that is meaningful and useful to them. Our work has been recognized and adopted by other Area Mental Health Services in Victoria. Staff involved in the Rights working group have engaged with social workers nationally and internationally about the benefits of an emphasis on rights in mental health practice.

NWAMHS identified the importance of consumers having a clear understanding of their rights and responsibilities as they progress through our service. If consumers, families and carers are informed about their options and involved in their recovery a better outcome will be achieved. However, the Mental Health Act is a difficult and often daunting piece of legislation for Mental Health consumers. This was evidenced in a focus group with consumers in December 2016 which identified that many consumers have difficulty fully understanding their rights. Some of our consumers have low literacy levels or English is not their primary language; so written pamphlets and brochures are not always easily understood. Even though the Department of Health and Human Service’s (DHHS) Statement of Rights booklets are available in a range of community languages the information can be complex and not easily understood. A consumer’s mental state may at times make it difficult for them to understand and remember the information provided.

Consumer videos

As a result of the focus group a video was co-designed with consumers about their Rights under the MHA 2014. The outcome was a 3-and-a-half-minute animated video that introduces the concept of Rights and explains three basic consumer rights under the MHA.

1. The right to be treated with dignity and respect at all times,
2. The right to be treated in the least restrictive environment, and
3. The right to be involved in all decisions regarding your treatment.

The success of the first video led to the development of a second video on the rights of Compulsory Patients under the Mental Health Act. Again, the video was designed and developed with consumers to ensure that the language used was consumer friendly and met their need for information if detained under the Mental Health Act 2014. The second video provides information about:

• Compulsory Treatment - Assessment Orders, Temporary Treatment Orders & Treatment Orders
• Mental Health Tribunal - Consumer Rights and preparation for Tribunal hearings
• Second Psychiatric Opinions
• Nominated Person
• Advanced Statement
• Supported Decision Making

The second video demystifies the legal process surrounding compulsory treatment, thus empowering consumers and increasing their participation in their own treatment.
Consumers, their families and carers are able to watch the videos on their phones, tablets, laptops or computers. The videos are a meaningful and useful tool to explain consumer rights. They can be used as the basis for a conversation about rights between consumers and clinicians and a suggestion sheet on ways clinicians can use the video was produced. The videos have helped consumers, their families and carers to better understand the Mental Health Act and how it can empower consumers to have voice in their treatment and care.

The videos can be found at https://www.nwmh.org.au/your-rights Further written information about Rights accompanies the videos on this website. There are also hyperlinks to other relevant services and resources.

The videos are shown on a loop in Community Team waiting areas along with other rights information (Advance Statement and Nominated Person posters, slides promoting IMHA and SPOS along with consumer recovery stories). The videos are shown in the Rights Groups on the inpatient unit and at community meetings at CCU & PARC. They are also shown in the waiting areas at other Area Mental Health Services (IWAMHS, NAMHS); and Orygen Youth Mental Health Service included the video on their website, https://oyh.org.au/client-hub/your-rights-and-responsibilities

It is impossible to count the number of times the videos have been watched in waiting areas however they have been viewed more than 2080 times on You Tube.

The videos have advanced mental health care within and outside NWAMHS by explaining and promoting MHA principles along with Human Rights. Clinicians, consumers and carers now have a richer understanding and working knowledge of their rights under the Mental Health Act.

Consumer Rights Brochure and Posters

The Rights & Responsibilities brochure and poster first developed by NWAMHS in 2009 was adopted across North Western Mental Health (NWMH), which comprises 4 adult AMHS, Orygen and Aged Persons Mental Health Service. In 2014 we developed posters for consumers and carers explaining Advance Statements and Nominated Persons. These are included in our Consumer and Carer information booklet which has since been adopted across NWMH. In 2017, NWAMHS developed a brochure for consumers explaining Advance Statements in more detail which has also been adopted across NWMH.

Clinicin Guide

The Clinician Guide contributes to the field of mental health by encouraging clinical staff to adopt best practice regarding Rights & Responsibilities. This resource is clinician friendly and accessible while also being compliant with the MHA and clearly outlines best practice in relation to explaining rights to consumers and carers. It promotes inclusive and person-centred decision-making, and provides an example of how to document these discussions.

Clinician quote

“Working within a rights and responsibility framework can initially feel uncomfortable, particularly working in the public sector, where your job often requires you to provide treatment to consumers in a restrictive manner. However, a clear understanding of the MHA and keeping consumer rights at the forefront of your practice allows clinicians to provide restrictive interventions only when absolutely necessary and as a last resort. While this may appear common sense, it often creates friction within a sector that has a historical paternalistic structure. A meaningful and structured focus on embedding a rights-based
approach at NWAMHS has greatly supported clinicians to challenge dated practices. It creates a space that enables clinicians to navigate through ethical dilemmas and allows constructive conversations to occur within multidisciplinary teams. This ultimately leads to more empowering outcomes for consumers and a recovery-oriented culture that allows more autonomy, risk taking and dignity for consumers”.

Community clinician (SW2), NWAMHS

2.2 Evidence of innovation and/or recognised best practice

The NWAMHS rights videos were nominated for a Melbourne Health Excellence in Mental Health Award in 2018.


“People with a lived experience and carers engaged in governance processes across the organisation felt heard. They advised that they are able to identify change that has occurred directly pertaining to their voice in the organisational structures and were delighted to be engaged in initiatives such as the Health Literacy Framework and the Mental Health Rights and Responsibilities and Compulsory Treatment videos. These videos are available to all via YouTube with a person with lived experience narrating. This inclusive consumer-led approach, using technology, is a great example of the foundational work underway at Melbourne Health.” Page 36

“As highlighted above, the assessment team was impressed with videos produced by people with a lived experience for people receiving care in mental health services on Rights and Responsibilities. This resource is well utilised according to the ‘hits’ on YouTube, and is fun, engaging and very clear.” Page 37

The videos have been promoted at numerous forums, including the 2018 forum conducted by the Office of the Chief Psychiatrist regarding Supported Decision Making, the 2018 World Social Work Day forum in Melbourne and the International Conference of Social Work in Health and Mental Health in York, UK 2019. The videos were also showcased at Northern Area Mental Health Service during their best practice forum in October 2018.

Positive feedback was received from the conference presentation with many of the Australian and international delegates wanting to duplicate this work. Over 100 of the cards below were taken by delegates to enable them to locate the videos on the NWMH website.

The card below has been given to approximately 600 consumers and carers since 2018 to promote the videos and enable access to the URL link.
An article about the videos was included in the Health Victoria newsletter published in November 2019 by the Department of Health and Human Services, http://www.health.vic.gov.au/healthvictoria/nov19/rights.htm

2.3 Evidence of participation of mental health consumers in the planning, implementation and evaluation of mental health service delivery.

Consumer perspective and expertise has been included in every stage of this project and has been fundamental in guiding the development and use of all resources.

In 2010 a joint training event was held at NWAMHS with consumers, carers and clinicians. The overall aim was to bring staff, consumers and carers together in a forum that encouraged increased attention to meeting rights and responsibilities obligations. Bringing consumers, carers and clinicians together to discuss challenging issues was innovative in 2010. The topic for the first session was “Whose responsibility is it: Working towards developing a shared understanding of what we mean by “Duty of Care”. This event included guest speakers and a panel discussion. Aims for this session were to develop a shared understanding of the concept of duty of care via formal presentation and use of a scenario where this concept is applied, and for consumers, carers and clinicians to understand the different perspectives on duty of care. Thirty-one people attended this 3-hour training event, (6 x consumers, 12 x carers, 7 x clinicians, 3 x students, 3 x PDRSS). Feedback forms were completed and the evaluation was extremely positive.

The initial staff training package was developed with consumer and carer input. It has been refined and updated many times over the years, always with consumer and carer involvement. The training promotes culture change for clinicians using powerful stories regarding consumer experiences to assist clinicians to better understand the consumer perspective. The training now includes role plays and discussion of case studies which are tailored to the different programs within our service.

Consumers and carers were also involved in the development of the Rights and Responsibilities (R&R) brochure, posters and clinician guide. Our R&R working group includes representatives from all disciplines with consumer and carer representation. In 2017 a brochure for consumers explaining Advance Statements and how to write one was developed in conjunction with consumers and used in the Rights group at the inpatient unit.

The video project began in July 2017 and worked closely with the Consumer Advisory Group (CAG) and Consumer Consultant. The video content development process was consumer led which means we were guided by consumers at every stage of the process. At the outset we assumed that the rights of compulsory patients would be the focus of the video however once we began meeting with consumers to discuss the content for the video, we soon realized that a more introductory video was required which resulted in a different focus for the first video. Consumers were involved every step along the way with numerous focus groups held at the inpatient unit and PARC. The Consumer Consultant and the Consumer Advisory Group (CAG) ensured that the video met consumers’ needs and used everyday language rather than clinical language. The Consumer Consultant also narrated the videos.
2.4 Evidence of partnerships and linkages (collaboration for continuity between organisations)

Development and funding of this project has involved working with legal, mental health and advocacy organizations from across Victoria.

We researched potential funding sources and successfully applied for a Victorian Law Foundation small grant to help subsidize some of the development costs of the second video ($5k). We also received additional funding for the first video from SUMITT (Substance Use and Mental Illness Treatment Team provided $10K). We liaised with Independent Mental Health Advocacy (IMHA), the Mental Health Legal Centre and the Second Psychiatric Opinion Service when developing the videos.

IMHA were involved in facilitating rights groups at our inpatient unit during 2017 and 2018. Their services are promoted in the groups. Regular liaison occurs with Victoria Legal Aid and the tools we developed shared with them as examples of how other services can assist consumers to better understand their rights. We gave them permission to share these with the other AMHS they support.

2.5 Verification of effectiveness (quality improvement activity, data collection and its use, including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates)

From the outset of this project the working group recognised that the project’s effectiveness and further development must be grounded in continuous and verifiable data collection and consideration.

Capturing how well we are doing in this area, can be somewhat difficult however we have various methods of measuring our progress and consumer satisfaction via YES survey results, internal surveys prior to discharge and consumer files audits. A question in relation to the rights video was added to the CCU quarterly quality survey in May 2019 to confirm whether consumers had seen this video. Since May 2019 the CCU consumer survey responses indicate that 60% of consumers have seen the video.

Consumer registration forms (MH1) have the question, “Statement of rights has been explained” and we audit files to ensure that this box has been ticked with the date recorded for when this conversation occurred.

The rights videos have been viewed more than 2080 times since they were uploaded to YouTube in February 2018.
**NWAMHS has seen an overall progressive increase in this area. This reflects the work undertaken to improve the explanation of rights and responsibilities provided to consumers.**

The responses from YES survey for the period of 2016 – 2019 indicates we have made a 24% improvement in explaining R&R to consumers.

**note: YES survey commenced in Victoria in 2016**

NWAMHS Documentation audits which have been undertaken since 2012, indicate we have made steady progress in the area of explaining R&R to consumers and families, and their understanding of their rights and responsibilities. We have maintained an average of 65% over the last 3 audits, 2014 66.5% (n=158), 2017 67.1% (n=161) 2019 64% (N=60).

In 2019 the sample size was reduced to 10 random medical records per team and was a snapshot audit. This approach was not consistent with audits from previous years. The reduced audit numbers may explain the less favourable results in 2019.
Staff training in relation to Understanding Consumer Rights and Responsibilities.

As discussed previously, staff are provided with multiple opportunities throughout the year to attend training sessions in relation to understanding consumer rights and responsibilities. Below are examples of pre and post training data based on a set of 7 questions that reflect the content of the training modules. The results, shown in the graphs on the next page, indicate the training has improved staff awareness and knowledge in relation to consumer rights and responsibilities.

Pre and post test Questions for Rights and Responsibilities training:
1. Identify three information sources of Rights and Responsibilities
2. Name two key principles from the Mental Health Act 2014
3. When should consumers be advised of their rights?
4. How do you demonstrate that you have explained Rights and Responsibilities to your consumers?
5. Name three rights you think are important to communicate to consumers and carers
6. Briefly list the 4 treatment criteria for a Compulsory Treatment Order in Section 5, MHA 2014
7. Now many criteria need to be met?
NWAMHS Rights and Responsibilities
Staff Training Results - 2017

NWAMHS Rights and Responsibilities
Staff Training Results - 2018

Training feedback from seven R&R training sessions in 2019, 64 participants
Feedback from clinicians regarding this training, as demonstrated in the graphs above, is always extremely positive. Understanding the legal requirements of the MHA is essential to practice but staff really value having space to discuss the complex issues that arise in practice. Tensions between care and control exist in every mental health service. All clinicians have a duty to be least restrictive in their exercise of powers under the MHA but many situations are complex requiring discussion and the ability to think through different perspectives. Clinicians appreciate having the opportunity to discuss this challenging area of their practice in the safety of the training room. All staff but especially new clinicians, learn from the robust discussions which occur as case examples are worked through.

Rights noticeboards at the inpatient unit

Consumer Quote re Rights Group

“The group was very helpful and informative, very supportive. I now know who to turn to for support with my rights. Nice to know someone feels for you. Thanks greatly.”

BIPU Consumer

3. Conclusion

Since 2008 NWAMHS has maintained an area wide focus on upholding consumer and carer rights. We have made a concerted and sustained effort to integrate a rights framework into clinical practice and make improvements in this important area. This issue has been tackled from both clinician and consumer perspectives.
1. Clinicians – provision of staff education tailored to meet the needs of clinicians in different programs (eg. Community teams, inpatient staff) which aims to improve the quality of the rights conversations clinicians have with consumers and carers.

2. Consumers and carers - we have endeavoured to better understand the consumer and carer perspective by learning what prevents people from fully understanding and exercising their rights. This led to the development of two consumer videos as a vehicle for explaining consumer rights and the production of further brochures and posters. Importantly weekly rights discussion groups are now held at the inpatient unit.

NWAMHS’s focus on Rights and Responsibilities for consumers is imbedded in our service systems from staff training, awareness programs, quality activities and external measures via the annual consumer Your Experience Survey (YES survey). We have a continuous cycle of improvement for R&R and will continue to maintain and improve our commitment to R&R for consumers including stakeholder awareness.

The consumers and carers of NWAMHS are very supportive of this project as they recognise it directly improves their experience within the service. The impact of this work has been more broadly recognised by other Area Mental Health Services who have requested details of our training program and who use the videos within their services.

4. Referees

Dr Ruth Vine  
Deputy Chief Medical Officer, Mental Health  
Department of Health  
(Previous Director of North Western Mental Health)

Ms Melanie Rygl  
Grants Manager,  
Victoria Law Foundation

5. Appendix of Support Material

Rights and Responsibilities brochure for consumers, families, carers and staff (2 pages)  
Rights and Responsibilities poster (displayed in all interview rooms) (1 page)  
Clinician Guide to Rights and Responsibilities Discussions (2 pages, includes flowchart)  
Suggestion sheet for ways to present the rights videos to consumers and carers (1 page)  
Advance Statement brochure for consumers (2 pages)
Staff Rights
Staff have the right to:
• A safe and respectful workplace with freedom from
discrimination and harassment.

The Mental Health Act
The Mental Health Act, 2014 requires all mental health
services to work within principles that include respect for
people’s dignity, promotion of supported decision making and
treatment in the least restrictive environment.

The Victorian Charter of Human Rights and
Responsibilities
Human rights are the basic rights that belong to all of us. The
Charter emphasises freedom, respect, equality and dignity.
Human rights are the foundation for freedom, justice, peace
and respect and are an essential part of any democratic and
inclusive society that respects the rule of law, human dignity
and equality.
Everyone has the same human rights: men, women, and
children, rich and poor, and all nationalities and faiths.
Our human rights include:
• civil and political rights
• economic and social rights
• environmental and cultural rights

How to Provide Feedback
You can raise the issue with your Treating Team or complete a
‘Tell Us What You Think’ form which can be found at all sites.
Providing feedback will not jeopardise the quality of your care.

Further information
Speak with a member of your Treating Team, or contact the
appropriate service below:
• NorthWestern Mental Health www.nwmh.org.au
• Mental Health Complaints Commissioner (1800 246 054)
• Victorian Mental Illness Awareness Council (VMIAC)
  (9380 3900)
• Tandem – Carers Support (8803 5555)
• Mental Health Legal Centre (9629 4422)
• Victorian Legal Aid (9269 0234)
• Mental Health Tribunal (1800 242 703)
• Chief Psychiatrist (1300 767 299)
• Health Services Commissioner (1800 136 066)
• Ombudsman (9613 6222)

References
• Mental Health Act, 2014, Nominated Person
  mhact2014/recovery/nominated-person.htm
• VMIAC Guidelines - Consumer Rights and Staff
  Responsibilities in Mental Health Services, 2003
• Chief Psychiatrist’s Guidelines - Working together with
  families and carers, 2005
• The Victorian Charter of Human Rights and
  Responsibilities, 2006
• The Australian Charter of Healthcare Rights, 2008

Updated June, 2017
Original brochure produced by NWAMHS in conjunction with VMIAC
Guiding Principles

Under the Australian Charter of Healthcare rights you are entitled to:

- **Access**
  Access services to address your health care needs

- **Safety**
  Safe and high quality health services, provided with professional care, skill and competence

- **Respect**
  The provision of care that respects your culture, beliefs, values and personal characteristics

- **Communication**
  Open, timely and appropriate communication about health care in a way that you can understand

- **Participation**
  Join in making decisions and choices about your care and about health service planning

- **Privacy**
  Maintenance of personal privacy and proper handling of your personal health and other information

- **Feedback**
  Comment on or complain about care and have concerns dealt with properly and promptly

Common Rights

All consumers, families/carers and staff have the right to:

- Be and feel physically and emotionally safe.
- Be treated with respect and dignity.
- Be spoken to in a respectful manner.
- Have an opinion, express an opinion and be listened to.
- Be considerate of private time and space.
- Not be discriminated against.
- To have access to an interpreter as required.
- Be respected with regard to the confidentiality and privacy of information provided.

Common Responsibilities

All consumers, families/carers and staff share the following responsibilities:

- To be aware of the rights of others.
- To communicate openly and honestly with each other.
- To discuss changes in condition and treatment plans.
- To discuss and clarify diagnosis and treatment.
- To discuss and clarify side effects of treatment.
- To work together to improve the effectiveness of treatment.
- To ensure that people are treated in the least restrictive way possible.
- To provide feedback on the service or care in the form of suggestions, compliments or complaints.

As a consumer you have the right to:

- Be informed about what is happening to you at all times, including your legal status, and be supported to make decisions about your care.
- Receive information and ask questions so that you fully understand everything.
- Have your rights explained in a way that you understand. Receive a copy of your rights and any Mental Health Act paperwork.
- Create an Advance Statement to record what you do and don’t want to happen if you become unwell.
- Make suggestions, compliments or complaints.
- Nominate a Nominated Person to support you.
- Request an advocate to assist you.
- Request a second opinion.
- Request a staff member of your own gender if preferred.

Families/Carers have a right to:

- Be recognised, respected and supported as partners in providing care to the consumer.
- Be involved in providing essential information to the clinician in the assessment phase, and in the ongoing treatment and care of the consumer.
- Receive timely and easily understood information about the mental illness, its likely causes, treatment options and outcomes.
- Have rights explained and a copy provided.
- Be provided with support in their caring role.

Nominated Person:

- Assists the consumer to exercise their rights and helps represent their views and preferences; and
- Must be informed and consulted about the consumer’s treatment if compulsory treatment is required.
Consumers, families & carers have the right to:

- Be treated and treat others with respect and dignity
- Be physically and emotionally safe
- Give and receive open, timely and appropriate information
- Give feedback, both positive and negative
- Have legal status (voluntary & compulsory) explained
- Have access to an interpreter
- Be supported to make decisions about treatment & recovery
- Access care that promotes & supports recovery

For more information on your rights and our mutual responsibilities, please read this brochure and speak with your treating team.

Rights in other languages: speak to your treating team

NorthWestern Mental Health

September 2015
**Rights & Responsibilities**

The Mental Health Act 2014 and Melbourne Health policy requires clinicians to discuss Rights & Responsibilities with consumers and carers.

- **Have R&Rs been discussed?**
  - Yes
  - No

- **Discuss R&R**
  - Explain R&R
  - Confirm understanding
  - Provide relevant information

- **Document the discussion**
  - Document if the discussion was:
    - Offered
    - Declined
    - Occurred (include content of discussion)
  - Did they understand?:
    - Yes
    - No

- **Things to consider:**
  - Best time for this discussion
  - Legal status and rights?
  - Capacity considerations:
    - Explain differently
    - Language (ethnicity, literacy level, etc.)
    - Choose easier words
    - Use a different format
  - Ask consumer to repeat what they understood
  - Explain consumer/carer responsibilities
  - Additional support from Peer Support Worker
  - Promote advocacy (IMHA/VMIAC/TANDEM)

- **Review regularly**
  - Revisit the Discussion:
    - When legal status changes
    - People forget
    - Capacity fluctuates
    - Make R&R a real conversation starter
The Mental Health Act 2014 and Melbourne Health policy requires clinicians to discuss Rights and Responsibilities with consumers and carers.

**R&R Discussion**


- Rights discussion to occur at first contact but consider the consumer and carer’s priorities for this session
- Explain rights using plain language:
  - Voluntary consumers
  - Compulsory patients
  - Rights at the time of admission to hospital
  - Privacy and confidentiality
  - Advance Statement and Nominated Person
  - Being informed allows better decision making for consumer
- Explain responsibilities – treat others as they would like to be treated
- Confirm understanding – what have you understood? Please repeat
- Provide verbal information
  - Explain differently,
  - Show and discuss the videos,
  - Is an interpreter needed?
- Provide written information
  - R&R brochure
  - Statement of Rights booklets
  - NWAMHS Information Booklet (Welcome Pack)

**Document the discussion**

If it’s not documented, it didn’t happen

- Was it offered?
- Was it with a consumer or a carer?
- Did the discussion occur?
- What did they understand?

**Review regularly**

- Legal status changes
- People forget
- Capacity fluctuates
- Carers may change
- Make R&R a real conversation starter with your consumers and carers

SUGGESTIONS FOR HOW TO PRESENT THE RIGHTS FILMS TO CONSUMERS, CARERS and FAMILIES

BEFORE PRESENTING THE FILMS

- The videos are designed for all consumers and their families/carers.
- Ideal for use with individuals, groups, carers and families.
- It’s a great way to start a conversation about rights with consumers. As you know, clinicians are obliged (under the Mental Health Act 2014) to explain Rights to a consumer.
- Have a pre-discussion about what they already know or understand about rights.
- Explain that the films do not cover everything they need to know about rights but is an overview and a conversation starter.
- Highlight that the films were developed with consumers.
- Texting the link to consumers is also a great option but make sure you follow this up with a discussion at next meeting and maybe present the films again.

THINGS TO CONSIDER

- It’s important to be mindful that some consumers (especially those on a CTO) may be triggered or have negative reactions to a film about rights. Explain that while some of their Rights have been taken away that does not mean that all of their Rights are taken away and the films highlight which Rights they still have and how to use them.
- People may need to watch the films more than once to fully understand the message.

AFTER PRESENTING THE FILMS – Suggested Discussion Questions

- What parts of the films resonated with you?
- What do you want to know more about?
- What was the most important message in the films to you?
- Can you remember the 3 rights discussed in the first film?
- What do you think gets in the way of you speaking up for your rights?
- If you wanted more information about your rights where would you find this information?
- Do you have an Advance Statement? Would you be interested in developing one?
What do YOU do with it?

Once it is signed, staff can help you make some copies! For:
- Yourself;
- Your contact/ nominated person(s);
- Maybe family or friends.

What do staff do with it?

Once they have it, they will:
- Help you make copies;
- Scan a copy onto your medical record file so other medical practitioners will see it.

Write down how YOU want to be treated

FEEL IN CONTROL!

For external help completing your Advance Statement, you can contact the following:
- Mental Health Legal Centre
  - 9629 4422
- Victorian Mental Illness Awareness Council
  - 9380 3900
  - www.vmiac.org.au
- IMHA
  - 1300 947 820
  - www.imha.vic.gov.au

BE HEARD!
Do an Advance Statement

Supported Decision Making

Developed by North West Area Mental Health Service
What is an Advance Statement?

It is a statement that **YOU CAN WRITE**!

Tell staff how you want to be treated.

Medical professionals and the Mental Health Tribunal **MUST CONSIDER** your Advance Statement before making treatment decisions. Sometimes ensuring your safety means that your Advance Statement can’t be followed. In that case, you can request a **written explanation** from your psychiatrist.

**BE HEARD!**

Why write one?

It’s your **RIGHT to WRITE and BE HEARD**!

Medical staff can give you more informed and efficient treatment.

It is very useful for when you are an involuntary patient, or when you are not feeling well enough to **express your needs**.

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How do you write one?

**Step 1:**

Ask your treatment team for a form. It **could** look like this:

**Step 2:**

Fill it out. If you want help, ask anyone — staff, family or friends.

**Step 3:**

Ask an **“authorized witness”** to sign. This could be a psychiatrist, doctor, nurse, mental health social worker, lawyer, pharmacist, justice of the peace.

**Step 4:**

Give it back to your treatment team. They will attach it to your medical records. **Giving a copy** to family and/ or your carer is also a good idea.

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What could you include?

- Who you would like to **support** you?
- **Medications** that do and don’t work/ side effects/ allergies.
- Your opinion on **ECT**.
- Things at **home** that need looking after, e.g. bills, **pets**.
- Things that have been **helpful** and **unhelpful** in the past.
- If you prefer being **alone** or having others around.
- If you prefer injections over tablets.
- Who do you want to care for your **children**? And their contact details.