

Involuntary treatment

Fact sheet 3

The *Mental Health Act 2000* (the Act) makes provision for a person to be treated without consent under an involuntary treatment order. The involuntary treatment order must be preceded by involuntary assessment. Information about involuntary assessment is provided in Fact sheet 2.

How is involuntary treatment authorised under the Act?

An involuntary treatment order authorises involuntary treatment for mental illness. An involuntary treatment order can be made if an authorised doctor is satisfied that all the criteria for involuntary treatment apply.

What are the treatment criteria?

The treatment criteria for a person include all of the following:

- ⦿ the person has a mental illness
- ⦿ the person's illness requires immediate treatment
- ⦿ the proposed treatment is available at an authorised mental health service
- ⦿ because of the person's illness:
 - there is an imminent risk that the person may cause harm to himself or herself or someone else, or
 - the person is likely to suffer serious mental or physical deterioration
- ⦿ there is no less restrictive way of ensuring the person receives appropriate treatment for the illness, and
- ⦿ the person:
 - lacks the capacity to consent to be treated for the illness, or
 - has unreasonably refused proposed treatment for the illness.

Does a psychiatrist have to authorise involuntary treatment?

In all cases, involuntary treatment must be authorised or confirmed by a psychiatrist. If the involuntary treatment order is initially made by an authorised doctor who is not a psychiatrist, the order must be confirmed by an authorised psychiatrist within 72 hours.

Can a person be examined via videoconference?

The Act recognises the importance of video-conference facilities in providing greater access to specialist mental health services for people in rural or remote locations. An important safeguard is that at least one examination must be made in person when an involuntary treatment order is made.

Where does the person receive treatment?

On making an involuntary treatment order, the authorised doctor must specify the category of the order. The category may be 'inpatient' or 'community'. This decision is based on whether the person needs inpatient treatment, or can be effectively treated while living in the community.

If the patient is being treated as an inpatient, the authorised doctor can authorise limited community treatment. Limited community treatment enables an inpatient to receive short periods of leave in the community. It enables a process of transition prior to discharge from hospital.

What is the effect of an involuntary treatment order?

Under an involuntary treatment order, a person can be treated for mental illness without consent.

However, as a safeguard, an inpatient or community facility of an authorised mental health service is the only place where force can be used to give involuntary treatment.

What treatment is provided under an involuntary treatment order?

The involuntary treatment order must be accompanied by a treatment plan that outlines the:

- ⦿ proposed treatment
- ⦿ treatment frequency
- ⦿ method and place of treatment
- ⦿ rehabilitation and other services to be provided
- ⦿ intervals for regular assessment by a psychiatrist.

The treatment plan, and any changes made to the plan, must be discussed with the patient as far as practicable.

What if a patient does not comply with the treatment plan?

A patient under the community category of an involuntary treatment order may be ordered, by written notice, to attend the authorised mental health service for treatment on a stated day and time. If the patient does not comply with the order, the patient may be taken to the service and returned home after the treatment is given.

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How long is an involuntary treatment order in force?

An involuntary treatment order can remain in force for as long as involuntary treatment is required. An authorised doctor, the Director of Mental Health or the Mental Health Review Tribunal (the Tribunal) can revoke an involuntary treatment order at any time.

Regular reviews must be conducted by the psychiatrist as outlined in the treatment plan. In addition, regular reviews are made by the Tribunal (see *Fact sheet 6 – Mental Health Review Tribunal*).

Definitions

Health practitioner – a doctor, registered nurse, social worker, occupational therapist, psychologist or other person appointed as a health practitioner.

Authorised mental health practitioner – an experienced mental health practitioner appointed by the Director of Mental Health.

Authorised doctor – a doctor experienced in mental health appointed by the administrator of the authorised mental health service.

Authorised mental health service – a health facility declared by the Director of Mental Health to provide involuntary assessment and treatment services.

Further information

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