

Mental Health Act 2016
Chief Psychiatrist Policy

Treatment and care of patients

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General

The objects of the *Mental Health Act 2016* (the Act), including the way that treatment and care is provided to persons under the Act, **must** be achieved in a way that:

- safeguard the rights of persons
- is least restrictive of the rights and liberties of a person who has a mental illness, and
- promotes the recovery of a person, and the person's ability to live in the community, without the need for involuntary treatment and care.

The principles of the Act require that treatment and care must be provided to a person who has a mental illness only if it is appropriate for promoting and maintaining the person's health and wellbeing.

The Act outlines specific responsibilities for the provision of treatment and care to 'Patients.' Patient is defined under the Act as:

- involuntary patients under the Act, and
- persons receiving treatment and care for a mental illness in an Authorised Mental Health Service (AMHS) other than as an involuntary patient (e.g. under an Advance Health Directive (AHD) or with consent of a personal guardian or attorney).

An authorised doctor has a statutory duty to ensure the treatment and care provided to patients is appropriate for the patient's treatment and care needs and is compliant with the requirements of the Act.

An authorised doctor providing treatment and care to patients **must**, to the extent practicable, provide timely, accurate and appropriate information to the patient about their treatment and care.

This policy draws on national guidelines and frameworks for the delivery of treatment and care in a way that optimises patient outcomes.

Additional information relevant to the treatment and care of individuals under 18 years of age is set out in the [Chief Psychiatrist Policy Treatment and care of minors](#).

Scope

This policy is mandatory for all Authorised Mental Health Services (AMHSs). An authorised doctor, authorised mental health practitioner, AMHS administrator, or other person performing a function or exercising a power under the Act **must** comply with this policy.

Clinicians should work collaboratively with and in partnership with patients to ensure their unique age-related, cultural and spiritual, gender-related, religious and communication needs are recognised, respected and followed to the greatest extent practicable. Clinicians should consider the timely involvement of appropriate local supports and provide treatment and care with a recovery-oriented focus.

This policy **must** be implemented in a way that is consistent with the objects and principles of the Act.

Policy

Key Points

The provision of treatment and care to patients **must**:

- be delivered in accordance with contemporary clinical practice
- incorporate sound quality principles and practices
- be delivered under clinically appropriate governance arrangements, and
- be least restrictive of a person's rights and liberties, having regard to the person's safety and welfare, and the safety of others.

1 National standards

The [National Standards for Mental Health Services 2010](#) and the [National Practice Standards for the Mental Health Workforce 2013](#) are intended to work together to support the ongoing development and implementation of good practices and to guide continuous quality improvement in mental health services.

In addition, the [National Safety and Quality Health Service Standards](#) further articulates the need for an integrated risk management approach which is inclusive of assessment and review of a person's treatment, care and recovery plan.

These service standards ensure systems and processes are in place at an organisational level to provide optimum support for people using the service and their families. The practice standards ensure mental health professionals' work practices demonstrate person-centred approaches and reflect nationally agreed protocols and requirements.

Treatment and care must be contemporary evidence-informed practice. [The National Practice Standards for the Mental Health Workforce 2013](#) refer to treatment and support (standard 7). The standard states that, to meet the needs, goals and aspirations of people and their families and carers, mental health practitioners must deliver quality, evidence-informed health and social interventions.

2 Recovery oriented-services

Key Points

Recovery-oriented treatment and care:

- supports people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations,
- involves the patient's family, carers or other support persons,
- recognises that patients have a right to have support persons involved in all aspects of their care, and
- is to the patient's individual needs.

Health practitioners should have regard to the 'Principles of recovery oriented mental health practice' and the 'Supporting recovery' standard (10.1) of the [National Standards for Mental Health Services 2010](#).

Health practitioners should also have regard to the [National Framework for Recovery-Oriented Mental Health Services: A Guide for Practitioners and Providers \(2013\)](#). The framework aims to assist mental health professionals to align their practice with recovery principles and ultimately improve outcomes and quality of life for people experiencing mental health issues.

3 Patient rights

The treatment and care of patients **must** have regard to the [Mental Health Statement on Rights and Responsibilities](#) which seeks to ensure that consumers, carers, support persons, service providers and the community are aware of relevant rights and responsibilities and can be confident in exercising them.

This statement is consistent with Australia's international obligations, particularly the [United Nations Convention on the Rights of Persons with Disabilities](#) and the [Convention on the Rights of the Child](#).

4 Least restrictive treatment and care

Key Points

For treatment and care to be provided in the least restrictive way, the treatment and care:

- **must** place the least personal restriction on the rights and choices of the patients, taking into account their living situation, their level of support and the needs of their carer(s) and/or family members, and
- **must** be provided in the community where possible.

Further information is available in the *Less Restrictive Way Guidelines*.

If treatment and care is to be provided in an inpatient setting this is because the person's treatment and care needs require this, or the safety and welfare of the patient or others require this.

- This also supports the recovery-oriented framework which recognises people best recover in their own homes.

This is subject to the requirements of the Act in relation to managing community risks for patients on forensic orders.

5 Continuity of care

Where AMHS Administrators agree to transfer the responsibility for a patient between services, there needs to be communication and planning prior to the transfer taking place.

- Relevant clinical documentation **must** be transferred in a timely way to ensure the continuity of appropriate treatment and care for the patient.

When patients are to receive limited community treatment in the catchment area of another AMHS, clear communication between AMHSs, and the identification of roles and responsibilities of treating teams, are required to ensure the continuity of appropriate treatment and care for the patient.

When a patient is to be discharged, a discharge plan must be developed and communicated with the patient's primary health practitioner in the community to ensure ongoing treatment and care needs are well understood.

6 Parental responsibilities

Where relevant, the treatment and care of patients in parenting or caring roles should support patients to continue conducting effective caring relationships with their dependents.

In cases where child abuse and/or neglect is suspected, practitioners should refer to the [Department of Health's Guideline: Reporting a Reasonable/Reportable suspicion of Child Abuse and Neglect \(2015\)](#) for guidance.

Issued under section 305 of the *Mental Health Act 2016*.

Dr John Reilly
Chief Psychiatrist, Queensland Health
15 April 2020

Definitions and abbreviations

Term	Definition
AMHS	Authorised mental health service – a health service, or part of a health service, declared by the Chief Psychiatrist to be an authorised mental health service. AMHSs include both public and private sector health services. While treatment and care is provided to both voluntary and involuntary patients, additional regulation applies under the Act for persons subject to involuntary treatment and care.
HHS	Hospital and Health Service
Minor	Individual who is under 18 years of age
Patient	<ul style="list-style-type: none"> • An involuntary patient, or • A person receiving treatment and care for a mental illness in an AMHS, other than as an involuntary patient, including a person receiving treatment and care under and Advance Health Directive or with the consent of a personal guardian or attorney.
Support person/s	Includes, a Nominated Support Person or, if the person does not have a Nominated Support Person, a family member, carer or other support person.

Referenced documents and policies

[National Standards for Mental Health Services 2010](#)

[National Practice Standards for the Mental Health Workforce 2013](#)

[National Framework for Recovery-Oriented Mental health Services: A Guide for Practitioners and Providers \(2013\)](#)

[Guide to Patient Rights under the Mental Health Act 2016](#)

[Less Restrictive Way Guidelines](#)

[Mental Health Statement on Rights and Responsibilities \(2012\)](#)

[United Nations Convention of the Rights on Persons with Disabilities](#)

[United Nations Convention on the Rights of the Child](#)

[Department of Health’s Guideline: Reporting a Reasonable/Reportable Suspicion of Child Abuse and Neglect \(2015\)](#)

Referenced documents and policies

[Chief Psychiatrist Policy: Treatment and Care of Minors](#)

Document status summary

Date of Chief Psychiatrist approval: 15 April 2020

Date of effect: 22 April 2020

Supersedes version that took effect on: 5 March 2017

To be reviewed by: 15 April 2023

Attachment 1: Key contacts

Key contacts

Office of the Chief Psychiatrist

Phone: 07 3328 9899 / 1800 989 451
Email: MHA2016@health.qld.gov.au

Local Independent Patient Rights Adviser

Ph:
Email:

Multicultural Mental Health

Ph:
Email:

Local Cultural Supports

Ph:
Email:

Child Safety Services Regional Intake Service

Ph:
Email:

Child Safety After Hours Service

Ph:
Email:

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