

Submission
No 122

**INQUIRY INTO EQUITY, ACCESSIBILITY AND
APPROPRIATE DELIVERY OF OUTPATIENT AND
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH
WALES**

Name: Name suppressed

Date Received: 6 September 2023

Partially
Confidential

I am a nurse working in adult community mental health for more than thirty years, authorised as an accredited person (s.136) and appointed as a director of community treatment (s.50) for a health care agency.

TERMS OF REFERENCE

(f) the use of Community Treatment Orders under the Mental Health Act 2007

POINTS

Those who may apply for a community treatment order s.51(2)(a) only refers to affected persons in hospital, is my understanding, as affected persons in the community are not detained and they are not patients. Applications for an order by authorised doctors in the community are relegated to s.51(2)(b) even though the doctor may be authorised as affected persons in the community are not detained and other persons are not patients as they are not in hospital. (Correct me if I am wrong please.) In practice psychiatric case managers may select the incorrect option on the Hearing Application form and to compound matters some Tribunal panels select the incorrect option on the Treatment Order. All of this may become a problem if the order is challenged in Court. To remedy this situation changes to s.52(2) may help. In relation to incorrect applicants indicated on orders I trust that the Mental Health Review Tribunal and directors of community treatment will police this error.

The Mental Health Review Tribunal may make an order in an affected person's absence (s.55) or an affected person may not be physically present for a hearing. Following a hearing the Mental Health Review Tribunal provides the community order to the psychiatric case manager or hospital and requests them to give it to the affected person however this does not always occur. A remedy may be to require the psychiatric case manager to provide a copy of the treatment order to the affected person.

Carers are notified of changes to orders (s.66A) whilst the affected person is not. The result is some people believe they are still on an order when it has long expired. Including notification to the affected person may remedy this.

The rights given to relatives are very limited even if they are appointed as a carer (s.72 and s.72A). A departmental consent to release information form is available but it is designed with organisations in mind. A departmental consent to release information form specifically for carers may give the opportunity for persons who wish their clinicians to provide relevant information more easily to their carers.

Entry to premises for a breach of a community treatment order for the police MOU does not coincide with the Act. Changes to the MOU are called for.

Happy to give evidence at a hearing.