Submission on Draft revisions to the Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992

To: Ministry of Health

Submitter: Canterbury District Health Board

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Feedback on the proposed revisions (Online questions):

4. Are there any practical issues with the proposed changes?

○ Yes ◉ No

If so, please describe.

Do you have any suggestions to resolve these issues?

5. Is the cultural responsiveness sufficiently addressed?

◉ Yes ○ No

Comments on the cultural responsiveness:

6. Are cultural models of care accurately described?

(•) Yes ( ) No

Comments on the cultural models of care:

7. Are the principles of Te Tiriti o Waitangi appropriately applied?

(•) Yes ( ) No

Comments on Te Tiriti o Waitangi principles:

8. Is gender identity appropriately described?

(•) Yes ( ) No

Comments on gender identity:

The CDHB supports the changes to the guidelines, which now reflect a more accurate and fulsome description of gender identity and expectations for respecting gender identity. In recent research conducted by the 'All Right?' campaign, many respondents reported facing stigma at health services. Strong themes emerged regarding the importance of inclusive language and practice, appropriate cultural training and engagement, and a desire for fewer assumptions about heterosexual practices and cisgender identities as the default.

9. Are co-existing mental health and addiction experiences in the context of the provisions of the Act suitably incorporated and acknowledged?

( ) Yes (•) No

Comments on co-existing mental health and addiction experiences:

The Canterbury DHB notes that the section on substance use as it stands is

confusing. In particular, the statement that a patient cannot be under both the Mental Health (Compulsory Assessment and Treatment) Act and the Substance Abuse (Compulsory Assessment and Treatment) Act is incorrect. The Canterbury DHB Specialist Mental Health Service not infrequently has patients under both Acts because they have a disorder such as schizophrenia requiring depot antipsychotic medication, and additionally a severe substance use disorder which worsens their schizophrenia. We find patients in these circumstances often lack insight into both their mental disorders and their addiction. In the alcohol and drug services, the Canterbury DHB also sees patients who fall between both the SA (CAT) Act and the MHA who have very low functioning and are at very high risk. The Canterbury DHB recommends that topic this requires careful consideration when the SA (CAT) Act and MHA are reviewed.

The SA (CAT) Act itself is well described, however the Canterbury DHB recommends that the paragraphs near the end are revised. The suggested wording is: 'The SA (CAT) Act is used when compulsory treatment of severe addiction is required and the MHA is used when compulsory treatment of a mental disorder is required. If compulsory treatment of both mental disorder and severe addiction (meeting SA (CAT) Act criteria) is required, a patient can be under both Acts at the same time. However, the SA (CAT) Act has strict limitations about where treatment can be carried out, and can only be used for a maximum of 112 days.'

10. General comments:

Please provide any additional comments you may have about the draft revisions.

During the review of the proposed revisions, the content was identified as being very good overall. There is increased emphasis on the rights people have, and this emphasis is helpfully reiterated throughout the document.

The Canterbury DHB is supportive of the efforts to minimise compulsory

treatment and coercion, and to maximise people's wellbeing and recognition of their rights. The Canterbury DHB supports that the guidelines acknowledge that, 'It is now generally recognised that seclusion has no therapeutic value.' Like the Mental Health Foundation, we support eliminating seclusion (for example, by replacement of seclusion facilities with high care areas).

The Canterbury DHB supports the inclusion of extensive information on working with non-dominant cultures of every sort, and not just based on ethnicity.

It was noted that the document is now very lengthy and this may prove to be a barrier for clinicians accessing and identifying the appropriate information. Formatting and the use of additional appendices may assist with this in terms of separating principles and processes.

Overall it was felt that the Guidelines are a useful learning tool that concisely describe some of the complexities of working with the act, and provide guidance on what is to be included and how it should be operationalised.