

**ST2-EXP-EPA2 – Mental health Act**

<b>Area of practice</b>	General psychiatry	<b>EPA identification</b>	ST2-EXP-EPA2	
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.12 (EC-approved 02/09/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b>The application and use of the mental health Act.</b>			
<b>Description</b> Maximum 150 words	The trainee can apply the provisions of the relevant mental health Act to provide care on an involuntary basis. The trainee provides explanations to patients and their carers, engages them where possible and deals with their concerns. They comply with documentary and administrative obligations. The trainee is aware of the factors which justify involuntary care under the local mental health Act, including the principle that involuntary care must contribute to treatment of mental illness and consequent improvements in autonomy. The trainee seeks to optimise the autonomy of patients receiving involuntary care and promotes pathways to less restrictive care.			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 8	<b>HA</b>	1, 2
	<b>COM</b>	1, 2	<b>SCH</b>	2
	<b>COL</b>	1, 2, 3, 4	<b>PROF</b>	1, 2, 3
	<b>MAN</b>	2, 5		
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• History of mental health legislation in the relevant jurisdiction.</li> <li>• Psychiatry as an agent of society.</li> <li>• The involuntary treatment provisions of the relevant mental health Act, its objects, principles and required procedures.</li> <li>• Ethical principles of autonomy, freedom from coercion and duty of care to the patient and the community.</li> <li>• Common psychiatric conditions and their treatment.</li> <li>• Awareness of legal and societal consequences of enforced treatment including consideration of stigma.</li> </ul> <p><b>Skills</b></p>			

	<ul style="list-style-type: none"> <li>• Determination of whether or not the patient suffers a mental illness or mental disorder as variously defined in the relevant legislation.</li> <li>• Assessment of a variety of harms (differing from jurisdiction to jurisdiction) that involuntary treatment may protect a patient or others from. These include harms such as the experience of the symptoms of mental illness, physical harm, dangers to health or safety, diminished ability to care for self and harms associated with the patient’s possible deterioration.</li> <li>• Risk assessment (with risk of harm to self considering self-harm, neglect, exploitation, damage to relationships and reputation; risk of harm to others considering the patient’s context and the presence of children) including risk–benefit analysis of enforcing treatment.</li> <li>• Assessment of harms that might be associated with enforcing involuntary treatment, including stigma, loss of rapport and nosocomial suicide.</li> <li>• Assessment of decision-making capacity, as defined in the common law or relevant mental health Act, with respect to the decision to refuse the treatment proposed.</li> <li>• Ability to provide support to a patient who would otherwise lack decision-making capacity.</li> <li>• Ability to identify the mode of safe and effective care that will provide the least restriction on the patient’s freedom and human rights.</li> <li>• Ability to identify the mode of treatment that best reflects the person’s will and preferences via note of the person’s expressed preferences, either currently or in an advance directive, and information gathered from family and friends.</li> <li>• Conflict resolution and ability to negotiate and compromise.</li> <li>• Communication and collaboration with the patient, family and others as necessary, eg. police, emergency services.</li> <li>• Ability to prepare reports and appear before relevant bodies as required by the legislation.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Commitment to providing treatment in the least restrictive setting.</li> <li>• An appropriate regard for the hazards associated with involuntary care and the harms associated with coercive care.</li> <li>• Professional approach to patient and others.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Mini–Clinical Evaluation Exercise.</li> <li>• Professional presentation.</li> <li>• Observed Clinical Activity (OCA).</li> </ul>
<b>References</b>	

### **Relevant to all Australasian jurisdictions**

CALLAGHAN S & RYAN CJ. An evolving revolution: evaluating Australia's compliance with the Convention on the Rights of Persons with Disabilities in mental health law. *UNSW Law Journal* 2016; 39: 596–624.

RYAN CJ, CALLAGHAN S & LARGE M. The importance of least restrictive care: the clinical implications of a recent High Court decision on negligence. *Austras Psychiatry* 2015; 23: 415–7.

RYAN C, CALLAGHAN S & PEISAH C. The capacity to refuse psychiatric treatment: a guide to the law for clinicians and tribunal members. *Aust NZ J Psychiatry* 2015; 49: 324–33.

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. *Code of Ethics*. Melbourne: RANZCP, 2009.

### **Relevant to the Australian Capital Territory**

*Mental Health Act 2015* (ACT) [especially ss 5–10, 15–17, 19–32, 52, 54, 56, 62, 99].

AUSTRALIAN CAPITAL TERRITORY HEALTH. *The plain language guide for the Mental Health Act 2015 (Australian Capital Territory)*, February 2016. Canberra: ACT Health, February 2016. Viewed 16 August 2016, <[health.act.gov.au/sites/default/files//Plain%20Language%20Guide\\_MH%20ACT.pdf](http://health.act.gov.au/sites/default/files//Plain%20Language%20Guide_MH%20ACT.pdf)>.

### **Relevant to New South Wales**

*Mental Health Act 2007* (NSW) [especially ss 3, 12, 14, 15, 68, 70–72].

RYAN CJ & CALLAGHAN S. The impact on clinical practice of the 2015 reforms to the NSW Mental Health Act. *Austras Psychiatry* 2017; 25: 43–7.

NSW MENTAL HEALTH REVIEW TRIBUNAL AND NSW MENTAL HEALTH COMMISSION. *What to expect at a hearing of the Mental Health Review Tribunal: a guide for clinicians*. Gladesville: NSW Mental Health Review Tribunal and NSW Mental Health Commission, 2016. [Video available at: [www.mhrt.nsw.gov.au/the-tribunal/dvds.html](http://www.mhrt.nsw.gov.au/the-tribunal/dvds.html)]

### **Relevant to New Zealand**

*Mental Health (Compulsory Assessment and Treatment) Act 1992* (NZ) [especially ss 2 (definition of mental disorder), 5, 7A, 27].

DAWSON J & GLEDHILL K (eds). *New Zealand's Mental Health Act in Practice*. Wellington: Victoria University Press, 2013.

### **Relevant to the Northern Territory**

*Mental Health and Related Services Act 1998* (NT) [especially ss 3, 6, 6A, 7, 7A, 9-13, 14-16].

DEPARTMENT OF HEALTH AND FAMILIES. *General hospital clinicians mental health and related services guide*. Darwin: Department of Health and Families, 2009.

### **Relevant to Queensland**

*Mental Health Act 2016* (Qld) [especially ss 3, 5, 10–14, 18, 25, 48, 53, 205, 222].

QUEENSLAND HEALTH. *A guide to the Mental Health Act 2016*. Brisbane: Queensland Government, 2016. Viewed 16 August 2016, <[www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/implementation/guide-to-mha.pdf](http://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/clinical-staff/mental-health/act/implementation/guide-to-mha.pdf)>.

#### **Relevant to South Australia**

*Mental Health Act 2009* (SA) [especially ss 6, 7, 21].

#### **Relevant to Tasmania**

*Mental Health Act 2013* (Tas) [especially ss 3 (definition of 'representative'), 4, 7, 8, 12, 15, 40, 135, sch 1].

TASMANIAN DEPARTMENT OF HEALTH AND HUMAN SERVICES. *Tasmania's Mental Health Act 2013: A guide for clinicians*. Hobart: Tasmanian Government, 2014. Viewed 16 August 2016, <[www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0017/152315/CliniciansGuide\\_CombinedAllChapters.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0017/152315/CliniciansGuide_CombinedAllChapters.pdf)>.

#### **Relevant to Victoria**

*Mental Health Act 2014* (Vic) [especially ss 4, 5, 10, 11, 19, 23–24, 48, 55, 64, 69–71, 75, 76].

VICTORIAN GOVERNMENT. *Mental Health Act 2014 handbook*. Melbourne: Victorian Government, 2015. Viewed 16 August 2016, <[www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook](http://www2.health.vic.gov.au/mental-health/practice-and-service-quality/mental-health-act-2014-handbook)>.

#### **Relevant to Western Australia**

*Mental Health Act 2014* (WA) [especially ss 6–11, 13, 17, 18, 20, 25, 179, 263–279, sch 1].

GOVERNMENT OF WESTERN AUSTRALIA. *Clinicians' Practice Guide to the Mental Health Act 2014*. Perth: Mental Health Commission of Western Australia, 2015. Viewed 28 April 2017, <[www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/CPG\\_Edition-3\\_25112015.pdf](http://www.chiefpsychiatrist.wa.gov.au/wp-content/uploads/2015/11/CPG_Edition-3_25112015.pdf)>.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar