

HOUSE OF ASSEMBLY

TUESDAY 3RD APRIL 2012

MENTAL HEALTH (INPATIENT) AMENDMENT BILL

Mr PEDERICK (Hammond) (17:55): I rise, too, to speak to the Mental Health (In-patient) Amendment Bill 2012 and note that it will amend the Mental Health Act 2009 to bring in user-friendly terminology, from 'detention' to 'involuntary inpatient'. We note that the minister indicates that the bill makes a subtle but important change to the act if it goes through.

The aim of the bill is to destigmatise mental illness by more accurately reflecting the way in which contemporary involuntary mental health treatment is delivered, and I note the minister seeks to remove the negative connotation of the term 'detention' which is often associated with criminality and used in a punitive sense. The government has indicated that clinicians and other mental health experts generally support this.

In line with what happens with detainees under this change, the language will also mean that the minister can redefine patients who were previously detainees under the Mental Health Act as involuntary inpatients but, should an involuntary inpatient escape and commit an offence or be given an approved leave of absence during which he or she commits an offence, it may be less transparent to the public that the offender was classified as a risk to themselves or others.

In the case of leave of absence, clause 5 deals with the deletion and complete substitution of section 34 of the act regarding confinement and controls of involuntary inpatients. In particular, the issue of leave of absence for involuntary patients may have safety implications and, in the past, discussion in the public arena has focused on the dangers of allowing dangerous mental health patients leave or conditional absence from confined treatment.

Where a criminal offence has already been committed, patients come under the Criminal Law Consolidation Act and often reside at James Nash House. In other cases patients may be treated at Glenside or another major hospital. The overwhelming number of mental health cases do not involve involuntary confinement but, where they do, it is because the patient is deemed a risk to themselves or others. It seems that the government and clinicians see a need for leave of absence to be granted in certain circumstances to involuntarily admitted patients. The legislative requirements in this bill may need to be tightened.

Section 57 of the principal act gives the police considerable power to go out and get patients at large who have not complied with leave conditions but there appear to be

legislated obligations on treatment centre staff if leave conditions have been breached. The director of a treatment centre is given considerable discretion to offer and monitor a leave of absence to an involuntary patient. The legislated onus is entirely upon the inpatient, and I will quote section 34 of the bill. I seek leave to continue my remarks.

Leave granted; debate adjourned.