Perspectives on Supported Decision-Making and Community Treatment Orders

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• Supported Decision Making (SDM) and the Victorian Mental Health Act 2014
• Our Project
• Preliminary findings from Interviews with Mental Health Practitioners and Service Users
• Specific findings regarding SDM and CTOs
• Future research activity
The Victorian Mental Health Act 2014

• Influenced by
  – United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2006, and
  – Recovery Paradigm

• The framework for reform:
  – The Acts role in promoting recovery
  – Patient participation in decisions about treatment and care
  – A stronger human rights focus
  – Effective and accessible mechanisms to oversee treatment and care
  – Responsiveness to the needs of families and carers
• Key Reforms – The Mental Health Act 2014
  – Presumption of capacity and promotion of SDM
  – Staged order scheme
  – Mental health Tribunal as primary decision maker for extended orders and involuntary ECT
  – Specific and ‘tightened’ criteria for Involuntary Treatment Orders
  – Improved access to advocacy
  – Second opinion scheme
  – Advance statements
  – Nominated persons
  – Mental Health Complaints Commissioner
  – Clinical leadership by the Chief Psychiatrist
  – Improved communication and information sharing
Core Research Team

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Our Project

• Systematically document the experiences and views of people with severe mental health problems, carers and mental health practitioners about supported decision-making preferences, treatment and recovery;
• Conduct an international comparative analysis of supported decision-making laws, policies and programs;
• Analyse and synthesis these datasets to inform the development of options for supported decision-making and the design of tools for the implementation of supported decision-making schemes; and
• Engage in collaboration and partnerships across the full spectrum of services for people with severe mental health problems in all aspects of the research.

http://artsonline.monash.edu.au/supported-decision-making/
Individual interviews – current progress

- Experts by experience/Service users/Consumers: Thirty-one people have been interviewed. Fourteen interviews were video-recorded and 17 audio recorded.
- Thirty-one family members have been interviewed; six from rural or regional areas and 25 from Melbourne. Nineteen interviews were video-recorded, and 12 audio-recorded.
- Nineteen mental health practitioners have been interviewed and audio recorded – 1-2 more to be included in this sample
- Twelve psychiatrists have been interviewed and audio recorded. Plan to interview another 8 and then code.
• Mental Health Practitioners – N=19
  – 6 community mental health support workers
  – 6 Mental Health Nurses
  – 4 Social Workers
  – 2 Occupational Therapists
  – Youth, Aged, Adult, Rural, Urban, Peer
  – 3 months to 30 years experience
  – Full time and part time
• I think it's really helpful that people get a chance to express what they want. And even if, you know, it doesn't necessarily occur because of … situations that I've spoken about earlier...it's still good for someone to have the opportunity and to be empowered and feel that they're able to, to do things”. (Nurse, MHP 18)
• Consumer characteristics
• Problems in practice
• Features of the mental health system
• Overarching themes
  – Risk and fear
    • Duty of care
  – Stigma and discrimination
Facilitating supported decision making

- Legal or rights based mechanisms
- Interpersonal strategies

*Peer support groups are the most well attended groups on the inpatient unit… I think that people can relate to the person’s experiences more and they can share their own experiences.* (Occupational Therapist MHP12)

- Empowering service users
- Management and Leadership

These factors may form the base to the best practice model we are developing that will underlie the tools and resources we produce
Community Treatment Orders in Victoria

- An “afterthought” in 1986 (not based on research evidence, not particularly controversial, didn’t follow concerns about violent incidents)
- Important in the mid 1990s and now an essential part of the landscape
- Comparatively very high rates of use: 98 per 100,000
- Concerns regarding overuse, length and lack of reciprocity
- The New Act is deliberately seeking to reduce coercive interventions such as CTOs through greater emphasis on Supported Decision Making (SDM)
• Power and control
• Pressure to manage risk
• Negative for some clients, some are ambivalent
• Barriers to SDM
  – Risk and fear
  – Supporting families and carers
  – Lack of time and resources

*it's a lose-lose situation no matter what you do. You keep them on the CTO and it's quite - it's, it's quite sad*

(ChMHSS worker MHP 01)
• Information

“It keeps coming back to me time and time again, which I keep in the heart of hearts is that the more information you give a person the more, the better they’re going to - the outcome’s going to be”. (Peer Support Worker, MHP 11)

• Finding opportunities to “get control back”

• Service transformation to enable people to have more choice and control

“please don’t come to my door at six o’clock at night because it doesn’t suit me. That’s not when I take my medication. I take it later on in the night. Now can you come back at 8:30?” (Nurse MHP16)
• The New Mental Health Act and Recovery Oriented Practice

*I think we're getting a little bit better. I think people now know that they have an avenue through the Mental Health Complaints Commissioner that they have an avenue to talk, they have an avenue to speak. I think people overall …are finding that they're [CTOs] are shorter in duration. That they're giving - they're being given a chance…to express what they want, what they don't want.*  (Social Worker MHP14)

But frustration that change had not come fast enough or may not be as effective as hoped.
• Participant’s demographic characteristics:
  – Gender: 6 female, 3 male
  – Range range: 29 year to 54 years
  – Diagnosis: The most common primary diagnosis the person described receiving was schizophrenia (6) followed by schizoaffective disorder (2) and Major depression (1)
Service Users and CTOs

- Varied experiences (including positive)
- Failure of the system to listen and offer support required

Leads to:
- Anger and Hostility
- Poor Engagement in future
- Trauma
- “too long”
• Impact?
  – Disempowering, even if not particularly distressing
    • Lack of information and fear
    • Lack recognition that things had changed
  – Loss of Choice and Control
    • profound impact on personal identity and sense of self
  – Side Effects!
    “the side effects are just making me miserable”. (Consumer,22)
  – Stigma
Self Advocacy

I just followed the psychiatrist until I started lactating. And that's when I realised that I needed to sort of stand up for myself a bit better. Because I was certainly well and I read the brochure they had in the waiting room about …being on a Community Treatment Order. And I read through the criteria and I thought I definitely - you know I'm definitely well so I don't belong on this CTO. So it's time that I, you know, stand up and just say to them, look you know you're keeping me on this treatment order and I'm well but I'm also compliant, I'd been compliant for - I think it was 10 months. (Consumer, 13)
There was agreement among MHPs and Service Users that SDM has a role in CTOs, in reducing the experience of coercion for people while on these orders and in moving towards less reliance on these orders. Our findings also indicate that current efforts to introduce mechanism to enable more opportunity for SDM are relevant to people on CTOs, even though this is still a relatively slow and disjointed system transformation, requiring a significant shift in values and practice.