# Supported Decision Making and Mental Health

## Describing notes for Powerpoint Presentation The Conversation: Supported Decision Making Hui

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General notes about this presentation

* There is a new page for each slide and each page is headed with the slide number – there are 31 slides.
* Images and graphics are described under ‘Picture’ – the background is not referred to as it is a plain white background on each slide.

# Slide 1: Title slide

## Slide title:

Supported Decision Making and Mental Health Workshop

## Slide text:

No other text.

## Picture:

Four logos are featured on this slide. Three logos line the top – and these include 1. Supporting Families in Mental Illness (Auckland – [www.sfauckland.org.nz](http://www.sfauckland.org.nz)); 2. Changing Minds – Strengthening Determination Te Pae Tawhiti o te Hinengaro; 3. Mental Health Foundation of New Zealand – maurita, mauri ora.

The Supported Decision Making logo is to the left of the title text.

# Slide 2:

## Slide title:

Family/Whānau Involvement

## Slide text:

“People with serious mental illness are not ill in isolation. Their families, extended whānau, and significant others, whatever they think about the illness, cannot escape being affected by it”

MHC 1998

## Picture:

Supporting Families logo is featured in the top left hand corner.

# Slide 3:

## Slide title:

Family-Centred approach to treatment & support

## Slide text:

* Research shows that when family/whānau is integrated into the treatment team, better outcomes result for the consumer
* Mental health services are required to support families and protect their rights

## Picture:

No images.

# Slide 3:

## Slide title:

Family-Centred approach to treatment & support

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* Research shows that when family/whānau is integrated into the treatment team, better outcomes result for the consumer
* Mental health services are required to support families and protect their rights

## Picture:

No images.

# Slide 4:

## Slide title:

Respecting the Consumers’ wishes

## Slide text:

* The extent to which family/whānau are involved in treatment and support, rests with the service user and mental health services need to respect his/her wishes.

## Picture:

No images.

# Slide 5:

## Slide title:

What can assist with the sharing of information:

## Slide text:

* Organisations demonstrating family inclusion as the norm
* Negotiate with the consumer the terms of family involvement
* Promoting the benefits of family involvement to the consumer
* Revisiting the idea if family involvement through out the recovery journey
* Advance Directives
* Re-building family relationships.

## Picture:

No images.

# Slide 6:

## Slide title:

When the consumer withholds consent to sharing of personal information …

## Slide text:

Family are still entitled to:

* education and information about mental illness in general, and strategies for coping, and
* to initiate contact with mental health staff and provide information that is relevant to care, assessment and treatment processes.

## Picture:

No images.

# Slide 7:

## Slide title:

Family as Partners in Care

## Slide text:

* The working together of Family & Mental Health staff is a process, not an event and
* Ensures that the goals for recovery are understood and agreed to by everyone involved
* A good service will treat families as equal partners in care, maximising recovery

## Picture:

No images.

# Slide 8:

## Slide title:

The right to be treated with Respect & Understanding

## Slide text:

* Family/whānau have a right to be treated with respect by mental health services alongside the consumer
* This includes taking into account cultural, religious, social and ethnic needs, values & beliefs.

## Picture:

No images.

# Slide 9:

## Slide title:

The Right to information about …

## Slide text:

* Mental health services and how they work
* The role of MH workers and their function
* What happens through out care, assessment & treatment
* How families can be supported
* Who to contact in an emergency i.e. Crisis Team

## Picture:

No images.

# Slide 10:

## Slide title:

Other useful information

## Slide text:

* Medication and possible side effects
* Early warning signs and what to do about them
* Information about recovery and how to support it
* Promoting self care and coping strategies e.g. Carer Support Subsidy
* Other supports in the community e.g. support groups, workshops, forums

## Picture:

No images.

# Slide 11:

## Slide title:

The Right to be consulted in discharge planning

## Slide text:

* Best practice determines discharge plans be developed in collaboration with family/whānau
* It is a legal requirement that information about discharge from a compulsory treatment order is given to primary carers.

## Picture:

No images.

# Slide 12:

## Slide title:

## [www.hdc.org.nz/publications](http://www.hdc.org.nz/publications)

## Slide text:

## No other text.

## Picture:

Images of 2 covers are featured on this slide. The first is *Oranga Ngākau – Getting the most out of mental health and addiction services*. A recovery resource for service users (it has a red cover with the HDC logo). The second is *when someone you care about has a mental health or addiction issue* (it has a yellow cover with the HDC logo).

# Slide 13:

## Slide title:

## [www.hdc.org.nz/publications](http://www.hdc.org.nz/publications)

## Slide text:

## No other text.

## Picture:

Two covers are featured of HDC resources. The first is the Health Passport and the second is Advance Directives in Mental Health Treatment Information: Information for Mental Health Service Users.

# Slide 14:

## Slide title:

[Advance](http://www.hdc.org.nz/publications) Directives

## Slide text:

## An advance directive is a statement to others (usually in writing) made by the service user which sets out their preferred treatment options in the event that they are unable to communicate these during an episode of illness.

## Picture:

No images.

# Slide 15

## Slide title:

[Advance](http://www.hdc.org.nz/publications) Directives in mental health: Service user and clinician perspectives

## Slide text:

Advance directives in mental health: Service user and clinician perspectives poster (text below is copied from the poster featured on this slide).

### Aims:

To survey the perspectives of service users and clinicians on the use of advance directives in mental health settings.

**Method:** An online survey was distributed to mental health service users and members of the multi-disciplinary teams that provide clinical support in New Zealand mental health services. In total, 285 responded to the survey, 110 service users and 175 clinicians.

**Conclusion:** The results indicate strong support for the use of advance directives within New Zealand mental health services, as well as further research in the area.

### Demographics

Most service users were female (75%), of New Zealand European ethnicity (73%), with an average age of 44 years. The clinicians were also largely female (73%), of New Zealand European ethnicity (73%), and with an average age of 45. Service users were largely located in the North Island of New Zealand, with the top four cities being Auckland (16%), Taranaki (15%), Waikato (14%), Capital and Coast (14%). In contrast, the clinicians worked in a variety regions, with the highest responses from those located in the North Island (Auckland (14%), Canterbury (11%), and Waikato (11%) and Southland (21%).

A third of the clinicians were nurses (29%), followed by psychologists (23%), social workers (26%) and psychiatrists (18%). Most clinicians worked in a District Health Board (72%), with adult clinical population groups (78%) in community outpatient settings (73%). Just under half (48%) had more than 20 years' experience working in mental health, while 26% had between 11 and 20 years, 18% 5 and 10 years.

This study was funded by the University of Auckland and completed by Katey Thom and Anthony O'Brien at the Centre for Mental Health Research with the support of Juan Jose Tellez, Stella Black and Graham Panther. Further findings from the wider study will be published soon. Any questions, contact cmhr@auckland.ac.nz.

### Knowledge and use of advance directives

The majority of service users were aware of the existence of advance directives (84%) and just under half had been involved with developing and/or using an advance directive (47%).

A similar number of clinicians had been involved with developing, enacting or overriding an advance directive in mental health (52%). Over half (62%) of service users had another form of advance care planning in place (e.g. WRAP, crisis plan).

*"It’s my voice when I am in an unwell place, even if I can't say at the time my plan can" (service user).*

### Top five items to be included in advance directives:

**Service users**

1. Persons to be notified in an emergency
2. Preferred methods of de-escalation in emergency situations
3. A choice about alternatives to hospital admission
4. Medication preferences
5. Options for cultural support

**Clinicians**

1. Persons to be notified in an emergency
2. Options for cultural support
3. Ability to initiate a mental health service response
4. Choice of support person
5. Preferred methods of de-escalation in emergency situations

Many respondents did comment, however, that people should be able to make their own choices as to the content of the advance directive.

*"I believe each case should be individualised and where possible, advance directives are followed. However, in certain circumstances, the use of the Mental Health Act may negate some aspects of the advance directives (e.g. seclusion)"* (Clinician)

In only one statement (regarding the use of advance directives to refuse seclusion) were the service users and clinicians remarkably different. Only 32% of clinicians compared with 76% service users agreed or strongly agreed with this statement.

**Most service users (87%) and clinicians (79%) stated they would like to be personally involved in a research initiative on advance directives.**

## Picture:

This slide features a poster featuring a large image of New Zealand made of circles. The background of the poster is light blue, there is a dark blue bar at the top of the poster with the title ‘Advance directives in mental health: Service user and clinician perspectives’ in white text. There is blue and black text. The text is noted above in Slide text.

# Slide 16

## Slide title:

The right to be listened to

## Slide text:

## Family/whānau are able to advise health practitioners about matters relating to the treatment of their family member

## Best practice to always include the family member in the discussion with family/whānau

## Family/whānau confidentiality and privacy\*

## **Privacy legislation – Health Information Privacy Code 1994, Health Act, Code of Rights**

## \* The family member has the right to access their health information even if it has been provided by their family/whānau. However, it can be withheld if the information is likely to endanger any individual, or if the information would disclose anyone else’s affairs.

## Picture:

No images.

# Slide 17

## Slide title:

Mental Health Act & You

## Slide text:

(The following is the text copied from the Mental Health and You brochure accessed at https://www.mentalhealth.org.nz/assets/ResourceFinder/2014-Affinity-Mental-health-act-and-you-brochure.pdf)  
This Brochure has been developed collaboratively by Affinity Services Consumer Leadership Team, Changing Minds Reference Advisory Group and Auckland District Health Board.

## The Mental Health Act and You

Information for you about the Mental Health (Compulsory Assessment and Treatment) Act 1992.

### Introduction

When we experience mental unwellness we can usually decide for ourselves about our treatment.

But sometimes we can be assessed and treated compulsorily under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA).

Being treated compulsorily can mean being treated against our will. This can be a distressing experience for many of us and our family/ whānau.

This pamphlet is designed to provide some information about what the process is when you are treated compulsorily under the MHA.

Information is provided about:

1. The Initial Assessment Period
2. Compulsory Assessment
3. Compulsory Treatment Order

### Support

It is important to draw on supports during this time. Having good support is beneficial for wellbeing and recovery and can also assist you to have a voice during the process.

Support can include, friends, family/whānau, cultural support, spiritual support, peer support, legal advocacy and other advocacy services.

### Self Advocacy

A good way to self advocate is to have plans in place about how we prefer our treatment when we are unwell. Advanced Directives or a crisis care plan can help ensure our preferences about treatment are respected and upheld.

### Rights

We have rights. In the MHA these rights are contained in Part 6 of the Act, sections 63 (a) to 75. These rights come into effect once an application for an initial assessment is made. In addition, the Health and Disability Code of Rights are relevant to us as well.

### Initial Assessment Period

At the beginning of the process there is an application to be assessed for treatment under the MHA. This means that there will be an appointment for an initial assessment with a psychiatrist.

The Act requires that you receive information about this appointment including the date, time, place and the psychiatrist who will be assessing you. You are also entitled to have the support of someone known to you at the assessment; this can be a friend and/or family/whānau member. This support person should not be involved in your assessment and treatment.

**Can I refuse medication?**

During the assessment period you can be required to accept treatment even if you do not consent to it.

**What can I do if I do not want to be compulsorily assessed?**

At any time during these two assessment periods, you can apply for a review under section 16 of the MHA. A review consists of a hearing in front of a Judge, who will decide whether you should continue to be compulsorily assessed. If you would like a review, talk to staff or a District Inspector.

If you decide to apply for a review a lawyer will be assigned to you free of charge.

### Compulsory Treatment Order (CTO)

**How is a CTO made?**

If after being assessed your responsible clinician (usually your psychiatrist) considers that you need to be treated compulsorily, they can apply to the Court for a Compulsory Treatment Order (CTO). A hearing is held in front of a Judge who decides if a CTO should apply to you. These hearings are quite informal and your family/ whānau are welcome to attend and express their views. You have the right to a lawyer at this hearing. Your lawyer should meet with you before the hearing to discuss your needs. Lawyers are assigned to you free of charge and you have the right to change your lawyer if required.

### What happens if a CTO is granted?

If you have a CTO it means that you are required by law to follow the instructions of your responsible clinician and the care team regarding your medication and treatment.

Although you cannot choose who is in charge of your treatment you have the right to a second opinion from an independent psychiatrist.

A CTO is most often in the community but can apply if you are in hospital as well. If you are in hospital under a CTO it can easily be converted to a community CTO. If you would like to change your CTO from hospital to the community, talk about this with your family/ whānau and your responsible clinician.

### How long does a CTO last?

CTOs are initially made for 6 months. If your responsible clinician considers it should be extended they must apply to the Court. This means another hearing in front of a Judge. If the Judge grants the extension the order lasts for up to another six months.

If your responsible clinician thinks it should be extended again, they have to apply to the Court for an indefinite extension. An indefinite extension does not mean that the CTO is permanent; it just means that you do not need to see a Judge again for the duration of the CTO.

### What can I do if I don't agree with a CTO?

If you do not agree with the CTO you can apply to the Mental Health Review Tribunal to have your status reviewed by an independent panel who will decide whether the CTO should continue. This application can only be made after the CTO is three months old. District Inspectors, or your lawyer, can help with this application.

### District Inspectors

District Inspectors are lawyers appointed by the Ministry of Health for the purpose of providing you with information and supporting you to ensure your rights are upheld. They can assist you with complaints, section 16 reviews and Mental Health Review Tribunal applications. District Inspectors are independent from the hospital. If you would like to get in touch with a District Inspector, speak to a staff member.

Some further information and advice:

**Health and Disability Advocates** offer support and advocacy particularly if you feel your rights have been breached. PH: 0800 11 22 33

For other information including information on Advanced Directives visit the website of **the Health and Disability Commissioner**. www.hdc.org.nz.

**Supporting Families** offer Information and support for your family/whānau

www.supportingfamilies.org.nz PH: 0800 732 825

Changing Minds supports individuals to get access to information about mental health services, community activities, networking, and support opportunities. PH: 09 623 1762 www.changingminds.org.nz

You must have the purpose of the assessment explained in the presence of a support person.

### DIAGRAM

(The text below is set in a diagram in the brochure.)

Initial Assessment – you must have the purpose of the assessment explained in the presence of a support person.

1st Period of Assessment – can be up to 5 days.

2nd Period of Assessment – can be up to 14 days.

*You have the right to a lawyer you have the right to apply for a s.16 review*

You have the right to a lawyer; you have the right to apply for a s.16 review.

**If** your responsible clinician considers a CTO necessary they apply for a CTO and there will be a hearing before a judge.

* You have the right to a lawyer to represent you.
* The Judge will decide if a CTO is granted.

If granted, the CTO lasts 6 months.

* If you do not agree with the order, after 3 months you can apply to the Mental Health Review Tribunal to have your status reviewed.

If your responsible clinician considers the CTO should be extended past 6 months, they apply to the Court.

* You have the right to a lawyer to represent you.
* A Judge will decide if an extension is granted.

If granted, the CTO extension lasts another six months. If your responsible clinician considers the CTO should be extended again they apply for an indefinite extension.

If required, a hearing is held for an indefinite CTO.

* You have the right to a lawyer to represent you.
* A Judge will decide if the indefinite CTO is granted.

If an indefinite CTO is granted, this does not mean it lasts forever.

* You can apply to the Mental Health Review Tribunal to have your status reviewed if you do not agree with the order.

This Brochure has been developed collaboratively by Affinity Services Consumer Leadership Team, Changing Minds Reference Advisory Group and Auckland District Health Board.

Affinity Services logo and Changing Minds logo.

## Picture:

This slide features an image of the first page of the Mental Health and You brochure. Please note the whole brochure is described in the Slide text (above).

# Slide 18

## Slide title:

No title

## Slide text:

Marama Real-time Feedback

Mental Health and Addiction Services for Service Users, Family / Whānau

What do you think of our service? Anonymous, average 1-3 minutes to complete.

Touch screen to begin.

## Picture:

This image looks like it’s a screen grab from the internet or a phone app. Text is set in a transparent box with a beach scene in the background. The beach scene features a starfish in the right hand side of the page. The water is clear, and the sky is blue with a few clouds.

# Slide 19

## Slide title:

Core Questions

## Slide text:

* I feel respected
* I am involved in decision making
* The people I see communicate with each other when I need them to
* My family / whānau are given information and encouraged to be involved
* I have the support I need for the future
* Our plan is reviewed regularly
* I would recommend this service to friends and family if they needed similar care or treatment
* Is there anything you want to say about your recent experience with the service or anything you think we can improve on?

## Picture:

The text is set on a graduated purple background.

# Slide 20

## Slide title:

The right to complain

## Slide text:

If you are unhappy with mental health services you are able to:

* Make a formal complaint to the services concerned
* Contact a District Inspector of Mental Health,
* Contact the Director of Area Mental Health Services (DAMHS)
* Contact the Health & Disability Commissioner’s office

## Picture:

The Mental Health Foundation logo is featured in the top left hand corner of the slide.

# Slide 21

## Slide title:

Five Ways to Wellbeing

## Slide text:

See picture box below.

## Picture:

This images features 5 speech bubbles, each a different colour, with white text in each, and corresponding coloured text below each one. 1st bubble blue: Connect – Talk& listen, be there, feel connected; 2nd bubble purple: Be Active – Do what you can, enjoy what you do, move your mood; 3rd bubble orange: Take Notice – Remember the simple things that give you joy; 4th bubble green: Keep Learning – Embrace new experiences, see opportunities, surprise yourself; 5th bubble pink: Give – Your time, your words, your presence.

# Slide 22

## Slide title:

References

## Slide text:

* Involving Families: Guidance Notes  
  (Community Liasion Committee of the RANZCP, 2000)
* Creating Partnerships: A NZ Guide to Including Families in Mental Health Assessment & Treatment (Whiteside & Steinberg, 2003)
* The Mental Health Act (Supporting Families in Mental Illness, NZ)
* Code of Family Rights (Supporting Families in Mental Illness, NZ)
* Position statement 76 (RNZACP, 2012)

## Picture:

No images.

# Slide 23

## Slide title:

What SFMI provides families

## Slide text:

Support:

* Education
* Information
* Advocacy

SFMI does not need consent from the consumer to support a family, we are purely here to work with the needs of the family.

## Picture:

The Supporting Families in Mental Illness Auckland logo is in the top left hand corner of this slide.

# Slide 24

## Slide title:

Support

## Slide text:

SF Fieldworkers:

* Listen & understand what family/whānau are going through
* Help them to make sense of what’s happening
* Encourage & support them in their journey
* Support them to help their loved one in their recovery
* Support & encourage them to give priority to their own health & wellbeing
* Put them in touch with other supports
* Run support groups for like-minded people to share & learn from each other

## Picture:

The Supporting Families in Mental Illness Auckland logo is in the top left hand corner of this slide.

# Slide 25

## Slide title:

Education / Information

## Slide text:

SF Fieldworkers:

* Tell family/whānau about mental illness & where to find more information
* Help them understand the part they play in their loved one’s recovery
* Help them with ideas & strategies to assist in communicating with and managing their loved one
* Help develop their confidence to make positive change
* Help them to develop & maintain healthy relationships
* SFMI website includes video gallery, Family Forum & Facebook.

## Picture:

The Supporting Families in Mental Illness Auckland logo is in the top left hand corner of this slide.

# Slide 26

## Slide title:

Advocacy

## Slide text:

SF Fieldworkers:

* Help family/whānau to navigate mental health services
* Will help them to identify any issues they wish to communicate to clinicians/services
* Will support them in family and/or clinical meetings by attending with them
* Will help with setting up a family meeting with members of the clinical team
* Will support them in writing a letter to a clinician/service
* Will support to empower them to have a voice.

## Picture:

The Supporting Families in Mental Illness Auckland logo is in the top left hand corner of this slide.

ENDS