Queensland Health

Clinical **Excellence** Queensland

Independent Patient Rights Advisers

Service Model Guidelines

Improvement | **Transparency** | Patient Safety | Clinician Leadership | Innovation

Queensland Government

Independent Patient Rights Advisers Service Model Guidelines

Published by the State of Queensland (Queensland Health), October 2020

For more information contact:

Clinical Excellence Queensland, Mental Health Alcohol and Other Drugs Branch, Office of Chief Psychiatrist, Department of Health, PO Box 2368, Fortitude Valley BC QLD 4006, email MHAODB-OCP@health.qld.gov.au phone 3328 9374.

An electronic version of this document is available at: https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinicalstaff/mental-health/act/2016/topics/patient-rights

Contents

1. Purpose

These guidelines provide an overview of the purpose and functions of the Independent Patient Rights Advisers (IPRAs) service model within Queensland Health. The IPRA service model guidelines are intended to describe the target population, the functions of the role, operation and governance of the service.

The document contents are sourced from reference documents, broad consultation and expert opinion from staff, service users and carers. The accessibility of information allows greater transparency about public health services and informs consumers, carers, service partners, staff, managers and service planners.

Hospital and Health Services (HHS) are encouraged to utilise the guidelines for their local conditions, and to incorporate the guidelines into training and professional development programs, with the aim of enhancing staff safety, recruitment, retention and practice quality.

2. Background

2.1. Independent Patient Rights Advisers

The work of IPRAs aims to make a positive contribution to a person’s experience of the mental health system and assists with mainstreaming patient rights into the delivery of mental health services. The role of the IPRA is particularly important as people seeking mental health care are often vulnerable and commonly face barriers in communicating with their treating teams, regarding treatment and care and exercising their rights.

An IPRA is required to use a comprehensive range of technical and interpersonal skills to support a person and their support network. The IPRA role also requires a high-level range of skills, knowledge and traits to provide advice on complex rights matters. An IPRA must consider the legislative requirements, establish and maintain relationships with a broad range of people, engage consistently with mental health services, and contribute to quality improvement of their local HHS. IPRAs will deliver services in accordance with the principles of the Act, outlined in section 2.3.

IPRAs are independent of mental health services and aim to ensure a patient's views, wishes and preferences are considered and that patients are aware of their rights under the Queensland *Mental Health Act 2016* (the Act). The independence of the IPRA is vital to ensure advice and support to people is impartial and provided without influence, direction or control from any person. IPRAs play a vital role assisting people experiencing mental illness and their family, carers, and support persons to communicate and engage with the Authorised Mental Health Service (AMHS). IPRAs provide safe and quality services and operate within a climate of mutual respect for all stakeholders.

Limiting a person’s rights and liberties can negatively impact their mental and physical health. IPRAs collaboratively support mental health staff with the integration of a rights-based approach in the delivery of mental health services. This does not limit the treating team’s responsibility. The recognition of patient’s rights places an obligation on mental health staff such as authorised doctors or authorised mental health practitioner, to:

- respect patient rights

- advise persons of their rights
- provide relevant information, and
- ensure a rights-based approach within the delivery of mental health services.

The IPRA service is an integral component in realising the reforms occurring within the mental health sector and meeting the objectives of the Act. To meet the objectives of the Act, mental health services are required to safeguard patient’s rights and deliver services least restrictive of the persons rights. A least restrictive approach enhances and upholds the rights of people with mental illness.

2.2. Functions of the Independent Patient Rights Advisers

The functions of IPRAs under part 5, section 294 of the Act are to:

a) ensure that a patient, and the patient’s nominated support persons, family, carers and other support persons are advised of their rights and responsibilities under this Act
b) help the patient, and the patient’s nominated support persons, family, carers and other support persons to communicate to health practitioners the patient’s views, wishes and preferences about the patient’s treatment and care
c) work cooperatively with community visitors performing functions under the *Public Guardian Act 2014*
d) consult with authorised mental health practitioners, authorised doctors, administrators of authorised mental health services and the Chief Psychiatrist on the rights of patients under this Act, the *Guardianship and Administration Act 2000, the Powers of Attorney Act 1998* and other laws
e) In relation to the Mental Health Review Tribunal
    - advise the patient, and the patient’s nominated support persons, family, carers and other support persons of the patient’s rights at the hearings
    - if requested, help the patient engage a representative for the hearings
f) identify whether the patient has a personal guardian or attorney and, if the patient has a personal guardian or attorney, work cooperatively with the personal guardian or attorney to further the patient’s interests
g) if appropriate, advise the patient of the benefits of an advance health directive (AHD) or enduring power of attorney (EPoA) for a personal matter.

An IPRA performing the role:

- must act independently and impartially; and
- is not subject to direction or control by any person in relation to advice given, or help provided, to a patient or a patient’s nominated support persons, family, carers or other support persons.

2.3. Principles for administration of the Act

Any person exercising a power or function under the Act must have regard for the principles of the Act. The principles, outlined in section 5, are as follows:

- The same basic human rights must be recognised and taken into account, including the right to respect and dignity as an individual.
- A person is presumed to have capacity to make decisions about their life, treatment and care.
- To the greatest extent practicable, the person is to be encouraged to take part in decisions and to have their views, wishes and preferences taken into account.
- Family, carers and other support persons are to be involved in decisions about a person’s treatment and care to the greatest extent practicable, subject to the person’s right to privacy.
- A person is to be provided with the necessary support and information to enable them to exercise their rights under the Act.
- A person is to be helped to achieve their maximum physical, social, psychological and emotional potential, quality of life and self-reliance.
- A person’s age-related, gender-related, religious, communication and other special needs (including a hearing, visual or speech impairment) must be recognised and taken into account.
- The unique cultural, communication and other needs of Aboriginal persons and Torres Strait Islanders must be recognised and taken into account. This includes providing culturally appropriate treatment and care and assistance from interpreters.
- The unique cultural, communication and other needs of persons from culturally and linguistically diverse backgrounds must be recognised and taken into account. This includes providing culturally appropriate services and assistance from interpreters.
- A minor receiving treatment and care must have their best interests recognised, protected and promoted. For example, by receiving treatment and care separately from adults wherever possible.
- The importance of a person’s continued participation in community life and the maintenance of existing supportive relationships must be taken into account. For example, by providing treatment in the community in which the person lives.
- The importance of recovery-oriented services and the reduction of stigma associated with mental illness must be recognised and taken into account.
- Treatment and care to a person with a mental illness must be appropriate to promote and maintain the person’s health and wellbeing.
- A person’s right to privacy and confidentiality must be recognised and taken into account.

2.4. Chief Psychiatrist Independent Patient Rights Adviser Policy

The Chief Psychiatrist has issued statutory policies to assist with the management of the Act, including the *Chief Psychiatrist Policy – Independent Patient Rights Advisers*. AMHS, and persons performing a function under the Act, including IPRAs, must comply with these statutory policies and guidelines.

This policy outlines the relevant provisions of the Act regarding the appointment and functions of IPRAs. The policy also includes the expectation of IPRAs regarding:

- record keeping
- disclosure of and accessing patient information systems
- statewide coordinator role, and the
- management of complaints.

2.5. Patient[1]

In this Guideline, a ‘patient’ means:

- both an involuntary and voluntary patient within an AMHS
- both an involuntary and voluntary patient within the community
- a person who may become a patient (for s286).

An involuntary patient under the Act is a person subject to any of the following:

- an examination authority
- a recommendation for assessment
- a treatment authority
- a forensic order
- a treatment support order, or
- a judicial order.

An involuntary patient also includes:

- a person detained in an authorised mental health service or public sector health service facility while a recommendation for assessment is being made for the person, and
- a person who is absent without permission from another State who is transported and detained in an authorised mental health service under an interstate warrant of apprehension.

2.6. Family and carer

In the provision of services, IPRAs also recognise that a person’s family may have a role of primary importance and the role of a carer may be fundamental to the quality of that person’s life. A member of a person's family may include people through marriage as well as de facto, written law or natural relationships. A carer is a person who provides, in a non-contractual and unpaid capacity, ongoing care or assistance to another person who, because of mental illness, disability, frailty, chronic illness or pain, requires assistance with everyday tasks. This includes family members who may not identify as carers.

---

[1] * The term patient and person/s will be utilised within this document to be consistent with the Act

Involvement of family is especially important in many culturally and linguistically diverse communities. The recognition of the unique place of Aboriginal and Torres Strait Islander peoples is fundamental to how an IPRA connects with a person and their family to provide rights advice. IPRAs recognise that an Aboriginal and Torres Strait Islander person's family's kinship determines how everyone relates to one another, as well as their roles, responsibilities and obligations. A person connected under customary law, tradition or kinship and members of the community may be considered family.

2.7. Minors

To the greatest extent practicable, a minor (individuals under the age of 18) receiving treatment and care must have their best interests recognised and promoted, including receiving treatment and care that is separate from adult patients. It is important to recognise the specific needs of minors, specifically the protection of their wellbeing and safety.

To provide treatment to a minor the clinician must seek the consent of their parent or guardian unless the clinician believes the child is sufficiently mentally and emotionally mature to understand and consent to the information sharing.

A minor is presumed not to have capacity to give their own consent, unless there is sufficient evidence (e.g. an assessment of capacity by a clinician) they have such capacity to consent. This is referred to as 'Gillick competence' (Part 3 of the *Queensland Health Guide to Informed Decision-making in Healthcare*). The following considerations are relevant for determining whether a minor has capacity to consent to treatment for a mental illness:

- the age, attitude and maturity of the child or young person, including their physical and emotional development
- the child or young person's level of intelligence and education
- the child or young person's social circumstances and social history
- the nature of the child or young person's condition
- the complexity of the proposed health care, including the need for follow-up or supervision after the healthcare
- the seriousness of the risks associated with the healthcare, and
- the consequences if the child or young person does not have the health care.

In circumstances where a child is assessed as capable of making their own decision about information sharing, their wishes should be followed unless the child refuses to consent to a disclosure that, in the opinion of the treating clinician, is in the best interests of the child. A clinician should always attempt to obtain consent before using their discretion to disclose information considered to be in the child's best interests.

IPRAs play an important role in supporting children / young people and families to understand these aspects of decision making. They collaborate with AMHS staff to support young people to participate in and benefit from their mental health treatment by affording them the same rights under the Act as adults.

The Act has a range of obligations that must be met regarding minors receiving treatment and care within an AMHS, including written notice to the *Office of the Public Guardian* within 72 hours of a minor being admitted to adult mental facilities.

The IPRAs will need to work collaboratively with the *Department of Communities, Child Safety and Disabilities Services* (Child Safety) with minors that are under the care and guardianship of Child Safety and other relevant departments, including *Office of Youth Justice*. The “Charter of rights for a child in care”, within the *Queensland Child Protection Act 1999*, recognises the rights of minors receiving support and care from Child Safety.

2.7.1. Guardian

A guardian is a person appointed by the Queensland Civil and Administrative Tribunal to assist adults with impaired decision-making capacity by making certain personal and health care decisions on their behalf. This makes sure that the adult’s needs are met, and their interests are protected.

A person may be appointed as a guardian in two ways. Firstly, family members, close friends, professionals or anyone with a genuine and continuing interest in the welfare of an adult with impaired decision-making capacity can apply for a guardian to be appointed. The *Office of the Public Guardian* may also be appointed as a substitute decision maker of last resort.

Generally, guardians (as per the *Guardianship and Administration Act 2000 (Qld)*) can be given the authority to make decisions on behalf of the patient such as:

- where they live
- what support services they receive
- with whom they have contact or visits
- general health care matters
- certain containment, seclusion or restrictive practices (outside the *Mental Health Act 2016*)
- restricting access to objects, and
- other day-to-day issues.

Guardians are not permitted to make decisions about:

- financial or property matters unless they have also been appointed as the adult's administrator or as attorney for financial matters under an enduring power of attorney
- special health care (e.g. electroconvulsive therapy) matters including sterilisation or tissue donation, or
- special personal matters including making or revoking a will or consenting to marriage or relinquishing a child for adoption.

If the patient is able to communicate their views and wishes and preferences guardians should take these into account when making any decisions.

2.8. Aboriginal and Torres Strait Islander People

IPRAs work alongside Aboriginal and Torres Strait Islander people experiencing mental health conditions to deliver services in a way that recognises and is consistent with Aboriginal tradition or Island custom, mental health and social and emotional wellbeing, and are culturally appropriate and respectful.

IPRAs recognise, acknowledge and provide advice with the understanding that:

- listening to Aboriginal and Torres Strait Islander people about mental illness and experience is vital
- connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing
- a holistic view of mental health and mental illness includes a person's social and emotional wellbeing
- a person's social and emotional wellbeing is influenced by policies and past events
- historical and contemporary issues have an ongoing impact on the lives of Aboriginal and Torres Strait Islander people.

2.9. Culturally and Linguistically Diverse People

The IPRAs are expected to ensure that they adopt and apply non-discriminatory approach with respect to age, gender, culture and religion.

The IPRA services will also be delivered to culturally and linguistically diverse groups in a way that respects the person's cultural, religious and spiritual beliefs and practices.

The HHS will ensure that policies and procedures are non-discriminatory and are available in accessible formats to persons who use the service.

3. Rights Protections

3.1. Australian mental health statement of rights and responsibilities (2012)

The *Australian mental health statement of rights and responsibilities* states mental health legislation should comply with international human rights principles. This statement seeks to ensure consumers, carers, support persons, service providers and the community are aware of relevant rights and responsibilities and can be confident in exercising them.

3.2. *Mental Health Act 2016* (Qld)

The Act provides a legislative framework for the treatment and care of persons with a mental illness. The Act promotes least restrictive interventions and delivery of patient centred treatment and care. Where a person does not have the capacity to consent to treatment, the Act contains extensive safeguards for the treatment and care of the person, including provisions which ensure the protection of that person's rights.

It is a requirement under the Act for HHSs to appoint IPRAs to ensure patients and their nominated support persons, family, carers and other support persons are provided with extra support to understand their rights under the Act.

Policies formally made by the Chief Psychiatrist under the Act, reflect the Chief Psychiatrist's responsibility to protect the rights of all patients receiving involuntary treatment and care in Queensland and the rights of voluntary inpatients in authorised mental health services.

3.3. The *Human Rights Act 2019* (Qld)

The *Human Rights Act 2019 (Qld)* (HRA) aims to protect and promote human rights; help build a culture in the Queensland public sector that respects and promotes human rights and help promote a dialogue about the nature, meaning and scope of human rights. Under the HRA, health services have a responsibility to respect, protect and promote the human rights of individuals. They must act in a way that is compatible with human rights obligations when delivering services.

HHS required to report under the *Financial Accountability Act 2009 (Qld)* will be required to include in that report information about their compliance with the HRA. This information will include details of any:

- actions taken during the reporting period to further the objects of the legislation
- human rights complaints received by the entity, including number and outcomes; and
- review of policies, programs, procedures, practices or services undertaken in relation to their compatibility with human rights.

IPRAs have an obligation to give proper consideration and respond appropriately to human rights issues by:

- identifying which human rights may be relevant
- considering whether rights are being limited, and if so, if this is reasonable and justifiable
- understanding the possible impact of a decision or action on human rights; and
- justifying the decision or action, including weighing up competing interests or obligations.

IPRAs will assist individuals to understand internal HHS complaints procedures and external complaint options, including the Office of the Health Ombudsman and the Office of the Chief Psychiatrist. A complaint can be made if the person believes that an action or decision has been made that is not compatible with human rights or when making a decision, there was a failure to consider human rights relevant to the decision. You can make a human rights complaint using the same method as a standard complaint.

Once 45 business days have elapsed from the date of complaint and if the department has not responded to the person complaint the person may refer the human rights complaint to the Queensland Human Rights Commission. (Further information - 5.19 Complaints)

Additional rights information within *Attachment 1 – National and international rights protections*

4. Patient rights - *Mental Health Act 2016*

For the purposes of the IPRA service model guidelines, a 'patient right' is an entitlement for a patient to have or do something. The Act contains extensive safeguards and protections for patients

A person under the Act is to be provided with necessary support and information to enable them to exercise their rights including:

- the right of the patient to be advised of their rights under the Act and the Statement of Rights explained to the patient in a way they understand
- the right of a patient to be visited by the patient’s nominated support persons, family, carers and other support persons
- the right of a patient to be visited by a health practitioner, and legal or other advisers, and to communicate with other persons
- the patient has the right appoint to two (2) Nominated Support Persons
- the right of a patient to be given oral explanations of their treatment and care, this includes:
    - explaining when a recommendation for assessment is made for a person
    - discussing the treatment and care to be provided under a treatment authority
    - discussing the regular assessment of a treatment authority
    - discussing the treatment and care to be provided to a patient subject to a treatment authority, forensic order or treatment support order when the patient is to be treated in the community

- the right of the patient to be accompanied by a support person, including a nominated support person, lawyer or personal guardian if examined for a psychiatrist report regarding a criminal matter
- the right of the person, that has capacity, to consent and not to consent to treatment
- the right to receive timely, accurate and appropriate information about the patient’s treatment and care
- the right of the patient to speak to an IPRA at anytime
- the right to privacy and confidentiality
- the patient has the right to communicate with another person by post, fixed line telephone, mobile telephone or other electronic communication device
- the person has the right to applicant review through the Mental Health Review Tribunal (MHRT)
- the person has a right to attend the MHRT and appeal MHRT decisions
- the right to lodge formal complaints
- the right for a second opinion
- the right to call ‘Ryan’s Rule’.

The Act highlights the need to:

- adapt practice when delivering treatment and care to be considerate of the patient’s age, gender, culture, spiritual beliefs, religion, and any impairments when communicating and delivering their treatment and care
- have regard to the views, wishes and preferences of the patient, to the extent they can be expressed
- provide written notices and reports within the designated timeframes, this includes treatment authorities, clinical reports and discharge plans
- provide access to interpreters
- comply with the Chief Psychiatrist’s statutory policies and guidelines.

In addition to rights under the Act, the *Australian Charter of Health Care Rights* (the Charter) also needs to be considered in the delivery of health services. The Charter describes the rights that consumers can expect when receiving health care. These rights apply to all people in all places where health care is provided in Australia, including public and private hospitals, day procedure services, general practice and other community health services.

5. Service delivery guidelines

5.1. Assessment and prioritisation of the target group

The IPRAs assist patients receiving treatment and care provided by AMHSs. IPRAs will prioritise interaction with patients, having regard to the needs and circumstances of each patient, including:

- the patient’s mental state
- the patient’s social circumstances and vulnerabilities, including, family and social support
- whether the patient is a child or adolescent
- whether the patient is a newly-admitted patient, involuntary or voluntary patient, inpatient or community-based patient
- information about the patient received from mental health staff and nominated support persons, family, carers and other support persons.

IPRAs will also prioritise the provision of advice to nominated support persons, family, carers and other support persons, having regard to the needs and circumstances of the support person and the relevant patient.

Whilst the majority of IPRA services are delivered within the AMHS inpatient facilities (including adolescent and older persons wards) the IPRAs are also expected to assist patients in their local communities. It is the responsibility of the IPRAs, or non-government entity providing IPRA services, to define their local assessment, and prioritisation procedures endeavouring to meet the needs of the HHS catchment area.

As outlined in the Act (s295) IPRAs need to act independently and impartially in relation to the advice given to a patient or a patient’s nominated support persons, family, carers or other support persons. This includes the assessment and prioritisation of advice and interactions with all patients and their support networks.

5.2. Duration and level of support

The duration and level of support provided by the IPRA will vary depending on each person’s needs and support will be provided in a flexible, timely and responsive manner in accordance with the principles of the Act.

5.3. Access to patient information

IPRAs are given power under the Act to disclose and use personal information gathered or obtained for the purpose of performing their functions under the Act, or to allow another person to perform a function under the Act. Additionally, IPRAs can disclose confidential information with the patient’s consent or if it is required or permitted by law.

IPRAs must have, at a minimum, read access to the Consumer Integrated Mental Health Application (CIMHA) to obtain relevant mental health patient information. IPRAs can also use any additional patient information systems within the HHS such as *Hospital Based Corporate Information System (*HBCIS) and *integrated electronic Medical Record* (ieMR) to ensure an effective and efficient IPRA service.

5.4. Privacy and confidentiality

HHS staff are bound by the strict confidentiality obligations of the *Hospital and Health Boards Act 2011 (Qld)* even when no longer an employee of Queensland Health. In addition, the *Information Privacy Act 2009 (Qld)* confers privacy rights on patients, visitors and staff.

The *Information Privacy Act 2009 (Qld*) sets up complaint procedures for patients, visitors and staff who believe that private or confidential information about them has been unlawfully disclosed to a third party. A complaint may ultimately be heard by the *Queensland Civil and Administrative Tribunal.*

A person’s family, carers and other support persons can receive information about the person under the following provisions of the *Hospital and Health Boards Act 2011 (Qld)*:

- section 144, which provides for the disclosure of information with consent
- section 145, which provides for the disclosure of confidential information for the care and treatment of the person, and
- section 146, which provides for the disclosure of information that is of a general nature (for example, that the person’s conditions are stable) to a person who has sufficient interest in the health and welfare of the person.

There is an expectation each HHS maintain written policies and procedures regarding confidentiality, privacy and consent to share information. A breach of confidentiality or privacy by a staff member may amount to official misconduct. Suspected or reported breaches of privacy or confidentiality will be assessed locally and may be reported to the *Crime and Misconduct Commission*. All staff have a duty to report suspected official misconduct.

Persons receiving care, family, carers and support persons can access the HHS policies and procedures that protect individual’s privacy and confidentiality.

5.5. Recordkeeping

IPRAs must also keep a detailed record of interactions, including:

- patient name
- date, time, duration and location of interaction
- nature of interaction (e.g. face-to-face, group, audio-visual)
- other persons present (e.g. nominated support persons, family, carers or other support persons)
- whether an interpreter was required and provided
- for inpatients - how long after admission the person was seen
- concerns raised by the person about their rights or their treatment and care, and whether further action is required, and
- file notes, including clearly documenting where follow up action is required.

5.6. File notes

The IPRAs must keep a detailed record of interactions, as per the *Chief Psychiatrist Policy Independent Patient Rights Advisers*.

The IPRAs file notes and records must be accessible for the proper management of complaints about treatment and care in accordance with established HHS procedures. These file notes are to be accessible by other IPRAs operating within the HHS, or if a person is being treated in another HHS, by the IPRAs working in that HHS.

The Chief Psychiatrist and the Statewide Coordinator may request access to the IPRAs file notes at any time, for example, to investigate a serious complaint in relation to a person's rights. File notes are legal documents and can be subpoenaed at any time and staff can be cross examined in a court regarding the contents of file notes.

An AMHS administrator may also request access to IPRAs file notes at any time, for example, if a person is absent from an authorised mental health service and there are concerns about the person's health and well-being.

When writing file notes IPRAs should be considerate of their use of language to ensure reflection of their supporting frameworks such as recovery-oriented approaches and cultural safety. See the Protocols for use of 'Aboriginal' and 'Torres Strait Islander' for more information on appropriate ways to refer to Aboriginal and Torres Strait Islander people.

5.7. Referral and escalation processes

It is recommended that the HHS and local stakeholders establish a forum for regular discussions to operationalise and oversight the governance of IPRAs.

The HHS will develop agreed processes to streamline operation of IPRAs as below:

- sources of referral
- timeliness of referrals
- referral pathways
- prioritisation of referrals
- persons declining assistance
- identification and escalation of patient rights infringements
- escalation of serious breaches of patient rights,
- review and cessation of assistance.

In the incidence of increased referrals being made and limited capacity of IPRA support, prioritisation should be on a case by case basis in collaboration with relevant stakeholders.

5.8. Critical incidents (RiskMan)

IPRAs will follow local HHS critical incidence reporting policies and procedures. Reporting work related hazards, incidents or near misses is an essential component of risk management. If IPRAs identify a work hazard or have been involved in a work incident, HHS employed IPRA's must enter the incident in RiskMan before the end of the work shift on the same day, wherever possible. Non-government organisations will utilise local procedures and meet HHS reporting requirements

5.9. Complaints

The *Chief Psychiatrist Policy Management of complaints and right to a second opinion* outlines how complaints about the treatment and care of patients received by an AMHS are to be managed. AMHS must comply with this statutory policy and the Act.

HHS are required to have complaints procedures that:

- meet the complaints management requirements stipulated by the *National Safety and Quality Health Service Standards*
- provide easily accessible, responsive and fair complaints procedure for consumers
- achieve timely and satisfactory outcome to consumer complaints for both the consumer and the HHS, and
- comply with the *Health Ombudsman Act 2013 (Qld)*.

5.10. HHS / Chief Psychiatrist patient rights non-compliance notifications

Consistent with the *Chief Psychiatrist Policy Notifications to the Chief Psychiatrist of critical incidents and non-compliance with the Act*, AMHS must ensure the relevant notifications are provided to the Chief Psychiatrist. IPRAs are encouraged to highlight any significant non-compliance issues to the AMHS and ensure the appropriate notifications are provided to the Chief Psychiatrist.

If escalation of matters is required, IPRAs will contact the Legislation Unit, OCP (MHA2016@health.qld.gov.au) and Statewide IPRA Coordinator regarding any non-compliance notifications that are escalated and not rectified by the AMHS. This includes systemic non-compliance that has been escalated and continually occurs.

In circumstances where the immediate attention of the Chief Psychiatrist may be required, IPRAs must contact the Statewide Coordinator for assistance.

The Statewide IPRA Coordinator will utilise local HHS's issues register reports to highlight to the Chief Psychiatrist any major concerns in relation to patient rights that aren't being resolved at the local HHS level.

5.11. Information exchange and issues register

Transfer of information is required between the IPRAs and relevant stakeholders, including patients, carers and AMHS staff. There is an expectation all communication is provided in a way that ensures information is transferred and understood.

Emergent issues that put the person (and/or others) at risk should be dealt with in a timely manner, with the appropriate personnel. All staff are mandated to raise their concerns when there is a sincere belief that a person/s safety is compromised.

All IPRAs will utilise the issues register to identify patient right issues and develop local processes to manage the matters being raised. Local issue register processes should align to quality improvement frameworks.

5.12. Staff Training

The IPRAs will be provided continuing educational opportunities, mandatory training, line management and other support mechanisms to ensure they are competent and able to provide high quality services. All training should be based linked with the IPRAs functions and patient rights within the Act, aligned to the *Universal Declaration of Human Rights* and underpinned by the *National Mental Health Recovery Framework 2013*.

Training should include, but not be limited to:

- relevant legislation including the *Mental Health Act 2016* and *Hospital and Health Boards Act 2011*
- recovery training / recovery oriented practice
- Capacity assessment training
- *Mental Health Act 2016* eLearning modules
- Code of Conduct for the Queensland Public Service
- consumer rights
- complaints mechanisms
- suicide prevention
- occupation violence prevention
- Cultural Capability; and
- Trauma Informed Care.

In house training / education should reflect local demands, challenges and needs, with consideration given to further improving skills and knowledge in teamwork, communication, documentation, electronic record keeping, and the services being delivered. Additionally, where possible IPRAs should seek opportunities for peer support, mentoring and cultural supervision.

Additional training topics and frameworks included in ***Attachment 2 – Supporting Frameworks.***

5.13. Line Manager

Each IPRA will have a designated line manager for managerial support and operational oversight. Line managers will oversee the ongoing governance of the position and ensure the position remains independent of the AMHS.

The line manager will oversee the IPRAs in a way that allows the IPRAs to perform their functions objectively and impartially. The line manager will manage performance issues, ensuring the IPRAs provide services within the scope of the role and access to professional development opportunities.

The Statewide Coordinator is responsible for overseeing the ongoing development and monitoring of the IPRAs across the state and working collaboratively with HHS to ensure a consistent and standardised approach to the delivery of services. The Statewide Coordinator does not have the line management responsibility of the IPRAs.

5.14. Nominated Support Person

Nominated support persons play a crucial role in supporting the patient throughout all stages of treatment, care and recovery.

The patient can appoint anyone as a nominated support person, including for example their family, carer or other support persons. Nominated support persons are recognised in the Act and are afforded important rights.

A nominated support person is appointed the patient, by written notice when the patient has capacity to make the appointment. The nominated support person details are to be kept within the Queensland Health records system (CIMHA).

A nominated support person can:

- receive notices for the appointing person under this Act;
- receive confidential information, under the *Hospital and Health Boards Act 2011 (Qld)*, relating to the appointing person
- request a psychiatrist report
- act as the appointing person's support person in the Mental Health Review Tribunal; or
- represent the appointing person in the tribunal.

5.15. Mental Health Review Tribunal

IPRAs can advise patients, the patients' NSP, family, carers and other support persons of the patients' rights at tribunal hearings. If requested, IPRAs may assist patients to engage a representative for a tribunal hearing. Whilst performing these functions, IPRAs will also seek to identify whether a patient has a personal guardian or attorney and work cooperatively with the guardian or attorney to further the patient's views, wishes and preferences.

IPRAs can assist patients to identify possible legal representatives and support persons who may attend tribunal hearings, including:

- Lawyers or advocates
- Nominated Support Persons
- Family, carers or other support persons including cultural support (e.g. engaging the Aboriginal and Torres Strait Islander mental health coordinators).

It is also important to assist the patient to be self empowered to participate in the Tribunal hearings. At times, a patient may require additional assistance to self advocate and not have access to appropriate supports. During this time the patient can request IPRA involvement within the Tribunal hearing. However, each Tribunal panel will determine whether the IPRA can attend the Tribunal hearing. Should the IPRA attend the hearing, the role of the IPRA will be consistent with their functions under the Act. The IPRA will be a support person (not a representative) and assist the patient to communicate their views, wishes and preferences to the Tribunal.

5.16. Psychiatrist reports for persons charged with a serious offence

Psychiatrist reports for persons charged with a serious offence are used to inform decisions about further action in relation to a charge. The IPRAs need to ensure patients are aware of their rights under the Act as they relate to criminal matters, particularly requesting a psychiatrist report, under Chapter 4, part 2 of the Act. A psychiatrist report may be requested for a person who is charged with a serious offence to be used to inform decisions about further action in relation to a charge.

On receiving confirmation that a person is eligible to request a psychiatrist report, the administrator **must** as soon as practicable, prepare information to be provided to the person including:

- a letter advising the person of their entitlement to request a report (A template letter is available in the CIMHA),
- Requests for a psychiatrist report for a serious offence Frequently Asked Questions (FAQ), and
- Request for psychiatrist report form.

The nominated clinician is responsible for providing and explaining the information to the person and their support person/s (see definitions). The information is to be provided as soon as practicable, within fourteen (14) days of the administrator's letter.

The clinician's role is limited to helping the person understand the information provided. The clinician **should be mindful to not influence** the person's decision about whether to request a report. If the person requires assistance to make the decision, they should be encouraged to discuss the matter with their support person/s or a lawyer. **The clinician may seek assistance from an IPRA if they consider the person or their support person may benefit from further explanation**.

All clinicians have a responsibility to ensure the person understands their entitlement to request a psychiatrist report. Further information/explanation can be provided by any member of the person's treating team or any other clinician who has contact with the person e.g. Court Liaison Service or Prison Mental Health Service clinician.

IPRAs can assist patients to understand their rights and provide their views, wishes and preferences whilst they engage forensic services. These services include local Forensic Liaison, Court Liaison, Community Forensic Outreach Services (CFOS) and the Assessment and Risk Management Committees (ARMC). IPRAs will not participate in CFOS and ARMC meetings but may provide support to the patient before and after these meetings.

Further information can be obtained from the *Chief Psychiatrist Policy Psychiatrist reports for persons charged with a serious offence*.

6. Monitoring IPRA service delivery

6.1. Monitoring and review

The HHS will monitor the performance of the IPRA and provide service delivery reports to the Mental Health Alcohol and Other Drugs Branch on a quarterly basis.

To help ensure continuous improvement in the delivery of IPRA services the IPRAs must produce a report of common concerns raised by persons or nominated support persons, family, carers and other support persons in relation to mental health rights issues. This information is to be provided to the local HHS and the Statewide Coordinator.

6.2. Output Measures

It is expected that HHS will report against output measures. An output measure is the quantity of service activities provided by the IPRAs (e.g. number of direct service hours, numbers of persons supported, number of activities delivered, etc). Output based reporting will be used to evaluate demand, program development and inform planning for future service delivery.

The IPRAs will comply with approved statewide and HHS business rules governing collection of data, record keeping and documentation, in accordance with legislative requirements.

6.3. Quality Improvement

IPRAs will work within the local HHS’s quality improvement frameworks, with the aim of delivering high quality services that are informed by collaborative learning and sharing of practice. The statewide IPRA network will work together to continuously improve the delivery of services. Where appropriate, IPRAs services will align with the accredited expectations of the National Safety and Quality Health Service Standards.

In addition, the service agreement between the Department of Health and the HHS identifies the performance expectations of the delivery of services, which will inform an annual compilation of information. This information will be used in the ongoing development of the IPRAs role.

7. Less restrictive way and decision making

7.1. Less Restrictive Way

The Act promotes the use of a ‘less restrictive way’ for a person to receive treatment and care for mental illness. Specifically, where a person lacks capacity to consent to mental health treatment, consideration needs to be given to the identification of the alternatives to gain consent that will have the least impact on a person’s autonomy and rights.

Less restrictive way’ as outlined in section 13 of the Act is a consent hierarchy to facilitate treating people on a voluntary, rather than an involuntary, basis. The Act states:

“there is a less restrictive way for a person to receive treatment and care for the person’s mental illness if, instead of receiving involuntary treatment and care, the person is able to receive the treatment and care that is reasonably necessary for the person’s mental illness in 1 of the following ways –

(a) if the person is a minor—with the consent of the minor’s parent

(b) if the person has made an advance health directive—under the advance health directive

(c) if a personal guardian has been appointed for the person—with the consent of the personal guardian

(d) if an attorney has been appointed by the person—with the consent of the attorney

(e) otherwise—with the consent of the person’s statutory health attorney”.

Less restrictive way enhances and upholds the rights of people with mental illness.

7.2. Supported decision making

In keeping with the principles of the Act (Part 2, Section 5) patients to the greatest extent practicable are involved in their treatment and care and provided with necessary support and information. This also includes the involvement of the patient’s family and carers to support treatment and care decisions that are informed by relevant persons who know the patient well and/or are familiar with the patient’s views, wishes and preferences.

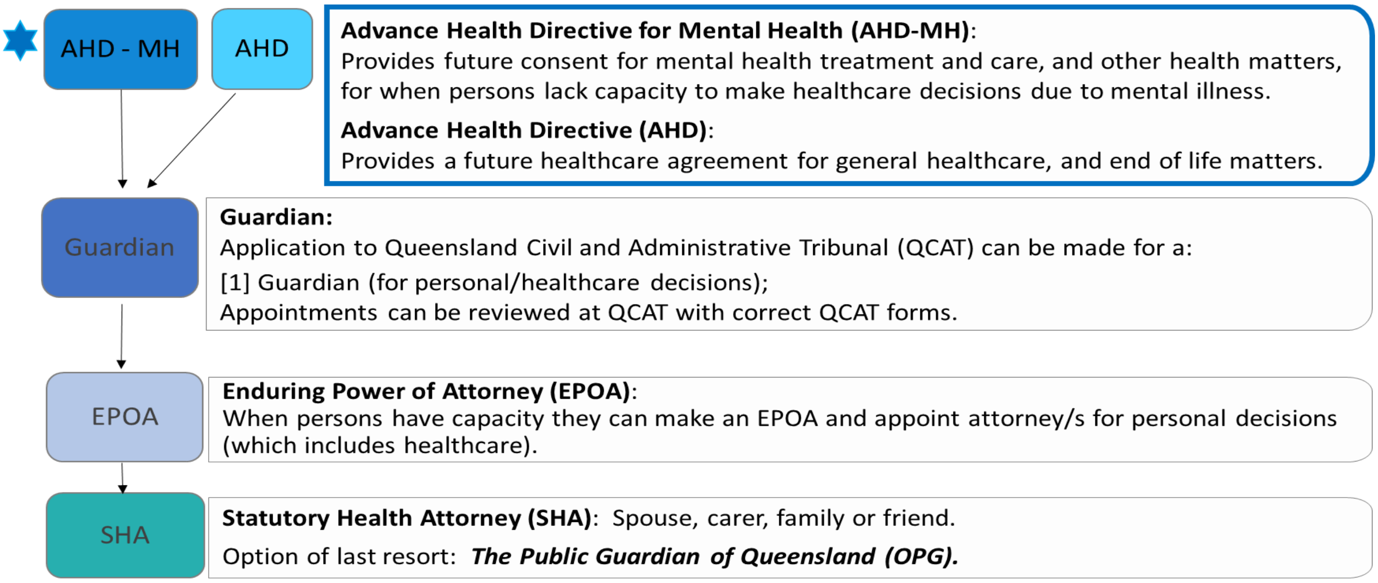
Section 14(3) of the Act provides that a person may still have capacity, while being supported by another person in understanding matters about the proposed treatment and making a decision about the proposed treatment.

Supported decision making may enhance the capacity of a person and there is, therefore, a need to consider how family or support persons can help a person understand the treatment being proposed and put it into context for their lifestyle and condition.

Quality recovery planning with the person is the best and less restrictive approach to ensuring that the person’s treatment needs are met. Care Plans and care planning reviews provide essential opportunities for therapeutic engagement, which includes a discussion of treatment and discharge planning with the patient.

7.2.1. Decision making hierarchy

The decision-making hierarchy when an adult lacks capacity to make healthcare decisions.



Advance Health Directive for Mental Health (AHD-MH): Provides future consent for mental health treatment and care, and other health matters, for when persons lack capacity to make healthcare decisions due to mental illness.

Advance Health Directive (AHD): Provides a future healthcare agreement for general healthcare, and end of life matters.

Guardian:
Application to Queensland Civil and Administrative Tribunal (QCAT) can be made for a:
[1] Guardian (for personal/healthcare decisions);
Appointments can be reviewed at QCAT with correct QCAT forms.

Enduring Power of Attorney (EPOA): When persons have capacity they can make an EPOA and appoint attorney/s for personal decisions (which includes healthcare).

Statutory Health Attorney (SHA): Spouse, carer, family or friend.

Option of last resort: ***The Public Guardian of Queensland (OPG).***

7.2.2. Advance Health Directive for Mental Health

IPRAs are to advise patients of the benefits of developing an AHD MD and / or having an EPOA for personal matters. The IPRA can also assist the person to link with their treating teams to initiate the development of the AHD MH and communicate their views, wishes and preferences regarding their treatment and care. General AHD's may also include information about the persons views of their mental health treatment and care.

IPRAs will work with the AMHS to develop an operational approach to connect with patients and instigate AHD MH discussions and link with the appropriate treating teams.

7.2.3. Attorney

A person can appoint an attorney for decisions of future health matters in the event of impaired capacity. To appoint a person as an attorney, an EPOA form, published by the Department of Justice and Attorney-General must be completed. Alternatively, an attorney for health matters may be appointed in an AHD. The EPOA form may state conditions about who, when, and what decisions can be made.

Mental health staff must check the EPOA form or AHD (if an attorney has been appointed within an AHD) prior to taking the attorney's consent for a treatment.

7.2.4. Statutory Health Attorney

A statutory health attorney is not appointed by the patient. A statutory health attorney is defined in the *Powers of Attorney Act 1998* to mean a person who, is the first, in listed order, of the following people who is readily available and culturally appropriate to exercise power for the matter—
(a) a spouse of the adult if the relationship between the adult and the spouse is close and continuing;

(b) a person who is 18 years or more and who has the care of the adult and is not a paid carer for the adult;

(c) a person who is 18 years or more and who is a close friend or relation of the adult and is not a paid carer for the adult.

If no-one listed in (a) – (c) is readily available and culturally appropriate to exercise power for a matter, the Public Guardian is the adult's statutory health attorney for the matter.

From the *Office of the Public Guardian Policy Consent to mental health treatment and care by the Public Guardian*:

> *Under the Powers of Attorney Act 1998(s 63) the Public Guardian may act as the statutory health attorney of last resort where there is no readily available or culturally appropriate adult to consent to certain health care decisions. The Public Guardian's discretion to act as statutory health attorney is not limited by the MHA2016. The Public Guardian will not provide consent to mental health treatment and care as statutory health attorney where consent may be acquired using a 'less restrictive way.'*

The *Chief Psychiatrist Policy – Treatment criteria, assessment of capacity, less restrictive way and advance health directives (2.5.2)* states:

> *A statutory health attorney is not appointed by the person. Therefore, consideration should be given to treating the person as an inpatient under a Treatment Authority and the extensive oversight and protections afforded by the Act, rather than providing inpatient treatment and care with consent of a statutory health attorney. The decision to treat a patient under a Treatment Authority or with the consent of a statutory health attorney in these circumstances should be made on a case-by-case basis.*
>
> *In making this decision, the authorised doctor must have regard to:*
>
> - *the person's treatment needs, and*
> - *the person's views, wishes and preferences.*
>
> *If the person is to be treated as an inpatient with consent of a statutory health attorney, the authorised doctor should ensure frequent review of this arrangement to reconsider the mechanisms to use, having regard to the person's circumstances.*
>
> *As a minimum, the treatment and care of the person must be reviewed by a Clinical Director at or around fourteen (14) days after admission. The Clinical Director may determine if the person should remain as an inpatient or if treatment in the community would be more appropriate. A decision about further review timeframe must also be made.*

7.3. Substitute Decision Making

A substitute decision-maker is a person permitted under law to make decisions on behalf of someone who does not have capacity. This may be due to a range of reasons, not necessarily related to their mental health.

A substitute decision-maker may be:

- A parent or guardian (minor)
- An Advance Health Directive or attorney appointed under an Advance Health Directive
- A guardian appointed to make the decision
- An attorney under an Enduring Power of Attorney

- A Statutory Health Attorney.

It is important to recognise that a person may not have capacity to decide about one aspect of their treatment or care but may still be able to give consent in relation to other treatment or care. As much as possible, mental health staff should give people the opportunity to make decisions that they have capacity to make for themselves.

However, where a person lacks capacity to consent to treatment, it is important to ensure, where possible, that the substitute decision maker is making decisions that consider the persons views, wishes and preferences.

The substitute decision-maker for someone who has lost capacity must:

- act in their best interests
- make decisions they believe the person would have made for themselves
- gain an understanding of their medical condition and potential future complications
- gain an understanding of future medical care options, particularly the benefits and risks of current and future treatments
- gain and understanding of their goals, values and personal and spiritual beliefs
- discuss available choices with family/trusted others and document these choices.

Glossary of Terms

AHD	Advance Health Directive
AMHS	Authorised Mental Health Service
CFOS	Community Forensic Outreach Service
CIMHA	Consumer Integrated Mental Health Application (designated patient records system)
FAQ	Frequently Asked Questions
HHS	Hospital and Health Services
IPRA	Independent Patient Rights Adviser
NSP	Nominated Support Person
the Act	Mental Health Act 2016
UDHR	Universal Declaration of Human Rights

Referenced Documents & Sources

Australian mental health statement of rights and responsibilities (2012)
Chief Psychiatrist Policy - Independent Patient Rights Advisers
Chief Psychiatrist Policy - Management of Complaints and right to a second opinion
Convention on the Rights of Persons with Disabilities

Guardianship and Administration Act 2000 (Qld)
Health Ombudsman Act 2013 (Qld)
Hospital and Health Boards Act 2011 (Qld)
Human Rights Act 2019 (Qld)
Information Privacy Act 2009 (Qld)
Mental Health Act 2016 (Qld)
Mental Health Alcohol and Other Drugs Services Plan 2016-2021: Connecting care to recovery
National Mental Health Recovery Framework 2013
Powers of Attorney Act 1998 (Qld)
Public Guardian Act 2014 (Qld)
Queensland Child Protection Act 1999

Attachment 1 – National and international rights protections

The Universal Declaration of Human Rights

The *Universal Declaration of Human Rights* (UDHR) is a milestone document in the history of human rights. The UDHR recognises ‘the inherent dignity of all members of the human family is the foundation of freedom, justice and peace in the world’. It declares that human rights are universal – to be enjoyed by all persons, no matter who they are or where they live.

International Covenant on Civil and Political Rights

The International Covenant on Civil and Political Rights covers rights such as the right to life; equality before the law; freedom of expression; and freedom from torture, other cruel treatment and arbitrary detention.

Convention of the Rights of Persons with Disabilities

The *Convention of the Rights of Persons with Disabilities* is intended to protect the rights and dignity of people with disabilities. Provides for:

- the same range, quality and standard of free or affordable health care and programs as provided to other people
- the same quality of care by health professionals as others, including free and informed consent, dignity and autonomy
- health services as close as possible to people’s communities, including in rural areas.

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

The *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* aims to prevent torture and other acts of cruel, inhuman or degrading treatment or punishment. It is designed to strengthen protections for people in situations where they are deprived of their liberty and potentially vulnerable to mistreatment or abuse. The key obligations include a system of regular preventative visits by independent bodies to facilities such as mental health inpatient units.

The Convention on the Rights of the Child

The *Convention on the Rights of the Child* sets out the civil, political, economic, social health and cultural rights of children.

States Parties recognize the right of a child who has been placed in care by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

United Nations Declaration on the Rights of Indigenous Peoples

The UN Declaration on the Rights of Indigenous peoples establishes a universal framework of minimum standards for the survival, dignity and well-being of the indigenous peoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to indigenous peoples.

United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)

The *United Nations Standard Minimum Rules for the Treatment of Prisoners* ("the Mandela Rules") were adopted by the United Nations General Assembly on 17 December 2015 after a five-year revision process. They are known as the Mandela Rules in honour of the former South African President, Nelson Mandela. The Mandela Rules are composed of 122 "rules".

The Mandela Rules are universally acknowledged minimum standards for the treatment of prisoners. Despite their legally non-binding nature, the rules have been important worldwide as a source for relevant national legislation as well as of practical guidance for prison management.

Although not legally binding, the Mandela Rules provide guidelines for international and domestic law for citizens held in prisons and other forms of custody. The basic principle described in the standard is that "There shall be no discrimination on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status"

Principles for the protection of persons with mental illness and the improvement of mental health care (Office of the United Nations High Commissioner for Human Rights)

The Principles for the protection of persons with mental illness and the improvement of mental health care reinforces the rights enshrined in these International Covenants and provides guidance as to how those rights ought to apply to people with mental illness. Specifically:

- makes clear that people with mental illness have the right to the same standard of health care as other ill persons.
- states that mental health facilities should have the same level of resources as any other health facility.
- emphasises the right to be treated and cared for as far as possible in the community.

World Health Organisation (WHO) QualityRights

QualityRights is WHO's global initiative to improve the quality of care provided by mental health services and promote the human rights of people with psychosocial, intellectual and cognitive disabilities. QualityRights supports countries to put in place policies, strategies, laws and services that are in line with international human rights standards including the Convention on the Rights of Persons with Disabilities.

The QualityRights initiative has developed a range of assessment and training tools to assist organisations to delivery rights-based and recovery orientated services. Some of the core modules include:

- Understanding human rights
- Promoting human rights in mental health
- Improving the mental health services environment and community inclusion
- Realising recovery and the right to health in mental health services
- Protecting the rights to legal capacity in mental health services
- Creating mental health services free from coercion
- Realising supported decision making and advance planning
- Implementing strategies to end the use of seclusion and restraints and other coercive practices
- Promoting recovery in mental health and relates services

Further information can be obtained from the QualityRights website:

https://www.who.int/mental_health/policy/quality_rights/en/

Attachment 2 - Supporting Frameworks

Recovery-oriented service provision

The IPRAs recognise the lived experience and insights of persons with mental health issues and their families. The concept of recovery was conceived by, and for, persons living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses.

Values that support recovery include:

- hope
- uniqueness of the individual
- active sense of self including personal responsibility
- discovery
- personal resource base and natural networks, and
- citizenship and community membership.

The types of support identified as helpful to the recovery journey underpin and guide the implementation of recovery-oriented service provision. Such themes articulated by persons with a lived experience of a mental illness include opportunities to exercise citizenship rights, reclaim one’s life outside the parameters of a diagnosis of mental illness and attain meaningful social connectedness.

It’s important to recognise that making mistakes and learning from trial and error are key factors in how people grow and develop, and dignity of risk is the basic human right that allows this process to happen. Dignity of risk is a person’s right to make their own choices and decisions, even when those decisions could put them in harm’s way.

Consideration of risk, and the dignity of risk, needs to be made in the context of the responsibilities of Queensland Health’s duty of care to patients, particularly within the inpatient setting. Queensland Health’s treatment and care decisions will be based on the assessment of a patient’s capacity to make decisions and -

- the risk of serious harm to the patient or others; or
- serious deterioration of their health.

Values Based Practice

Values based practice is a skills-based approach to working with complex and conflicting values in healthcare. Working with complex and conflicting values is complementary to, and supports developments in, evidence-based practice in providing care that is both clinically-focused and person-centred.

Evidence-based practice is vital to bringing the clinical focus onto the most likely diagnostic and treatment possibilities; values-based practice is vital to matching those possibilities with the particular circumstances presented by this particular person in a particular situation.

In order to work from a values based perspective, the IPRAs need to leave personal values to one side to engage with the person. The relevant skills include:

- Awareness – bringing to awareness the values that are influencing decisions. Reflecting in the moment to consider decisions through questions such as: Whose values are influencing decisions at this time? Whose values are being given priority? What are the values that are important to the person at this time?
- Reasoning – how informed is the reasoning? Is the reasoning emotionally driven or is it derived from a place of understanding? Are judgements and inferences being used without truly being informed?
- Knowledge – how inclusive is the knowledge base? Is there other information that may assist? Is the knowledge base being influenced by personal values, organisational values or professional values?
- Communication – Is the communication inclusive, sensitive, respectful and informed according to the persons identified needs at this time?

Cultural safety

The *Cultural Respect Framework 2016-2026*, explains cultural safety in the following way “health consumers are safest when health professionals have considered power relations, cultural differences and patients’ rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes.

Cultural safety is not defined by the health professional, but is defined by the health consumers’ experience – the individual’s experience of care they are given, ability to access services and to raise concerns. The essential features of cultural safety are:

a) An understanding of one’s culture
b) An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s)
c) It is informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
d) An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people’s living and wellbeing, both in the present and the past
e) Its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.”

Collaborative practice

The IPRAs will establish and maintain effective working relationships to ensure that relevant stakeholders receive a high standard of service provision. IPRAs will work collaboratively to ensure that:

- partnerships with community providers and the local mental health services are established and maintained
- regular discussion and review of strategies are undertaken to ensure that referral and prioritisation processes are effectively managed by working in partnership with the local AMHS and relevant stakeholders
- a holistic approach to service delivery is fully implemented
- there is consistency of service within the HHS, and
- services are provided in a seamless manner across the HHS.

Self-determined approach

Self-determination refers to the right of individuals to have full control over their own lives, regardless of the presence of a mental illness or disability. It encompasses concepts such as free will, civil and human rights, freedom of choice, independence, personal agency, self direction and individual responsibility.

A self-determined approach is central to recovery planning and individuals accessing support will make decisions concerning their health and wellbeing and will have meaningful leadership roles in the design, delivery and evaluation of services they receive.

Valued roles of family, partners and friends

A person's family, carers and other support persons play a crucial role in supporting persons when they are unwell, and throughout all stages of treatment, care and recovery. Support persons are recognised throughout the Act and are afforded a number of important rights and responsibilities.

It is acknowledged that many families and significant others (partners/spouses) undertake a vital role in the lives of the patients within the mental health service. It is also acknowledged that many family members and significant others are placed under significant strain in carrying out these roles and sometimes these relationships can become fractured.

To the greatest extent practicable, family, carers and other support persons of a person with a mental illness are to be involved in decisions about the person's treatment and care, subject to the person's right to privacy.

The IPRAs will collaborate, with the person's consent, with their formal and informal supporters to develop a shared understanding of a person's needs and aspirations.