**Submission**

**to**

**Department of Health**

**Exposure Draft - *Mental Health Bill 2015***

**by the**

**Anti-Discrimination Commission Queensland**

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# Introduction

1. The Anti-Discrimination Commission Queensland (Commission) is an independent statutory authority established under the Queensland Anti-Discrimination Act 1991.
2. The functions of the Commission include promoting an understanding, acceptance and public discussion of human rights in Queensland, and dealing with complaints alleging contraventions of the Anti-Discrimination Act 1991 and of whistle-blower reprisal. Complaints that are not resolved through conciliation can be referred to the Queensland Civil and Administrative Tribunal for hearing and determination.
3. This submission provides a human rights perspective, and focuses on the following areas: the objects of the Act, the principles for persons with mental illness, Magistrates Courts, restraint and seclusion, and legal representation.

# Recommendations

1. The Commission makes the following recommendations:
2. Include significant objectives in the objects clause: including treatment in the least restrictive way possible, with the least possible restriction on the human rights and dignity of patients, and using recovery models of treatment.
3. Articulate more clearly the human rights that must be accorded to all citizens, including those covered by the *Mental Health Act*.
4. Include principles about attitudes towards persons experiencing mental illness, and person-centred approach (similar to or the same as those in the Western Australia Act).
5. Add to principle (l) a further dot point to the effect that medication should only be used for therapeutic or safety reasons, and not for convenience or punishment.
6. Include a principle that makes explicit that service should be provided at places as near as practicable to where the patients, their families, other carers or supporters reside.
7. Include a principle to the effect that the right to privacy must be respected.
8. Define for the purposes of section 173 ***an exceptional circumstance in relation to the protection of the community*** as — a significant risk or harm to people; a significant risk of damage to property; or a significant risk of reoffending in a manner that has a serious impact upon a person or the community.
9. Amend or add to clause 178 to include a specific provision requiring the authorised doctor to provide a copy of the examination report to the person and their representative.
10. Impose a requirement for a plan to reduce and eliminate seclusion where seclusion regularly occurs.
11. Consider and clarify why the offences in relation to physical restraint and medication apply only in relation to involuntary patients.
12. Include obligations to report the use of physical restraint, and include an express obligation or function on the chief psychiatrist to monitor the use of restraint, seclusion and other practices.
13. Provide for mandatory non-identifying public reporting of the use of seclusion and restrain in authorised mental health services.
14. Amend the definition of restraint and seclusion policy in clause 239.
15. There be greater access to free legal representation, and in particular for:

(a) forensic order reviews

(b) matters concerning a patient who is held in seclusion at the time of the hearing

(c) people with increased vulnerabilities, such as people under personal guardianship, people with intellectual disabilities, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and

(d) patients who have been in inpatient care for over twelve months.

# Objects (clause 3)

1. The objects clause in legislation is very important as it guides the interpretation of the provisions, and can be used to resolve ambiguity and uncertainty. The *Acts Interpretation Act 1954* stipulates that in interpreting a provision of an Act, the interpretation that will best achieve the purpose of the Act is to be preferred to any other interpretation.[[1]](#footnote-1)
2. The Bill provides in clause 3 that the main objects are:
	1. to improve and maintain the health and wellbeing of persons who have a mental illness who do not have the capacity to consent to be treated; and
	2. to enable persons to be diverted from the criminal justice system if found to have been of unsound mind at the time of committing an unlawful act or to be unfit for trial; and
	3. to protect the community if persons diverted from the criminal justice system may be at risk of harming others.
3. Clause 3 then provides that the main objects are to be achieved in a way that:
	1. safeguards the rights of persons; and
	2. ensures the rights and liberties of a person who has a mental illness are adversely affected only to the extent required to protect the person’s health and safety or to protect others; and
	3. promotes the recovery of a person who has a mental illness, and the person’s ability to live in the community, without the need for involuntary treatment and care.
4. The Commission is concerned that expressed in this way, important objectives such as the protection and promotion of the human rights of patients, the recovery model, and treatment in the least restrictive way, do not have sufficient prominence. The Principles for administration of the Act that follow in Part 2 provide for how the objects are to be achieved. The Commission suggests the human rights issues for patients should be included in a comprehensive list of objectives. A clause 3 subsection (2) listing how the objects are to be achieved may then not be necessary.
5. The way in which the objects of the legislation in other jurisdictions such as the Northern Territory, Western Australia and Victoria are stated should be taken into consideration in formulating a more comprehensive objects clause for the Queensland Act.

## Recommendation 1

Include significant objectives in the objects clause, including treatment in the least restrictive way possible, with the least possible restriction on the human rights and dignity of patients, and using recovery models of treatment.

# Principles (clause 5)

1. There are a number of issues that are not presently covered or not adequately covered adequately by the Principles in the draft Bill.

## Human rights – Principle (a)

1. The Principles state that ‘The rights of all persons to the **same basic human rights** must be recognised and taken into account.’ The phrase ‘**same basic human rights’** is not defined anywhere in the Bill, or with reference to any other instrument. The knowledge and understanding of the meaning of ‘basic human rights’ by those administering the Act will vary, and may be inconsistent. It is not clear whether ‘basic human rights’ means simply ensuring the patient’s reasonable needs are met, including, for example, being given access to (i) sufficient bedding and clothing; and (ii) sufficient food and drink; and (iii) access to toilet facilities, or whether it something more. (See clauses 247(b) and 255(b) - Duties of health practitioner in charge of inpatient unit in relation to authorised mechanical restraint and authorised seclusion.)
2. The Commission is concerned that many of those with responsibilities for performing functions or exercising powers under the Act may have a very limited knowledge of the human rights of all persons, including those with a mental illness. (See the attached list of the broad group of people who have functions under the Act.)
3. The Commission would like to see contained within the principles a clearer articulation of the human rights that must be accorded to all citizens, including those covered by the *Mental Health Act*. The rights should not be confined to ‘basic human rights’. The Western Australia *Mental Health Act 2014[[2]](#footnote-2)* contains inter alia, the following principle, which the Commission would recommend being inserted in the Principles in the Queensland Act:

**Principle 2: Human rights**

A mental health service must protect and uphold the fundamental human rights of people experiencing mental illness and act in accordance with the national and international standards that apply to mental health services.\*

***(\*NB****: national and international health care standards are not defined, however, section 6 provides ‘A decision whether or not a person has a mental illness must be made in accordance with internationally accepted standards prescribed by the regulations for this subsection.)*

1. In addition, the Commission would like to see the following human rights principles from the Western Australia Act articulated in the principles, or elsewhere in the Queensland Act, or at the very least made clear that they will be covered in the policies and practice guidelines that must be made by the chief psychiatrist under clause 296 of the Bill.

**Principle 1: Attitude towards people experiencing mental illness**

A mental health service must treat people experiencing mental illness with dignity, equality, courtesy and compassion and must not discriminate against or stigmatise them

**Principle 3: Person‑centred approach**

3.1 A mental health service must uphold a person‑centred focus with a view to obtaining the best possible outcomes for people experiencing mental illness, including by recognising life experiences, needs, preferences, aspirations, values and skills, while delivering goal‑oriented treatment, care and support.

3.2 A mental health service must promote positive and encouraging recovery focused attitudes towards mental illness, including that people can and do recover, lead full and productive lives and make meaningful contributions to the community.

## Recommendation 2

Articulate more clearly the human rights that must be accorded to all citizens, including those covered by the *Mental Health Act*.

## Recommendation 3

Include principles about attitudes towards persons experiencing mental illness and person centred approach, similar to or the same as those in the Western Australia Act.

## Provision of treatment and care - Principle (l)

1. In the Bill the principle relating to the provision of treatment and care states:

**Provision of treatment and care**

• treatment and care provided under this Act must be provided to a person who has a mental illness only if it is appropriate to promote and maintain the person’s mental health and wellbeing

• care provided to a person with an intellectual disability under this Act must be provided only if it is appropriate to promote and maintain the person’s health and wellbeing.

1. To assist the understanding of all those persons exercising powers or performing functions under the Act, there is a need to ensure medication is only used for therapeutic or diagnostic purposes. The Commission would like to see included in this principle, a clause similar to those currently included in the principles in the New South Wales, South Australia and Northern Territory Acts, to deal **explicitly** with the use of medication.
2. The South Australia clause is:

Medication should be used only for therapeutic purposes or safety reasons and not as a punishment or for the convenience of others.

1. The New South Wales clause is:

The prescription of medicine to a person with a mental illness or mental disorder should meet the health needs of the person and should be given only for therapeutic or diagnostic needs and not as a punishment or for the convenience of others.

1. The Northern Territory clause is:

The person is to be given medication only for therapeutic or diagnostic purposes and not as a punishment or for the convenience of others.

1. The Commission notes there is an offence provision relating to medication that applies only in respect of involuntary patients (clause 267), which is discussed later in this submission.

## Recommendation 4

Add to principle (l) a further dot point to the effect that medication should only be used for therapeutic or safety reasons and not for convenience or punishment.

## Provision of services to patients from regional, rural and remote areas

1. The principles under the Bill fail to make mention of how services ought to be provided to persons in regional, rural and remote areas of Queensland. The Bill provides that the chief psychiatrist may, in declaring a health service to be an authorised health service, include conditions the chief psychiatrist considers appropriate, including, for example, a condition to facilitate the provision of treatment and care for persons in regional, remote or rural areas who have a mental illness [[3]](#footnote-3), and may declare an authorised health service to be an authorised health service (regional) if it is in a regional, remote or rural area[[4]](#footnote-4). However, there is no guiding principle that services should be provided at places as near as practicable to where the patients or their families, other carers, or supporters reside. Given Queensland’s largely decentralised population, providing for the needs of people in regional areas who have mental illness is a very important issue.
2. The Commission would like to see a principle included that makes explicit that services should be provided at places as near as practicable to where the patients, their families, other carers or supporters reside. Such a provision is included in the principles to the South Australia Act (see principle 1(b) *Mental Health Act 2009* (SA))

## Recommendation 5

Include a principle that makes explicit that service should be provided at places as near as practicable to where the patients, their families, other carers or supporters reside.

## Confidentiality and privacy – Principle (m)

1. Principle (m) states:

**Confidentiality**

A person’s right to confidentiality of information about the person must be recognised and taken into account.

1. The principles do not refer to a person’s right to privacy. The Commission suggests the principles, or at the very least the policies and practice guidelines to be made by the chief psychiatrist under clause 296, should also address privacy issues. Both the Western Australia and Northern Territory principles refer to privacy.
2. The Western Australian principle states:

A mental health service must respect and maintain privacy and confidentiality (Principal 10).

1. The Northern Territory principle states:

The person’s legal rights and his or her right to privacy and to religious freedom are to be respected (section 13).

## Recommendation 6

Include a principle to the effect that the right to privacy must be respected.

# Magistrates Courts (Chapter 6 Part 2, clauses 171 to 179)

1. The Bill provides Magistrates with the powers to:
* discharge a person charged with an offence conditionally or unconditionally (unsound mind or unfit for trial)[[5]](#footnote-5)
* adjourn proceedings (temporarily unfit for trial)[[6]](#footnote-6)
* refer the matter of the person’s mental health to the Mental Health Court (indictable offence)[[7]](#footnote-7)
* make an order for the involuntary examination of a person charged with an offence, or who has been discharged or proceedings against them adjourned[[8]](#footnote-8)
* refer a person to the disability services department, health department or entity for treatment and care (discharged or adjourned and no mental illness).[[9]](#footnote-9)
1. The power to refer the matter of a person’s mental state to the Mental Health Court is exercisable where the Magistrate is reasonably satisfied on the balance of probabilities that the person was, or appears to have been, of unsound mind when the offence was allegedly committed or is unfit for trial; and:
* the nature and circumstances of the offence create an **exceptional circumstance** (emphasis added) in relation to the protection of the community; and
* the making of a forensic order or court treatment order for the person may be justified.[[10]](#footnote-10)
1. The term ‘exceptional circumstance’ is not defined in the Bill. The Commission considers the expression ‘an exceptional circumstance in relation to the protection of the community’ in clause 173 (Power to make reference to Mental Health Court) should be defined as:
* Significant risk of harm to people; or
* Significant risk of damage to property; or
* A significant risk of reoffending in a manner that has a serious impact upon a person or the community.

## Recommendation 7

Define for the purposes of section 173 ***an exceptional circumstance in relation to the protection of the community*** as — a significant risk or harm to people; a significant risk of damage to property; or a significant risk of reoffending in a manner that has a serious impact upon a person or the community.

1. For examination orders (clause 176), the Commission considers there should be a specific provision requiring the authorised doctor to provide a copy of the examination report (clause 178) to the person and their representative.

## Recommendation 8

Amend or add to clause 178 to include a specific provision requiring the authorised doctor to provide a copy of the examination report to the person and their representative.

# Restraint and seclusion (clauses 240 to 269)

1. The Commission is concerned that for the use of restraint or seclusion, it is not mandatory that there be a reduction and elimination plan for the use of restraint or seclusion, nor is there any direction that it is desirable that wherever possible there is consultation with the person’s family in the development of the plan.

## Mechanical restraint

1. The Bill provides that mechanical restraint can only be used under the authority of an authorised doctor, who has obtained approval from the chief psychiatrist to authorise the use of restraint. In the application for approval, the doctor must include ‘the proposed strategies for reducing and eliminating the use of mechanical restraint on the patient’.[[11]](#footnote-11) The chief psychiatrist can require the doctor to amend the application to include an elimination and reduction plan for approval.[[12]](#footnote-12)

## Seclusion

1. The chief psychiatrist can issue directions to an authorised mental health service about seclusion (i.e. no seclusion for any involuntary patient, a stated patient not to be kept in seclusion, the way in which patients to be kept in seclusion, that a patient may only be kept in seclusion if it is provided for in an approved reduction and elimination plan).[[13]](#footnote-13)
2. An authorised doctor can authorise the seclusion of an involuntary patient in an authorised mental health service.[[14]](#footnote-14) The provisions for the authorisation of seclusion differ from the mechanical restraint provisions, in that the authorised doctor does not need approval from the chief psychiatrist to authorise seclusion, and there is no requirement to include strategies to reduce and eliminate seclusion. If there is a plan, the seclusion must comply with the plan, and must comply with the restraint and seclusion policy (to be issued by the chief psychiatrist). The period of authorised seclusion must not exceed three hours. An authorisation cannot be given if the total period of seclusion under the authorisation and any previous authorisation – including an emergency authorisation – is more than nine hours in a twenty-four hour period.
3. There is also a provision enabling emergency seclusion for a period of not more than one hour (clause 258). As soon as practicable after the seclusion, the health practitioner is to tell an authorised doctor of the seclusion. The authorised doctor must then examine the patient or ensure another authorised doctor examines the patient, and the examining doctor must decide whether or not to authorise seclusion under section 254.
4. The only limit on repeated emergency seclusion is that the patient must not be kept in seclusion for more than three hours in a twenty-four hour period.[[15]](#footnote-15)
5. The Commission is concerned that it appears regular seclusion can occur without there being a plan in place to reduce and eliminate seclusion.

## Recommendation 9

Impose a requirement for a plan to reduce and eliminate seclusion where seclusion regularly occurs.

## Physical restraint and medication

1. The Bill makes it an offence to use physical restraint on an involuntary patient other than under the Act[[16]](#footnote-16), and to give medication to an involuntary patient unless the medication is clinically necessary for the patient’s treatment and care[[17]](#footnote-17). Medication includes sedation of the patient, and it is expressly declared that a patient’s treatment and care includes preventing imminent serious harm to the patient or others.
2. Unlike the mechanical restraint and seclusion offences that apply to voluntary patients receiving care for mental illness as an inpatient of an authorised mental health service as well as involuntary patients, the physical restraint and medication offences apply only in relation to involuntary patients. It is not apparent why the physical restraint and medication offences apply only to involuntary patients. It is not explained or addressed in the Background Paper published by the Department of Health *Seclusion, mechanical restraint, physical restraint and use of medication*. The Background Paper says the Bill addresses increasing interest regarding the use of practices such as physical restraint and sedation by providing for a comprehensive oversight of these practices, with standards and reporting requirements set by the chief psychiatrist.
3. The Commission would like this issue to be clarified.

## Recommendation 10

Consider and clarify why the offences in relation to physical restraint and medication apply only in relation to involuntary patients.

## Policies and reporting

1. The Bill provides that the chief psychiatrist must make a policy about each of the following: the use of mechanical restraint, seclusion and physical restraint, the appropriate use of medication, including ways of minimising any adverse impacts on patients, and the information to be recorded and provided to the chief psychiatrist relating to the use of mechanical restraint, seclusion, physical restraint and medication. Authorised doctors and mental health practitioners, administrators, and other persons performing functions under the Act must comply with the policies.[[18]](#footnote-18)
2. The administrator of a mental health service must give the chief psychiatrist written notice of use of mechanical restraint on, or seclusion of, a patient.[[19]](#footnote-19) There is however no express statutory obligation to report the use physical restraint or sedation on an involuntary patient.
3. There is also no express statutory obligation on the chief psychiatrist to monitor the reporting and use of restraint, seclusion and other practices, in either clause 268 or the general functions in clause 292.
4. The Commission would like to see transparency and mandatory non-identified public reporting of the use of seclusion and restraint in authorised mental health services.

## Recommendation 11

Include obligations to report the use of physical restraint, and include an express obligation or function on the chief psychiatrist to monitor the use of restraint, seclusion and other practices.

## Recommendation 12

Provide for mandatory non-identifying public reporting of the use of seclusion and restraint in authorised mental health services.

## Restraint and seclusion policy

1. The restraint and seclusion policy is defined for the purposes of chapter 8 as meaning the policy required to be made by the chief psychiatrist under section 296 (matters about which the chief psychiatrist must and may make policies). Clause 296 does not include the restraint and seclusion policy; instead it is now a mandatory obligation on the chief psychiatrist provided for in clause 268. Accordingly, the definition needs to be amended.

## Recommendation 13

Amend the definition of restraint and seclusion policy in clause 239.

# Legal representation

1. The right to be legally represented exists in respect of hearings before all courts exercising functions under the Act. Clause 697 of the Bill provides that a person who is the subject of a proceeding before the Mental Health Review Tribunal may be represented by a nominated support person, a lawyer or another person.
2. If the person is not represented by a lawyer or another person, the tribunal has a discretion to appoint a lawyer or another person to represent the person if the tribunal considers it would be in the best interests of the person to be represented at the hearing.[[20]](#footnote-20) This is not necessarily free representation.
3. The Bill also provides that the tribunal must appoint a lawyer for a person, at no cost to the person, where:
* the person is a minor
* the hearing is a review of the person’s fitness for trial
* the hearing is for approval to perform electroconvulsive therapy on the person, or
* the Attorney-General is to appear or be represented at the hearing.[[21]](#footnote-21)
1. The Commission supports this increase in the level of legal representation, but is concerned that there is still insufficient access to legal representation to adequately protect the human rights of people appearing before the tribunal.
2. The right to legal representation is recognised as a fundamental freedom and basic right in the United Nations *Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care 1991*.[[22]](#footnote-22) Principle 1(6) states:

Any decision that, by reason of his or her mental illness, a person lacks legal capacity, and any decision that, in consequence of such incapacity, a person representative shall be appointed, shall be made only after a fair hearing by an independent and impartial tribunal established by domestic law. The person whose capacity is at issue shall be entitled to be represented by a counsel. If the person whose capacity is at issue does not himself or herself secure such representation, it shall be made available without payment by that person to the extent that he or she does not have sufficient means to pay for it. The counsel shall not in the same proceedings represent a mental health facility or its personnel and shall not also represent a member of the family of the person whose capacity is at issue unless the tribunal is satisfied that there is no conflict of interest. Decisions regarding capacity and the need for a personal representative shall be reviewed at reasonable intervals prescribed by domestic law. The person whose capacity is at issue, his or her personal representative, if any, and any other interested person shall have the right to appeal to a higher court against any such decision.[[23]](#footnote-23)

1. Of particular importance is the part of the principle that provides ‘If the person whose capacity is at issue does not himself or herself secure such representation, **it shall be made available without payment by that person to the extent that he or she does not have sufficient means to pay for it**.’ (emphasis added).
2. The Commission recognises that in the current fiscally constrained economy it may not be feasible to provide legal support for each person in relation to every matter before the tribunal. However, the Commission considers there should be a greater level of free legal representation provided.

## Recommendation 14

There be greater access to free legal representation, and in particular for:

(a) forensic order reviews;

(b) matters concerning a patient who is held in seclusion at the time of the hearing;

(c) people with increased vulnerabilities, such as people under personal guardianship, people with intellectual disabilities, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds; and

(d) patients who have been in inpatient care for over 12 months.

1. The Commission has had the opportunity to read and consider the Public Advocate’s detailed June 2015 submission on the Draft Exposure- Mental Health Bill 2015. The Public Advocate has raised her concerns about a number of major systemic issues such as the proposed new reliance on Queensland’s guardianship system for the treatment of people with mental illness, and the fragmented system for the support and involuntary treatment of people with intellectual disability. The Commission shares the concerns raised by the Public Advocate, and endorses the recommendations made in her submission.
2. The Commission thanks the Department of Health for the opportunity to comment on the draft bill.

# Attachment A

## List of persons performing a function or exercising a power under the *Mental Health Bill 2015*

Clause 5 states that the principles apply to the administration of the Act in relation to a person with mental illness. Clause 7 of the Bill states ‘that in performing a function or exercising a power under this Act, a person is to have regard to the principles stated in section 5 (and 6.) A broad group of persons perform functions or exercise powers under the Act, including:

* the Mental Health Court
* the Mental Health Review Tribunal
* the Magistrates Court (clauses 368, 369 etc, 536)
* the Chief Psychiatrist
* doctors (clause 32)
* authorised mental health practitioners (clause 32)
* authorised doctors (clause 23)
* administrators of authorised mental health services
* nominated support persons (see clauses 25, 232)
* patients’ rights advisors (see clauses 25 and s288)
* public sector health service facilities (clauses 41 and 42)
* a custodian of a person in custody (clause 66)
* the administrator of a high security unit (clause 71)
* the chief executive (justice) (clauses 76(3) and 101)
* registrars of the relevant courts (clauses 76(4) and 101)
* first and second custodians (clause 81(3))
* the prosecuting authority or the classified patient’s custodian (clause 83)
* the Supreme and District Courts (clauses 180,181 and182)
* a health practitioner authorised by the authorised doctor (clauses 242 and 252)
* health practitioner in charge of an inpatient unit (clauses 247 and 255)
* an appropriately qualified person authorised by the health practitioner (clause 258)
* public service employees in the department or health service employees (clauses 295 - delegates of chief psychiatrist’s functions)
* inspectors (clauses 299, 520 and 521)
* the Minister (clause 303)
* doctor or a registered nurse (clause 365)
* authorised person (clauses 364, 366, 367 and 368)
* police officers (clause 373)
* searchers (clause 394 person authorised under this part to carry out a search)
* authorised security officers (clauses 381 and 383)
* authorised inspector (clause 394(4))
* psychiatrists (clauses 474 and 477)
1. *Acts Interpretation Act 1954*, section 14A. [↑](#footnote-ref-1)
2. At the time of writing, the Western Australia Act has not commenced, and regulations under the 2014 Act have not been made. [↑](#footnote-ref-2)
3. Clause 320(3). [↑](#footnote-ref-3)
4. Clause 322. [↑](#footnote-ref-4)
5. Clause 171. [↑](#footnote-ref-5)
6. Clause 172. [↑](#footnote-ref-6)
7. Clause 173. [↑](#footnote-ref-7)
8. Clause 176. [↑](#footnote-ref-8)
9. Clause 175. [↑](#footnote-ref-9)
10. Under clause 139 the Mental Health Court must make a court treatment order if it is necessary to protect the safety of the community, including from the risk of serious harm to other persons or property. It is not applicable where the sole diagnosis is of intellectual disability. [↑](#footnote-ref-10)
11. Clause 243(2)(h). [↑](#footnote-ref-11)
12. Clause 244. [↑](#footnote-ref-12)
13. Clause 253. [↑](#footnote-ref-13)
14. Clause 254. [↑](#footnote-ref-14)
15. Clause 258(7). [↑](#footnote-ref-15)
16. Clause 264. [↑](#footnote-ref-16)
17. Clause 267. [↑](#footnote-ref-17)
18. Clause 268. [↑](#footnote-ref-18)
19. Clause 269. [↑](#footnote-ref-19)
20. Clause 698(1) and (2). [↑](#footnote-ref-20)
21. Clause 698(1), (3) and (7). [↑](#footnote-ref-21)
22. United Nations, *Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care,* 75th plenary meeting, UN DocA/Res/46/119 (17 December 1991). [↑](#footnote-ref-22)
23. Ibid*,* Principle 1-(6). ‘Counsel’ is defined in the *MI Principles* to mean a legal or other qualified representative. [↑](#footnote-ref-23)