A Bill for an Act relating to Providing Mental Health Support Post-Discharge Bill 2020.

To be enacted by the YMCA Victoria Youth Parliament;

**Mental Health Support Post-Discharge Bill 2020**

A Bill for an Act to implement post-discharge support for persons admitted to Victorian Hospitals for acute mental health crisis. An estimated 286,985 individuals presented to emergency rooms for acute mental health crises in 2017/2018[[1]](#footnote-1). The Mental Health Act (VIC) 2014 notes that in order for a patient to be involuntarily held, they need to have a mental health disorder and, as a result of this mental health disorder, be an imminent risk to themselves or others, and therefore require treatment to prevent this. It has become apparent that many patients may not fit this criterion but may still be at risk. For example, a voluntary patient with no recorded mental health issues who has attempted suicide and who expressed that they no longer feel suicidal, would not fit the criteria for an Assessment Order. It is clear that people requiring emergency assistance with mental health crises are able to slip through the cracks.

This Bill was written to move that the procedure following a voluntary mental health patient’s discharge from hospital be altered, to ensure appropriate follow up for them, their carers and to provide the opportunity for further assessment and treatment outside the emergency room setting, whilst keeping patients’ rights a primary focus. This Bill represents a valuable adjunct to the current procedures within the Mental Health Act (VIC) 2014.

**PART I—Preliminary**

## Clause 1 Purpose

The main purposes of this Act are—

(a) Ensuring the safety of persons discharged from hospital following an assessment for a mental illness, after their release;

(b) Providing persons discharged from hospital following an assessment for a mental illness with practical resources relating to mental illness crisis support.

**Clause 2** **Commencement**
This Bill shall commence upon receiving assent from the Youth Governor of Victoria.

## Clause 3 Definitions

In this Bill, we define the following to mean—

(a) ***mental illness*** means a medical condition as defined under section 4 of the **Mental Health Act 2014**;

(b) ***assessment order*** means an order within the meaning of section 28 of the **Mental Health Act 2014**;

(c) ***temporary treatment order*** means an order within the meaning of section 45 of the **Mental Health Act 2014**;

(d) ***treatment order*** means an order within the meaning of section 52 of the **Mental Health Act 2014**;

(e) ***authorised assessor*** means a person registered as a psychologist, or a medical practitioner or nurse with a postgraduate qualification relating to the management of mental illness, with the Australian Health Practitioner Regulation Agency;

(f) ***post-engagement welfare check*** means an attempt by an authorised assessor to contact, by telephone, a person discharged following a mental health assessment wherein—

(i) the person was, at the time of the initial assessment, determined not to be subject to an assessment order, temporary treatment order or treatment order;

(ii) the authorised assessor confirms the safety of the discharged person;

(iii) the authorised assessor determines the desire of the discharged person to engage in ongoing psychiatric care;

(iv) the authorised assessor collaborates with the discharged person to arrange a follow-up assessment;

(v) the attempt to gain contact with the discharged person occurs at 24-48 hours post-discharge.

(g) ***follow-up assessment*** means a psychiatric assessment, completed following a post-engagement welfare check, by an authorised assessor, wherein:

(i) the person voluntarily consents to the assessment;

(ii) the discharged person is referred for an appointment with any authorised assessor of the discharged person’s choice;

(iii) the person was, at the time of the initial assessment, determined not to be subject to an assessment order, temporary treatment order or treatment order.

**PART II**—**Establishment**

**Clause 4** **Implementation of Mental Health Support Post-Discharge**

4.1 Following an admission to hospital, where a person is assessed for a mental health condition and subsequently discharged because they are determined not to be subject to an assessment order, temporary treatment order or treatment order, the institution, in which the discharged person was initially assessed, must endeavor to perform a post-engagement welfare check, wherein­—

(a) an authorised assessor establishes contact with the discharged person by telephone call to ensure the safety and welfare of the discharged person;

(b) the authorised assessor, working in collaboration with the discharged person, arranges an appointment for a follow-up assessment;

(c) the authorised assessor escalates care under their powers designated under the **Mental Health Act 2014**, if essential, to ensure the safety of the discharged patient and the community;

(d) if the discharged person is, at the time of initial assessment, documented to be of Aboriginal or Torres Strait Islander origin, an Indigenous Liaison Officer or equivalent shall be permitted to establish initial contact with the discharge person;

4.2 Upon admission to hospital for the purpose of assessment for a suspected mental illness, the institution must endeavor, in good faith, to obtain patients’ contact information for the purpose of providing information regarding mental health crisis support, upon discharge.

4.3 An institution can be considered as having neglected their duty of care to the discharged person if—

(a) the institution in which the discharged person was initially assessed does not attempt, in good faith, to perform a post-engagement welfare check;

(b) the institution neglects their duty to attempt, in good faith, to obtain the discharged persons contact information or to provide crisis support information when such details have been collected.

4.4 The obligations established in this Bill in no way limit, nor infringe upon, the powers provided under the **Mental Health Act 2014**, including—

(a) powers of transfer, apprehension, entry, search and seizure powers to enact an assessment order, temporary treatment order or treatment order

**Clause 5 Post-Engagement Welfare Check**

5.1 The institution in which the discharged person is initially assessed is responsible for contacting the discharged person, via telehealth (telephone or video conference), within 24 hours, in order to—

(a) ensure they returned home safely and did not engage in any destructive or self-injurious activities upon discharge;

(b) establish the desire of the discharged person to engage in ongoing psychiatric care;

(c) in the event that the discharged person desires ongoing psychiatric care, refer the discharged person for a follow-up assessment;

(d) provide the discharged person, if applicable, with informative resources, tailored towards their condition, with consideration of factors such as age, disabilities and culture;

(e) provide the discharged person, if applicable, with informative resources for their carer, family members, and friends, with the aim of ensuring the discharged person is supported and that their safety is maintained;

(f) if the authorised assessor suspects that the discharged person is suffering a mental health condition and is an imminent risk to themselves or others, to escalate care, including by contacting police and ambulance;

**Clause 6 Information Provision**

6.1 All discharged patients shall be provided with an additional information brochure, including those who refuse services such as telehealth or an in-person appointment.

6.2 The brochure shall include­—

(a) mental and allied health support hotlines;

(b) relevant contact numbers to make an appointment through the hospital's psychology department;

(c) information for carers and family members;

(d) information about local hospital psychology department and community health centres.

1. Australian Institute of Health and Welfare. Mental health services in Australia (MHSA) Report (2020). Table ED.5: Mental health-related emergency department presentations in public hospitals, by triage category, 2004–05 to 2017–18 [↑](#footnote-ref-1)