The Royal Australian & New Zealand College of Psychiatrists

27 May 2016

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

By email to community.affairs.sen@aph.gov.au

Dear Committee Secretary

Re: Senate Inquiry into the indefinite detention of people with cognitive and psychiatric impairment in Australia – Supplementary submission

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide a supplementary submission to the Senate Community Affairs Committee Inquiry into the indefinite detention of people with cognitive and psychiatric impairment in Australia (the Inquiry).

Following on from the issues discussed at the 29 April 2016 Melbourne public hearing of the Inquiry, the RANZCP would like to reemphasise that: there are currently a group of Australians who are being treated for mental health problems on an involuntary basis but lack the protection of mental health legislation because they have a disability.

Research indicates that 30 to 40% of people with intellectual disabilities have mental health problems, which may include difficult behaviours and receive a range of interventions for these. These interventions may include: psychotropic medication, psychological therapies, behaviour management and education.

These interventions are best considered as a form of treatment and are the same technologies as those provided in mental health settings for the treatment of mental illness. In addition, management of these behaviours may often involve significant restriction of a person's rights through the application of interventions such as chemical and physical restraint, seclusion and limited access to the community. These restrictions and treatments are often provided on an involuntary basis due a person's lack of capacity and coercion. However it is rare for people with intellectual disabilities to be treated under mental health legislation and there are usually separate legislative arrangements for people with intellectual disabilities. This means that different standards apply to the involuntary treatment of mental health issues in people with intellectual disabilities in comparison to the treatment of mental health problems in people without cognitive impairment.

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The RANZCP believes that whenever someone is unable to provide informed consent and is receiving treatment involving significant restriction of their rights, they should be provided with the protection of appropriate legislation. Further, such legislation should ensure that people's rights are protected and that clinical treatment standards are met irrespective of the presence or not of a disability, or the nature of the specific mental disorder and the treatment or interventions being provided. Currently, the RANZCP considers that this is not the case for many people with intellectual disabilities because they do not receive proper assessment or treatment and they are subject to restrictive practices without proper review.

The RANZCP recently released an updated version of its Position Statement 61: Minimising the use of seclusion and restraint in people with mental illness as part of its commitment to delivering quality mental health services that seek to improve safe practice and promote optimal outcomes to those receiving care. While this position statement focuses on the use of seclusion and restraint in mental health settings, the RANZCP considers that it should also be used to inform policy in all other health, welfare or disability settings, including the use of seclusion and restraint on individuals with intellectual disability.

The RANZCP would like to draw the Inquiry's attention to the recommendations in Position Statement 61 that support the RANZCP's aim of reducing, and where possible eliminating, the use of seclusion and restraint in a way that supports good clinical practice and provides safe and improved care for consumers, including those people with intellectual disabilities.

Yours sincerely

Professor Malcolm Hopwood
President

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