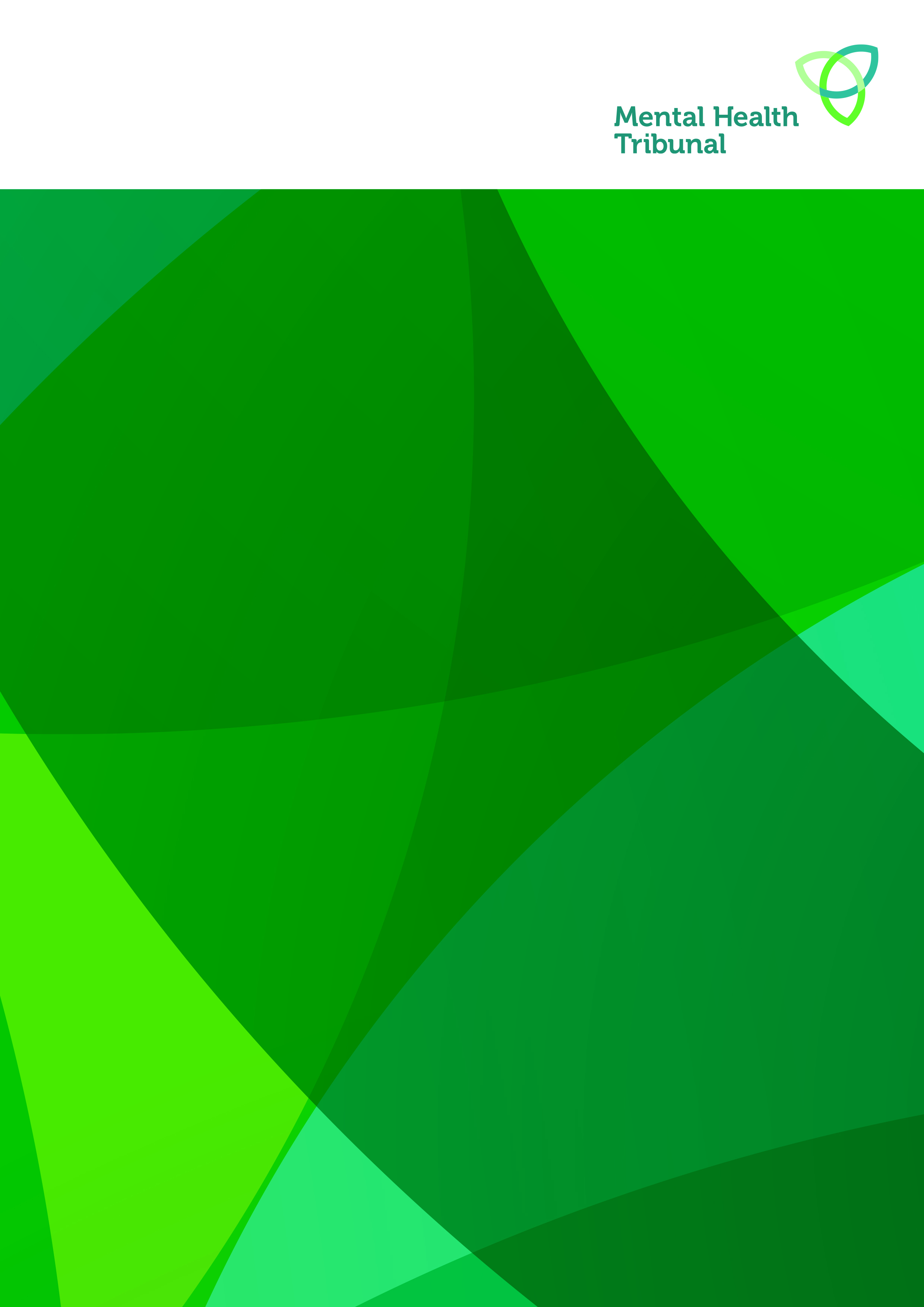
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| **Making rights happen: Increasing participation at Tribunal hearings**  **Prepared by Evan McGregor and Ali Pain  for the Victorian Mental Health Tribunal**  **2019** |
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# Introduction: Why attendance at Tribunal hearings matters

This paper presents what we have learnt from consumers, carers and the lived experience, advocacy and mental health workforce about why people don’t attend Mental Health Tribunal (Tribunal) hearings. It also includes an action plan to increase attendance and participation in hearings.

The Tribunal decides whether to make orders that require a person to have compulsory mental health treatment. We protect patient rights by conducting hearings to identify the least restrictive way people can receive treatment.

Under the *Mental Health Act 2014* (the Act) the Tribunal can make a Treatment Order enabling compulsory treatment if a person:

1. has a mental illness
2. needs treatment now to prevent:
   * a serious deterioration in their mental health or physical health, or
   * serious harm to themselves or someone else
3. will be treated if they are on a Treatment Order, and
4. there is no reasonable less restrictive way to enable them to receive immediate treatment.

The Tribunal also decides whether some patients will receive compulsory electroconvulsive treatment (ECT). These decisions are based on whether the person can give informed consent to ECT and whether there is a less restrictive way they can be treated.

The decisions of the Tribunal can have a significant impact on people’s treatment and recovery. We are best placed to make these decisions when patients and their support people attend hearings and tell us what they think about treatment options and whether treatment should be compulsory. When people don’t attend hearings the Tribunal has to make a decision without hearing their views and preferences.

In 2017-18, only 57% of patients attended their hearings and the Tribunal conducted 3,527 hearings without the patient present. A family member was present at 18% of the hearings conducted, a carer at 5% and a nominated person was present at 3% of hearings. These low attendance rates mean we are falling short on realising the principles of the Act, which include promoting supported decision making and the participation of patients and carers in decision making.

Given the significance of the Tribunal’s decisions, with the guidance of the Tribunal’s consumer and carer advisory group (TAG), we used our first Tribunal Hearing Experience (THE) survey and our 2019 consumer and carer forum to explore the barriers to patients and carers participating in hearings, and to identify strategies to improve attendance rates.

**Our Tribunal Hearing Experience (THE) survey**

Patients and support people who attended a Tribunal hearing in October 2018 (440 people) were invited to participate in the Tribunal’s first hearing experience survey. 91 participants responded including patients (61%), family members (22%), carers (8%) and nominated persons (8%). The survey findings included several insights into why people don’t attend hearings which are mentioned in this report. To gain further insight into why people don’t attend hearings we are expanding our 2019 survey to include people who did not attend.

**Our Consumer and Carer Forum 2019**

The theme of our 2019 forum was “Have your say: Improving participation in hearings”. The forum included a workshop in which all attendees were asked to consider and respond to three questions:

1. Why don’t people attend hearings?
2. What can the Tribunal do to help people attend hearings?
3. What do you need to be prepared for a hearing?

The forum was attended by over 100 people including consumers, carers, peer workforce members, health service personnel, legal representatives and Tribunal members and staff.

**This report**

This report presents and interprets the results of THE Survey and workshop responses about why people don’t attend Tribunal hearings. It also includes practical actions the Tribunal will take to address issues. These actions are summarised in the action plan. The implementation of the action plan will be monitored by the Tribunal’s Governance Group. We are very grateful for all the survey and workshop participants who contributed.

The full responses to workshop questions are included as appendices. The responses have not been edited in any way and the themes have been developed solely to make the responses more accessible. The responses have been recorded and published to ensure the direct voice of consumers and carers is retained. The Tribunal doesn’t endorse or dispute any views reflected in the responses.

# Action plan to increase attendance and participation at hearings

This plan is a summary of the actions the Tribunal has committed to in this report. Actions are presented in the order they arise in response to issues identified in the next section of this report. They are not in priority order. Several actions are already underway.

**Action 1: Work with health services to improve hearing notifications -** Continue to support and influence health services to fulfil their responsibilities of:

* collecting and maintaining up-to-date records of patients and carers addresses and other contact details
* notifying inpatients of hearings and providing information about how to prepare.

**Action 2: Notify & remind patients of hearings by text messages and email:**

* have the state-wide mental health database changed to include patients’ mobile phone numbers and email addresses
* trial sending SMS text messages to remind patients of their hearings
* trial notifying patients of hearings by email as well as by post.

**Action 3: Tell patients how to request a change of hearing date -** Modify notice of hearing letters to tell patients and carers they can contact the Tribunal to request a different hearing date.

**Action 4:** **Stick to hearing times** - Establish clear guidance for Tribunal Members and health services to ensure that they do not change the start time of hearings without confirming it suits all hearing participants.

**Action 5: Recovery focused report templates** - Create recovery-focused report templates that make reports easy for patients to understand and respond to.

**Action 6: Tell patients we will listen to them -** Trial new notice of hearing letters communicating that Tribunal Members will listen to patients and consider what they say when making their decision.

**Action 7:** **Health service support for patients to participate in hearings** - Continue to engage with health services about how to support patients to participate in hearings.

**Action 8: More guidance for carers on participation in hearings -** Produce a video for family, friends and carers with guidance on how they can most effectively participate in hearings. We already have videos for patients.

**Action 9: Tell patients who is attending the hearing -** Change the Tribunal’s notice of hearing letters to tell patients which of their support people have been notified of the hearing.

**Action 10: Further promote interpreters and information in other languages -** Continue to encourage health services to:

* let the Tribunal know when a patient or carer would like an interpreter at a hearing so that the Tribunal can arrange one
* provide patients who prefer other languages with the translated information on the Tribunal’s website.

# Barriers to participation and actions to address them

## Not knowing about the hearing or how to prepare for it

Patients and other contacts are notified of Tribunal hearings in writing. A notice of hearing is sent to the postal address provided to the Tribunal by the patient’s health service which they record in the state-wide mental health database. If a patient is an inpatient, the health service is required to provide them with their hearing notice.

17% of patients who completed THE Survey indicated they did not receive written notice of the hearing. 27% indicated they were not given information about their rights that is supposed to be enclosed with the notice of hearing.

Similarly, workshop participants suggested people may not attend hearings because they:

* are not notified of hearings
* forget about hearings
* do not know the time of the hearing.

**Action 1: Work with health services to improve hearing notifications -** Continue to support and influence health services to fulfil their responsibilities of:

* collecting and maintaining up-to-date records of patients and carers addresses and other contact details
* notifying inpatients of hearings and providing information about how to prepare.

**Action 2: Notify & remind patients of hearings by text messages and email:**

* have the state-wide mental health database changed to include patients’ mobile phone numbers and email addresses
* trial sending SMS text messages to remind patients of their hearings
* trial notifying patients of hearings by email as well as by post.

## Inconvenient hearing times

Workshop participants also suggested people don’t attend hearings due to:

* hearing dates or times being inconvenient
* hearings times being changed at the last minute or without notice.

Participants commented that last minute changes to hearing times can surprise and inconvenience patients and carers resulting in them being unable to attend or losing expected time to prepare.

Having enough time to prepare for hearings is an issue for patients as 31% of survey respondents indicated they did not have enough time and information to prepare.

**Action 3: Tell patients how to request a change of hearing date -** Modify notice of hearing letters to tell patients and carers they can contact the Tribunal to request a different hearing date.

**Action 4:** **Stick to hearing times** - Establish clear guidance for Tribunal Members and health services to ensure that they do not change the start time of hearings without confirming it suits all hearing participants.

## Reports provided by health services do not encourage people to attend

A theme in the workshop responses was that people don’t attend hearings because the reports provided by health services can be demoralising, difficult to understand and can contain information patients consider to be incorrect or irrelevant history. Workshop participants suggested that if reports were easier to understand, cope with and respond to and more recovery focused people would be more inclined to attend hearings.

**Action 5: Recovery focused report templates** - Create recovery-focused report templates that make reports easy for patients to understand and respond to.

## Patient’s don’t believe they can influence the outcome of hearings

38 workshop responses suggested people don’t attend hearings because they don’t believe they can influence the Tribunal’s decision. For example, one workshop response was that people “feel they won’t be listened to – so what’s the point in coming?”.

This belief among patients that they won’t be listened to contrasts with patients’ reported experience at hearings as 82% of survey respondents who attended hearings considered the Tribunal members listened to their opinions.

**Action 6: Tell patients we will listen to them -** Trial new notice of hearing letters communicating that Tribunal Members will listen to patients and consider what they say when making their decision.

## Participating can be difficult

Workshop responses suggested patients don’t attend hearings because it is too hard for a variety of reasons including:

* patients [being too unwell](#_Toc11334300)
* [side effects of medication](#_Toc11334301)
* [lack of understanding of the process and how they can participate](#_Toc11334287)
* the idea of attending being intimidating, scary or distressing
* [lack of support from health service staff](#_Toc11334288)
* being concerened about damaging their relationships with the treating team
* not knowing who will be at the hearing
* [having no support person](#_Toc11334289) to help them
* [having no legal support or advocacy](#_Toc11334291)
* language barriers
* it being [too hard or expensive to get there](#_Toc11334296).

Other workshop participants suggested carers may not attend hearings due to [fear of damaging their relationship with the patient](#_Toc11334290).

**Action 7:** **Health service support for patients to participate in hearings** - Continue to engage with health services about how to support patients to participate in hearings.

**Action 8: Video guidance on participation in hearings -** Produce a video for family, friends and carers with guidance on how they can most effectively participate in hearings.

**Action 9: Tell patients who is attending the hearing -** Change the Tribunal’s notice of hearing letters to tell patients which of their support people have been notified of the hearing.

**Action 10: Provide interpreters and information in other languages -** Continue to encourage health services to:

* let the Tribunal know when a patient or carer would like an interpreter at a hearing so that the Tribunal can arrange one
* provide patients who prefer other languages with the translated information on the Tribunal’s website.

# Appendix 1: Responses to ‘Why don’t people attend hearings?’

This appendix presents workshop participants unedited responses to this question grouped into themes.

The Tribunal doesn’t endorse or dispute any views reflected in the responses. We are publishing these responses to ensure that the direct voice of consumers and carers is retained. We are very grateful for all the workshop participants who contributed.

Lack of confidence they could influence the outcome

Opinions not heard

Don’t think it will make a difference

It won’t make a difference to the decision

Rejection/frustration with MH services which trickles on to not wanting to be involved with the system and tribunals also. Carer

They feel that it is not going to change anything whether they attend it or not

People don’t think attending will make any difference

Foregone conclusion

Practices where people’s time is treated as less important than the Tribunal’s makes people annoyed with spending time and being disrespected

Assumption that decision will be a fait accompli

Futile

Powerlessness-believe outcome is a foregone conclusion

Hopelessness-feeling like it’s a foregone conclusion-tribunal will side with treating team- if not first hearing it will just be history repeating

No self-confidence to affect the outcome

Seen as futile

Not being heard or having my opinion valued

Do not believe In the process- Lack of Trust

Believe that a decision has already been made- so what is the point?

Feel they won’t be listened to- what’s the point in coming?

feel it will be a waste of time

I won’t get off my CTO anyway. So why go?

Don’t think it will make a difference if they attend

All the power is at the top, consumers are taught their brain is broken, they experience learned helplessness and give up

People are too distressed to attend, they think their views don’t matter so why bother?

People don’t believe there’s enough chance to be successful I think it’s 20% of the time they’re overturned)

They do not get favourable outcomes

Do not feel like they are heard or respected

DO not feel they have a say in what’s happening to them

Don’t believe hearing will change outcome- futility

Feel patronised, not heard and don’t want to expose themselves again

Pointless-no one will listen, they’ll do what they want

People don’t know who’s side the Tribunal is on

They don’t believe it will make a difference- consumers

Don’t understand it think it is a done deal

Experience in past and does not listen to me

Past experience where MHT gives more respect and ‘airtime’ to the hospital/MHS representatives

Feel that it is a waste of time/done deal

Lack of procedural awareness- ie request adjournment so they can attend on a future date

Being to hearing before and the pre-determined outcome

Attending is too intimidating, scary or distressing

They’ve had a ‘bad’ experience in the past

Last time it went badly so afraid of this again

Intimidating

Stigma

Shyness

lack of trust

Trauma from services is preventing them, they have been harmed in some way by the staff who represent the service that will be attending

not having the right words, emotionally vulnerable, MHT might confirm worst fears

Do not want to leave room don’t feel safe on the ward

‘sorry business & impact of stolen generations’

Might feel like you’re going to court

Too daunting/overwhelming especially if it’s your first time

FEARFUL of outcome- intimidated

Too nervous

Too unwell

People are scared

An uncomfortable experience

Confused, anxiety, over-whelmed

Consumers too unwell to attend

Overwhelming-consumer

Overwhelming to be 1 person facing 3 Tribunal members + treating team haven’t met/barely met the person

Do not want to be in the room with the treating team being spoken about often by people never met

Often they are represented by a member of the treating team they have never met

Fear

Some people are too unwell

Unable to deal with anything

Anxious- fearful of process

Feel intimidated

Are too unwell to follow complex process

Negative self-talk

Anxiety about speaking my voice

They feel unwell and anxious

Video conferencing can be challenging

Getting the video-link if people are not there in person, people find it difficult to get their message across

First time quite overwhelming

Hearings are intimidating, the room, the power people have to control someone’s life

Fear at presenting at Tribunal-like court

Some people put off by it being a court, because Tribunal sounds like court, especially to young people

They’re scared- particularly the first time-consumers

The language of the Tribunal is scary/threatening/punitive-Consumer

Anxiety-fear of getting tongue tied or speaking in front of strangers

Suspicion/paranoia- technology-in video hearings and of strangers

Court-like perception of hearings

People feel too distressed, enraged at multiple misdiagnoses, power to force ECT or anti psychotics which can make people’s mental distress even worse

They find it traumatising to hear what the treating team say about them in their report

Fear, negativity, people don’t feel empowered Anger, rejection, can’t handle any more

Upset with clinical team (angry

Do not understand the process OR Culturally it is not understood OR Family does not want them to go- SHAME for family

Complex trauma and developmental trauma is dismissed, denied and invalidated as cause of mental distress by all parties involved

Feel disempowered

Feel disempowered

Feel disempowered

misunderstood

Not notified of the hearing or forgot about it

They don’t know there is a hearing

Appropriate form MH32?? Is not filled in so carers not on list of those to be informed

Unaware of hearing- Carer- sometimes MH services are confused about confidentiality and rights of carers, therefore do not inform carers)

Unaware of changes to the hearing time- Carers

They might not know there is a tribunal going, unaware of the meeting

Might not know

Fast paced inpatient units don’t collect data on NPs and carers

Have not been informed e.g family, carer, family friend or Nominated Person so they do not attend

Don’t remember

Cannot find the address

Not aware of location

Could not locate the venue in time

Carers not informed

Notification is not translated appropriately

Don’t use a phone- if a reminder sent on text message they don’t get it

Did not receive notification

Changes to hearing times

Told the wrong time or date

Forgot about hearing

Not knowing time of Tribunal hearing until last minute to organise legal representative or advocate

Not informed in timely manner

Don’t know about the hearing, especially families/carers

Contact records of carers is poor

Not informed

Some people don’t even know there is a hearing, because they didn’t get a NOH and because Tribunal does not have contact information

Frustrated by medical report-inaccuracies and old info make people frustrated-confronting only 48 hours to process (often late in getting the report)

Not knowing the time of the hearing or inconvenient rescheduling

Late or no notice of rescheduling of appts. So consumer won’t go because the person they would like there is not available

Changes to hearing times

Having to wait around for an indefinite period of time

Not convenient with timing

Not enough time to prepare

Not enough time to prepare

Not enough time to prepare

Not enough time to prepare for the hearing

Reports aren’t given 48 hours before the hearing

Reports can be a bad experience, contain factual errors and can be difficult to respond to

Disempowered, especially is perceived to be false/incorrect misrepresentative etc

Frustrated by medical report-inaccuracies and old info make people frustrated-confronting only 48 hours to process (often late in getting the report)

Don’t agree with the diagnosis or treatment order

Paperwork is too overwhelming from IPU

Paperwork is cumbersome and often they don’t understand it!

Often the material is based on hearsay and unsubstantiated facts

Difficult when what is written in reports conflicts with their own view (no room for a view that doesn’t agree with a ‘medical’ explanatory model

Lack of understanding of the process and how they can participate

Lack of procedural awareness- i.e request adjournment so they can attend on a future date

Don’t know their rights

Carers- don’t really know much about the importance or feel that it is appropriate

Lack of knowledge and education about the hearing

Uncomfortable/unsure of how to frame their perspective and unaware they can get support for this-Carers

Don’t understand the importance/purpose of hearing

Don’t understand the context, especially in early days

Lack of understanding of the process-consumer

Don’t realise Tribunal is separate from service

Do not know how it works and that it is not part of hospital can they be taken away

Confused about what it is for, do not actual understand compulsory treatment

Often the service doesn’t explain it properly

Does not understand the legal mental health tribunal

Not getting information before the Tribunal

Not enough information of process

They don’t understand their legal right

Haven’t been informed or understand purpose

Lack of information

Lack of information given in a timely manner

Lack of education/understanding the process.

No explanation of what a hearing is about

Lack of information presented in different languages, pictograms, simplified English

Lack of support from health service staff

They find it traumatising to hear what the treating team say about them in their report

Electronic files and access to their file-processes at hospital/MHS are a barrier and obstructive to their rights. (staff needs to sit with person, or told “not enough time”)

Do not want to be in the room with the treating team being spoken about often by people never met

Was totally overwhelmed by the task and had no supports in their preparation time

No appropriate clothing etc

Trauma from services is preventing them, they have been harmed in some way by the staff who represent the service that will be attending

Lack of access to case manager

Often they are represented by a member of the treating team they have never met

People don’t care what the mental health service wants

Carers- might be a young carer (child)

No support person, carer or nominated person

No one to support person (totally isolated/lonely)

First contact in system so likely to have less support

Don’t have any support person to go with them or remind them

Having the right supports available eg friend/carer

Support person can’t come

Don’t want to go alone

Haven’t got a Nominated Person or family member for support

Don’t’ know you can bring a friend or family member

Don’t have a Nominated Person

Could not obtain a support person to attend with them

Was totally overwhelmed by the task and had no supports in their preparation time

No support

Carers not notified

Lack of support

No support

Lack of support person to advocate

Carers fear of damaging their relationship with the patient

For carers they may feel that their relationship with their loved ones may be compromised

Due to tensions between consumer and carer, the carer does not wish to inflame the consumer by their presence-Carer

Fear of reprisal from consumers for carers

Carer-Fearful of mis-speaking, ‘say the wrong thing’ jeopardising relationship with patient

Carers have different views to that of consumer, so loathe to talk in front of consumer

Carers don’t want to upset the consumers or voice opinions in front of consumers- Compromises relationship, relationship needs to be protected

No legal support or advocacy

Legal Aid don’t come prepared to make a good contribution

They are not represented-feel the process is hopeless

Not enough options for legal support at Tribunal- not told you can get legal advice/representation

No representation (are unaware of their rights)

They don’t understand their legal right

I don’t want to attend without an advocate

Could not contact a legal representative to assist or attend

Language barriers before the hearing

Notification is not translated appropriately

Language barriers

Interpreters not available

The hearing date or time is inconvenient

They might have morning appointments

Have other responsibilities ie children, work, study

Time consuming people have work commitments

Availability

Don’t care about the outcome

Apathy-zero cares about outcome

Not interested

People don’t care what the mental health service wants

Don’t like videoconferencing

Getting the video-link if people are not there in person, people find it difficult to get their message across

Video conferencing can be challenging

Suspicion/paranoia- technology-in video hearings and of strangers

Too hard or expensive to get there

Travel distance

Access-e.g. lack of transport, public transport

Access to transport

No transport

Logistics

Transport

Barriers to turning up eg: early morning hearings, transport issues, impacts of treatment etc

Resources- Access to transport

Resources- Financial

Can’t get there-no transport

Can’t get to the hearing or it is difficult (particularly for community orders)

Might not have a physical resources or choice to come (money, transport, …) to come

Might not have energy or need to go somewhere

Because they are not encouraged to attend

Not encouraged to attend

Clinicians and treating teams don’t encourage carers to attend

Not promoted/supported by clinicians or services in general

Not encouraged by the Treating team

Staff say “you don’t have to go to the hearing” rather than helping to reassure person if they’re worried about it

Consumer doesn’t want to attend therefore families/carers don’t attend

Because they are discouraged from attending

Recommendation of the mental health services not to attend (rarely happens but I have heard stories from carers being advised not to attend)- Carers

‘Not welcome” service does not encourage attendance

Because they fear punishment from the service if they attend

If they speak up they will suffer for it

More punishment

Fear of retribution by staff

Don’t trust the service

They feel like they must comply otherwise their local mental health service will punish them

Too unwell

Too unwell

Are too unwell to follow complex process

Unable to deal with anything

Too unwell

DO not want to leave room don’t feel safe on the ward

Because of medication and the illness they don’t want to attend and understand ramifications

They feel unwell and anxious

Some people are too unwell

Drug or alcohol withdrawal

Consumers too unwell to attend

Was detained on the ward at the appointed time

Side effects of medication

Medication affecting attendance-drowsy in the morning

They are secluded or chemically restrained (so much more common at the time of their hearing)

Too sedated by medication

Because of medication and the illness they don’t want to attend and understand ramifications

Medication often timed to be delivered prior to hearing- feel foggy

# Appendix 2: Responses to ‘What can the Tribunal do to help people attend hearings?’

This appendix presents workshop participants unedited responses to this question grouped into themes.

The Tribunal doesn’t endorse or dispute any views reflected in the responses. We are publishing these responses to ensure that the direct voice of consumers and carers is retained. We are very grateful for all the workshop participants who contributed.

Improve the data in the CMI/ODS to ensure people are notified of hearings

Ensure the service where Tribunal is being held has followed due process and informed:

* Consumer
* Carer
* Nominated person etc

Ensure that services take on the responsibility of informing consumers and carers and filling in the MH32 in a timely manner

Ensure that the carer or NP is informed

Contact family/carer

Keeping contacts up to date

Up to date accurate contact details-family and carer details

Collect more demographic data to know who is attending

Improve access to database- in hospital and AMHS Legislate

Continue to educate MH services to keep an updated database of accurate carer/family information so they can be contacted

Data availability- accurate info on address, carer/family so they can get notice of hearing

Schedule hearings in advance to give patients enough time to prepare and access support

Advance notice

Give sufficient time to prepare

Give adequate notice of set time and date at least 7 days prior (community)- 48 hours for IPU

Timely with paperwork and hearing timing

Give them time to understand the process, who is attending on both sides and how it looks

Enable hearings at convenient or preferred dates and times

If the consumer wants an urgent hearing, organise that, if the consumer wants to postpone eg for a day, organise that

Hold hearings at convenient times

After hours hearings available to cater to carers/ nominated persons who work

Extend hours of operation

Make effort to ensure timing suits the patients eg early appointments may not suit outpatients

Make scheduling of hearings clearer- keep people informed of delays- more time between hearings

flexible on time/date; agile with last minute changes

Don’t change the time or date of hearings if it would inconvenience patients or carers

Don’t change the timing of the hearings!! Especially to bring them forward with minimal notice!

Keep to hearing schedule

The service gives a time at the start of the day when the MHT meeting begins- Schedule and does not change- NOT FORWARD

Notify people of hearings in multiple ways

Multiple communication strategies- one to one/face to face-written; written/letter; email; SMS

Use multiple methods to attempt to contact consumers notifying them about the details i.e time, date, date and venue for the hearing

If they are on their own, an official envelope can cause anxiety and people may “coonie” themselves, too scared to open the envelope

They need to hand over the Notice/Info to the family/friend/kin who is supporting the person

Remind patients and carers of upcoming hearings

Reminders

Follow up call

Send a few notices of appearances

Tribunal members encouraging inpatients to attend on the ward

If on the Ward, Tribunal member encourage attendance, explore reasons why/why not?

More face to face hearings

Attend face to face (in regional areas)

Engage patients not attending to understand and overcome barriers

Send Tribunal letter to ask why not attending

Follow up non-attendees to understand issues and identify possible future solutions and work arounds

Provide information in a patient or carer friendly way

AT SERVICES- Treating team educate them about what to expect at hearings. Show them the website and how to navigate it. Give out brochures and explain

Provide information 2 days before the hearing and explain it so that the consumer and carer and NP understand it

More hope

Recovery orientated language

Plain language is all documents and correspondence, verbal communication and the actual hearing itself

More short advice

Give information in multiple formats

Ensure appropriate information is given to consumer and carer by the service

Promote-give out literature to read/website

More accessible information on website- different languages, simplified English-pictograms

Improving ways of communicating/communication documentation

More education-Website excellent start!

Educate everyone

Publicity-website- communicate to everyone

Explain process, purpose and nature of hearing

Allay people’s fears and demystify pre-conceived ideas

Ensure they are given plenty of notice

Make sure people are prepared and know their hearing is on

More general knowledge is needed amongst the public about the Tribunal so it becomes “part of the furniture”

Make consumers aware of website

Easier access to information

Encouraging and promoting all options for support and representation

Better explain NPs and AS’s

Explain the impartiality and helping nature the Tribunal attempts to convey in their work

Many carers are not aware they can attend, therefore encouraging or educating the community of their rights. Maybe on your website have a video that addresses carer rights/needs specifically

For carers: info and reassurance that they don’t have to say anything that might damage their relationship

Booklet given to consumers explains everything perfectly well

Provide space in booklet is good and helps consumers to prepare what they want to say at the hearing

Let people know about: Information on website about how to prepare for a hearing

Easy to read brochure explaining that the hearing is a conversation

More education

Reduce language barriers

Community engagement strategy to reach out to those identified- ie language resources

Make sure all information including notification is translated appropriately

Improve reports

Improve medical reports- reduce inaccuracies-old information not relevant-let people move on

Make reports more patient friendly

Help services write reports which tell the story and the plan using recovery focused language- need a first paragraph that engages the reader

**Make it easier for patients to get the right support people involved**

Highlight referral options in hearing notifications

Consumer could give consent for the carer or nominated person to receive the report

Staff need to explore cultural beliefs with people, and help identify family/community “aunty” or “uncle” who can help

Stop inappropriate family members, partners, friends from attending e.g. if the consumer is saying “I’m experiencing family violence from my partner” don’t let them attend

Contact family/carer

Bring friend

Bring somebody who cares-mum

Have a peer worker at every hearing

Ensure timely access to reports and documents

Carers and consumers should get the report 48 hours before the hearing

Give report in advance-several days not just 48 hours and make several attempts to discuss report with patient

Provide information 2 days before the hearing and explain it so that the consumer and carer and NP understand it

Timely with paperwork and hearing timing

All require documentation in advance

Report to be provided to the consumer earlier than 48 hours allowing the consumer more time to prepare and take in what they have just read (which is very difficult for them)

Make it easier for patients to attend

Provide transport for the consumer

Provides transport for the consumer to attend MHT if needed, if not inpatient

Taxi vouchers provided by health services

Assist with transport to attend hearing

Considering disability access

Provide appropriate transport

Provide maps

Helping people with providing information about practical issues e.g. parking

Encourage AMHS to provide advice re practical access to venue- e.g. cab charges

Provide a small fund or vouchers for ‘appropriate clothing, hairdressing, make-up, shaving etc’

Provide access to advocacy and legal support

Funding for a MHT Advocate to attend every MHT hearing $$$

Increase access to legal aid- more funding

Provide free contact with legal professionals who understand the process

Have consumer consultant organise for IMHA cards to be handed to every single person having a hearing

Give more notice-more IMHA, Legal Aid and lived experience support

Ensure legal representation for all consumers

Ensure all people given a hearing date are also given information and access to IMHA and legal representation, someone not part of the treating team to help them prepare

Active promotion of legal representation and other supports

Have Legal Aid/MHC at every location of hearing and on the day and by appointment before

Promote IMHA and Legal Aid more

Legal Aid being more accessible- e.g. Mental Health Legal Centre

VLA should be able to take on any case, not just pick and choose

Communication with staff about offering advocates

Support and facilitate people to have an advocate (lawyer) independent

More access to advocacy

Better relations with stakeholders

Encourage attendance and participation

Promote the hearings as a way of improving recovery-oriented practice. Giving them a chance to be heard of their wishes/goals

Case worker/nursing staff- make consumer and carer feel comfortable to go

Consumers often feel that they won’t get off their CTO so why go

Targeted forums hold at various locations with clients/family/carers

Encourage people to attend and raise their voice

Make hearings recovery focused

Make the hearing Recovery focused instead of solution focused

Make the hearings recovery focussed

Change to Recovery focused rather than solution focused (as opposed to recovery focused language in a solution focused way as stated earlier in the forum)

Provide professional development to Tribunal members to improve patient experiences of Tribunal hearings

Continued collaboration with clinical services, families etc

**Understand trauma and know how to work with patients who have** **had traumatic experiences**

Understand the complex trauma and developmental trauma causes mental distress, ECT and psychotropic drugs do not sure this

People with complex trauma may hear voices, have unusual beliefs but not understand because of disassociation what’s happening, they need access to trauma informed care

Provide culturally safe hearings  
  
Cultural safety training for MHT members

Include a better discussion about treatment  
  
Allow for the consumer to have their say about treatment under the criteria, not just whether they meet the criteria

If someone must receive compulsory treatment, give them options with: medication (not just this), psychology/counselling/holistic health/psychosocial support- recovery focused principles

Increase the support for patients provided by humans

Individual consultation with the consumer becomes a priority for a member of the treating team to meet with the consumer pre-MHT-

Post MHT- same person provides an opportunity/time to debrief and allow feedback

PROVIDE HELP IN PREPARING FOR THE HEARING: a) help in deciphering file notes b) assistance in accessing new website c) reassurance for those suffering anxiety etc

Meeting before the hearing, a person (advocate) engages with the person and eases into the hearing

MHT- needs to promote the GOALS, PROCESS of MHT- to the service provider/hospital treating team- so they are well informed and can then inform- consumer, carer, family, nominated person

Allow or encourage (even provide) a support person to go with the consumer to the hearing

Contact with case managers through organisations to help support attendance

Contact case managers

Talk to family, friend, or carer about helping to attend

More education

Getting clinical teams on-side with the importance of people attending

Support person- make sure there is someone to explain the procedure

Utilising community volunteers or having a Tribunal volunteer support person program

An independent person to support consumers to prepare for their Tribunal- this needs to be the norm not the exception

Peers to chat about tribunal process to consumers and carers

Peer Support network for those who have experienced process

An independent person to give report to patient- eg IMHA where patient doesn’t want to speak to the treating team

Give report in advance-several days not just 48 hours and make several attempts to discuss report with patient

Ensuring patient phone lines are available so clients can access supports

Have support provided after the hearing regardless of the outcome

Better relations with stakeholders

Build rapport effectively and treat people with respect  
  
Apologise for past MHT’s in which people have not felt heard, or have felt patronised-where individuals and systems have let them down

Acknowledge how many times a consumer may have attended in the past and ask if they want to speak first before anyone else and don’t interrupt them to move on

Consider hearing form the patient first before reading the report so that MHT hears patient with open mind and/or facilitates patients to get their views in writing before so MHT gets balanced view pre-oral hearing

“Connect” first and if disconnection occurs make it a priority to reconnect

Tribunal-empathise with consumer and carer and put them at ease

Lessening the anxiety around the procedure by ensuring people feel at ease and it’s their hearing and chance to have their voice heard

Attendees to all be treated with respect- client-clinicians-family

Improve hearing rooms and waiting areas or use more patient friendly venues  
  
Make environment more comfortable

Room set-up-around the table

Have appropriate hearing rooms and furniture

Offer food and drinks while people are waiting

Things MHT already do- bedside hearings

Hold hearings in more neutral settings- e.g. away from service- patient home, patient GP office

informal setting

Record hearings to create impression of accountability

Record hearings so consumer feel there is accountability for what is said in how the Tribunal hearing conducted

Recruit ‘consumer members’ and staff with lived experience of mental illness

Employ more people at MHT who have lived experience and allow them to have strong influence across all aspects of MHT including of course, the hearings

Change “community member” to “consumer member”

Tribunal member encourage the attender to come and join the MH Tribunal

Educate health services and make them accountable

Educate treating teams

Hold information sessions

Education at services- re Nominated persons and Advance Statements

Better relations with stakeholders

Feedback of services and statistics

Resourcing treating team to help support attendance

More checks and balances/accountability for services to actually follow the Act (MHA 2014) and Vic Human Rights Charter, and not overuse or exploit the MHT process

Make the requirements/services responsibilities clearer and more accountable

Holding the service to account for their part of the process, demonstrating 1) the Tribunal ’s independence and 2) best interests of consumer

Continued collaboration with clinical services, families etc

Office of Chief Psychiatrist-checks and balances-survey forms etc

Tribunal can require family involvement for clinicians to include

Do clinicians and psychiatrists know the requirements of the Tribunal eg Reports 48 hours before

Sanctions against service providers who don’t comply with legislation- eg not providing paperwork in time, not advising of hearing “What is tolerated gets repeated”

Further educate MH services of the importance of having the carer perspective where possible and clear up any misunderstandings around confidentiality and how it relates to the caring role

Encourage consistent good practice at/between mental health services

Make sure repercussions for mental health services where reports and other info not given in time

Responses that didn’t answer the question

Public sector

Find a better way to find out why they don’t attend

Be a source of S????????(this word was illegible) information-encourage

# Appendix 3: Responses to ‘What do you need to be prepared for a hearing?’

This appendix presents workshop participants unedited responses to this question grouped into themes.

The Tribunal doesn’t endorse or dispute any views reflected in the responses. We are publishing these responses to ensure that the direct voice of consumers and carers is retained. We are very grateful for all the workshop participants who contributed.

To have been notified of the date and time of the hearing and have enough time to prepare

Certainty about hearing time and the chance to negotiate changes and agree

Notification early

Time

Advanced notice

Time- given things last minute-don’t have time to process report and work out what they want to say

Time- may need to be re-visited

Adequate time- if brought forward it can affect mental and emotional preparedness

Check with consumer and carer if it is OK to bring it forward- it might reduce anxiety

Informed couple of weeks before the meeting (adequate time!)

TO be able to ask for deferral if waiting

Remember for hearing set time and appropriate amount of time to go through documentation especially when you need another person or people to go through with it so that they can support you

Email/Send the statement and agenda of the meeting

A hearing notice

Schedule time

No last minute time changes to scheduled hearings

Carers to know they have rights can attend

CARERS: carers need as much time as possible to prepare for the hearing- 2-3 weeks would be great

Information to understand the process and how to participate and exercise rights

Information sheets, brochures

Read information

How to access the website

Website

I need to trust it will be a fair process, that I’ve got a chance of winning

Knowledge of your rights

Access to a resource produced by people who have been to the Tribunal about what it’s like to go to the Tribunal

Understanding of process

Plain language- only Year 8/9 (schooling/literacy level) pass in our regional area

Reduce acronyms and jargon on reports so consumers/carers/NPs can understand

Awareness of rights and responsibilities

Knowledge of the process- so what to expect and what you need?

Information- as per website\*\*

All information provided to consumers nominated people

More information

Rights- to know them

Go to the website and follow the prompts

Services provide consumers and carers with education about what happens at a hearing, who is there at a hearing, how to cope with teleconferencing

Process simplified

Need to know WHY? You need to attend

Often the consumers are not aware of treatment criteria

Trust the process- providing the video clips on the MHT website and run groups on ward

Easy access to info about rights and TO criteria

Knowledge that it will be a supportive and safe process

Your opinion counts

Be told what will happen after the hearing

Awareness of the Tribunal’s role- outline of the process

Reassurance and focus of the meeting- Some people think it will be an examination of the diagnosis, like second opinion, and get disappointed that its not

CARERS: maybe some simple tools to guide the carer on their rights (eg they can have a support person, they can be present but don’t have to talk, etc)

To know who else will attend the hearing

Who are the Tribunal members? Are they doctors? Make them human, not distant

The consumer should know who is attending the Tribunal, and why

To have familiarity of venue and people who will be involved

I need to know who will and won’t be there

You need to know who else will be there- many will be intimidated to walk in and not know 3 people will sit behind a table and Q & A you or your carer, etc

Provide information prior to the hearing about who the Tribunal members are that day

Advocacy, legal support and legal resources

Need advocate if you are not capable

Legal advice- phone advice at the least

Access to a legal advocate, lawyer or solicitor who can help

A conversation with an independent legal expert or an experienced advocate to help explain the legislation and the criteria

Speak to Legal Aid

Guaranteed access to a lawyer throughout

Advocacy and communication about what rights you have

Immediate legal and non-legal assistance

Time with a legal rep

Access to an independent support person or advocate

IMHA rep at every hearing

TO have easier access to Legal Aid

Support from IMHA and Legal Aid and VMIAC

Legal Aid

Legal help or legal support person from the community or private

Easy access to legal advice and representation

Time to think and plan support people and to organise nominated person or access a second opinion and Legal Aid

Access to a legal representative

Consider MHT providing a person to assist with advocacy and giving people information

Legal

An independent person who will be on “consumer’s side”

Address the power imbalances

Reduce the power imbalance

I need access to full hard copy of MHA 2014 and all relevant hospital policies

Access to the Mental Health Act and patient rights information

Understanding MH legalities- use Statement of rights

Every 91 days a review of Statement of Rights for consumers- particularly in advance of a Tribunal

Support from others (family, friends, carers, nominated persons, care workers, case manager, peer support, therapy dog, interpreter)

Heaps of support as it is often the worst time in your life

Support to understand the process

Support throughout process to help them understand the implications of outcome. Dependent on everyone’s experience of process

Ask someone to attend with you- family/Carer, peer worker, case manager

Support from treating team and/or peers

Ask family members/carer to go with you

Therapy dog/animal or support person. Community volunteer or advocate

Stronger presence of carer or consumer consultant on days of hearings

Talk to other people who have been to a hearing and find out how they felt

Poor support throughout the process

Case manager

Ask someone to attend with you- family/Carer, peer worker, case manager

Family/friend- fill in form so support can be organised

Pastoral care-fill in form so support can be organised

Post supports- plan a meeting before and after meeting

Support to get to venue or good understanding of video hearings

\*Help assistance to come to the hearing

Nominated person

A friend or carer

Encouragement

Nursing staff sit with the person at start of day and assist them through the day of the hearing

One on One face to face consultation with the consumer- inpatient-outreach before MHT to explain process

Support by person (carer, nurse, CM, IMHA etc) especially when unsane, vulnerale/ambivalent

Outreach into hospitals and into community

MAY be able to provide support

Support from the treating team and consumer consultant/peer worker about what to expect at a

Support from treating team and/or peers

Good professional relationship with translator/interpreter

Ermha

Access to a patient-friendly report and the clinical file

Documentation supplied within timeframes

Access to your file early

Access to my whole file immediately, not just the MHT report- which I want ASAP

Reports

How to access your file before a hearing if you are wanting to read it- support and debriefing when you do read it from the treating team

Documentation in plain English

The report written is easy to understand language

A chance to look at clinical notes for admission prior to hearing (if wanted)

Clinical staff who will listen to my concerns about the report and make necessary changes and correct errors before the hearing

Time to prepare >48 hours, someone to explain jargon, services not using jargon in first place

Get report 48 hours before hearing

Make sure you get the paperwork from the unit 48 hours before the hearing

Accurate report

Respectful report

Recovery oriented report

Accurate chronology of events in report

Service report- explained in plain language

Have opportunity to understand what treating team want/are asking for

Can find out who is going to be there beforehand, particularly from treating team

Access to clinical notes- some of services are not understanding Mental Health Act- with regards to their obligations to provide information of clinical notices

Access to file and doctors report in a timely manner- can be different depending on language etc

Access to file

Time and support to understand the information in the report and plan response

Timely information is more important than more time, so not adding to the stress

2 days is a short time to be able to process/respond to information in report

I need to know the process well in advance, when I’m in the community to prepare for the worst.

Time to review report and ask questions

Explain the information to the person in a way they understand

Meeting (planned) with treatment team to discuss the reports- make sure that report is correct and representative of consumer’s situation

MHS themselves offer to explain report with an interpreter or for people who can’t read it

Need a nurse to explain the paperwork that has been given to you is accurate

Increased time from 48 hours to 7 days for access to treating team report and support to understand it. Support from IMHA- have an opt-out clause

Support to understand report- offer IMHA, Carer/family/VLA/MHLC

Access to resources to prepare for the hearing

Access to the Internet and assistance with using the Tribunal’s website

You need to have an interpreter if you are from a non English speaking background (NESB)

I need a safe space to prepare, not a noisy ED or inpatient unit

Pens, paper, perhaps a computer and printer

Good environment to wait in and prepare

To have planned what to say

What you will do/say

Fill out worksheet

Worksheets on preparing what to say

Clear idea of your points

Quiet time to prepare and reflect on the whole process

Plan- write down your ideas and things you want to raise

Planning (writing down what you need to ask)

Support to consumer to document their views to be given to the MHT before hearing (like the MHT report by MHS)

Write down your expectations:

What your team will say/advise-read your report and ask questions and correct inaccuracies

Can you suggest alternative options

What do you want to happen?

What do you think will happen?- How to plan your response- eg appeal or

What will you do if revoked

Do you need help/support

People need help to put the case from their perspective

CARERS: Who can help them gain clarity on what they as a carer wish to share with the Tribunal and how to frame it

A plan for how to attend the hearing on the day and clothes to wear

Know when it is on and have a time slot

Arrange transport

If have been an inpatient ward, might not have clothes, shoes, hairbrush (removed because of laces) etc

Give people practical supports to feel comfortable in hearing and have dignity- eg clothes that fit and are clean etc

To have made an advance statement

What you will do/say- do you have an Advance Statement if you don’t think you can speak?

Review or create an Advance Statement

An Advance Statement- it can help you get clear about what you want

I need support making an updated Advance Statement

Care to be well enough to attend

Side effects of medication- timing of hearing

Need to be at best for hearing- eg Not sedated + expectations and personal\*\*\*

Talk through anxiety with support person

Resilience, patience, perseverance, self-esteem confidence

Get a good night’s sleep

Be well slept, fed, etc

Multiple communications- verbal- dot point- website- etc…

Keep calm

Try and be positive- wear something that you’re comfortable in

If very unwell and not capable- the services needs to take responsibility to contact the consumer’s family/carer/ NP and have them attend

You need to be well enough to attend

Need capacity to understand

Good personal presentation

Not be kept waiting for a long time with no refreshments or known time

To be as less stressed as possible. Inclusive not being rushed as hearing is made earlier than set time or is set for an early time-

Reponses not answering the question

Debriefing for all afterwards

Being acknowledged

Consider hearing room set-up to lessen intimidation- round table?

hearing