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| **OBJECTIVES AND PRINCIPLES OF THE NEW ACT (SECTION 2.1)** | | |
| Principles are generally included in legislation to describe the values of the Act and, together with the objectives, provide guidance to individuals, organisations and the public on how to interpret and apply the Act.  The **Royal Commission** recommended (Rec 42) that the MHWA: includes **new objectives and mental health principles**, with its primary objective to achieve the highest attainable standard of mental health and wellbeing for the people of Victoria by:   * promoting conditions in which people can experience good mental health and wellbeing. * reducing inequities in access to, and the delivery of, mental health and wellbeing services; and * providing a diverse range of comprehensive, safe and high-quality mental health and wellbeing services.   The Royal Commission also recommended (Rec 56) that the Victorian Government promote, protect and ensure the right of people living with mental illness or psychological distress to the enjoyment of the highest attainable standard of mental health and wellbeing without discrimination.  There is more detail in the consultation paper, we have summarised the objectives and principles below.  **The proposed new objectives are:**   1. Achieve the highest attainable standard of mental health and wellbeing for people of Victoria 2. Protect and promote the rights and dignity of people living with mental illness or psychological distress 3. Recognise and promote the role of families, carers and supporters in the care, support and recovery of people living with mental illness or psychological distress   **The proposed new principles are:**  Mental health services and decision-makers under the new Act should:   1. Respect and promote the rights, dignity and autonomy of people living with mental illness or psychological distress and empower people to exercise those rights. 2. Provide access to a diverse mix of treatment, care and support, taking into account the needs and preferences of people living with mental illness or psychological distress and with the least possible restriction of rights with the aim of promoting recovery and full participation in community life. 3. Ensure compulsory treatment and restrictive practices are only used as a last resort. 4. Involve people receiving mental health and wellbeing services in all decisions about their assessment, treatment and recovery and ensure they are supported to make, or participate in, those decisions, and respect their views and preferences, including when those decisions involve a degree of risk. 5. Recognise, respect and support the role of families, carers and supporters (including children) in decisions about assessment, treatment and recovery of people receiving mental health and wellbeing services. 6. Value the lived experience of people living with mental illness or psychological distress, their carers, families and supporters as leaders and active partners. 7. Recognise and respond to the medical and other health needs (including any related to the use of alcohol and other drugs) of people living with mental illness or psychological distress and consider and respond to the ways in which these needs may affect their mental health and wellbeing and use of services. 8. Recognise that people receiving mental health and wellbeing services may have specific diversity- related needs and experiences (as to age, disability, neurodiversity, culture, language, communication, religion, race, gender, gender identity, sexual orientation or other matters) and ensure that services are provided in a manner that is safe, sensitive and responsive to these needs and experiences and upholds people’s rights. 9. Recognise that people receiving mental health and wellbeing services may have specific gender-related safety needs and experiences and ensure that services are provided in a manner that: is safe and responsive to histories of family violence and trauma; recognises how gender dynamics can affect service use, treatment and recovery; and recognises how gender intersects with other types of discrimination and disadvantage. 10. Recognise and respond to the range of circumstances that influence mental health and wellbeing including relationships, accommodation, education, financial circumstances and employment status. 11. Provide culturally safe and responsive mental health and wellbeing treatment and care to Aboriginal and Torres Strait Islander peoples that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and in having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including elders and traditional healers, and Aboriginal and/or Torres Strait Islander mental health workers. 12. Recognise and promote the best interests of children and young people receiving mental health and wellbeing services, including providing treatment and support in age and developmentally appropriate settings and ways. 13. Recognise and protect the needs, wellbeing and safety of children, young people and other dependants of people receiving mental health and wellbeing services. | | |
| **Question** | **What has been said by consumers** | **Your ideas for answering the questions** |
| **Question 1:**  Do you think the proposals meet the Royal Commission’s recommendations about the objectives and principles of the new Act? (Section 2.1 in the paper) | * The new act must comply with the Convention of the rights of people with a disability (CRPD) * The act must be strong with little room for re interpretation. * The rights of the person using services cannot be overridden by the views of others. * Include an objective in the Act to reduce compulsory treatment rates and duration. * include an objective to reduce seclusion and restraint and eliminate it within 10 years, setting an aspiration for faster elimination. * Include a principle to the Act which specifies that voluntary treatment is always preferred, even where someone meets the criteria for compulsory treatment. * include a principle that seclusion and restraint are harmful practices and that all services will be committed to their elimination. * The principles would be improved by using stronger language, for example use ‘must’ instead of ‘should’. | Your response to Question 1:  If no, why? |
| **Question 2:** How do you think the proposals about objectives and principles could be improved? (Section 2.1 in the paper) | Your response to Question 2: |