

# UPdate

## The Mental Health (CAT) Amendment Act 1999

December 1999

### What is the Mental Health (CAT) Act 1992?

The Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act) provides for the compulsory assessment and treatment of people who are considered to be 'mentally disordered' within the meaning of the Act.

The Act aims to provide services in the least restrictive environment, to provide community care, and clearly identify the rights and protection available to patients. In circumstances where treatment is required, each case is considered independently to identify the most appropriate environment, whether it be on an outpatient or an inpatient basis.

The Act is continually monitored and key mental health stakeholders are regularly consulted on the effectiveness of the Act.

### Why has it been changed?

The Act provides an effective framework for compulsory assessment and treatment of people who are mentally disordered. However, since 1992, the Ministry of Health has become aware through administering the Act that some practical difficulties existed. The Mental Health Amendment Bill 1999 (the Bill), passed by Parliament on 6 October 1999, sought to address those difficulties.

The Mental Health (CAT) Amendment Act 1999 (the Amendment Act) will come into force on 1 April 2000.

### What is the purpose of the Amendment Act?

Director of Mental Health Dr Janice Wilson said, 'The Amendment Act addresses a number of practical difficulties that have emerged with the operation of the Act during the past seven years. We hope these changes meet the needs of consumers, families, professionals, and anyone else affected.'

'A special thank you to everyone who helped establish and implement the Mental Health Act. Your ongoing input and support is important to ensure mental health services are continually improved.'

Dr Wilson said that although most of the amendments were largely technical, the Amendment Act was significant in that it aimed to improve the mental health care of New Zealanders under compulsory assessment and treatment.

*Director of Mental Health  
Dr Janice Wilson*



## What are the key changes?

- Responsible clinicians must consult with family and whanau during the assessment and treatment process unless it is not in the patient's best interests or not reasonably practicable.
- Anyone concerned about a person's mental health may request the assistance of a duly authorised officer in arranging an assessment of that person (rather than restricting this to caregivers as at present).
- Responsible clinicians have more flexibility in treating people in the community or in hospital.
- Victims and their families are notified of significant changes in the leave or status of the patient receiving compulsory care and treatment as a result of the offence. Victims and families will be notified when patients escape, any impending discharge or have long leave granted.
- Clarification of the powers of force.
- Use of emergency sedation.
- Leave for patients undergoing compulsory assessment.
- Ability to admit a patient on a community treatment order as an inpatient for that period.
- Restricting the publication of reports of proceedings.
- Extension of civil immunity for district inspectors and members of the Mental Health Review Tribunals.
- Clarification of the appointments and powers of delegations of Directors of Area Mental Health Services.

The Ministry of Health will continue to monitor the implementation of the Amendment Act as part of its commitment for better mental health for New Zealanders.

## What do the changes mean to me as a consumer?

You will...

- have greater family and whanau involvement
- be clear when proposed patient status starts and ends
- know that proposed patients are accorded specific rights
- note the detention period for proposed patients awaiting assessment has been reduced from 24 hours to six
- possibly have trial leave if you are undergoing compulsory inpatient assessment and treatment (during the five- and 14-day periods).

## What do the changes mean to me as a family/whanau member?

You will...

- have more involvement in the compulsory assessment and treatment process
- note that a patient subject to compulsory inpatient assessment may be entitled to a short period of controlled leave in the community, or allowed leave on compassionate grounds, for example to attend a tangi
- note that the detention period for proposed patients awaiting assessment has been reduced from 24 hours to six
- note that a medical practitioner can administer a sedative drug without the consent of the proposed patient if there is significant danger to the health and safety of a proposed patient and/or others
- be able to request the assistance of a duly authorised officer if you are concerned about another person's mental state.

## What do the changes mean to me as a professional?

You will:

- be able to 'trial' a patient subject to compulsory inpatient assessment for a short period of controlled leave in the community, or to allow leave on compassionate grounds, for example, to attend a tangi
- need to seek consultation from family/whanau as part of the compulsory assessment and treatment process unless it is not in the best interests of the patient or not reasonably practicable
- note that patients can be given specific notice to attend a clinical review or a judicial hearing.
- note that 'in emergencies only', a duly authorised officer can ensure that a person suspected of being mentally disordered (as defined by the Act) is assessed by a medical practitioner
- note that duly authorised officers can seek police assistance when dealing with a proposed patient who requires assessment under the Act (section 8 medical examination)
- be able to direct that an outpatient be treated as an inpatient for short periods (up to 14 days) without the need to begin the assessment process and nullify the community treatment order
- note the roles of district inspectors and review tribunal members have been clarified in terms of civil immunity in relation to exercising all the powers and functions of their respective roles
- be able to administer a sedative drug as a medical practitioner without the consent of the proposed patient, if there is significant danger to the health and safety of the proposed patient and/or others
- note the Amendment Act clarifies the type of force that can be used during the assessment and treatment process
- note the restriction of publishing of reports of proceedings
- note that anyone can request the assistance of a duly authorised officer where they are concerned about another person's mental state.

## What do the changes mean to me as a victim of serious offense committed by a person with mental illness?

You will...

- have the choice of whether you want to be notified of any impending discharge, granting of Ministerial long leave, or the escape of patients who have committed an offence and are detained in mental health services.

## Where can I obtain more information?

The Ministry of Health will be holding a series of seminars/roadshows throughout the country to inform all mental health stakeholders of the changes to the Mental Health (CAT) Act 1992. The seminars will take place in February and March 2000. All interested people may attend.

The Guidelines to the Mental Health (CAT) Act 1992 will also be revised to incorporate the changes to the Act and the revised document will be available on the Internet. The revised Guidelines will be disseminated before the Amendment Act comes into force.

The Mental Health (CAT) Amendment Act 1999 is available from any government bookshop.

Seminar dates and venues are as follows:

### Auckland

South Auckland – 10 February

Waitemata Health – 11 February

### Rotorua

Lakeland Health – 18 February

### Wellington

Ministry of Health – 25 February

### Christchurch

Healthlink South – 2 March

### Dunedin

Healthcare Otago – 3 March

(this will be held at Bentley's Hotel)

For further information contact:

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