



Standing Committee on Justice and Community Safety

Inquiry into Annual and Financial Reports 2022-2023

ANSWER TO QUESTION TAKEN ON NOTICE

Asked by Dr Marisa Paterson MLA on 17 November 2023: Jodie Griffiths-Cook took on notice the following question(s):

Reference: Hansard [uncorrected] proof transcript 17 November 2023 [page no 20-21]

In relation to: statistics for people declining treatment

DR PATERSON: Just a final question regarding the figure 23, the number of people declining treatment has very significantly increased over the last three years. Do you have any explanation for why that might have occurred or what is going on there?

Ms Griffiths-Cook: Yes, look, unfortunately we do not get that actual data. Unfortunately we do not get information explaining why those numbers are there. In this period certainly I think we will be inquiring further into trying to understand that at least anecdotally. Unfortunately the information that comes to us often is fairly limited in nature in terms of the actual qualitative data. We draw those numbers obviously from the numbers of compliance documents. We try to understand the reasoning behind that to the extent that that is possible. I do not have a particular—I do not have the ability to be able to respond to that to advise you of why those or what those reasons might be, but that significant increase is obviously of concern given the numbers are up from 102 to 261.

DR PATERSON: Is there any facility that is seeing those numbers report from?

Ms Griffiths-Cook: My understanding is the majority of those occur in the course of—and I could check that and take that on notice if you would like me to, but the majority of those in my understanding occurs at the initial stage of an emergency detention for three days when someone has initially come in, is usually quite escalated, has not yet had the engagement with the system to enable that de-escalate to transpire.

What we have clearly seen through the documentation this year is the vast majority of reports that we get do relate to an emergency detention for three days, we get that after the fact, and then we also typically get a release from emergency detention, so those things tend to go hand in hand. It is only a moderate proportion of those that go onto an emergency detention for 11 days and then a smaller number again that would go onto a psychiatric treatment order. So we do—my understanding is the majority of those figures do relate to actions occurring within

that first ED3 period, as we refer to it, and that that does reduce.

DR PATERSON: Thank you.

THE CHAIR: Okay, well thank you, I think we have come to the close. On behalf of the committee thank you all for your attendance today. I think there were some questions taken on notice.

Ms Griffiths-Cook: Actually, can I query that, just for—did you want me to take that on notice and see if I could make further inquiry?

DR PATERSON: Yes, I would be very interested if there is any further information, that would be great.

Human Rights Commission: The answer to the Member's question is as follows:—

In the HRC's 2021-22 Annual Report, the Public Advocate reported that notifications for restrictive practices usually specified either 'Risk of harm to others' or 'Risk of harm to self' (or both) as these categories were provided as checkbox items on the forms used. The Public Advocate suspected that this resulted in an over-reporting of these categories, noting that a significant proportion of physical restraint occurrences involved the forcible giving of medication on occasions when the consumer had declined to take prescribed medication.

The introduction of the Digital Health Record (DHR) resulted in changes to the ways that restrictive practices were reported. As a result, there are no longer checkbox categories.

Without the above checkbox categories, reporting that indicated the primary reason for a restrictive practice was 'Risk of harm to self' significantly decreased. Conversely, there was an increase in reports indicating that the primary reason for these practices was the person 'declining treatment'.

The Public Advocate feels the 2022-23 data more accurately captures reasons for restrictive practice use, particularly as it better represents those people who are brought in involuntarily under emergency detention for three days (ED3s), are in the early phases of recovery, may not yet recognise the need for treatment (such as medication) and who, as a result, do not voluntarily accept the treatment identified as being clinically warranted in their escalated state.

It is anticipated that the Public Advocate will be more accurately able to compare and analyse data over future years to determine whether there is any substantive change in the number or proportion of people declining treatment.

Approved for circulation to the Standing Committee on Justice and Community Safety

Signature: 

Date: 27/11/2023

By the Human Rights Commission, Ms Jodie Griffiths-Cook