





# Dignity and autonomy


The **rights, dignity and autonomy** of a person living with mental illness or psychological distress is to be **promoted and protected** and the person is to be **supported to exercise those rights**.

 **Ask if people need support** to understand information and rights, and to make and communicate decisions. For example, interpreters, translated information, Easy English resources, cultural supports, communication apps, visual aids, decision support tools and communication boards. Communicate in ways and environments that respond to a person's needs and with consent, involve their families, carers and supporters.

 **Give and explain statements of rights** and compulsory orders to consumers and their nominated support person, guardian, carer, or parent of a consumer aged under 16, as soon as practicable. Use supports to explain rights in ways the person understands, and revisit rights discussions regularly.

 **Support people to exercise their rights** to make complaints, appeal to the Mental Health Tribunal, request a second psychiatric opinion, access IMHA advocacy, and access legal help.


 **Protect the right to communicate:** Support people to communicate by email, phone, letters and visits at reasonable hours. Never restrict communication with a lawyer, advocate, the Chief Psychiatrist, Mental Health Tribunal, Commission or a community visitor. Ensure any restrictions on communication are the least restrictive possible to protect health, safety and wellbeing, are communicated in writing to the person, their nominate support person, guardian, carer, and IMHA, and are regularly reviewed. Recognise that removing mobile phones is a restriction that must not be done unless lawful and justified.

**Promote and protect dignity:**  Ensure inpatients always have access to bedding, clothing, food and water.

Ensure people don't have to repeatedly talk about previous trauma. Always orient people to the service and to the lived and living experience workforce. Respect people's identity (for example, gender, sexuality, culture or religion). Support people to access comforts from home while receiving treatment.

**Promote and protect privacy:** Support private communication and promote privacy within bedroom and bathroom areas of inpatient or residential environments. Minimise searches by exploring less intrusive alternatives, and considering safety, human rights, trauma history, and gender and cultural needs.

Support the **right to ask for amendment of a health record** or make a **Health Information Statement**.

 For example, explain to consumers, families, carers and supporters that the consumer has a right to ask for changes to their health information record. Explain that a consumer can make a Health Information Statement (HIS) if a request to change a health information record is refused, and place any such HIS on the person's health information record.

Develop clinical notes together with consumers wherever possible. If there is no agreement about terms or descriptions, document the person's perspectives, including direct quotes if possible.

**Promote responsive feedback cultures:** Welcome and learn from complaints, provide accessible information about how to give feedback and make complaints (including anonymously). Provide support to make a complaint and share accessible information about service changes and improvements from complaints. Be curious about the underlying issues, concerns or harms at the heart of a person's complaint. Hear and respond to people's feedback including after they have been discharged from the service, including offering consumer advocacy support.

