



**Submission to the Mental Health
(Recovery Model) Bill 2015 and
Mental Health Bill 2015**



Introduction

This submission is made in relation to the two Mental Health Bills that have been referred to the Queensland Parliament Health and Ambulance Services Committee for consideration. The details of these two Bills are as follows:

- On 5 May 2015, the Member for Caloundra, Mr Mark McArdle MP introduced the Mental Health (Recovery Model) Bill 2015 into the Queensland Parliament as a Private Members' Bill.
- On 17 September 2015, the Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick MP introduced the Mental Health Bill 2015 into the Queensland Parliament.

As a company we recognise that the primary purpose of the Bills is to:

- Improve and maintain the health and wellbeing of persons with a mental illness who do not have the capacity to consent to treatment.
- Enable people to be diverted from the criminal justice system if found to have been of unsound mind at the time of an alleged offence, or to be unfit for trial.
- Protect the community if people diverted from the criminal justice system may be at risk of harming others.

Background

Janssen-Cilag Pty Ltd (Janssen) is part of Johnson & Johnson, the world's largest health care company. Janssen has a longstanding history of advancing neuroscience research, education, treatment and philanthropy.

Janssen is dedicated to addressing and resolving the major unmet medical needs of our time. Driven by our commitment to patients, healthcare professionals, and caregivers, we strive to develop sustainable and integrated healthcare solutions by working in partnership with all stakeholders on the basis of trust and transparency.

Janssen is best known as a developer and manufacturer of medicines. Through our experience we have come to realise that simply doing a good job creating and distributing medicines is not necessarily sufficient for the optimal treatment of those suffering mental illness.

Everyone involved in the caring for those with mental illnesses recognise the unique challenges for consumers, their providers and caregivers. These include: high costs, complex risk profiles, fragmented care, potential involvement with social services and law enforcement agencies and sub-optimal treatment adherence.



In recognition of these unique challenges Janssen has partnered with several health services in Australia to pilot programs that support improved transition from community mental health to primary care for people living with schizophrenia.

These programs seek to address one of the critical challenges to achieving successful long-term outcomes for people living with schizophrenia, which is the lack of an integrated care pathway between public specialist care and primary care. To do this we are co creating strategies with health systems to provide:

- education resources and services to support primary care treating teams with the management of people with schizophrenia
- appointment reminders and medication dispense and delivery services to help consumers adjust to receiving their care in the primary care setting; and
- online resources and program coordinators to support improved communication and coordination of activities between community and primary care teams
- Janssen is able to work collaboratively in this way and seeks to be a valued industry partner.

The Mental Health Bills- specific responses

In relation to the proposed Mental Health Bills under consideration by the Parliament we support:

- a) Increased planned use of 'Advanced Health Directives (AHD)', 'Personal Guardians', or 'Attorneys' as a 'less restrictive way' of treatment when a person's capacity is reduced by illness (rather than automatic pathway to involuntary treatment).
- b) Replacement of stigmatising language used in mental health settings, such as removal of term 'involuntary treatment order' to 'a patient under a treatment authority'
- c) Increased rights for a patient to nominate a 'support person' when they are unwell, and increased rights of family and carers plus a requirement for public mental health services to engage 'patient rights advisors'.

In support of the above we recommend:

- a) Further clarity around the term 'less restrictive care' to reflect this as a legal term, rather than a 'clinical treatment option term'.
- b) Mental health legislation education and training be provided to a wide range of stakeholders, including Justice of Peace, GPs, lawyers, notary public, family, carers,



'patient rights advisors', guardians. A key component of this training needs to include information about pharmaceutical treatment options and their effectiveness.

- c) Enabling and ensuring genuine evidence based choice where people with mental illness, their families and carers are involved in treatment decisions that affect them. We recognise that choices should be made based on the best possible information about what those choice options are and how they may affect their lives.

Summary

Janssen is committed to helping improve outcomes for people suffering from mental illness. We will continue to support mental health research, education, treatment and philanthropy. We will also continue to look for opportunities to work with other organisations to provide innovation and better outcomes in the management of mental health diseases.

Janssen presents this information as a source of reference for the Committee. If further information should be required or any enquiries result from this submission please do not hesitate to contact: Alexis Stockwell, Health Services Development Manager, on 0422 183 032 / astockw@its.jnj.com if you have any questions or would like any additional information.

Yours sincerely,



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