

General

This essay makes some good points, however its execution could be improved, in terms of sentence structure, paragraph structure, and use of formal language.

Structure

Overall, your structure is good, however I would recommend some improvements to your conclusion, as it does not state the main points of the essay and link back to the main argument as clearly as it should do. As a guide, use a sentence to reiterate each main idea, and link to the argument after every point.

Language

Your technical language is excellent, however your formal could use some improvement. For example, be aware of using plurals appropriately – I have highlighted a couple of examples where a plural has been used to refer to a singular. Another area I would suggest making some improvements on is in regards to sentence structure. Some sentences lack clarity and should be rephrased to discard any confusion, either by rephrasing parts of the sentence or reordering elements of it. I have highlighted some, but not all, instances below.

Spelling/Grammar

Your spelling is excellent, however your grammar has a few improvements to be made. Foremost, make sure you use capital letters for all formal nouns – I have highlighted some examples where you have not done this below. Second, there are a couple of instances of incorrect punctuation use, for example in the introduction when you begin a list mid sentence such as “the four themes are...” you should use a colon before launching into the items: “the four themes are:...”

Analysis/use of Evidence

Your analysis is good, however it is a little confusing. In order to relate more closely to the question, I would recommend restructuring the format of your essay so that you discuss both Acts in all paragraphs, and centre the paragraphs around similarities and differences, rather than discussing one, then the other, then summarising similarities and differences.

Furthermore, I would recommend using more examples to substantiate your evidence. This can be done either by using more quotes from the Acts, or by using case examples to strengthen your point.

References

Your in text referencing is fair, however try to use the author or title of the work, rather than the URL where possible.

Furthermore, your end referencing list is incomplete and not formatted correctly. It appears as if you are yet to complete this section, but as a guide, a journal article under APA should be formatted as:

Author. (year). 'title', *journal title* vol(no), pp. DOI.

You may find it beneficial to find a comprehensive guide to APA citation, either online or from your institution's library resources, to help you find the appropriate style for each text type.

DESCRIBE AND CRITIQUE KEY DIFFERENCES AND SIMILARITIES BETWEEN THE SECTOR REFORMS IN THE MENTAL HEALTH AND THE AOD TREATMENT SYSTEMS IN VICTORIA. COMMENT ON SPECIFIC IMPROVEMENTS (OR WHERE CONDITIONS MAY BE MADE WORSE) IN TERMS OF HUMAN RIGHTS FOR CONSUMERS.

Mental Health treatment reforms **has**[have] been a welcome news for people who suffers mental illness and the legislation provides check and balances to ensure that compulsory treatment is only used where necessary to prevent serious harm to the person or another person. The reform **has structured** [rephrase] into four themes,[:] recovery framework, compulsory treatment, safeguards and oversight and service improvement (Government of Victoria, 2014).

The Mental Health Act 2014 establishes a supported decision-making model that will enable and support compulsory patients to make or partake in decisions about their treatment and decide their individual path to recovery. Legal mechanisms in the Act that enable supported decision making include a presumption of capacity, advance statements, nominated persons and the right to seek a second psychiatric opinion (www.vaada.org.au/sectorrefom). The Act also provides a legislative framework that supports the ongoing development of recovery-oriented practice in the public mental health service system (www.vaada.org.au/sectorrefom).

The Act promotes voluntary treatment in preference to compulsory treatment wherever possible. The Act seeks to minimise the use and duration of compulsory treatment to ensure that the treatment is delivered in the least restrictive and least intrusive manner possible. The Act [repetition] can achieve this by introducing specific criteria for compulsory treatment, creating Treatment orders that operate for a fixed duration as well as requiring timely oversight by an independent Mental Health Tribunal. The compulsory treatment orders consist of: an Assessment Order, and Temporary treatment order (www.vaada.org.au/sectorreform).

The Act establishes a comprehensive suite of safeguards in order to protect the rights of patients. However, treatments may only be encouraged with the approval of the mental health tribunal on the patient who does not have the legal capacity to give informed consent to ECT or young person who is under 18 years of age (www.vaada.org.au/sectorreform).

The bill specifies (requires) [unnecessary] that restrictive interventions must only be used after all reasonable and less restrictive options have been tried or considered and have been found to be unsuitable. Finally, the bill sets out the requirements for informing patients their right, patient to make or participate in decision about their treatment and care (Government of Victoria 2014).

The mental health [capital letters] Act 2014 develops and improves oversight of public mental health services through the creation of an independent and accessible Mental Health Complaints Commissioner. The Act redefines the role of the Chief Psychiatrist to focus on supporting mental health service providers to improve the quality and safety as well as promoting the rights of individuals receiving specifically compulsory assessment or treatment under mental health services. The Act enhances service improvement through the publication of Codes of Practice that will improve understanding of, and consistency with, the new legislation (www.vaada.org.au/sectorreform).

AOD treatment reforms by the Victoria government affirmed the changes to the alcohol and drug treatment system and addresses some of the problems highlighted in a number of reviews, including a report in March 2011 by the Victorian Auditor General's Office, which found that the current system is difficult for new clients to access and confusing for existing clients to navigate.

Victoria AOD treatment reform addresses all issues raised as discussed below. People have improved knowledge and confidence to make choices about their treatment and awareness of how to self-manage after formal treatment. People have high levels of active involvement in their treatment as well as planning, goals setting and decision making. Family members and carers are supported, informed and engaged in treatment planning, delivery and recovery planning. Children of service

users are identified routinely and their needs are considered with appropriate referrals to parenting, family or child support services (www.health.vic.gov.au › Mental Health).

The reform provide[s] earlier access to brief, evidence-based treatment interventions delivered when and where individuals need them. And high-quality, family and culturally inclusive, evidence-based treatment and interventions are delivered by a competent, stable workforce. Recovery-oriented, strengths-based and holistic treatment properly considers individual's other mental and physical health needs, their family and cultural needs and their social and economic needs, and treatment is coordinated and integrated with other services. Information is within the individual's control and with their consent is easily shared between providers for improved communication, better treatment pathways and coordination (www.health.vic.gov.au › Mental Health).

The severe substance dependence Act 2010 comprises a number of important safeguards when individual is admitted to the treatment centre. The person must be given, and have explained a statement of their rights and entitlements under the Act, including the right to seek legal advice and obtain a second medical opinion. The patient will be asked to nominate somebody of their choice to protect their interests while they are in the treatment centre and to be consulted about treatment and discharge options. Within the first 24 hours, the nominated individual, the person's guardian and the Public Advocate will be told that the person has been admitted to the treatment centre. If at any time the criteria no longer apply to the person, the senior clinician must discharge the person from the order. The person has the right to apply at any time to the Magistrates' Court for the order to be revoked (Government of Victoria, 2010).

The Act provides for compulsory treatment of the person's substance dependence. Compulsory treatment is limited to anything done in the course of the exercise of professional skills to provide medically assisted withdrawal from a severe substance dependence or to lessen the ill effects, of the withdrawal or the pain and suffering. The senior clinician will improve a treatment plan in consultation with the person, their nominated person and the guardian. The person has the right to acquire a second medical opinion at any time about the treatment provided and whether the criteria still apply (Government of Victoria, 2010).

The detention and treatment order ends when it expires after 14 days or if it is revoked by the court following an application or by the senior clinician. Alcohol and drug treatment services have been consolidated into six core service types: Intake and Assessment, Counselling, Care and Recovery, Withdrawal, Residential Rehabilitation, Pharmacotherapy (Government of Victoria, 2010).

There are few differences between mental health and AOD treatment reform. The criteria for the detention and treatment of a person under the severe substance dependence treatment act outlines that the person "has a severe substance dependence". The severe substance dependence treatment Act 2010 states that patient can only be forced into involuntary treatment if the person does not have the legal capacity of making his or her own decisions about substance use (Government of Victoria, 2010) whilst the mental health Act 2014 did not give that provision. Moreover, another difference is that the mental health Act 2014 indicates that the person can be forced into involuntary treatment when the patient appears to have mental illness so as to prevent serious harm to himself or herself or to another individual whilst the Severe Substance Dependence Treatment Act 2010 only states the involuntary treatment is to prevent serious damage to the person's health only. In addition, another area of difference is that Severe Substance Dependence Treatment Act 2010 states that "the treatment can only be provided to the person through the admission and treatment of the person in a treatment centre" whilst the mental health Acts 2014 disregards this provision. Involuntary treatment under the Severe Substance Act 2010 summaries that the treatment be mandated in a 'treatment centre' facility where the Mental Health Act does not actually state the location of enforced treatment. Detention and treatment is limited to a maximum of 14 days in AOD reforms, unlike Mental Health reform a temporary treatment order has a maximum duration of 28days. Moreover, new mental health reform establishes mental health complaints commissioner while severe substance dependence ACT2010 ignores this provision (Government of Victoria, 2010, 2014).

One **similarities**[similarity] between mental health and AOD reform is that both move towards a recovery-oriented model of care. Recovery-oriented care admits that a person's path to recovery is individual and unique, and informed by their strengths and hopes, preferences, needs, experiences, values and cultural background. Treatment delivered should [be] built on the person's own strength, resilience and resources and also acknowledges needs raised by recovery movement and antipsychiatry. Moreover, the two reforms have patient involuntary/ compulsory treatment. (www.health.vic.gov.au › Mental Health)

There are many improvements by the new reform in terms of human rights. The new reforms actually recognise the human right bill. It is very impressive to see the inclusion of advance statements, supported decision making, a mental health complaints commissioner with genuine powers, more advocates, and the inclusion of recovery practice and trauma-informed care (www.indigodaya.com).

A new presumption of capability recognises that patients' ability to make their own decisions varies, but the first presumption is that patients are capable. The maximum involvement in patient decision making, supported by new advocates and selected

support individuals. This is called 'supported', rather than 'substituted' decision making. The Reform recognition of advance statements is positive direction.

In terms of human right for consumers the reform did not address the following issues. The reform aims to come into alignment with the United Nation Convention of Human Right, yet the issue around advance statements does not appear to be consistent. The convention calls for individual autonomy including the freedom to make one's own choices, as well as non-discrimination. The mental Health patients are not able to utilise Refusal of Treatment protections available to all other citizens. Advance statements are a great step forward, but until our advance wishes are fully protected in law as directives, they do not go far enough (www.indigodaya.com)

The mental health Act 2014 still includes involuntary Electro-Convulsive treatment (ECT) which has many evidence of death as a result of ECT treatment (Darton, 2010).

Leslie Cannold emphasised that the Victoria community mental health and AOD reform has moved from the back of the human rights bus to a leader in individually-empowering patient care (Cannold, 2014). The reforms inclusion of genuine consultation with the patient and their support network is a welcome news. [\[restate main ideas discussed in the essay and link to overall argument\]](#)

REFERENCES

Darton, K. (2010). Making sense of electroconvulsive therapy (ECT). Mind, UK.

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Mental health Act, Victoria. (2014) [\[title?\]](#). Retrieved from <http://www.health.vic.gov.au>

Severe substance dependence Act, Victoria. (2010). Retrieved from

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