**Name**

Christine Down

**Question 1: Should the proposed legislative framework cover the out of home care setting?**

I don’t have an opinion.

**Question 2: Should the proposed legislative framework cover any other setting?**

No.

**Question 3: What issues and challenges are raised by there being different frameworks for the authorisation of restrictive practices in the disability service provision setting and the aged care setting?**

Authorised officers misuse restrictive practices in contravention of the Mental Health Act (2007). They should not be authorised because they misuse power and the impacts are serious. I wish there was an oversight function which handles complaints like there is in Victoria. In my case I was left in a ED for 28 hours due to a restrictive misuse of power by an authorised representative.

**Question 4: Do you support legislation requiring that restrictive practices on NDIS participants in the disability service provision, health, education and justice settings should be governed by the principles recommended by DRC Recommendation 6.35(b)?**

No.

**Question 5: Are there any other principles that should be considered?**

Human rights and ethical principles.

**Question 6: Should a legislative framework prohibit any practices? If so, which practices and in which settings?**

Yes. ECT unless absolutely necessary. Chemical detention by registrar psychiatrists in public hospitals should be prohibited.

**Question 7a: Do you agree that the framework should use the NDIS definitions of restrictive practices?**

Yes.

**Question 7b: Do you agree that the Senior Practitioner should have the power to issue guidelines that clarify how the definitions apply in different situations?**

Absolutely.

**Question 8: What role should the Senior Practitioner play in regulating behaviour support plans (BSP)?**

No opinion.

**Question 9: Is there anything else the proposed framework should do to improve the quality of behaviour support plans (BSP)?**

I agree.

**Question 10a: Should Authorised Program Officers (APOs) be empowered to authorise particular categories of restrictive practices without separate Senior Practitioner authorisation (a partially delegated model)?**

No.

**Question 10b: Should Authorised Program Officers (APOs) be empowered to provide preliminary approval of restrictive practices, with final authorisation provided in all cases by the Senior Practitioner (a two step model)?**

No.

**Question 10c: What would be the benefits and risks of the above two models for Authorised Program Officers (APOs)?**

I see them as a consequence of the lowest funding for mental health in the country. I don’t agree with nurses being APOs. If 200 psychiatrists resign on 20/1/25 why should the public have to suffer when there is not the manpower to enact decisions humanely and ethically. APOs in my experience transgressed the principles without an oversight function. This has to stop now.

**Question 11: Are there alternative approaches to authorisation that would be preferable to these models?**

Community mental health lived experience case management and programmes to get out of the clinical model: with a focus on recovery.

**Question 12: Should Authorised Program Officers (APOs) be required to be employed by a single provider? Or should APOs be permitted to be consultants to a number of providers?**

One provider only if there has to be APOs.

**Question 13: Do you support the proposed duration of authorisation and emergency use proposals for restrictive practices?**

Yes, especially the power to cancel. I don’t agree with 12 months.

**Question 14: Are there any additional grounds on which the Senior Practitioner should be able to cancel an authorisation?**

Yes when a person complains to an authorised medical official in hospital or a psychiatrist who is above the APO in terms of status.

**Question 15a: Should authorisation decisions be open to internal review?**

Absolutely.

**Question 15b: Should authorisation decisions be reviewable at NCAT?**

Absolutely.

**Question 16a: Should rights to seek review be limited to the person or a person concerned for their welfare?**

No the person themself should be able to proceed with a complaint to the Senior Authorised Person and then to NCAT.

**Question 16b: Should the service provider have a right to seek review of a decision not to authorise a restrictive practice?**

No.

**Question 17: Should a person have a right to request the service provider review the Behaviour Support Plan (BSP) at any time?**

No.

**Question 18: Should the Senior Practitioner have complaints handling and investigation functions either on receipt of a complaint, on its own motion, or both?**

On a complaint only.

**Question 19: Do you agree the Senior Practitioner should have the proposed powers to respond to misuse of a restrictive practice?**

Absolutely.

**Question 20: How should interaction with the NDIS complaints framework be managed?**

Safeguards Commission.

**Question 21: To which bodies should the Senior Practitioner have the power to share information and in what circumstances should the Senior Practitioner be permitted to share information?**

Privacy principles.

**Question 22a: Are the means by which the Senior Practitioner would have visibility of the use of restrictive practices by NDIS providers proposed in this Paper sufficient?**

Privacy Officer internal reviews.

**Question 22b: How can reporting burden to the Senior Practitioner and the NDIS Commission be minimised?**

They need transparency and accountability. Statistical data collection. Policy reviews.

**Question 23: Do you agree the Senior Practitioner should have the proposed education and guidance functions?**

Yes.

**Question 24a: Should the Senior Practitioner have the power to impose sanctions for the misuse of restrictive practices, or are existing sanctions for misuse of restrictive practices sufficient?**

Absolutely.

**Question 24b: How should the interaction between sanctions provided for under NDIS legislation and the proposed framework be managed?**

Safeguards Commission.

**Question 25: Should the proposed framework provide for a legislated immunity from liability from the use of restrictive practices where the use was in accordance with an authorisation and done in good faith?**

No.

**Question 26: Are there any other functions which the Senior Practitioner should have? Should providers in the disability service provision setting be subject to any other requirements?**

Referral to corruption agencies.