Queensland's
Mental Health
Lived Experience Peak

Position Statement

Adverse Effects of Medication

Purpose

The Adverse Effects of Medication Group will provide time-limited (April 2025 to December 2026) high level systems advocacy whilst representing Rise: Queensland's Mental Health Lived Experience Peak (Rise, formerly Mental Health Lived Experience Peak Queensland) membership base and the lived/living experience community, in designing key stakeholder and community awareness campaigns.

Outcomes such as the following will be pursued:

- Mental health medication being given with free informed consent.
- Medication administered in line with consumers' human rights.
- Adverse effects minimised to a degree tolerable by consumers.

Importantly, the Adverse Effects of Medication Group will provide advocacy regarding the use of medication when adverse effects are present for the individual and how key decision-makers at a systems and individual level can impact this.

Our Positions

Our positions on adverse effects of medication include:

- **Human Rights:** People with a lived experience have the right to be treated fairly with dignity while preserving their inalienable human rights. Forced medication violates those human rights. Human rights are compatible with a person's choice to take medication that helps them, or choose not to take medications that harm them.
- **Diverse Experiences:** Some people identify medication as helpful to managing mental health challenges, while others do not. Some people identify that the medications cause harmful effects, while still choosing to take these medications for benefits they may bring. Others will choose not to.[1]
- **Adverse Effects:** Some people will, based on their own knowledge and practice, choose not to use medication due to the adverse effects that it has on them. This is their

[1] Kate Dorozenko and Robyn Martin, A Critical Literature Review of the Direct, Adverse Effects of Neuroleptics (National Mental Health Consumer and Carer Forum, 2017) <https://nmhccf.org.au/our-work/nmhccf-library/a-critical-literature-review-of-the-direct-adverse-effects-of-neuroleptics/download>.

informed decision which should not be substituted by another person's decision including a person with legal authority. Others who experience side effects of some medication will choose to continue taking that medication despite this because the benefits outweigh the costs to them.

Introduction

A significant number of Australians are prescribed medication each and every day to assist with their recovery from mental health challenges. In 2023–2024, 5 million people (18% of Australians) were dispensed mental health-related prescriptions.[2] This ranged from anti-depressants to anti-psychotic medications and everything in between. They were administered orally or via injection, either voluntarily taken or compulsorily required by law.

For some people, prescribed medication can result in adverse effects ranging from mild to severe, which are not always recognised or given appropriate weight within clinical decision-making.[3]

People with lived experience can be placed on a 'try this other one now' cycle of medication changes, with varying side effects along the way. The impact of this must be acknowledged and considered when a person is autonomously making decisions about prescription and administration of medication.

It should, however, be acknowledged that clinicians do work within the complexities of a mental health system that has constraints, limited medication options, and genuine uncertainty about individual responses to medication. Clinicians make decisions within a system that can involve uncertainty, constrained options, and uneven access to medication alternatives.

What does pro-choice and pro-dignity mean to us?

To us, pro-choice in mental health means every person has the right to make choices about their lives, bodies, and decisions. Pro-dignity means being in favour of the inherent value and worth of the individual and the right to be treated with respect in all care interactions.

Administering suitable medication in a pro-dignity and pro-choice way is an approach that many good clinicians adopt. They are, however, put bluntly, working within the systemic issues of medication administration rather than just the purely individual issues around administering suitable medication in a pro-choice and pro-dignity way. This proves difficult even for the most genuine clinician.

Background

The issue of adverse effects of medication was raised by Rise members outside formal quarterly meetings, reflecting broader lived experience concerns within the membership. It quickly became apparent that some Rise members and staff had experiences with adverse

[2] Australian Government, Australian Institute of Health and Welfare, 2025, Mental Health, accessed 3 October 2025 <https://www.aihw.gov.au/mental-health/topic-areas/community-based-services/mental-health-prescriptions>.

[3] Timothy Wand, 'Examining the Long-Term Impacts of Psychotropic Drugs and Considerations for People Discontinuing Treatment' (2025) 46(5) Issues in Mental Health Nursing 411.

effects of either voluntarily or involuntarily prescribed medication and that there was potential for work to be done in this area to better educate:

- clinicians and service providers of a person's right to bodily autonomy
- clinicians and service providers about the real cost to the individual of being prescribed medication that has adverse effects; and
- community about their right to bodily autonomy and pro-choice of the treatment they receive.

Similarly, potential work was identified to be done in advocating for system change in:

- government processes and policies; and
- current laws which legalise and legitimise involuntary use of medication.

Evidence

To date, the evidence collected has been provided by:

- The original member who brought this issue to our attention
- Rise staff members
- Members who expressed an interest in forming a group to provide systems advocacy on these issues
- Members who attended a fact finding/introduction meeting hosted by Rise; and
- Preliminary research conducted by Danie Williams-Brennan, Policy Director, Rise and Rahim Mohammadi, Project and Engagement Lead, Rise.

Further Reading

- Australian Commission on Safety and Quality in Health Care, June 2017, Medication Safety in Mental Health, accessed October 2025, <https://www.safetyandquality.gov.au/sites/default/files/migrated/Medication-Safety-in-Mental-Health-final-report-2017.pdf>
- Maylea C., Hirsch A., 2017, 'The Victorian Mental Health Act 2014 and the Convention on the Rights of Persons with Disabilities', Alternative Law Journal, vol. 42(2), pp. 149–155.
- Mental Health Commission of New South Wales, 2015, Medication and Mental Illness: Perspectives, accessed 3 October 2025, <https://www.nswmentalhealthcommission.com.au/sites/default/files/old/publication-documents/Medication%20and%20mental%20illness%20perspectives%20-%2012%20Feb%202016.pdf>
- Mind UK, 2021, Coping with side effects, accessed 3 October 2025, <https://www.mind.org.uk/information-support/drugs-and-treatments/medication/coping-with-side-effects/>

- National Library of Medicine, 2024, Side Effects of Psychotropic Medications Experienced by a Community Sample of People Living with Severe and Persistent Mental Illness, accessed 3 October 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11632627/>.

Policy Governance	
Policy Approved By	Board
Date Effective	02 March 2026
Review Date	02 March 2027