

Mental Health Review Tribunal

mhrt

ANNUAL REPORT

2011–12

2011-12 Annual Report of the Mental Health Review Tribunal

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Mental Health Review Tribunal annual report 2011-2012

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MHRT

Quick Facts

At 30 June 2012 there were 82 part-time MHRT Members, the President and 29 administrative staff making up the MHRT in Queensland

There were 5,695 individual patients with matters at the MHRT which is 5.2% higher than last year

The MHRT conducted 10,972 hearings and there were 11,584 scheduled matters which is slightly higher than last year

ITO reviews account for 75.8% of the MHRT's work

FO, FO (Disability) and FFT reviews account for 13.2% of the Tribunal's work and are 26.9% higher than last year

ECT accounts for 5.7% this year

The distribution of matters shows a slight increase in the forensic and ECT areas but is generally consistent with previous years

The MHRT listed 569 applications for ECT which is 15.9% higher than last year

There were 1,629 adjournments in the MHRT which is 14.1% of scheduled matters

There were 309 requests for statements of reasons

There were 94 appeals against MHRT decisions made to the Mental Health Court of which 9 were upheld which is 0.08% of all hearings

There were 3.1% of matters heard after their due date

Cost per matter was \$370 which is 7% lower than last year

The operating budget of the MHRT in 2011-12 was \$8,062,658

**Note that abbreviations may be quickly referred to on the back page*



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The Honourable Lawrence Springborg MP
Minister for Health
GPO Box 48
Brisbane Q 4001

Dear Minister

I am pleased to present the Annual Report 2011-2012 and financial statements for the Mental Health Review Tribunal.

The Report is made in accordance with the requirements of Section 487 of the *Mental Health Act 2000* and complies with the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

Additional information is available on the Tribunal's website www.mhrt.qld.gov.au.

Yours sincerely

Barry Thomas
President





President's Report

THIS TRIBUNAL BALANCES many issues but central to its role is the tension between a person's right to freedom of choice about how they lead their life and their right to treatment when they are so unwell that they have lost autonomy and their choices are a result of their illness. Mental illness is common in our community but the Tribunal only has a role in decisions affecting people who are so unwell and not managing their illness that they are compelled to take treatment. No civilised society abandons its citizens to the torture of untreated mental illness.

This year has seen a number of changes. Most significantly a change of government occurred with a refocusing of strategic directions for all parts of the Government.

One significant change for the Tribunal was the creation of the Forensic Disability Service. This service is for persons placed on a Forensic Order (Disability) and whose intellectual or cognitive disability is severe enough to warrant diversion from the criminal justice system. This service was established in recognition that persons with intellectual disability have differing care needs to the majority of the Tribunal's patients who have mental illness. The results I have seen so far are promising and hopefully will lead to increased skills developing across the state for this area of disability. Through the year the Tribunal developed appropriate practices and procedures to meet the requirements of the *Forensic Disability Act 2011* and conducted hearings at the new facility and throughout the state. The Tribunal was assisted greatly with this work by the open and cooperative

relationship developed with Dr Chan, Director of Forensic Disability, and his staff.

The global financial crisis could not be ignored and in anticipation of greater restraint I directed that cost saving measures commence in the middle of last year. This longer term approach resulted in various changes so that the average cost of hearings dropped, some vacant positions were not filled and other savings occurred which enabled the Tribunal to return a significant unspent sum from its budget. These savings were made while dealing with the most hearings in the Tribunal's history and reaching its lowest overdue matters figure of 3.2% since its inception 10 years ago.

I thank the staff and members of the Tribunal and mental health services for their efforts and cooperation in achieving this good result and ensuring that patients continue to receive their hearings as required by law. Members and staff share a level of commitment and skill that drives them to use finite resources wisely to hold hearings that ensure the right decisions are made and the price of freedom for a patient does not lead to them harming themselves or others due to deterioration in mental health.

The Tribunal has obligations in the law to provide hearings that are supportive of patients' participation. This is a matter of respect for individuals and much more than just going through the motions at a hearing. Therefore the Tribunal attempts to have at least one member present in person at each hearing, even in regional and remote areas, whilst other members may join by video

lowest overdue matters figure of 3.2% since its inception 10 years ago

conference. This process adds to the cost of matters but I believe that equality of hearings is important and people at Thursday Island, Cape York or Mount Isa should have an equal opportunity to engage well with the Tribunal and have a meaningful voice about decisions that are of significance in their life.

The six Indigenous members on the Tribunal assisted further focus on providing appropriate hearings to Indigenous patients. This resulted in a significant increase to the number of Indigenous patients having hearings with an Indigenous member present on the Tribunal.

The Tribunal has regional members in most of the main population centres in Queensland and sits at over 70 venues, mainly hospitals and community centres but not courthouses. This is consistent with the government's priorities for Queensland that services are fairly available outside the main population centres.

Significantly the Tribunal passed its first decade in April 2012. I will review that later in this report but growth has been significant with ITO hearings growing at over three times the population growth. Expansion of services, better recognition of mental illness and hopefully less stigma about seeking help may explain some of this growth.

The Tribunal consistently has growth in hearing numbers. This year the growth in hearings was 6.2% which is lower growth than prior years and appears to reflect AMHS revoking orders before Tribunal hearings rather than a downturn in the number of ITOs initially made.

This was a time of relative stability in staff of the Tribunal office but among the changes the Tribunal said goodbye to its Executive Officer, Shelley Fisher, who was involved in the initial planning and set up of the Tribunal. I wish to

acknowledge her significant contribution to the Tribunal and her dedication to patient rights. The Tribunal also lost The Hon Bob Bulley who was one of the pillars of the Tribunal membership working right up to just before his death in March. His passing resulted in many expressions of condolences from patients and staff of AMHS as well as Tribunal members.

The Tribunal's focus for this year will remain on delivery of hearings throughout Queensland in an economical method whilst ensuring that this most disadvantaged and stigmatised group of citizens are able to participate meaningfully in hearings.

Other challenges that are to be faced are considering a redesign of the Tribunal office to provide focus on its core functions, the Case Management System being enhanced for efficiency and to allow electronic transmission of confidential patient information for hearings. The Tribunal's office lease also expires next year which may necessitate a move, with all the disruption that may involve.

The MHA2000 is now over 10 years old. There have been some major reviews of the forensic area but a complete review of the Act and its interaction and operation with the range of legislation which intertwines with patient's lives would be helpful. This would keep Queensland at the forefront of this difficult and sometimes confronting area.





10 Year Review

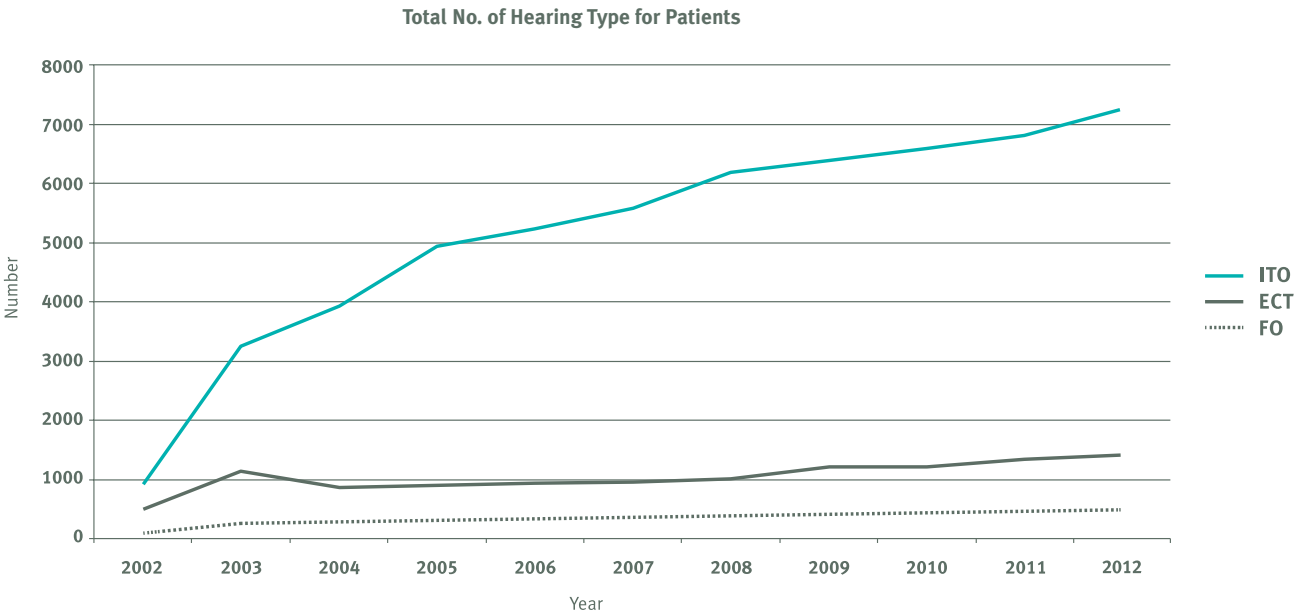
The Tribunal commenced in April 2002 under the inaugural President Mr Frank Clair and a small staff.

IN THE FIRST FULL YEAR the Tribunal registered 8,154 matters. This last year, 2011-12, 11,584 matters were registered..

The general pattern remains that around 80% of matters are ITOs, 10% are FO reviews and around 3% are ECT.

The graph below shows the growth in matters across the period from the Tribunal’s creation. Significantly the rate of growth in ITOs is 3 times the rate of population growth in the same period. Forensic matters have grown by less than 10% whilst the rate of population growth is around 24%. This suggests that the defence of unsoundness of mind is not overused as it is a significantly lower percentage than those on ITOs.

Graph 1: Growth in Matters



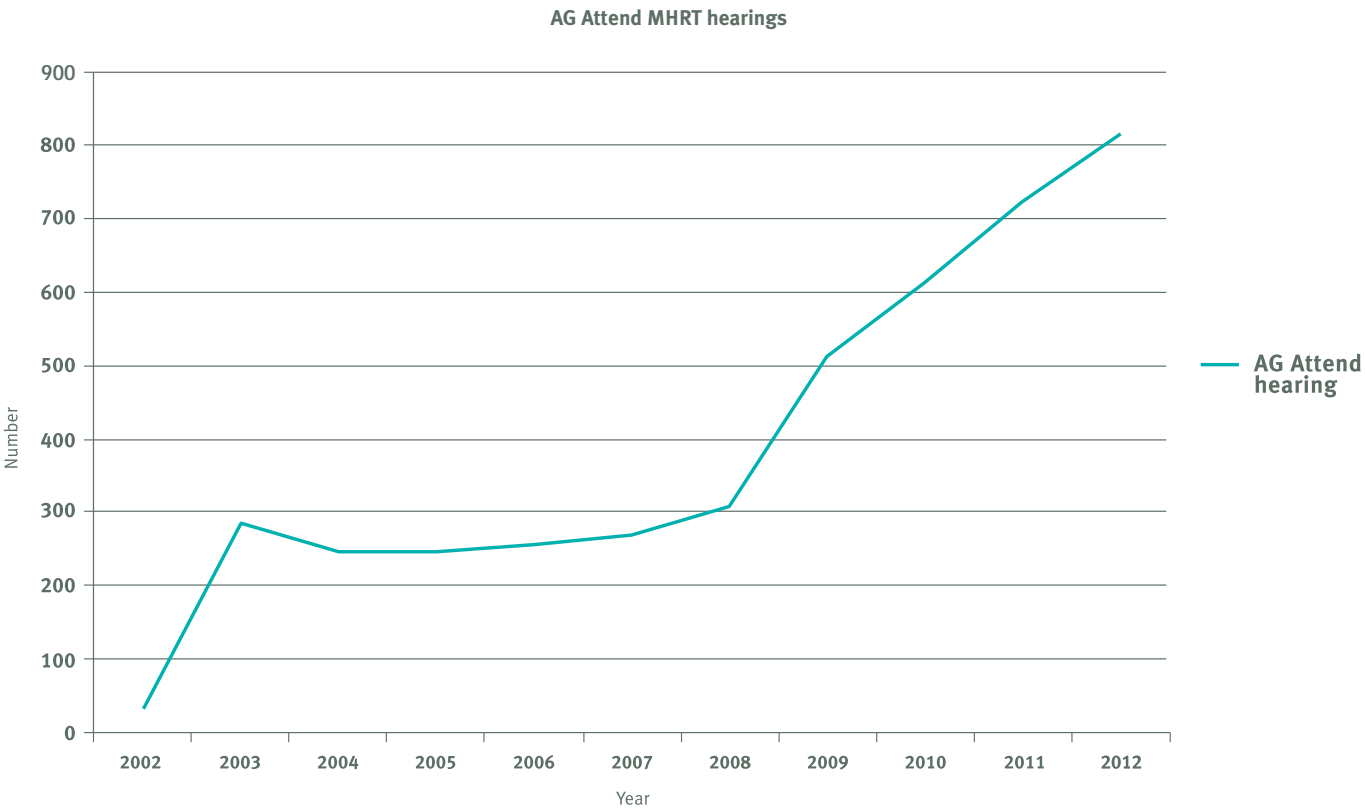
This was further confirmed by a study of the prior Mental Health Tribunal (now Mental Health Court) which showed in the period 1989 -2002 only 0.24% of cleared criminal matters were given a defence of unsoundness of mind. The records used in the study were very extensive and included police records Australia wide¹.

The Tribunal has expanded the number of venues it sits in to 70 including regional and remote venues such as Thursday Island and a number of Cape York communities, Mt Isa and Dalby and many venues along the Coast.

Recruiting of Indigenous members has grown so that the Tribunal now has 6 Indigenous members among its 82 members as at 30 June 2012. In 2011-12 706 individual patients identified as being of Aboriginal or Torres Strait Islander background. This represents 12.4% of Tribunal users. The Tribunal has arranged to have an Indigenous member sit on 69.6% of hearings for these patients.

The Forensic area of the MHA2000 has been subject to reviews in 2002 and 2006 firstly by Professor Paul E Mullen and Ms Karlyn Chettleburgh, and then Mr Brendan Butler SC. These reviews enhanced the area of law protecting victims’ rights and introduced enhanced processes concerning revocation of forensic matters in serious matters. Graph 2 below shows the increase in appearances for the Attorney-General in forensic matters before the Tribunal.

Graph 2: Appearances by the Attorney-General at Tribunal hearings



The Tribunal suffered a serious backlog of hearing matters on commencement but has reduced the figure substantially over time to 3.1% this year. The Tribunal has consistently been below 10 % of matters overdue for the last 3 years.

The *Forensic Disability Act 2011* was a welcome addition to the legislative options that exist, thereby providing appropriate forms of care to patients on forensic orders because of intellectual or cognitive disability.

¹ Bob Green, Terry Stedman, Ben Chapple and Cassandra Griffin (2011): *Criminal Justice Outcomes of Those Appearing before the Mental Health Tribunal: A Record Linkage Study, Psychiatry, Psychology and Law*, 18:4, 573-587



About Us

Established under the *Mental Health Act 2000 (MHA2000)*, the Tribunal provides an independent review of the order or application of the Act, and makes decisions about whether involuntary treatment will continue or not. In making these decisions, the Tribunal must balance the rights of the patient with the rights of others and the protection of the community.

The Tribunal must balance the rights of the patient with the rights of others and the protection of the community.

The Tribunal has the following functions:

- Reviewing whether the treatment criteria apply for patients for whom an Involuntary Treatment Order (ITO) is in force
- Reviewing the mental condition of patients for whom a Forensic Order (FO) is in force
- Deciding electroconvulsive therapy (ECT) treatment applications, i.e. where the patient cannot give consent for ECT, and all applications for psychosurgery
- Reviewing Fitness for Trial (FFT) of persons found temporarily unfit
- Reviewing the mental condition of forensic disability clients for whom a Forensic Order (Mental Health Court – Disability) is in force
- Deciding applications for Forensic Information Orders (FIO), i.e. determining whether an eligible person or persons with sufficient personal interest should receive certain information about the Tribunal's decisions in relation to a forensic patient
- Deciding applications for approval for patients to move out of Queensland
- Deciding appeals against decisions of administrators of Authorised Mental Health Services (AMHS) or the forensic disability service (FDS) to refuse certain visitors
- Reviewing the detention of young patients (under 17 years of age) in high security units



The Tribunal has the power to:

- Confirm or revoke an involuntary treatment order (ITO) or forensic order (FO)
- Order, approve or revoke limited community treatment (LCT) for forensic patients or inpatients for whom an ITO is in force
- Give, or refuse, approval to administer electroconvulsive therapy (ECT) or perform psychosurgery
- Make a non-contact order for a person whose FO has been revoked. A non-contact order prevents the person whose FO has been revoked from contacting the victim (or a relative or associate of the victim) for up to two (2) years
- Decide that a young patient should continue to be detained in a high security unit; or be transferred to an AMHS that is not a high security unit
- Order a change of category for an ITO from in-patient to community, or community to in-patient
- Order a patient's transfer from one AMHS to another
- Grant, or refuse, the application for certain patients to move out of Queensland
- Order that a person with sufficient personal interest be given notice of information such as hearing dates, hearing decisions, transfer of the patient, about a forensic patient, i.e. make a forensic information order (FIO)
- Order an examination of a patient by a psychiatrist, doctor or other health practitioner
- Order that certain information before the Tribunal, such as part or all of the clinical report or information given by a relative, not be given to the patient or person who is the subject of the review, i.e. the Tribunal makes a confidentiality order (CO)
- Order a person in contempt of the Tribunal to be excluded from a hearing
- Confirm or revoke the decision of the administrator of an AMHS to exclude visitors
- Issue attendance notices to persons required to attend Tribunal hearings
- Inspect a document or thing produced at a Tribunal hearing and make copies



Strategic Plan 2010-15

The strategic direction of the Tribunal is governed by its Strategic Plan 2010-15.

The Tribunal's mission is to operate as a single state-wide organisation that effectively uses its staff and members to fulfil its statutory function and protect the rights and dignity of all people in Queensland who receive compulsory mental health treatment under the law.

Our vision is that all people experience the Tribunal as professional, fair and impartial. Patients are respected and are engaged in the review process in a way that promotes their recovery and potential for community participation.

The Tribunal's values are:

- **Independence** – managing relationships with stakeholders and the community in ways that promote the Tribunal's fairness and impartiality
- **Consumer focus** – doing everything possible to meet and exceed consumer needs
- **Integrity** – consistent, transparent and accountable processes and decisions
- **Professionalism** - contributing to the professional development of our Tribunal members and staff and to the body of knowledge that informs Tribunal best practice
- **Innovation** – working creatively to deliver quality services and promote a culture of excellence

The Tribunal's three strategic directions are:

- **Achieving procedural fairness**
- **Designing services that promote patient engagement**
- **Ensuring future sustainability**

This year the Tribunal concentrated on consolidating its core function of conducting hearings.

New processes were developed and implemented as a result of the new *Forensic Disability Act 2011* including establishing a new hearing venue at the Forensic Disability Service in Brisbane and developing resources for patients on Forensic Orders (Disability).

The Tribunal continued its program of engaging with key stakeholders such as AMHS staff, non-government organisations, Indigenous stakeholders and consumer stakeholders such as Consumer Consultants.

The Tribunal also completed the Hearing Simulation Program in September 2011. This interactive resource, available on the Tribunal's website, is focused on educating patients, their families and friends, about the hearing process and the Tribunal's responsibilities to patient rights. Patients who were on or had been on an ITO or FO were consulted in the development phase. This program aims to clarify the unease and uncertainty patients experience in attending a tribunal hearing. The Program aimed to increase patient hearing participation and to educate the public (families) on what it means to be on an ITO or FO.

The program allows a user to navigate through the hearing process and learn more about the documentation they will receive, including hearing notices and the self report form. It also prepares patients for the types of questions the Tribunal panel may ask encouraging them to think about what they would like to communicate to the Tribunal panel.



Our Performance

The Tribunal must exercise its jurisdiction in a way that is fair, just, economical, informal and timely...

Tribunal activity and outcomes

THE TRIBUNAL RECEIVES many matters that are registered but never proceed to hearing because, for example, an ITO is revoked by the treating psychiatrist. This year 16,256 matters were received and 11,584 matters (71.3%) proceeded to hearing. This represents a 6.2% increase since 2010-11. Generally one matter is heard per hearing but there can be multiple matters concerning one patient per hearing.

In 2011-12 the Tribunal conducted 10,972 hearings which is slightly higher (1%) than the number of hearings conducted in 2010-11. The total number of matters listed by the Tribunal in 2011-12 was 11,584 compared with 11,558 last year.

To hear these matters the Tribunal convened 1,549 panels which is 1.9% higher than last year. The average number of hearings per Tribunal sitting day is 7.1, compared to 7.2 in 2010-11.

There were 5,695 individual patients for whom the Tribunal conducted hearings this year, which is 5.2% higher than last year.

See Appendix 1 for a breakdown of state-wide activity per AMHS for 2011-12.

Matter outcomes

The distribution of the Tribunal's work remains essentially of the same pattern year to year with the majority of the Tribunal's work being ITO reviews. There was a slight increase in Forensic Order Reviews and ECT applications this year compared with 2010-11.

Graph 3: Distribution of matter outcomes

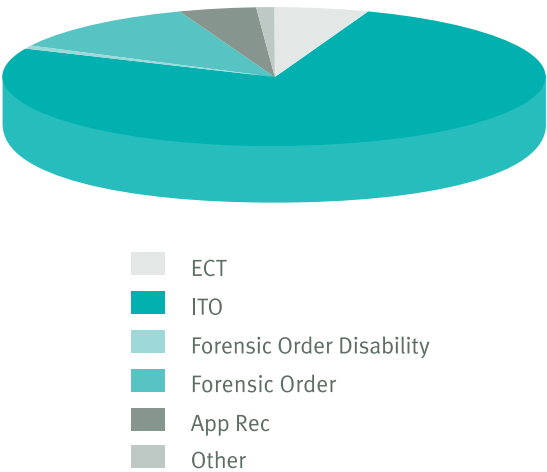


Table 1: Matter types as % of tribunal workload per annum

Matter type	% 2011-12	% 2010-11
ITO Review	75.8	81.3
FO Review	12.3	10.2
FO (Disability) Review	0.6	-
FFT Review	0.3	0.2
ECT Application	5.7	3.7
Application to Move	0.08	0.02
Confidentiality Order	0.6	0.3
Application for Review	4.2	5.0

Timeframes for review

In accordance with the MHA2000 the Tribunal must exercise its jurisdiction in a way that is fair, just, economical, informal and timely (MHA2000 s438). It must also meet the statutory timeframes for review.

This year 3.1% of matters were overdue which is well within the Tribunal’s benchmark of 5% overdue matters. See Appendix 1 for a breakdown of overdue matters per AMHS.

ITO reviews

Less ITOs are being revoked prior to hearing than in the previous year and so consequently more ITOs are proceeding to hearing and being confirmed by the Tribunal. The Tribunal is revoking slightly more ITOs at hearing than in 2010-11.

Table 2: ITO matter outcomes

	Number of outcomes	% ITO outcomes 2011-12	% ITO outcomes 2010-11
ITO confirmed	7025	76.8	61.6
ITO confirmed with LCT/LCT revoked	4	0.04	0.05
ITO confirmed – change category	21	0.2	0.2
ITO revoked	247	2.7	1.9
ITO revoked/ceased to have effect prior to hearing	1843	20.2	36.2
Total	9140		

* note adjourned outcomes are not included in this table



Forensic Order reviews

In 2011-12 there were 751 individual patients with forensic orders being reviewed by the Tribunal. This is 5.6% higher than the number last year.

Table 3: FO matter outcomes

	Number of outcomes	% FO outcomes 2011-12	% FO outcomes 2010-11
FO confirmed	39	2.8	2.8
FO confirmed with LCT	1260	90.6	89.5
FO confirmed with LCT revoked	22	1.6	2.3
FO revoked	69	5.0	5.0
FO ceased	-	-	0.4
Total	1390	-	-

** note adjourned outcomes are not included in this table*

Enlarged panels in Significant Forensic Matters

As at 30 June 2012 there were 143 Special Notification Forensic Patients (SNFP). This is 7.5% higher than last year.

For an SNFP the Tribunal panel is enlarged to at least four members, including at least one forensic specialist. There were 72 enlarged panels for SNFPs this year with 44 SNFP cases in which the President presides. This resulted in the President presiding over enlarged panels in 15 full days and 28 individual hearings. Other enlarged panels were constituted with another forensic specialist for 16 full days and for 52 individual hearings.

Forensic Order (Disability) reviews

The *Forensic Disability Act 2011* came in to effect on 1 July 2011. This year there were 21 individual patients with Forensic Orders (Disability). The Tribunal convenes hearings for FO (Disability) patients at the Forensic Disability Service in Brisbane and at relevant AMHS across the state.

Table 4: Forensic Order (Disability) matter outcomes

	Number of outcomes	% FO (disability) outcomes 2011-12
FO (Disability) confirmed	1	5
FO (Disability) confirmed with LCT	18	90
FO (Disability) revoked	1	5
Total	20	-

** note adjourned outcomes are not included in this table*

Fitness for Trial reviews

Fitness for Trial reviews make up 0.3% of the Tribunal's workload. FFT reviews have decreased by 24% since 2010-11

Table 5: Fitness for Trial matter outcomes

	Number of outcomes	% 2011-12	% 2010-11
Found FFT	6	27.3	17.2
Not FFT	8	36.4	20.7
Not FFT and unlikely to be fit within a reasonable time	8	36.4	48.3
Charges discontinued	-	-	13.8
Total	22	-	-

** note adjourned outcomes are not included in this table*

Application to perform ECT

In 2011-12 the Tribunal had 569 applications for ECT for 397 individual patients. This represents a 15.9% increase in the number of ECT matters scheduled this year compared with 2010-11 and a 13.4% increase in the number of patients for whom an ECT matter was scheduled.

Table 6: ECT matter outcomes

	Number of outcomes	% 2011-12	% 2010-11
ECT approved	478	87.7	89.2
ECT refused	22	4.0	3.3
Application for ECT withdrawn	45	8.3	7.5
Total	545	-	-

** note adjourned outcomes are not included in this table*

Forensic Information Orders

There were 24 decisions made in relation to FIOs in 2011-12. All decisions in relation to FIOs were made by the President constituting the Tribunal alone as provided in MHA2000 s318R (a).

Table 7: FIO Matter Outcomes

	Number of outcomes
FIO made	7
FIO made with CO	10
FIO revoked	7
Total	24

At 30 June 2012 there were 87 FIOs in place.

Adjournments

The adjournment rate was 14.1% of total scheduled matters this year. This is a slight reduction on last year's adjournment rate of 17.7%.

Almost one third of adjournments were due to lack of evidence and one fifth of adjournments were due to the patient being transferred from one AMHS to another.

The number of extended adjournments has decreased this year to 15.8% of all adjournments compared with 21.7% in 2010-11. Extended adjournments most commonly occur when a medical examination and report is required.

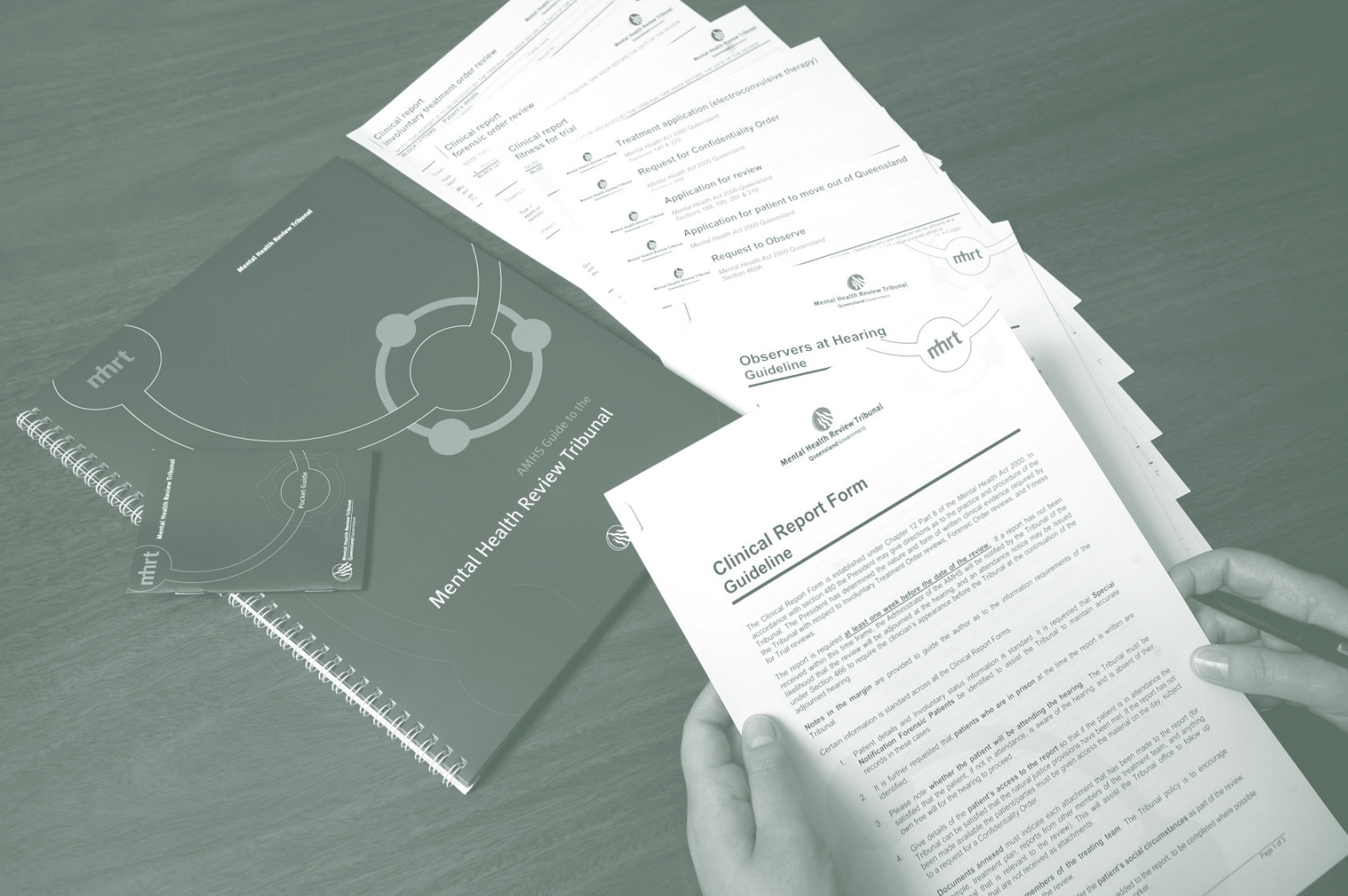
The high level of adjournments continues to be a concern for the Tribunal and a focus of its interactions with AMHS. Adjournments delay the patient's right to a timely review of their matter and are also very costly for the Tribunal. See Appendix 1 for a breakdown of adjournments per AMHS.

Table 8: Reasons for adjournments

	Number of outcomes	% of adjournments
Examination Order	37	2.3
Attendance Notice	3	0.2
Patient absent without permission	123	7.6
Patient transfer	335	20.6
Patient request	173	10.6
AMHS request	108	6.6
Procedural fairness	126	7.7
Lack of evidence	455	27.9
Other	269	16.5
Total	1629	

Table 9: Comparison of 28 day and extended adjournments

	2011-12	2010-11
28 day adjournments	1371	1602
Extended adjournments	258 (15.8%)	443
Total	1629	



Timeframes for receipt of the clinical report

There were 10,199 matters in which a clinical report was expected (including ITO reviews, FO reviews and FFT reviews).

The clinical report provided by the treating psychiatrist is an important component of the evidence presented to the Tribunal for a hearing.

The Tribunal Rule was established under s479 of the MHA2000 in 2009 and regulates the timely provision of clinical reports to the Tribunal. The report must be received at least seven days before the hearing date for administrative purposes and so that sufficient time is allowed for the parties to view the material. 38.1% of clinical reports were received within this timeframe which is similar to last year.

Promoting the importance of timely receipt of the clinical report, in line with the Tribunal Rule, is part of the Tribunal's ongoing work with AMHS.

See Appendix 1 for a breakdown of clinical reports received per AMHS.

Table 10: Clinical Report Activity

	Number of reports received	% 2011-12	% 2010-11
Report received after hearing	21	0.2	0.9
Nil report	492	4.7	7.4
Same day as hearing	1787	17.0	24.3
1-2 days before hearing	1171	11.2	8.6
3-6 days before hearing	2731	26.0	21.4
> 6 days before hearing	3997	38.1	36.7
Total	10 199		



Attendances at hearings

Patient attendance increased to 43% this year. This represents an 8.6% increase compared with 2010-11. The Tribunal continues to view patient participation as a central element of the review process and will continue to implement strategies to encourage patient participation.

Table 11: Hearing attendances

Attendee Category	Number of attendees	% 2011-12	% 2010-11
Patient	4719	43	37.6
Patient support	2778	25.3	23.1
Patient representative	249	2.27	1.8
Cultural support	252	2.3	1.9
Interpreter	102	50^	1.0
Doctor	5471	49.9	44.4
Health worker	7570	69	59.3
AG representative	817	50.7	45.0*
Other	3	< 0.1%	NA

[^] note that interpreter attendance was in relation to matters where it was indicated that an interpreter was required and the patient attended (average patient attendance is 43%)

*note % for the AG representative is calculated on the 1613 FO and FFT matters only

Aboriginal and Torres Strait Islander patients

During 2011-12 the Tribunal continued its focus on encouraging Aboriginal and Torres Strait Islander patient participation in the hearing process. In 2011-12 the Tribunal had 706 individual patients identified as being of Aboriginal or Torres Strait Islander background. This represents 12.4% of Tribunal users.

Out of a total of 1,317 hearings for Indigenous patients, 78.2% were ITO reviews, 19.4% were FO reviews, and 2.4% were other matter types.

Indigenous patient hearing attendance continues to be lower than state-wide attendance, 24.6% compared with 43%.

The table below shows an improvement in the provision of cultural information for the hearing and also with the proportion of hearings in which an Indigenous Tribunal member was part of the panel. Work with the AMHS will continue into 2012-13 to increase the proportion of Indigenous patients who choose to participate in their hearings, the level of cultural support available to the patient at the hearing including the attendance of Indigenous Mental Health Worker (IMHW), and the use of the cultural information page of the clinical report.

Table 12: Key performance indicators for Indigenous hearings

	Number	% 2011-12	% 2010-11
Patient hearing attendance	324	24.6	26.2
Cultural information	172	13.1	3.9
IMHW attendance	116	8.8	7.9
Cultural support attendance	73	5.5	4.4
Indigenous Tribunal member	916	69.6	59.7
Requests to Observe	-	-	-

Requests to Observe

The MHA2000 (s460A) provides for observers to attend hearings in limited circumstances, with the President’s approval and the patient’s consent. Requests to observe only apply to persons who have a legitimate educational purpose to attend hearings for adult patients and will be applying the outcomes of specified learning objectives within a period of three months.

This year, there were 5 requests to observe Tribunal hearings.

Table 13: Observer Approvals

Observer	single hearing	half day of hearing	full day of hearing
MHRT Staff	-	2	-
AMHS Staff	-	-	1
Other	-	-	2



Statements of Reasons

In 2011-12 the Tribunal received 309 requests for statements of reasons which is 15% higher than last year. The average cost of preparing a statement of reasons is \$378, which is similar to 2010-11.

Table 14: SOR Requests

Matter Type	2011-12 Number of Requests	2011-12 %	2010-11 %
FO 1st Review	10	3.0	4.0
FO Review	128	42.0	45.0
ITO 1st Review	52	17.0	14.0
ITO Review	106	35.0	32.0
ECT	10	3.0	4.0
Other	0	0.0	1.0
Total	309		

Table 15: Percentage breakdown of requests for SORs

	% 2011-12	% 2010-11
Requests by patient	53.0	54.0
Requests by DMH	5.0	5.0
Requests by MHC	19.0	16.0
Requests by AG	23.0	25.0
Total number of requests	309	269
% hearings where SOR requested	2.8	2.5

Table 16: Requests by parties

	SORs provided outside statutory timeframe of 21 days	% of total requests by that party
Patient requests within 7 days, response exceeding 21 days	41	24.0
DMH requests exceeding 21 days	9	56.0
AG requests exceeding 21 days	39	55.0
Total overdue	89	29.0

Appeals

There were 94 appeals against Tribunal decisions lodged in the Mental Health Court in 2011-12 representing 0.8% of matters. A number of appeals against FO decisions related to LCT conditions rather than the substantive decision in relation to the FO itself.

Table 17: Appeals by Matter Type

Application to Perform ECT	5
ITO 1st Review	12
ITO Review	22
FO 1st Review	7
FO Review	48
Total	94

Successful appeals represent 0.08% of all Tribunal hearings this year.

Table 18: MHRT Decision Appealed:

ECT Approved	5
ITO is confirmed	33
ITO is confirmed; change of category	1
FO is confirmed	1
FO confirmed with LCT	43
FO is revoked	11

Table 19: Number of Appeals Lodged per Party

	2011-12	2010-11
Patient/on behalf of patient	44	43
AG	50	39
DMH	-	1

Table 20: Appeal Outcomes

	2011-12	2010-11
Appeal withdrawn	13	16
Appeal dismissed	59	40
Appeal upheld	9	12
Adjourned	-	2
Not heard	13	15
Total	94	85

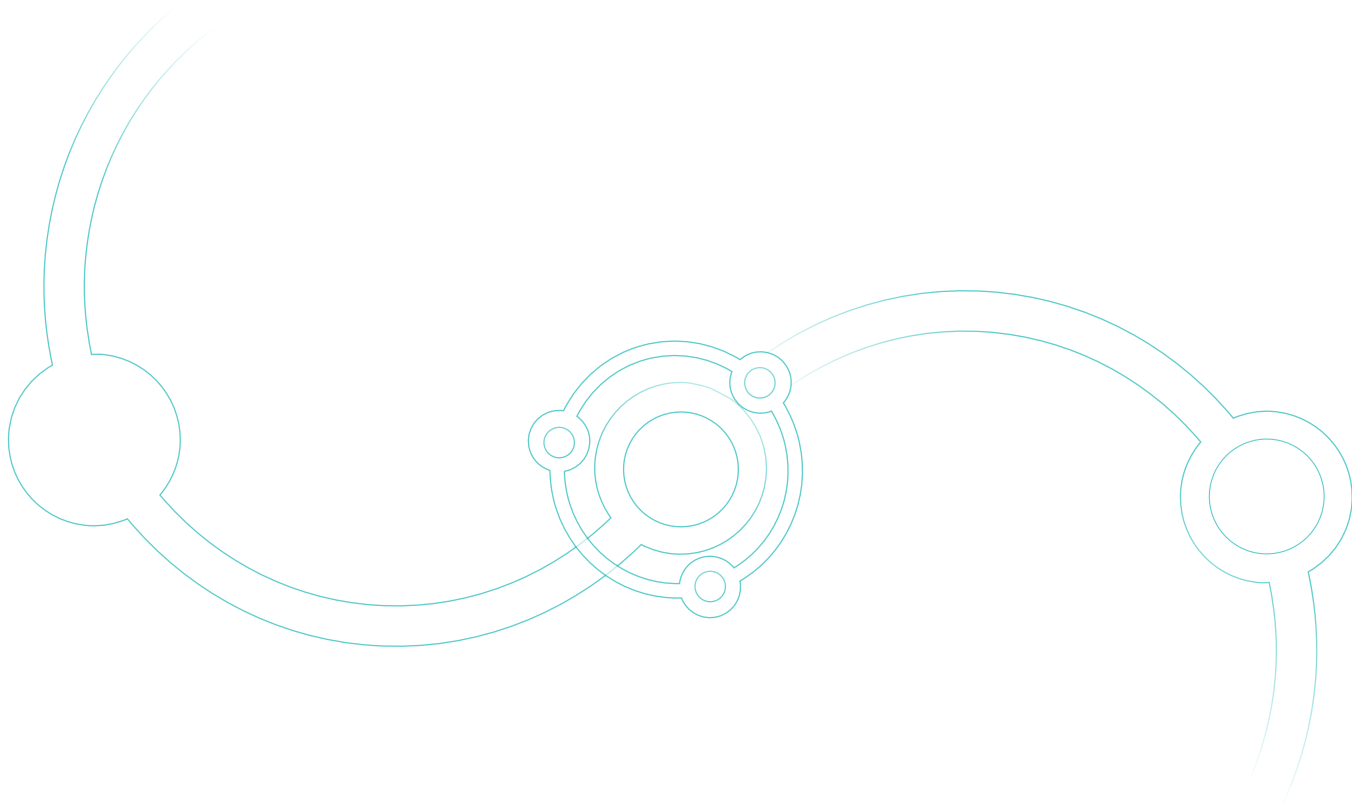
Of the 9 appeals upheld this year, 6 were lodged by the Attorney-General in relation to FO review decisions, Two were lodged by patients in relation to FO review decisions and 1 by the patient in relation to an approval to perform ECT. Successful appeals represent 0.08% of all Tribunal hearings this year.

Financial Statement

Accrual Budget 2011-2012	Expenditure	Budget	Variance
	YTD \$	YTD \$	YTD \$
Staff Salaries	\$2,611,091	\$2,290,082	-\$321,009
Members Fees	\$3,118,470	\$3,365,721	\$247,252
Payroll Tax	\$284,034	\$288,622	\$4,588
Temporary Relief Staff	\$122,313	\$80,000	-\$42,313
Superannuation	\$457,110	\$570,708	\$113,598
Fringe Benefits Tax	\$27,027	\$17,000	-\$10,027
Workcover Premium	-\$2,204	\$22,444	\$24,648
Total Salary and Related Costs	\$6,617,840	\$6,634,577	\$16,737
Advertising - Recruitment	\$951	\$8,000	\$7,049
Accommodation Expenses	\$513,370	\$514,000	\$630
Electricity Expenses	\$15,056	\$18,000	\$2,944
Hospitality Expenses	\$3,726	\$4,500	\$774
Legal and Professional Expenses	\$12,800	\$12,000	-\$800
Computer Charges	\$15,061	\$141,881	\$126,820
Library & Audio/Visual Expenses	\$3,751	\$3,000	-\$751
Freight and Postage	\$75,955	\$72,000	-\$3,955
Motor Vehicles	\$19,622	\$19,200	-\$422
Printing and Stationery	\$78,588	\$100,000	\$21,412
Learning and Development Expenses	\$54,411	\$64,000	\$9,589
Telecommunications and Video Conference Expenses	\$21,194	\$34,000	\$12,806
Travel Expenses	\$285,956	\$273,000	-\$12,956
Household Expenses	\$15,601	\$20,500	\$4,899
Minor Works	\$1,825	\$6,552	\$4,727
Repairs and Maintenance Building & Plant	\$6,927	\$5,000	-\$1,927
Interpreter Expenses	\$14,256	\$10,000	-\$4,256
External Medical Reports	\$68,592	\$90,000	\$21,408
Total Administration Costs	\$1,207,642	\$1,395,633	\$187,991
Total Plant and Equipment	\$16,079	\$20,000	\$3,921
Asset Depreciation	\$13,572	\$12,448	-\$1,124
Total Salaries. Admin, Plant and Equipment	\$7,855,133	\$8,062,658	\$207,525

Notes

In the 2011 F/Y the Tribunal was over charged for its WorkCover premium. It has been credited back this financial year.



THE FINANCIAL STATEMENT is a general-purpose financial report and has been prepared in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009, Australian Accounting Standards and other prescribed requirements.

This financial statement has been prepared in accordance with historical cost methodologies. The accounting policies adopted for 2011-2012 are consistent with those of the previous year.

The Tribunal is funded by a state funding allocation through Queensland Health (QH). The Tribunal operates within a cost-centre accrual accounting structure.

From a practical financial perspective the Tribunal operates as a cost centre of QH, uses QH's financial management systems and adheres to QH's financial policies and processes. Consequently, there is no requirement for the Tribunal to maintain bank accounts or investments.

The Tribunal budget for the 2010-2011 financial year was \$8,062,658. The 2010-2011 budget was underspent by \$207,525.

The underspend this year was the result of a number of factors. Salaries and wages were underspent due to a number of positions remaining vacant after the incumbents took voluntary separations. Efficiencies within the hearings coordination function has resulted in cost savings in travel, stationery, printing, postage and courier costs.

Cost per matter

The Tribunal calculates cost per matter on a formula that takes into account pre-hearing and hearing costs. Cost per matter this year was \$370 which is 7% lower than the previous year. A number of factors have contributed to the decrease in cost per matter including savings on the costs of postage, stationery and printing, a reduction in travel as a consequence of making more use of videoconference facilities and a decrease in payments to private psychiatrists for independent medical reports.

Governance

Management and Structure

The Tribunal is governed by Chapter 6 and Chapter 12 of the MHA2000 and operates independently as a department within the meaning of the *Public Service Act 2008*, with the President as the chief executive of the department. The Tribunal sits within the portfolio responsibility of the Minister for Health.

President

Barry Thomas is the President of the Tribunal, appointed until January 2015.

The President is a full-time member of the Tribunal appointed by the Governor in Council under MHA2000 s440. The President is not subject to direction by the Minister for Health or the Director-General of Queensland Health in relation to the operation and direction of the Tribunal.

President's remuneration

Remuneration for the President is approved by the Governor in Council. The remuneration includes salary as determined under the *Judicial Remuneration Act 2007*, benchmarked against the amount received by Supreme Court judges. Other terms and conditions are equivalent to those prescribed to Senior Executive Level 2 officers appointed under the *Public Service Act 2008*.

Members' Remuneration

Remuneration is paid in accordance with Category AA1 of the Schedule for Remuneration of Part-time Chairs and Members of Government Boards, Committees and Statutory Authorities. The remuneration level for Tribunal members has not altered since 2008.

Table 21: Remuneration rates 2011-12

	Presiding Member	Psychiatrist Member	Member
Full day	759.00	1100.00	543.00
Half day	379.50	550.00	271.50
Special assignment	632.00 per day maximum	916.00 per day maximum	453.00 per day maximum

Other allowances are approved by the Governor in Council including mileage allowance for the use of a member's own vehicle in travelling to and from hearings, as well as travel allowances in accordance with relevant Public Service Directives.



Tribunal Members

Part-time members of the Tribunal are appointed by the Governor in Council for a term of not longer than three years. Members may seek to renew their appointment at the end of three years (MHA2000 Chapter 12, Part 2).

To be eligible for appointment as a part-time member a person must:

- be a lawyer of at least five years standing
- be a psychiatrist
- have other qualifications and experience the Minister considers relevant to exercising the Tribunal's jurisdiction.

Psychiatrists who are appointed to the Tribunal are registered Fellows of the Royal Australian and New Zealand College of Psychiatrists, or have an equivalent qualification.

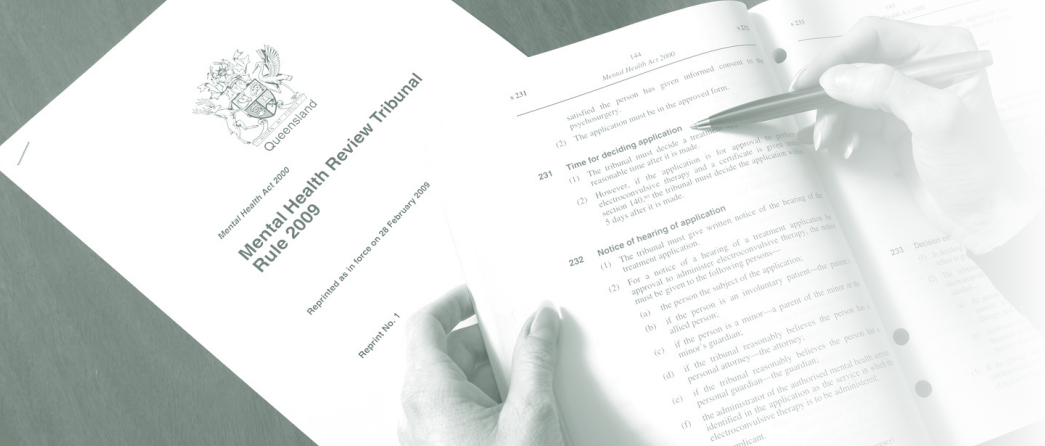
As at 30 June 2012 there are 82 part time member of the Tribunal. See Appendix 2 for the details of Tribunal members' appointments.

Table 22: Categories of part-time members as at 30 June 2012

2011-2014	Legal Members	Psychiatrists	Community Members	Total
Women	10	18	19	47
Men	15	12	8	35
TOTAL	25	30	27	82

The Tribunal has a number of members who have undertaken additional training to become forensic specialists. It also has members who have expertise in intellectual disability.

The Tribunal has six Indigenous members who sit on matters for Indigenous patients, and regional members who sit in their local communities and surrounds.



Delegations

The President may delegate the President's powers to another Tribunal member under Chapter 12, Part 9 of the MHA2000. As such the President's powers are delegated to:

- Honourable Robert Bulley
- Barbara Kent
- David Liddell
- Anne-Maree Roche

Members ending their term appointment

Fionnuala Smyth (Community member, Sunshine Coast) resigned on 12 January 2012.

Special mention must be made of the valuable contribution of the Honourable Robert Bulley (Legal member) who passed away in March 2012.

Administrative staff of the Tribunal

Staff of the Tribunal are employed under the *Public Service Act 2008*. The organisational unit made up of the Tribunal's staff operates as a separate department within the meaning of the *Public Service Act 2008*. As Chief Executive Officer in relation to the administrative staff of the Tribunal, the President is responsible for deciding the organisational structure of the department, including the number and levels of positions.

The Tribunal currently has 28 full time equivalent positions and 1 temporary position.

Code of Conduct

The Tribunal abides by the Code of Conduct for the Queensland Public Service established under the *Public Sector Ethics Act 1994*. The Tribunal has established policies and procedures under its quality framework that have been developed in compliance with public sector management legislation and practices. Procedures are reviewed on a two-year cycle and the Tribunal is ensuring that procedures and practices are consistent with the Code of Conduct.

As statutory appointees, Tribunal members including the President are not subject to the Code of Conduct for the Queensland Public Service. The Administrative Review Council's, "A Guide to Standards of Conduct for Tribunal Members" (2001) has been adopted as the code of conduct for our Tribunal members.

Administrative Arrangements

Whilst being an independent public service office the Tribunal is not a statutory body in terms of the *Financial Accountability Act 2009* or the *Statutory Bodies Financial Arrangements Act 1982*. The Tribunal is funded by Queensland Health and operates under an administrative arrangements agreement to establish the respective roles and responsibilities of the administrative unit of the Tribunal and business units of Queensland Health Corporate Office in meeting the legislative requirements under relevant Acts.

Since the Tribunal's establishment in 2002 the areas of shared responsibility have narrowed as the Tribunal has undertaken most governance roles on its own behalf. The remaining areas of conjoint responsibility where the Tribunal uses the services of Queensland Health includes financial management services and human resource management and industrial relations advice and information services including supply of information and communications technology software and hardware and maintenance of information systems within a standard operating environment.

Governance

Risk Management and Accountability

The Tribunal has three internal auditors and all staff are responsible for identifying opportunities for improvement.

Risk management

The Tribunal's Executive Management Committee is the primary mechanism for managing strategic and operational risks facing the organisation. The Executive Management Committee monitors the progress of the organisation towards meeting strategic goals and business plan targets; endorses policies and procedures developed to improve the effectiveness of the organisation; decides resource requirements and priorities; promotes a quality improvement framework; and ensures the Tribunal is meeting its legislative responsibilities. The members of the Executive Management Committee are the President, Executive Officer, Corporate Services Manager, Senior Learning and Development Coordinator and Client Services Manager.

Quality framework and internal audit

The Tribunal is certified as meeting the requirements of the ISO9001:2008 quality framework in relation to its administration functions including the coordination of hearings. The Tribunal has three internal auditors and all staff are responsible for identifying opportunities for improvement.

Human Resources

This program was one of a number of measures designed to deliver additional savings and reprioritise spending.

Workforce planning, attraction and retention

As mentioned above, the Tribunal currently has 28 full time equivalent positions and 1 temporary positions.

The Tribunal has human resource management processes in place, in line with Queensland Government policy, to ensure appropriate recruitment and selection of staff.

The Tribunal's performance management framework for staff is currently under review. Tribunal members have annual performance discussions with the President as part of the 'Profiles' program.

Early retirement, redundancy and retrenchment

Under the obligations of the *Public Service Act 2008* the Tribunal as a public service office must report the number of packages paid to employees with respect to redundancies, early retirement schemes and retrenchment schemes. There were no packages paid to administrative staff of the Tribunal within the last financial year.

Voluntary Separation Program

A Voluntary Separation Program was introduced as part of the Mid-Year Fiscal and Economic Review in January 2011. This program was one of a number of measures designed to deliver additional savings and reprioritise spending. The program was targeted primarily at non-frontline areas, as a service reprioritisation strategy to ensure continued growth in frontline areas. In 2011-12 two employees accepted offers of voluntary separation packages at a total gross cost of \$387,930.30

Appendix 1

State-wide Activity Report per AMHS 2011-12

	<i>Number of Sittings</i>	<i>Number of Hearings</i>	<i>Hearings/Tribunal</i>	<i>Number of Adjournments</i>	<i>% Hearings Adjourned</i>	<i>Number of Forensic Orders Reviewed</i>	<i>Number of ITO's Reviewed</i>	<i>No ECTs</i>	<i>Total Matters</i>
Location									
Bayside	47	291	6.2	22	7.2	40	250	2	307
Belmont	21	44	2.1	4	8	1	35	9	50
Bundaberg	28	153	5.5	15	9.7	28	118	7	154
Cairns	100	789	7.9	117	14.4	100	666	27	813
Forensic Disability Service	5	13	2.6	0	0	0	1	0	14
Fraser Coast	31	197	6.4	31	15.3	26	171	0	202
Gold Coast	138	1127	8.2	177	15.2	121	987	21	1161
Greenslopes	3	3	1	1	25	0	4	0	4
Logan-Beaudesert	102	782	7.7	116	14	98	668	19	826
Mackay	44	260	5.9	32	11.6	28	226	5	275
Mater Children's	13	18	1.4	9	42.9	2	14	1	21
M.H.R.T Office	3	4	1.3	0	0	2	1	0	4
New Farm Clinic	21	58	2.8	14	24.1	1	56	1	58
On Call	83	320	3.9	37	8.6	4	126	192	432
Princess Alexandra Hospital	125	908	7.3	143	14.8	142	716	54	967
Royal Brisbane and Women's Hospital	164	1420	8.7	269	18.4	104	1250	72	1463
Redcliffe - Caboolture	64	427	6.7	69	15.7	65	356	8	440
Rockhampton	45	374	8.3	50	13.2	48	324	3	380
Sunshine Coast	88	576	6.5	75	12.1	69	502	7	621
The Prince Charles Hospital	59	380	6.4	36	8.8	192	173	15	410
Toowong Private Hospital	12	21	1.8	4	19	0	19	2	21
Toowoomba	97	764	7.9	115	14.2	145	594	26	808
Townsville	83	660	8	144	20.6	140	507	15	699
The Park-Centre for Mental Health	98	788	8	99	11.9	119	628	44	834
West Moreton	75	595	7.9	49	7.9	108	479	8	620
TOTAL	1549	10972	7.10%	1628	14.10%	1583	8871	538	11584
Percent	13.4	94.7	7.10%	14.1	14.10%	13.7	76.6	4.6	100

<i>Overdue matters</i>	<i>% overdue matters</i>	<i>Report more than 6 days</i>	<i>Report 3 to 6</i>	<i>Report 1 to 2</i>	<i>Report Same Day</i>	<i>Report After Hearing</i>	<i>No clinical report received</i>	<i>Psych Attend</i>	<i>Registrar and Other Doc Attend</i>	<i>Nurse and Case Manager Attend</i>	<i>Cultural Support Attend</i>	<i>Inpatient Attend</i>	<i>Outpatient Attend</i>	<i>Allied Person / Other Support</i>
21	6.8	201	68	5	8	0	6	185	98	161	0	49	77	71
4	8	11	11	7	5	1	1	65	2	13	0	14	8	22
12	7.8	137	7	0	0	0	1	111	28	127	1	18	55	56
25	3.1	321	255	65	42	1	56	134	133	593	15	56	222	254
0	0	11	2	0	0	0	0	0	0	13	0	12	1	24
5	2.5	155	17	6	13	0	2	99	16	150	5	19	78	62
42	3.6	331	305	215	163	1	38	342	246	728	2	162	262	256
0	0	3	0	0	0	0	1	3	0	1	0	0	1	0
32	3.9	209	216	160	103	3	46	128	118	573	4	90	206	200
4	1.5	209	36	5	3	0	4	154	37	194	2	17	98	96
1	4.8	0	5	1	5	0	6	8	5	9	0	6	2	11
0	0	2	0	0	1	0	0	1	0	2	0	2	0	8
1	1.7	1	9	4	24	1	7	71	1	1	1	15	3	13
6	1.4	12	15	36	69	0	24	192	164	95	1	152	18	144
11	1.1	471	245	29	67	1	49	201	204	609	2	134	257	279
30	2.1	370	240	43	581	4	50	324	242	876	2	132	337	204
5	1.1	87	116	75	106	1	18	203	46	304	3	37	165	152
13	3.4	134	160	7	40	0	10	99	27	286	9	31	121	101
11	1.8	126	72	47	265	1	24	169	93	379	9	78	188	142
9	2.2	193	112	61	7	3	6	200	247	167	10	220	42	289
1	4.8	8	4	1	2	0	1	32	0	4	0	6	2	4
63	7.8	257	259	116	59	0	23	227	182	561	2	217	191	269
18	2.6	235	159	85	89	1	85	192	141	437	25	144	158	299
17	2	293	264	85	72	3	28	198	193	547	0	123	226	269
28	4.5	220	154	118	63	4	6	124	121	480	6	75	192	177
359	3.10%	3997	2731	1171	1787	21	492	3462	2344	7310	99	1809	2910	3402
3.1	3.10%	38.12	26.05	11.17	17.04	0.2	4.69	33	22.4	69.7	0.9	17.3	27.8	32.4

Appendix 2

**Tribunal Members
as at 30 June 2012**

Region	Category	Member	Date of appointment	Member sitting days		
				Full days	Half days	Quarter days
Brisbane	Legal	Susan Bothman	28/2/11-	59	2	3
		Hon. Robert Bulley	28/2/02 - 27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11 - 4/3/12	52	6	0
		Hugh Carter	28/2/02 - 27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 8/2/11-	86	6	2
		Joanne Collins	3/9/09 – 27/2/11; 28/2/11	53	4	2
		Alison Colvin	28/2/02-27/2/05; 28/2/11-	48	7	1
		Nathan Jarro	28/2/11-	40	6	1
		Barbara Kent	1/3/07 – 27/2/08; 28/2/08 - 27/2/11; 28/2/11-	95	4	10
		David Liddell	28/2/02 - 27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11-	79	8	6
		Michael McCarthy	28/2/11-	36	3	1
		Anne-Maree Roche	28/2/02 - 27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11-	85	7	1
		Virginia Ryan	28/2/08 - 27/2/11; 28/2/11-	41	2	4
		Dr Mark Sayers	28/2/08 - 27/2/11; 28/2/11-	20	2	1
		Barry Thomas	14/1/05 – 13/1/10; 14/1/10 - 1/10; 14/1/10 -	20	26	28
	Psychiatrist	Dr Robert Ah Hoon	9/12/09 - 27/2/11; 28/2/11-	69	3	5
		Dr Richard Astill	28/2/02-27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11-	10	1	0
		Dr Fabian Bryant	18/11/04-27/2/05; 28/2/05 - 27/2/08; 28/2/08-27/2/11; 28/2/11-	78	17	3
		Dr Kevin Calder-Potts	19/9/02-18/9/05; 19/9/05-27/2/08; 28/2/08-27/2/11; 28/2/11-	21	0	0
		Dr Rosemary Campbell	28/2/11-	47	1	1
		Dr Janine Clarke	28/2/02-27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11-	69	10	6
		Dr Ian Colls	28/2/08 - 27/2/11; 28/2/11-	77	6	8
		Dr Teresa Garrone	1/3/07-27/2/08; 28/2/08 - 27/2/11; 28/2/11-	39	1	0
		Dr Robyn Hewland	28/2/02-27/2/05; 17/3/05 - 27/2/08; 28/2/08-27/2/11; 28/2/11-	61	2	1
		Dr Angela Kelly	5/8/10-27/2/11; 28/2/11-	43	2	0
		Dr Diana Lange	27/11/03–26/11/06; 30/11/06 - 27/2/08; 28/2/08-27/2/11; 28/2/11-	45	3	1
		Dr Hubertina Lendering	28/2/11-	52	3	3
		Dr Joanna Loftus	28/2/08 - 27/2/11; 28/2/11-	47	4	0
		Dr Bronwyn Macleod	18/11/04 – 27/2/05; 28/2/05 - 27/2/08; 28/2/08-27/2/11; 28/2/11-	105	13	3

Region	Category	Member	Date of appointment	Member sitting days		
				Full days	Half days	Quarter days
		Dr Jonathan Mann	28/2/11-	10	0	0
		Dr Barbara McGuire	17/3/05 - 27/2/08; 28/2/08- 27/2/11; 28/2/11-	10	0	1
		Dr David Mendels	5/8/10-27/2/11;28/2/11-	12	1	2
		Dr Pankaj Relan	5/8/10-27/2/11;28/2/11-	36	3	0
		Dr Chandran Segkar	28/2/08 -27/2/11; 28/2/11-	48	0	2
		Dr Gabrielle Smith	28/2/11 -	29	1	0
		Dr Robert Spelta	28/2/08 - 27/2/11; 28/2/11 -	48	1	2
		Dr Nicola Stephens	30/11/06 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	10	0	1
		Dr Sandra Thomson	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	30	3	1
		Dr Pamela Van Der Hoef	28/2/08 - 27/2/11; 28/2/11 -	13	2	1
		Dr Daniel Varghese	28/2/08 - 27/2/11; 28/2/11 -	13	3	1
		Dr Angela Voita	3/9/09 - 27/2/11; 28/2/11 -	13	1	0
		Dr Arnold Waugh	1/3/07 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	47	4	0
	Community	Tracey Barty	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	82	10	0
		Garry Bell	28/2/11 -	50	3	2
		Julia Casey	28/2/11 -	63	6	4
		Prof Roger Dooley	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	26	0	0
		Patricia Hall	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	39	2	2
		Lynnette Johannessen	28/7/06 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	79	10	5
		Anne Landsberg	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	75	10	5
		Lynne McPherson	28/2/05 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	69	4	4
		Frances Millar	28/2/08 - 27/2/11; 28/2/11 -	69	2	3
		Helen Ridley	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	83	5	1
		Helen Watkins	28/2/08 - 27/2/11; 28/2/11 -	72	9	1
Gold Coast	Legal	John Gallagher	28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	33	2	1
		Julie Cowdroy	28/2/11 -	75	4	1
	Psychiatrist	Dr Ruth Ekis	28/2/02-27/2/05; 28/2/05 -27/2/08; 28/2/08 -27/2/11; 28/2/11-	76	5	0

Appendix 2 continued

Region	Category	Member	Date of appointment	Member sitting days		
				Full days	Half days	Quarter days
	Community	John Hancock	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	81	2	0
		Dr Juanita Muller	28/2/08 - 27/2/11; 28/2/11 -	46	4	1
		Athol Webb	28/2/08 - 27/2/11; 28/2/11 -	28	0	1
Sunshine Coast	Legal	Adrian Williams	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	87	5	4
		Frank Wilkie	25/8/05 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	33	3	1
	Psychiatrist	Dr Marilyn Shrapnel	28/2/05 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	36	5	2
	Community	Joyce Davies	28/2/08 - 27/2/11; 28/2/11 -	75	9	6
		Robyn Nolan	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	35	5	2
		Fionnuala Smyth	28/2/11 – 12/1/12	0	0	0
Wide Bay	Legal	Simon Burgess	25/8/05 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	9	1	0
		Travis George	28/2/11 -	29	1	0
Toowoomba	Legal	Penelope Feil	28/2/05 - 27/2/08; 28/2/08 -27/2/11; 28/2/11 -	43	1	0
		Michael Wood	29/1/09 - 27/2/11; 28/2/11 -	49	2	0
	Community	Ron Hampton	28/2/08 - 27/2/11; 28/2/11 -	61	3	0
		Louise Whitaker	9/12/09 - 27/2/11; 28/2/11 -	47	1	0
Rockhampton	Legal	Jeffrey Clarke	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	11	1	1
	Community	Lorna Moxham	28/2/02 - 27/2/05; 28/2/05 - 27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	8	1	1
		Natalie Chapman	28/2/11 -	23	2	0
Townsville	Legal	Raoul Giudes	30/1/03 - 29/1/06; 30/1/06 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	39	2	1
		Brydget Barker-Hudson	28/2/11 -	20	1	0
		Franklin Richards	28/2/11 -	19	0	0
	Psychiatrist	Dr Donna Kippax	17/3/05 - 27/2/08;28/2/08 -27/2/11; 28/2/11 -	29	3	0
	Community	Brian Hill	28/2/08 - 27/2/11; 28/2/11 -	23	1	0
		Alec Illin	28/2/08 - 27/2/11; 28/2/11 -	16	0	0
		Dr Jenny Promnitz	28/2/08 - 27/2/11; 28/2/11 -	23	1	1
Mackay	Community	Sharon Schoneveld	28/2/11 -	21	3	1

Region	Category	Member	Date of appointment	Member sitting days		
				Full days	Half days	Quarter days
Cairns	Legal	Mark Johnston	28/2/02 - 27/2/05;28/2/05 -27/2/08; 28/2/08 -	41	4	1
		Deborah Boulden	28/2/08 - 27/2/11; 28/2/11 -	42	4	1
	Community	Sharon Mills	28/2/02 - 27/2/05; 28/2/05 -27/2/08; 28/2/08 - 27/2/11; 28/2/11 -	30	5	0
		Denise Zell	9/12/09 - 27/2/11; 28/2/11 -	25	1	1
TOTAL			84 members			



Abbreviations

AMHS – Authorised Mental Health Service	ISO – International Standards Organisation
AG – Attorney General	ITO – Involuntary Treatment Order
CO – Confidentiality Order	KPI – Key Performance Indicator
DMH – Director of Mental Health	LCT – Limited Community Treatment
ECT – Electroconvulsive Therapy	MHA2000 – Mental Health Act 2000
EO – Examination Order	MHC – Mental Health Court
FDS – Forensic Disability Service	MHRT – the Mental Health Review Tribunal
FFT – Fit for Trial	NFFT – Not fit for trial
FIO – Forensic Information Order	NGO – Non-Government Organisation
FO – Forensic Order	SNFP – Special Notification Forensic Patient
FO (Disability) – Forensic Order (Disability)	SOR – Statement of Reasons
FTE – Full Time Equivalent	QH - Queensland Health
ILO – Indigenous Liaison Officer	The Tribunal – the Mental Health Review Tribunal
IMHW – Indigenous Mental Health Worker	