

Annual Report 2013–2014

2013-14 Annual Report of the Mental Health Review Tribunal
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mhrt
Mental Health Review Tribunal

The Honourable Lawrence Springborg MP
Minister for Health
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to present the Annual Report 2013-2014 and financial information for the Mental Health Review Tribunal.


The report is made in accordance with the requirements of Section 487 of the *Mental Health Act* 2000.

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

Yours sincerely

Signed

Date


Barry Thomas
President, Mental Health Review Tribunal

26/8/2014

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President's Report

This Annual Report provides the opportunity to outline activities of the Mental Health Review Tribunal (the Tribunal) for the year 2013 – 2014. The Tribunal must conduct timely and private hearings related to the human rights of involuntary patients with mental illness and/or an intellectual disability. It applies the principles of natural justice and remains consistent with the relevant legislation, the *Mental Health Act* 2000 and the *Forensic Disability Act* 2011. The Tribunal must also take into consideration matters such as addressing any unacceptable risk from mental illness or intellectual disability, issues relating to community safety and the needs of victims.

This past year has seen a period of consolidation following the challenges of the previous year. The acceptance of the staffing restructure and settling into the new office following relocation provided personal growth for many of the staff. Tribunal business is a complex pattern of tasks and duties performed by administrative staff and Members to ensure that on any given day, six to fifteen venues can hear numerous matters. I am proud to say that efficiency was not only maintained, but improved in this period. The Tribunal conducted more hearings in 2013-2014 than in any previous year.

The Tribunal sits state-wide and has part-time Members in most major centres of Queensland. The increased ability to utilise video-conferencing to regional and remote venues provides the opportunity to efficiently conduct hearings. The Tribunal maintains, where possible, personal attendance of at least one Member at hearing venues to assist patients throughout the hearing.

Recruiting for the 2014 – 2017 Members term was finalised during the reporting period and eighty eight members were appointed from 28 February 2014 for a three year period. A large percentage of members were reappointed through a vigorous selection process which takes into account, gender, cultural background, location and availability. This practice ensures efficient and economical hearings occur and utilises local representation and knowledge at hearings. Recruiting members of all categories to rural and regional areas remains an ongoing challenge. I am, however, pleased to report that those candidates recommended by the Honourable Minister of Health to the Governor in Council for appointment as Mental Health Review Tribunal members are of a high standard and demonstrate a commitment to fulfil the requirements of this role, consistent with the legislation. They show an obvious passion for ensuring the rights of such a vulnerable population and the community are protected. It would be remiss of me to not take this opportunity to congratulate those members who were appointed / reappointed and to thank those who have given the Tribunal so much in the last term. The Tribunal is extremely lucky and proud to have had members that have performed their duties so admirably during the last term and those who retired or have moved to other stages of life, will be missed.

The *Mental Health Review Tribunal Strategic Plan* 2012-2016 demonstrates the Tribunal's commitment to the government's objectives for the future. The vision, purpose and values of the strategic direction are consistent with government priorities, including budget integrity and responsibility, reducing waste and the development of

an infrastructure that will ensure the business model remains consistent with the legislation and efficiently managing the growth in hearings.

Staff and Members of the Tribunal play significant roles in the development and review of the strategic plan to ensure that we remain customer focussed, have good governance, robust business practices that meet the needs of the community. The commitment to further reduce costs associated with the increased population and demand is evidenced by the promotion of innovative practices and the use of developing technology. The staff remain committed to this process and have demonstrated the ability to adapt through a period of significant change moving toward a business model of which we can be proud. Both past and present staff, contributed significantly to this process. A number of challenges remain with the introduction of the use of emerging technology at hearings; however, the Tribunal maintains a commitment to providing a better service for patients, the concentration of accountability of practice, increasing use of technology to reduce environmental waste and an increase in efficiencies.

Significant challenges remain for the Tribunal in developing appropriate links with the independent Hospital and Health Services and the Mental Health Commission, a welcome addition to the landscape in this complex area. The Tribunal made a submission to the *Mental Health Act* 2000 review and continue to participate in the extended consultation process. From a hearings perspective, challenges related to locked environments, increased jurisdiction regarding monitoring devices and reported increases in stressors in the community linked to mental illness will need to be recognised and addressed in the context of Tribunal decision making.

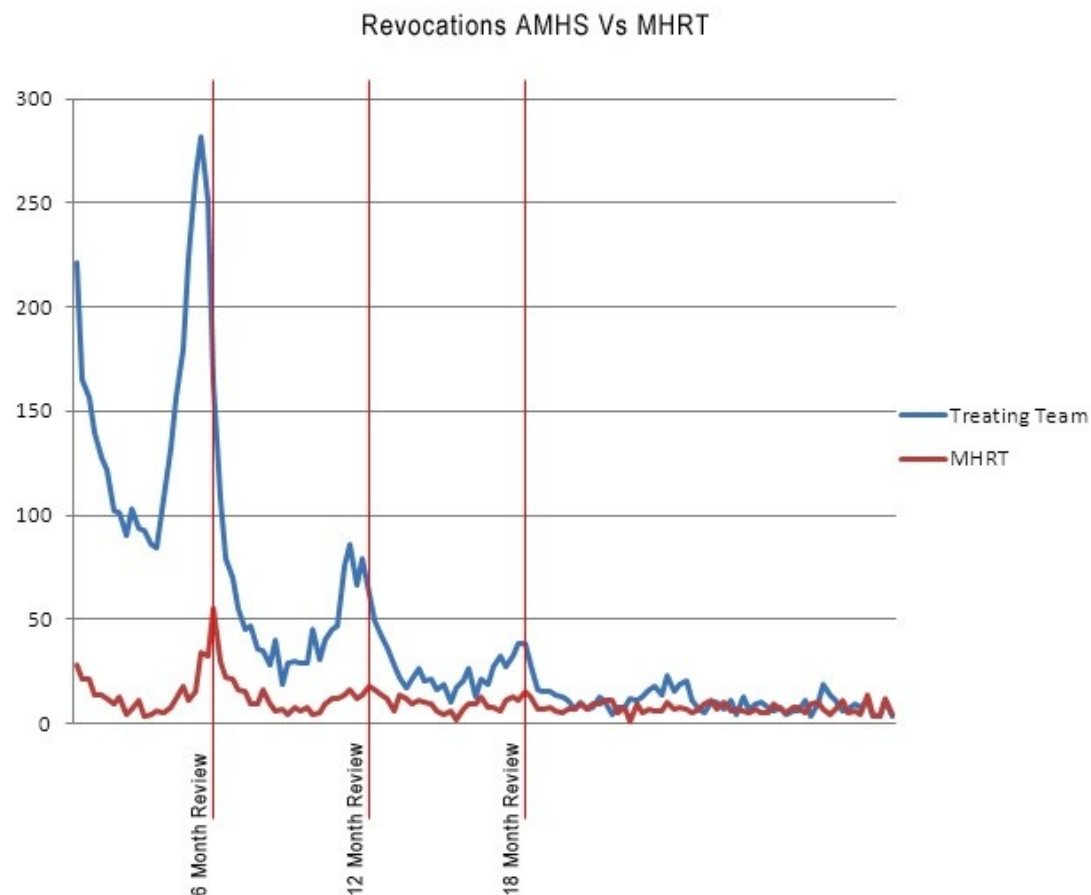
The Tribunal's progress will be guided by these developments and the Tribunal's role in safeguarding the rights of persons facing the challenge of mental illness remains a major focus.

The Tribunal looks forward to the challenges presented and appreciate that change is a constant. The change management practice put in place over the previous reporting period will be utilised to ensure the strategic direction and mission statement are achieved. It is with pleasure that I can highlight the following achievements from the year:

- The Tribunal continues to show budget integrity, despite a continued growth in matters, the member recruitment during the reporting period and costs associated with providing a platform for use of electronic data transfer.
- Adjournment rates continue to fall; members and staff remain committed to ensuring that hearings are run efficiently and with a patient focus.
- We achieved a significant reduction in our carbon footprint with increasing rates of electronic transfer of information and members and staff embracing the emerging technology.

Evidence supporting an increased depth of clinical review by Authorised Mental Health Services (AMHS) when the Tribunal initiates a hearing.

Internal research by the Tribunal demonstrates the impact and effectiveness of regular hearings held by the Tribunal. The graph below (Graph1) demonstrates the significant number of revocations of Involuntary Treatment Orders (ITO) by the AMHS directly preceding the scheduled Tribunal review. It appears that the awareness and notification of an independent review triggers an extensive assessment process relating to the involuntary provisions of the MHA resulting in revocations. This is consistent with the principles of the legislation and provides assurance that a patient's human rights are respected. The data for the graphs below includes only patients who have been on an order once (approximately 70%) and who have been revoked from that order. The first 2 month period has been truncated to provide greater focus on patients who are on orders for longer periods. The vertical lines represent Tribunal scheduling dates.



Graph 1 (Revocations in period 2002- June 2014 (The upper left line represents Treating Team))

Matters

During the reporting period, the Tribunal received 17221 matters with 12078 matters being scheduled for a hearing. This represents a 2.0% increase on matters received from the previous financial year. The overdue matter rate increased slightly to 2.8%. State-wide Activity relating to all matters is attached (Appendix 1).

Application Type	Count
Application to perform Electroconvulsive Therapy (ECT)	425
Application to perform ECT - emergency	139
Application for approval to move out of QLD	4
Application for Review (includes both ITOs and FOs)	577
Confidentiality Order (applications)	51
Involuntary Treatment Order Review	8313
Involuntary Treatment Order 1st Review	5905
FIO - Application	20
Appeal on refusal to allow person to visit a patient	3
Fitness for Trial 1st Review	9
Fitness for Trial 2nd Review	5
Fitness for Trial 3rd Review	7
Fitness for Trial 4th Review	5
Fitness for Trial subsequent Reviews	17
FO (Disability) Review	76
FO (Disability) 1st Review	16
Forensic Order Review	1527
Forensic Order 1st Review	109
Review of a young patient detained in a High Security Unit	4
Forensic Information Order - Tribunal Initiated	9
TOTAL	17221

Table 1

Aboriginal / Torres Strait Islander Information

More than 48% of all matters heard where the patient identified as indigenous included at least one indigenous member on the panel. Attendance rates for patients at hearings identifying as indigenous was 22%. Indigenous mental health workers attended 140 matters (Appendix 1a).

Outcomes

During the 2013/14 year, a 1.23% increase of outcomes of matters was achieved, within a reduced budget, demonstrating increased efficiency of the Tribunal. A full list of outcome types is attached (Appendix 2).

Adjournments

The adjournment rate was 13.8% of listed matters, down from 14.2% the previous year. The majority of adjournments are attributed to either a patient transferring from one service to another, procedural fairness or the lack of evidence at the hearings. A breakdown of adjournments is attached (Appendix 2).

Forensic Reviews

This year, a 19% decrease in Forensic Order (FO) revocations (to 69) occurred on last year's figures, while a 4% increase (to 1343) in Forensic orders confirmed with Limited Community Treatment was produced. Limited Community Treatment (LCT) is an important rehabilitative aspect of a patient's therapy and may initially be as simple as an escorted recreational activity within the hospital grounds. A breakdown of forensic outcomes is attached (Appendix 2).

Forensic Disability (FDS) Decisions

Forensic Order (Disability) reviews resulted in a 15% increase of matters confirmed with LCT (to 54) as an outcome this year by the Tribunal. Similarly to Forensic Orders, LCT is an important step to rehabilitation of the patient, while the terms of the LCT are set by the Tribunal to safeguard the community. Further Forensic Disability Service information is attached (Appendix 2).

Involuntary Treatment Orders (ITO)

A 31.7% reduction in ITO revocations at hearings occurred this year. This represents 2.8% of all ITO matters which proceeded to hearing. Whilst this figure may provide concern, in real terms the revocation rate prior to the matter being heard remains high (28.7%). This highlights that clinical assessment and review prior to the scheduled hearing promotes voluntary acceptance of treatment negating the need for further use of involuntary treatment for a significant number of patients. A breakdown of the ITO outcomes is attached (Appendix 2).

Electroconvulsive Therapy (ECT) Information

The Tribunal experienced a 10.8 % increase in ECT applications on the previous year (Adjournment adjusted). Of particular note is the significant increase in Emergency applications (14.2%) compared to the increase in general ECT applications (5.14%).

ECT TYPE	Year 13/14	Year 12/13
ECT Emergency		
Applications Approved	126	102
Applications Refused	2	3
Applications Withdrawn	9	15
Adjournments	2	-
ECT		
Applications Approved	368	350
Applications Refused	10	7
Applications Withdrawn	34	22
Adjournments	9	-
Superseded	4	-
ECT Totals		
Applications Approved	494	452
Applications refused	12	10
Applications Withdrawn	43	37
Adjournments	11	-
Superseded	4	-

Table 2

Patient Attendance at Hearings

Patient attendance at hearings increased by 4.6% for outpatients and decreased 4.2% for inpatients. Overall patients were in attendance for an additional 56 matters on the last reporting period.

Other Attendees

The 13-14 financial year, has shown a 7.7% reduction in Allied persons and other support persons attending hearings, however cultural support produced a small, 3.6% increase through the year. Hearing attendance by a Nurse or a case manager, increased by 3.7%. Psychiatrist attendance reduced by 3.3% while Registrar's and other Doctors attendance remained steady. A total of 285 matters were attended by a lawyer for the patient and an Attorney General Representative was in attendance at Forensic reviews for 910 matters (6% increase).

Statement of Reasons

Requesting Body	Decision at Hearing	Requests
Attorney General	Forensic Order (Disability) is revoked [HEARING]	1
Attorney General	Forensic Order is confirmed with LCT [HEARING]	32
Attorney General	Forensic Order is revoked [HEARING]	60
Attorney General	Group Total	93
Director Of Mental Health	Application to administer ECT is refused [HEARING]	1
Director Of Mental Health	Forensic Order (Disability) is confirmed with LCT [HEARING]	3
Director Of Mental Health	Forensic Order is confirmed [HEARING]	1
Director Of Mental Health	Forensic Order is confirmed with LCT [HEARING]	12
Director Of Mental Health	Forensic Order is revoked [HEARING]	3
Director Of Mental Health	ITO is confirmed [HEARING]	2
Director Of Mental Health	ITO is revoked [HEARING]	2
Director Of Mental Health	Group Total	24
Mental Health Court	Application to administer ECT is approved [HEARING]	8
Mental Health Court	Forensic Order is confirmed with LCT [HEARING]	16
Mental Health Court	Forensic Order is revoked [HEARING]	3
Mental Health Court	ITO is confirmed [HEARING]	23
Mental Health Court	Person is not fit for trial [HEARING]	1
Mental Health Court	Group Total	51
PATIENT	Adjourned more than 28 days [HEARING]	1
PATIENT	Application is heard [HEARING]	2
PATIENT	Application to administer ECT is approved [HEARING]	1
PATIENT	Forensic Order (Disability) is confirmed with LCT [HEARING]	2
PATIENT	Forensic Order (Disability) is revoked [HEARING]	1
PATIENT	Forensic Order is confirmed [HEARING]	1
PATIENT	Forensic Order is confirmed with LCT [HEARING]	26
PATIENT	Forensic Order is revoked [HEARING]	4
PATIENT	ITO confirmed. Category changed to Community [HEARING]	1
PATIENT	ITO is confirmed [HEARING]	96
PATIENT	ITO is revoked [HEARING]	2
PATIENT	Group Total	137
Grand Total		305

Table 3

Statements of reasons requests have reduced around 33% after an increase of 50% the year preceding. This is in line with expectations of the Tribunal.

Appeals

Appeals relating to matters for the 2013-2014 year remain quite low at 63 out of the 12078 matters (0.52%). Of these appeals, 53 were either dismissed or withdrawn, while 10 were upheld. This represents clarity and consistency in the decision making process with only 10 decisions out of 12078 (0.08%) being successfully appealed against. The most common successful appeal is around the LCT component of the decision and to the extent which this may be approved by the Tribunal.

Gender Equality

The *Mental Health Act* 2000 (S440) requires that gender balance of members be taken into account. Table 4 presents the breakdown of gender and category of Tribunal members during the reporting period. There are six members who identify as indigenous.

July 1 2013 - 27 Feb 2014				28 Feb 2014 - 30 Jun 2014			
Category	Men	Women	Total	Category	Men	Women	Total
Community	7	19	26	Community	7	19	26
Legal	13	19	32	Legal	16	16	32
Psychiatrist	15	11	26	Psychiatrist	16	14	30
Totals	35	49	84	Totals	39	49	88

Table 4 (pre appointment- post appointment)

Human Resources

The Tribunal office staff consists of a President, (a statutory appointment and associated functions under the *Mental Health Act* 2000 and the *Forensic Disability Act* 2011) who also fulfils the role of the Chief Executive Officer of the Tribunal and is supported by a number of staff. This includes the Executive Officer, Corporate & Learning Manager, a Legal Officer, three information technology staff, two corporate business related staff, three Senior Hearing Coordinators, six Hearing Coordinators, three 3 Hearing Support Officers and an Executive Support Officer.

The current Full Time Equivalent is 21 in addition to the President. Consideration is being given to the establishment of a Deputy President / legal member position under the review of the current *Mental Health Act* 2000.

Tribunal staff all have Performance and Development Plans (PADs) which outline training and development needs as well as being a mechanism to provide for succession planning and tailor development opportunities for all staff. There is a consistent meeting structure that allows for all staff to contribute to the day to day operation of the organisation as well as promoting an environment where 360 degree feedback can be given. During the reporting period, staff have participated in and contributed to a number of training opportunities including; ethics, code of conduct, recruitment and selection training, performance and development training, Mental Health First Aid training, Supervisor and Management training, travel management systems, Microsoft products, change management and project management training.

Foundations, a three yearly event which is an orientation for members, proved to be a success this year as staff and members equally contributed to the program. In addition to this, the corporate team received intensive training on our electronic records system. It is through the training of staff in key target areas, that the Tribunal can provide sustained efficiency and effectiveness to meet the needs of the growth in hearings and the direction of the office within the government.

Financial Information

Expenditure Items	13-14 Year	12-13 Year	Variance / Savings(-)
Staff	\$1,790,979.65	\$2,067,029.00	-\$276,049.35
Members Wages / Expenses	\$3,586,169.32	\$3,425,316.00	\$160,853.32
Superannuation	\$444,101.74	\$546,980.00	-\$102,878.26
Pay Related taxes	\$269,192.56	\$295,706.00	-\$26,513.44
Separation Packages	\$0.00	\$400,861.00	-\$400,861.00
Work cover	-\$1,462.71	-\$2,003.00	\$540.29
Advertising Recruitment	\$0.00	\$10,429.00	-\$10,429.00
Accommodation / Rent	\$775,659.13	\$401,148.00	\$374,511.13
Energy	\$12,651.20	\$7,436.00	\$5,215.20
Hospitality / Function Sustenance	\$5,252.64	\$2,202.00	\$3,050.64
Legal & Professional Expenses	\$32,620.30	\$26,293.00	\$6,327.30
Computer / IT	\$85,763.68	\$49,758.00	\$36,005.68
Library Audio Visual	\$1,822.89	\$318.91	\$1,503.98
Freight & Postage	\$83,244.62	\$75,417.00	\$7,827.62
Motor Vehicles	\$12,950.54	\$11,850.00	\$1,100.54
Printing and Stationary	\$46,634.41	\$59,266.00	-\$12,631.59
Learning & Development	\$12,358.68	\$37,582.00	-\$25,223.32
Telecommunications & Video Conferencing	\$63,048.60	\$71,998.00	-\$8,949.40
Travel	\$204,783.51	\$206,697.00	-\$1,913.49
Household	\$12,341.76	\$12,765.00	-\$423.24
Minor works	\$4,690.45	\$3,216.00	\$1,474.45
Repairs & Maintenance Building and Plant	\$30,541.02	\$142,341.00	-\$111,799.98
Interpreters	\$21,176.12	\$17,826.00	\$3,350.12
Medical Reports	\$82,823.89	\$92,198.00	-\$9,374.11
Total Spend	\$7,577,344.00	\$7,962,629.91	-\$385,285.91
Revenue / Budget	\$7,619,371.00	\$8,283,152.00	-\$663,781.00
Surplus (- value is a saving)	-\$42,027.00	-\$320,522.09	

The Tribunal produced an operating surplus of \$42, 027 for the reporting period and performed to within 0.6 percent of its operating revenue. The Tribunal performed all functions and more hearings, with a budget reduction of \$663,000 from the preceding year. This year represents the sixth consecutive year that the Tribunal has operated within budget and provided a surplus back to Government. Notably staff salaries have decreased year on year, with a small increase in member salaries/ costs this year, attributable to Foundations (Member recruitment, training and establishment). Operating leases also impacted on the Tribunal, completing the first full year in the prescribed tenancy. A small increase in I.T expenditure was offset by increased efficiencies, a reduction in paper handling and a reduction in printing and stationery costs. A significant reduction in repairs and maintenance from the previous reporting period was realised. Evidently the policy and practices of the Tribunal are yielding greater efficiency while handling an increased workload.

Appendix 1 – State-wide Activity

Appendix 1. State Wide Activity Report AMHS Breakdown 2013 - 2014																								
	<div>Number of Sitzings</div>	<div>Number of Hearings</div>	<div>Hearings/Sitting</div>	<div>Number of Adjournments</div>	<div>% Hearings Adjourned</div>	<div>Number of Forensic Orders Reviewed</div>	<div>Number of ITOs Reviewed</div>	<div>Number of ECT</div>	<div>Total Matters</div>	<div>Overdue Matters</div>	<div>% Overdue Matters</div>	<div>Reports Greater than 6 Days Prior Hearing</div>	<div>Reports received 3 to 6 Days Prior Hearing</div>	<div>Report Received 1 to2 Days Prior Hearing</div>	<div>Report Received on Hearing Day</div>	<div>Report Received After Hearing</div>	<div>No Clinical Report Received</div>	<div>Psychiatrist Attended Hearing</div>	<div>Registrar Or Other Doc Attend</div>	<div>Nurse and Case Manager Attend Hearing</div>	<div>Cultural Support Attend Hearing</div>	<div>Inpatient Attend Hearing</div>	<div>Outpatient Attend Hearing</div>	<div>Allied Person / Other Support Attend Hearing</div>
LOCATION																								
BAYSIDE	49	370	7.6	48	12.7	46	314	11	379	11	2.9	149	111	53	21	0	13	133	113	214	0	53	84	78
BELMONT PRIVATE	29	74	2.6	14	18.2	1	55	19	77	2	2.6	10	10	9	7	1	8	88	6	12	0	22	8	13
BUNDABURG	23	139	6	14	9.7	18	117	2	144	10	6.9	129	2	2	0	0	1	106	10	115	0	6	61	45
CAIRNS	124	984	7.9	146	14.2	97	859	26	1029	38	3.7	312	291	155	85	1	89	186	106	770	13	87	248	129
FORENSIC DISABILITY SERVICE	7	21	3	5	23.8	0	1	0	21	0	0	19	2	0	0	0	0	4	4	14	1	14	3	35
FRASER COAST	34	192	5.6	33	16.8	31	157	2	196	16	8.2	143	21	6	6	1	7	70	23	159	3	16	60	46
GOLD COAST	156	1204	7.7	159	12.9	118	1037	50	1237	42	3.4	560	265	156	100	3	52	229	313	888	2	156	313	270
LOGAN - BEAUDESERT	104	700	6.7	132	17.7	101	574	12	745	11	1.5	211	207	147	83	3	25	106	89	539	0	63	196	182
MACKAY	43	267	6.2	41	14.9	31	227	5	275	3	1.1	219	30	9	1	0	2	171	17	230	2	35	116	91
MATER CHILDRENS HOSPITAL	6	9	1.5	3	33.3	0	8	0	9	1	11.1	0	3	1	0	0	2	6	2	2	0	3	1	3
NEW FARM CLINIC	26	56	2.2	9	14.8	2	51	4	61	4	6.6	2	3	4	25	4	10	80	2	2	1	15	9	13
ONCALL	70	268	3.8	32	9.2	17	159	87	348	9	2.6	45	55	31	44	0	25	154	108	122	3	125	33	123
PRINCESS ALEXANDRA HOSPITAL	148	1027	6.9	178	16.4	169	795	63	1084	10	0.9	447	283	105	63	7	35	191	175	755	6	100	317	296
ROYAL BRISBANE & ROYAL WOMANS HOSPITAL	148	1252	8.5	211	16.4	123	1071	56	1288	36	2.8	449	235	54	259	5	118	322	207	801	1	130	274	191
REDCLIFFE-CABOULTURE	73	465	6.4	75	14.9	61	392	17	502	27	5.4	83	97	149	74	4	48	204	73	366	5	87	139	122
ROCKHAMPTON	53	396	7.5	40	9.8	63	326	7	408	6	1.5	154	199	4	21	0	15	190	26	315	7	42	125	118
SUNSHINE COAST & GYMPIE	90	605	6.7	88	13.5	83	512	11	650	24	3.7	146	109	132	123	1	76	166	87	468	8	91	167	165
THE PARK CENTRE FORM MENTAL HEALTH	66	381	5.8	44	10.5	197	171	15	420	6	1.4	202	94	59	14	0	18	248	234	118	6	192	36	287
TOOWONG PRIVATE HOSPITAL	13	23	1.8	4	17.4	0	19	4	23	0	0	5	9	1	0	0	4	34	3	3	0	7	4	10
TOOWOOMBA	100	708	7.1	118	15.8	140	540	18	749	19	2.5	244	226	117	61	0	49	184	175	514	6	183	196	344
TOWNSVILLE	109	775	7.1	114	14	130	610	32	816	27	3.3	309	216	57	50	3	88	232	94	583	17	125	194	214
THE PRINCE CHARLES HOSPITAL	120	858	7.2	100	11	110	683	65	909	28	3.1	325	244	84	67	4	67	218	175	588	3	135	222	284
WEST MORETON	98	680	6.9	57	8.1	99	559	22	708	8	1.1	262	173	135	78	3	11	133	122	527	2	78	214	181
TOTAL	1689	11454	6.80%	1665	13.80%	1637	9237	528	12078	338	2.80%	4425	2885	1470	1182	37	763	3455	2164	8105	86	1765	3020	3240
Percent	14	94.8	6.80%	13.8	13.80%	13.6	76.5	4.4	100	2.8	2.80%	40.55	26.44	13.47	10.83	0.34	6.99	31.7	19.8	74.3	0.8	16.2	27.7	29.7

Appendix 1a Aboriginal and Torres Strait Islander Report

LOCATION	Unique Patients	No. Of Hearings	Adjournments	No. Forensic Order Reviews	No. I.T.O Reviews	Forensic Disability Service Applications	No. Matters Heard	No. Patients Attending	No. Indigenous Mental Health Workers Attending	No. Cultural Support Attending	No. Indigenous Tribunal Member Attending
BAYSIDE	16	29	1	10	18	0	32	7	0	0	3
BUNDABURG	12	21	3	2	19	0	21	4	0	0	6
CAIRNS	189	373	58	44	322	3	383	84	28	12	227
FORENSIC DISABILITY SERVICE	5	12	2	0	1	11	12	3	0	1	4
FRASER COAST	10	17	1	4	13	0	17	1	0	1	8
GOLD COAST	18	37	6	4	32	0	37	13	0	0	9
LOGAN - BEAUDESERT	34	60	9	13	47	0	63	10	4	0	19
MACKAY	23	39	6	5	30	2	39	17	5	2	11
MATER CHILDRENS HOSPITAL	1	1	0	0	1	0	1	0	0	0	0
NEW FARM CLINIC	1	1	0	0	2	0	2	0	1	1	0
ONCALL	23	24	4	5	16	2	31	7	0	0	3
PRINCESS ALEXANDRA HOSPITAL	40	69	6	12	56	0	73	15	1	2	4
ROYAL BRISBANE & ROYAL WOMANS HOSPITAL	34	59	13	10	48	0	60	11	1	0	16
REDCLIFFE-CABOULTURE	22	43	8	4	39	0	45	13	4	3	2
ROCKHAMPTON	53	99	12	14	85	0	103	24	11	7	99
SUNSHINE COAST & GYMPIE	19	33	4	5	27	0	35	9	5	6	11
THE PARK CENTRE FORM MENTAL HEALTH	31	64	12	36	27	0	72	7	5	4	28
TOOWONG PRIVATE HOSPITAL	2	2	0	0	2	0	2	0	0	0	0
TOOWOOMBA	63	116	18	28	86	0	122	27	22	6	69
TOWNSVILLE	138	293	50	66	218	5	307	68	50	9	163
THE PRINCE CHARLES HOSPITAL	32	60	10	10	51	0	65	16	3	0	65
WEST MORETON	35	73	13	18	56	0	75	20	0	1	23
TOTAL	801	1525	236	290	1196	23	1597	356	140	55	770
PCT %	52.52	95.49	15.48	19.02	78.43	1.51	100	23.34	9.18	3.61	50.49

Appendix 2 - Outcome of Matters

Outcome Type	Count
Adjourned more than 28 days [HEARING]	61
Adjourned 28 days (Pt AWOP) [HEARING]	85
Adjourned more than 28 days (Examination Order) [HEARING]	50
Adjourned more than 28 days (Pt AWOP) [Hearing]	49
Adjourned more than 28 days (Transferred) [HEARING]	23
Adjourned 28 days (AMHS Request) [HEARING]	60
Adjourned 28 days (Attendance Notice) [HEARING]	4
Adjourned 28 days (Lack of Evidence) [HEARING]	477
Adjourned 28 days (Other) [HEARING]	97
Adjourned 28 days (Patient Request) [HEARING]	131
Adjourned 28 days (Procedural Fairness) [Hearing]	327
Adjourned 28 days (Patient Transferred) [HEARING]	302
App for patient to move out of QLD refused [HEARING]	1
Application is dismissed [HEARING]	6
Application is heard [HEARING]	405
Application Superseded [MATTER]	4
Appeal Withdrawn [MATTER]	1
Application withdrawn [MATTER]	43
Charges discontinued [MATTER]	2
Confidentiality Order is made [HEARING]	27
Did Not Proceed [HEARING]	2
Confidentiality Order is refused [HEARING]	14
Confidentiality Order submission not taken into account [HEARING]	3
Patient is Deceased [MATTER]	48
Application to administer ECT is approved [HEARING]	493
Application to administer ECT is refused [HEARING]	12
Application to perform ECT is withdrawn [MATTER]	32
Application to perform ECT is withdrawn [HEARING]	2
FIO is made with Confidentiality Order (President) [MATTER]	14
FIO is made (President) [MATTER]	8
FIO is revoked (President) [MATTER]	9
Person is fit for trial [HEARING]	2
Forensic Order (Disability) is confirmed with LCT [HEARING]	54
Forensic Order (Disability) is confirmed with LCT with T/F [HEARING]	5
Forensic Order (Disability) is revoked [HEARING]	2
Forensic Order ceased under S 219 [MATTER]	1
Forensic order confirmed. LCT revoked [HEARING]	7
Forensic Order is confirmed with LCT [HEARING]	1,344
Forensic Order is confirmed [HEARING]	36
Forensic Order is revoked [HEARING]	69
Young person should continue to be detained in the high security unit	3
ITO confirmed. Category changed to Community [HEARING]	2
ITO confirmed. Category changed to Inpatient [HEARING]	13
ITO ceased to have effect [MATTER]	40

ITO ceased Forensic Order made [MATTER]	50
ITO is confirmed [HEARING]	7,483
ITO is confirmed with LCT [HEARING]	4
ITO is revoked [HEARING]	217
ITO is revoked [MATTER]	4,892
ITO is invalid [MATTER]	8
Entered in Error [MATTER]	4
Person is not fit for trial [HEARING]	15
Person is not fit for trial and is unlikely to be fit for trial in a reasonable time [HEARING]	11
FIO Revoked (President) [MATTER]	3
Decision of the administrator is confirmed to refuse a person to visit a patient [HEARING]	2
TOTAL	17,059

**Please note: The MHRT does not hear appeals; however the items entered as appeals are entered in our systems as outcomes.*

Appendix 3 - Abbreviations

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