

2014

ANNUAL REPORT

2015



**Queensland
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24 September 2015

The Honourable Cameron Dick, MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
Brisbane Qld 4000

Dear Minister Dick

I am pleased to present the Annual Report 2014-2015 and financial statements for the Mental Health Review Tribunal.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*, and
- the detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be accessed at http://www.mhrt.qld.gov.au/?page_id=4633.

Yours sincerely



Barry Thomas
President
Mental Health Review Tribunal
24 September 2015

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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 financial year 2014 – 2015. Above all, the law governs the activities of the Tribunal; however, it is the hard work of committed Tribunal staff and Members and the cooperation of those in Authorised Mental Health Services (AMHS), which allows us to do our tasks effectively and efficiently.

The Tribunal must conduct timely and private hearings related to the human rights of involuntary patients diagnosed with mental illness and/or an intellectual disability.

Ensuring hearings apply the principles of natural justice and remain consistent with the relevant legislation, the *Mental Health Act 2000* and the *Forensic Disability Act 2011* is paramount. The Tribunal must also consider matters such as allowing patients to receive treatment and care in the least restrictive environment, whilst addressing any unacceptable risk from mental illness or intellectual disability, and issues relating to community safety and the needs of victims.

This past year, has seen remarkable improvements in the tribunal's use of emerging technology. Efforts to develop an electronic system have come to fruition and recently, the first phase of this project commenced. The acceptance by staff and Members of this significant change, although challenging, is something of which I am extremely proud. Whilst we are yet to see all the benefits of the introduction in hearings of Surface Pro tablet technology, staff, Members and to a lesser extent, staff of the Authorised Mental Health Services' acceptance of the extra workload (running concurrent electronic and paper based systems through the transition) is commendable. This, I am pleased to report, was all achieved within FTE allocations and budget.

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 674 more hearings in 2014-2015 than in any previous year.

One significant change in this reporting period is the first "Psychosurgery" applications since the current legislation came into being in 2002. Whilst the term "psychosurgery" brings with it some tainted images of long ago, including the use of lobotomies and other quite drastic measures during the middle of last century, newer non ablative surgical techniques have been trialled with some success in recent years. These techniques were not available when the current legislation was drafted however the emergence of Deep Brain Stimulation, already utilised quite successfully for movement disorders for some time, is now being applied for treating mental illness. This innovation resulted in a number of Tribunal processes being reviewed, recruitment of Members specifically for this area of jurisdiction consistent with the legislation, and training for these Members to fulfil their obligation under the Act. Another positive contribution over this reporting period is the preparation of submissions towards the development of the *Mental Health Bill 2014* and subsequent *Mental Health Bill 2015*. Tribunal staff and Members have contributed submissions to these pieces of proposed legislation and look forward to the subsequent passing of the *Mental Health Bill 2015* and the commencement of this piece of legislation.

The proposed legislation has allowed us to look at the Tribunal processes and in the interim period, ensure that we are ready for implementation. Whilst significant expenditure will be required for the Tribunal case management system, processes and

work currently been undertaken will allow for the smooth transition without disruption to the patient's right to a hearing within new statutory timeframes.

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. We have been able to continue with our commitment to travel to quite remote venues on the Cape and Thursday Island at least twice a year. This year 89% of patients who identified as indigenous had an indigenous member on their tribunal. Some tribunals were composed of entirely indigenous members. I would also like to take this opportunity of thanking those at the AMHSs for their assistance, especially in the more rural and remote areas, for ensuring hearings go ahead as planned even when unforeseen events disrupt plans. This is testament to their commitment to support an independent review of involuntary treatment for the patient.

Members of the Tribunal are appointed after a rigorous 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. Although the Member recruitment cycle is mid-term, I am pleased to report that the current group of 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 commitment to ensuring the rights of mentally ill persons are protected while remaining mindful of the need to protect the community.

I would like to take this opportunity to acknowledge members and to thank them for their contribution to the Tribunal. The Tribunal is fortunate and proud to have had members that performed their duties so admirably. Those who recently 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 the *Strategic Plan 2014-2018*. This is demonstrated by our ongoing commitment to ensuring that services provided put customers first, utilising skills of our staff and members and empowering them to provide innovative solutions to the changing environment. Further evidence includes ongoing budget integrity and responsibility, reducing waste and the development of an infrastructure that will ensure the Tribunal's business model remains consistent with the legislation and efficiently manages 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 and develop 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, which focuses on accountability of practice, increasing use of technology to reduce environmental waste and an increase in efficiencies.

Significant challenges remain for the Tribunal in absorbing increasing integrated communication technology infrastructure costs, training for staff and Members in the utilisation of the emerging technology and the development of a new case management system within its dedicated budget.

The Tribunal made detailed submissions to the *Mental Health Act 2000* review and continued to participate in the extended consultation process. It was gratifying to see that the Tribunal's role was affirmed as an important safeguard of patient's rights and community safety under both drafts of the new Mental Health Legislation. The expanded role of the Tribunal proposed under the new legislation is a welcome acknowledgement of the specialised skills held by the Tribunal. From a hearings perspective, challenges related to locked environments, increased jurisdiction regarding psychosurgery and reported increases in stressors and substance abuse in the community linked to mental illness, will need to be recognised and addressed in the context of Tribunal decision making.

The Tribunal looks forward to the challenges presented and appreciates that change is a constant. The change management practices put in place over the previous reporting period will be utilised to ensure the strategic direction is achieved consistent with the tribunal's mission statement. 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 and costs associated with providing a platform for use of electronic data transfer.
- Staff retention rates are markedly higher in the reporting period, despite a significant increase in workload, due to an ongoing focus on innovative solution development.
- Continued attention and stabilisation in adjournment rates; 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.

Matters

During the reporting period, the Tribunal received 18690 matters with 12868 matters being scheduled for a hearing. This represents an 8.5% increase on matters received from the previous financial year. The overdue matter rate decreased significantly to 2.0%. State-wide Activity relating to all matters is attached (Appendix 1).

Application Type	Count
Application to perform Electroconvulsive Therapy (ECT)	531
Application to perform ECT - emergency	142
Appeal to MHC	11
Application for approval to move out of QLD	9
Application to perform psychosurgery	2
Application for Review	627
Confidentiality Order	35
Involuntary Treatment Order Review	8800
Involuntary Treatment Order 1st Review	6726
FIO - Application	13
Appeal on refusal to allow person to visit a patient	1
Fitness for Trial 1st Review	7
Fitness for Trial 2nd Review	2
Fitness for Trial 3rd Review	1
Fitness for Trial 4th Review	2
Fitness for Trial subsequent Reviews	20
FO (Disability) Review	98
FO (Disability) 1st Review	26
Forensic Order Review	1518
Forensic Order 1st Review	118
Review of Monitoring Condition	1
Review of a young patient detained in a High Security Unit	1
TOTAL	18691

TABLE 1

Aboriginal / Torres Strait Islander Information

The Tribunal continues to try to ensure that in as many instances as possible, cultural representation is available for indigenous patient appearing before the Tribunal.

Cultural awareness training is available for staff and Members.

More than 89% of all matters heard where the patient identified as indigenous included at least one indigenous member on the panel, which is a significant increase on last year. Attendance rates for patients at hearings identifying as indigenous was 21%. Indigenous mental health workers attended 89 matters (Appendix 1a).

Outcomes

During the 2014/15 year, a 7.78% increase of outcomes of matters was achieved, with a reduced budget, demonstrating increased efficiency and innovative solution development for the Tribunal. A full list of outcome types is attached (Appendix 2).

Adjournments

Adjournment rates continue to be managed effectively. Whilst adjournments are a significant cost factor for the Tribunal and impact on efficiency, a simple measurement or key performance indicator cannot be attributed to the adjournment rate as this type of occurrence is often linked to quality mechanisms. A number of adjournments occur when more evidence is required, such as a second opinion being sought prior to revocation of an order or a validation of a diagnosis or appropriateness of a particular community placement. Another factor, although less common, is when an Involuntary Treatment Order has been in place for more than six months, as a matter of course, the Tribunal must consider whether an examination and report should be obtained from a psychiatrist other than the psychiatrist responsible for the patient's treatment.

The adjournment rate was 14.3% of listed matters, a 0.5% increase on last 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

The Tribunal reviews Forensic Orders (FO) within six months of them being made by the Mental Health Court. The Tribunal can either confirm or revoke FOs except those linked to temporary unfitness for trial. With confirmed orders, it may approve Limited Community Treatment (LCT) consistent with the supervision required for each individual, the risk management put in place by the treating team and the patients' progress with treatment for their illness. The primary consideration is always that no unacceptable risk can exist to the community from the patient's mental illness.

This year, a 10% increase in Forensic Order (FO) revocations (to 76) occurred on last year's figures, while a 2.5% decrease (to 1309) in Forensic orders confirmed with Limited Community Treatment was produced. LCT is an important rehabilitative aspect of a patient's therapy and may initially be as simple as an escorted rehabilitation activity within the hospital grounds.

A breakdown of forensic outcomes is attached (Appendix 2).

Forensic Order (Disability) Decisions

Forensic Order (Disability) reviews resulted in a 61% increase of matters confirmed with LCT (to 87) 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.

Involuntary Treatment Orders (ITO)

The Tribunal heard a total of 8165 involuntary treatment order reviews (excluding Applications for Review) this financial year with a further 5486 matters revoked prior to hearing. The Tribunal reviews an ITO within six weeks of the order being made and afterwards at intervals of not more than six months. There are also other times where the Tribunal may review the ITO within these timeframes, including instances where the Tribunal conducts a review of its own initiative or when an application is made by the patient or on behalf of a patient. The Tribunal makes a determination on the continuation of an ITO based on all the lawful criteria being met. These criteria

are based around the person having a mental illness, risks associated with the illness, issues relating to capacity and an assurance that the treatment is provided in the least restrictive way. The Tribunal can revoke or confirm orders and change the category of these orders, for example, from an inpatient category to the community.

A 25% 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 (40%). 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. Also of significance is the increase in frequency of an order being revoked, if a patient attends the hearing. Evidence suggests that a patient who attends their hearing is ten times more likely to be revoked than those who do not attend. A breakdown of the ITO outcomes is attached (Appendix 2).

Psychosurgery

Psychosurgery applications were heard for the first time under the current legislation during the last reporting period. Psychosurgery applications are heard by an enlarged panel which includes nominated specialists from the Royal Australian and New Zealand College of Psychiatrists and the Royal Australian College of Surgeons. The emerging interest of non-ablative neurosurgical techniques, especially in relation to the well-researched area of movement disorders, has led to this occurrence.

Significant research has determined that Deep Brain Stimulation (DBS) for Obsessive Compulsive Disorders is a valuable treatment option, if other treatment options prove unsuitable or no longer offer sustained relief from symptoms. The tribunal expects this area to develop as an area of applications as medical knowledge and research proceeds.

Electroconvulsive Therapy (ECT) Information

All ECT performed in the state of Queensland must be done so in accordance with the *Mental Health Act 2000* and can only be performed in an Authorised Mental Health Service, by clinicians who are credentialed and have ECT in their scope of clinical practice. The Tribunal provides safeguards in the administration of ECT for those who receive the treatment and who lack capacity to provide informed consent for the treatment. Treatment can be provided in an emergency, only if a Treatment Application and a Certificate to Perform ECT are provided to the Tribunal. The Tribunal hears the matter within 5 days and makes a decision. ECT applications that are not emergency situations are heard within seven days or as soon as practical after the Treatment Application is provided to the Tribunal. ECT in this latter instance cannot commence until a Tribunal hears the matter. Decisions relating to ECT include approving the application and also dictate the number of treatments that can be given over a timeframe. The decision to approve ECT relates to factors including that the person does not have the capacity to give informed consent to the treatment and that the treatment is the most appropriate treatment in the circumstances, having regard to the persons clinical condition and treatment history. There are hearings for occasions where clinical teams obtain consent from the patient, however are concerned that the consent may not be informed due to a question about the patients capacity. The Tribunal decision may be, in this case, to not approve ECT and

determine that the patient has capacity and can give informed consent. The Tribunal experienced a 15.5 % increase in ECT applications on the previous year (Adjournment adjusted). Of particular note is the significant increase in ECT applications (up 20%) compared to the increase in Emergency ECT applications (up 1.5%).

ECT TYPE	Year 14/15	Year 13/14
ECT Emergency		
Applications Approved	125	126
Applications Refused	4	2
Applications Withdrawn	10	9
ECT		
Applications Approved	434	368
Applications Refused	21	10
Applications Withdrawn	40	34
ECT Totals		
Applications Approved	559	494
Applications refused	25	12
Applications Withdrawn	50	43

TABLE 2

Patient Attendance at Hearings

The Tribunal makes every attempt at the hearing to determine that the patient has had the required notice to attend a hearing. It is of particular concern that the Tribunal has up to 40 “return to sender” hearing notification letters per week. Anecdotal evidence supports that this due to the mobility of the patient population, reluctance by some patients to open “official letters from the government” and an increasing homeless population. It is reported that the most effective transmission of this notification is via the case managers and clinical team and in this respect, Tribunal Members are grateful for this intervention as it directly relates to patients having a timely hearing and the reduction of adjournments. Evidence also supports that patient attendance at hearings has a ten times greater revocation rate.

Patient attendance at hearings was at 34 % for outpatients and 56.5% for inpatients. Overall patients were in attendance for an additional 238 matters on the last reporting period.

Other Attendees

The 14-15 financial year, has shown a 14% increase in Allied persons and other support persons attending hearings, however cultural support produced a 10% decrease through the year. Hearing attendance by a nurse or a case manager, increased by 5.7%. Psychiatrist attendance reduced by 1.7% while registrar’s and other doctors attendance increased by 18.3%. A total of 292 matters were attended by a lawyer for the patient and an Attorney General Representative was in attendance at Forensic reviews for 910 matters.

Statement of Reasons

When a Tribunal decision is provided to a party, the patient's Allied Person and the administrator of the patient's treating service, the formal written decision states that a party may ask for written reasons for the decision. The written reasons (Statement of Reasons) are provided within 21 days if requested by a party within 7 days after receiving the decision. This seven day period does not apply to the Attorney General or the Director of Mental Health. During the reporting period, the Tribunal received 329 requests for written reasons, an increase of 8% on the previous year. 158 requests were received from the patient, 65% of which were received by a person representing the patient, e.g. Queensland Advocacy Incorporated (QAI) and Queensland Public Interest Law Clearing House (QPILCH).

Requesting Body	Request Count
Attorney General	106
Director Of Mental Health	29
Mental Health Court	36
Patient	158
Grand Total	329

TABLE 3

Statements of reasons requests have increased by 8%.

Appeals

Appeals relating to matters for the 2014-2015 year remain quite low at 54 appeals lodged with the Mental Health Court, a reduction of 14% on last year. 56 Appeals had outcomes (2 of these appeals were lodged in the previous financial year), 49 where either dismissed or withdrawn, while 7 were upheld. Appeals are by way of a rehearing and updated clinical reports are provided to the Mental Health Court when the matter is reheard. The relatively small proportion of upheld appeals from total decisions (0.08%) represents clarity and consistency in the Tribunal decision making process. 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.

Status at July 1 2014				Status at July 1 2015			
Category	Men	Women	Total	Category	Men	Women	Total
Community	7	19	26	Community	6	19	25
Legal	16	16	32	Legal	16	16	32
Psychiatrist	16	14	30	Psychiatrist	15	13	28
Totals	39	49	88	Totals	37	48	85

TABLE 4. The recruitment process undertaken in 2013-14 for the three year period includes expected growth in hearings. The 2014-15 financial year has seen a number of retirements and also some recruitment for psychosurgery panels.

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 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. 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.

This financial year included a recruitment process and associated training for Members to hear matters in relation to Psychosurgery. Psychosurgery applications were heard for the first time since the current legislation came into being due to the growing interest in non-ablative neurosurgical interventions (Deep Brain Stimulation).

Financial Information

Expenditure Items	Actual 14-15	Actual 13-14
Labour	\$6,111,250.64	\$5,625,155.00
Other Employee Related Expenses	\$34,682.95	\$220,812.00
Labour related Taxes & Work Cover	-\$370.79	\$267,678.00
Total Labour Expenses	\$6,145,562.80	\$6,113,645.00
Building and Domestic Expenses	\$3,428.31	\$46,232.00
Communications Expense	\$133,285.00	\$118,468.00
Computers Expense	\$265,868.24	\$50,260.00
Electricity And Other Energy Expense	\$10,210.97	\$12,651.00
Other Motor Vehicle Expenses	\$514.13	\$1,361.00
Non Capitalised Asset Related Expenses	\$18,754.89	\$4,588.00
Operating Leases	\$583,553.56	\$787,328.00
Other Supplies And Services	\$58,201.28	\$50,282.00
Repairs And Maintenance	\$9,583.05	\$30,541.00
Travel Expenses	\$160,695.44	\$204,961.00
Total Supplies & Services Expense	\$1,244,094.87	\$1,306,672.00
Advertising Expense	\$61.99	\$0.00
Asset Write-downs	\$28.00	\$4,796.00
Journals And Subscriptions	\$502.47	\$1,823.00

Other Expenses - Miscellaneous	\$183,607.53	\$136,167.00
Total Other Expenses	\$184,199.99	\$142,786.00
Total Non-Labour Expenses	\$1,428,294.86	\$1,449,458.00
Depreciation Amortisation	\$4,958.00	\$14,242.00
Expenses	\$7,578,815.66	\$7,577,345.00
Budget	\$7,473,875.00	\$7,619,371.00
Surplus / Deficit	-\$104,940.66	\$42,026.00

TABLE 5

Expenditure for the 2014-15 financial year was approximately \$1500.00 more than the 2013-14 financial year.

There was a 6.7% increase in matters on the previous year, creating an extra 120 sitting days, incurring approximately \$300,000.00 in Members sitting fees /costs.

The 2014-15 financial year budget allocation was \$145496.00 lower than the previous year.

Approximately \$215,000.00 from the previous financial year's budget was removed to cover redemption of payroll tax by Queensland Health.

Non Labour costs were lower, largely attributable to a rent reduction received in the last quarter. This re-negotiated rental agreement will continue to reduce costs in future periods.

No redundancy/early retirement/retrenchment packages were paid during this period.

Please note: a work cover refund of \$1760.76 offset labour related taxes this year, resulting in a \$370.79 gain in the Labour related taxes and work cover expenditure Item.

The Tribunal finished the year 1.4% over the reduced budget target and well within the initial budget, whilst providing an increase of 674 (6.6%) hearings for the financial year 2014-2015. Significant expenditure relates to the purchase of "Surface Pro" tablets and start-up costs for this technology.

The Tribunals accounts are included and audited as part of Queensland Health's accounts. Certification of financial statements will be provided by Queensland Health.

Appendix State-wide Activity

Appendix 1. State Wide Activity Report AMHS Breakdown 2014 - 2015																												
LOCATION		Number of Sitzings	Number of Hearings	Hearings/Tribunal	Number of Adjournments	% Hearings Adjourned	Number of Forensic Orders Reviewed	Number of ITOs Reviewed	Number of ECT	Total Matters	Overdue Matters	% Overdue Matters	Reports Greater than 6 Days Prior Hearing	Reports received 3 to 6 Days Prior Hearing	Report Received 1 to 2 Days Prior Hearing	Report Received on Hearing Day	Report Received After Hearing	No Clinical Report Received	Psychiatrist Attended Hearing	Registrar Or Other Doc Attend	Nurse and Case Manager Attend Hearing	Cultural Support Attend Hearing	Inpatient Attend Hearing	Outpatient Attend Hearing	Allied Person / Other Support Attend Hearing			
BAYSIDE	63	413	6.6	64	14.6	35	362	23	437	5	1.1	207	89	49	17	0	14	96	125	282	0	51	110	111				
BELMONT PRIVATE	23	48	2.1	8	14.5	0	39	14	55	2	3.6	4	9	15	2	0	3	79	5	4	0	20	5	25				
BUNDABURG	26	130	5	16	11.7	18	103	7	137	0	0	121	0	3	0	0	1	95	16	106	1	13	58	109				
CAIRNS	139	1041	7.5	169	15.9	89	903	51	1062	28	2.6	307	314	115	82	2	126	167	109	756	9	56	265	139				
CHILDRENS HEALTH QUEENSLAND	12	17	1.4	3	17.6	0	16	0	17	2	11.8	2	13	1	1	0	0	5	7	12	0	7	5	17				
FORENSIC DISABILITY SERVICE	9	18	2	2	9.5	1	0	0	21	0	0	14	4	0	0	0	1	8	14	13	0	13	3	29				
FRASER COAST	40	225	5.6	44	18.5	30	192	5	238	1	0.4	200	17	4	3	0	3	59	20	185	2	27	95	121				
GOLD COAST	155	1218	7.9	150	11.6	119	1059	51	1288	34	2.6	562	360	158	53	2	35	199	406	900	0	178	332	311				
GREENSLOPES PRIVATE HOSPITAL	5	5	1	1	20	0	2	3	5	0	0	0	0	0	1	0	0	8	0	0	0	0	0	1	0			
LOGAN - BEAUDESERT	113	789	7	191	22.6	103	656	29	847	15	1.8	196	180	161	74	8	88	134	114	567	3	77	192	142				
MACKAY	47	305	6.5	33	10.4	42	250	6	316	1	0.3	186	77	28	1	0	1	228	21	262	5	32	141	128				
MATER CHILDRENS HOSPITAL	2	2	1	0	0	0	1	0	2	0	0	0	1	0	0	0	0	1	1	0	0	1	0	1	0			
NEW FARM CLINIC	24	47	2	6	12.8	1	43	3	47	2	4.3	1	4	3	23	0	8	71	1	2	0	13	9	9				
ONCALL	71	314	4.4	59	14.6	21	173	117	405	11	2.7	40	70	44	31	0	30	195	137	142	3	141	40	167				
PRINCESS ALEXANDRA HOSPITAL	172	1105	6.4	209	18	175	860	80	1158	9	0.8	359	379	115	64	1	54	174	240	756	1	114	293	292				
ROYAL BRISBANE & ROYAL WOMANS HOSPITAL	158	1292	8.2	207	15.5	127	1109	60	1335	42	3.1	469	251	70	327	2	77	295	235	864	1	134	309	203				
REDCLIFFE-CABOUL TURE	79	536	6.8	74	13.2	61	445	26	562	8	1.4	118	113	171	62	3	34	214	178	412	10	95	171	155				
ROCKHAMPTON	53	433	8.2	60	13.4	53	374	4	448	7	1.6	144	237	2	19	0	23	180	22	363	2	39	140	130				
ST ANDREWS WAR MEMORIAL HOSPITAL	1	2	2	0	0	0	1	0	2	0	0	0	0	0	1	0	0	1	1	0	0	1	1	1	2			
SUNSHINE COAST & GYMPIE	93	672	7.2	75	10.6	72	587	15	708	27	3.8	135	171	176	115	2	31	125	107	543	12	83	201	181				
THE PARK CENTRE FORM MENTAL HEALTH	73	394	5.4	55	12	211	171	10	460	11	2.4	181	89	73	6	2	36	283	247	119	6	228	23	266				
TOOWONG PRIVATE HOSPITAL	9	22	2.4	4	18.2	0	20	2	22	1	4.5	7	9	0	1	0	2	33	0	6	0	4	4	6				
TOOWOOMBA	107	796	7.4	118	14	141	617	32	844	4	0.5	200	328	151	73	1	39	201	180	533	0	199	208	449				
TOWNSVILLE	102	768	7.5	83	10.4	123	617	27	798	34	4.3	387	227	35	31	2	52	208	132	605	20	102	198	216				
THE PRINCE CHARLES HOSPITAL	138	865	6.3	129	14	112	697	61	924	15	1.6	275	290	65	69	8	91	241	141	591	1	121	186	288				
WEST MORETON	95	686	7.2	86	11.8	96	581	14	730	4	0.5	220	185	166	98	1	20	95	100	545	2	79	205	200				
TOTAL	1809	12143	6.70	1846	14.30	1630	9878	640	12868	263	2	4335	3417	1605	1154	33	769	3395	2559	8568	78	1828	3195	3697				
PERCENTAGE (%)																												

Appendix 1a Aboriginal and Torres Strait Islander Report

Aboriginal & Torres Strait Islander Report	Unique Patients	Number of Hearings	Adjournments	# F.O REVIEWS	# I.T.O REVIEWS	FDS Application	# MATTERS HEARD	#CULTURAL INFO PAGE COMPLETE	PATIENT ATTEND	IMHW ATTEND	CULT SUPP ATTEND	INDIGENOUS MEMBER ATTEND
LOCATION												
BAYSIDE	22	38	2	12	24	0	41	0	8	0	0	5
BUNDABERG	16	28	4	2	26	0	30	0	6	1	0	3
CAIRNS	207	416	61	35	371	3	419	0	90	24	8	243
FORENSIC DISABILITY SERVICES	5	9	2	0	1	9	12	0	2	0	0	7
FRASER COAST	19	34	6	6	27	1	38	0	12	1	2	38
GOLD COAST	18	34	2	6	28	0	34	0	9	1	0	34
LOGAN-BEAUDESERT	45	84	17	12	71	0	88	0	14	2	0	88
MACKAY	30	58	9	9	43	5	62	0	20	3	4	62
NEWFARM CLINIC	1	1	0	1	0	0	1	0	0	0	0	1
ONCALL	22	24	9	6	16	0	30	2	2	1	0	30
PRINCESS ALEXANDRA HOSPITAL	45	75	13	13	58	0	79	0	10	0	0	79
ROYAL BRISBANE & ROYAL WOMANS HOSPITAL	28	52	11	7	44	0	54	0	14	1	1	54
REDCLIFF-CABOULTURE	26	47	6	8	39	0	49	0	16	4	4	49
ROCKHAMPTON	47	85	12	14	70	1	86	0	21	4	2	86
SUNSHINE COAST & GYMPIE	18	28	3	6	22	0	28	0	9	1	7	28
THE PARK CENTRE FOR MENTAL HEALTH	24	53	4	36	18	0	62	0	3	2	5	62
TOOWOOMBA	72	149	27	27	119	1	154	3	21	7	0	154
TOWNSVILLE	135	264	29	64	190	4	278	0	53	36	19	278
THE PRINCE CHARLES HOSPITAL	25	51	4	9	41	0	54	2	11	1	0	54
WEST MORETON	40	65	8	11	56	0	71	0	19	0	0	71
TOTAL	845	1595	229	284	1264	24	1670	7	340	89	52	1426
PCT %	52.98	95.51	14.36	17.81	79.25	1.5	100	0.44	21.32	5.58	3.26	89.4

Appendix 2- Outcomes & Frequency

Outcome Type	Count
Adjourned more than 28 days [HEARING]	48
Adjourned 28 days (Pt AWOP) [HEARING]	87
Adjourned more than 28 days (Examination Order) [HEARING]	48
Adjourned more than 28 days (Pt AWOP) [Hearing]	34
Adjourned more than 28 days (Transferred) [HEARING]	12
Adjourned 61 days (Transferred) [HEARING]	1
Adjourned 28 days (AMHS Request) [HEARING]	94
Adjourned 28 days (Attendance Notice) [HEARING]	4
Adjourned 28 days (Lack of Evidence) [HEARING]	558
Adjourned 28 days (Other) [HEARING]	131
Adjourned 28 days (Patient Request) [HEARING]	181
Adjourned 28 days (Procedural Fairness) [Hearing]	315
Hearing is adjourned for not more than 28 days (Used up to 28 April 2005) [HEARING]	2
Adjourned 28 days (Patient Transferred) [HEARING]	332
Application for patient to move out of QLD refused [HEARING]	1
Appeal is dismissed [MATTER]	3
Application is dismissed [HEARING]	6
Application is heard [HEARING]	425
Application Superseded [MATTER]	9
Application withdrawn [MATTER]	32
Confidentiality Order is made [HEARING]	16
Confidentiality Order is refused [HEARING]	13
Confidentiality Order submission not taken into account [HEARING]	3
Patient is Deceased [MATTER]	61
Application to administer ECT is approved [HEARING]	558
Application to administer ECT is refused [HEARING]	25
Application to perform ECT is withdrawn [MATTER]	45
Application to perform ECT is withdrawn [HEARING]	2
FIO is made - Confidentiality Order NOT Made (Tribunal) [HEARING]	1
FIO is made with Confidentiality Order (President) [MATTER]	6
FIO is made (President) [MATTER]	2
FIO is revoked (President) [MATTER]	4
Person is fit for trial [HEARING]	6
Forensic Order ceased under s313	2
Forensic Order (Disability) is confirmed with LCT [HEARING]	76
Forensic Order (Disability) is confirmed with LCT with T/F [HEARING]	11
Forensic Order (Disability) is revoked [HEARING]	1
Forensic Order ceased under S 219 [MATTER]	5
Forensic order confirmed. LCT revoked [HEARING]	16
Forensic Order is confirmed with LCT [HEARING]	1309
Forensic Order is confirmed [HEARING]	40
Forensic Order is revoked [HEARING]	75
Forensic Order is Revoked; Non-contact Order Made [HEARING]	1

Forensic T/F Refused (Tribunal) [HEARING]	1
Young person should continue to be detained in the high security unit	1
ITO confirmed. Category changed to Community [HEARING]	2
ITO confirmed. Category changed to Inpatient [HEARING]	18
ITO ceased to have effect [MATTER]	30
ITO ceased Forensic Order made [MATTER]	60
ITO ceased (Interstate Transfer Order) [MATTER]	5
ITO is confirmed [HEARING]	7981
ITO Confirmed. LCT Revoked [HEARING]	2
ITO is confirmed with LCT [HEARING]	4
ITO is revoked [HEARING]	162
ITO is revoked [MATTER]	5486
ITO is invalid [MATTER]	16
Entered in Error [MATTER]	5
Person is not fit for trial [HEARING]	2
Person is not fit for trial and is unlikely to be fit for trial in a reasonable time [HEARING]	13
Application to perform psychosurgery is approved [HEARING]	2
Revoked Monitoring Condition [HEARING]	1
Appeal against the decision of the administrator is confirmed to refuse a person to visit a patient [HEARING]	1
Young Person No Longer Detained [MATTER]	1
TOTAL	18394

Appendix 3 – Members Costs

The Costs indicated include member Fees, Superannuation, HR allowances and mileage allowances. The costs include any overpayments which may be in the recuperating process.

	Appointees	Meetings	Approved Fees \$	Actual Fees \$	Total Fees \$	Allowances \$	Expenditure \$
Members	90	1809	See Table 7	As per Table 7	\$3,721,346.90	\$112,919.10	\$3,834,266.0

TABLE 6 MEMBER FEES

Member Type	Meeting	Special Assignment (SA)	
	Hourly Rate	Full Day	Half Day
Presiding	\$94.90	\$632.00	\$316.00
Medical (Option A pays HHS)	\$137.50	\$916.00	\$458.00
Community	\$67.90	\$453.00	\$277.00

TABLE 7 GAZETTED MEMBER FEES

Statement of Reasons (SOR) attracts \$316 per Item.

The President of the Mental Health Review Tribunal is remunerated as a CEO with SES2 benefits at the rate of a Magistrate.

MEMBER	TYPE	Preside Full day	Preside Half day	Preside 1/4 day	Member Full day	member 1/2 day	member 1/4 day	Member 3/4	psychiatrist Full	Psychiatrist 1/2	Psychiatrist 1/4	SOR	SA (Hrs.)
Ah-Hoon, Robert	Medical								110	3			
Anstee, June	Legal	48	5		3							10	3
Astill, Richard	Medical								21	4			
Barry, Jenny	Medical								35	3	5		2
Barty, Tracey	Community			1	98	7	2	1					
Bishop, Jane	Legal	27	2		2							4	2
Boulden, Deb	Legal	60	2									11	2
Bowles, John	Medical								63	6			
Burgess, Simon	Legal	18	2										
Campbell, Rosemary	Medical								58	4			
Carter, Hugh	Legal	85	10	2	1	2	1					24	2
Casey, Julia	Community				113	12	5					2	
Casey, Leanne	Community				46	2	1						2
Chester, Jane	Community	1		2	30	1	1	2					2
Clarke, Janine	Medical								78	9	10		
Clarke, Jeffrey	Legal	1											
Collins, Joanne	Legal	73	8									10	
Colls, Ian	Medical								43	1			
Colvin, Alison	Legal	33	4		2		1					10	
Cowdroy, Julie	Legal	72	2		1							11	
Dare, Kathleen	Legal	50	5		2							12	
Davies, John	Medical								23	1			
Dhingra, Maneesh	Option A								9				0
Dooley, Roger	Community		1	4	56	4	2	4					3
Ekis, Ruth	Medical								48				
Elsworth, Rodney	Community				47	13	1						
Feil, Penny	Legal	50			1							10	2
Gallagher, John	Legal	34	1									6	
Garrone, Tess	Medical								43	3			2
George, Travis	Legal	24	1									8	
Gilhotra, Jagmohan	Medical								53	4	1		
Giudes, Raoul	Legal	38	1	3								15	2
Goodman, Pamela	Legal	29	1									9	2
Gray, Curtis	Surgeon								1				
Hall, Pat	Community			1	86	8	2	1				2	
Hampton, Ron	Community				49	1							2
Herriot, Ann	Legal	45	6		1							8	4

Hill, Brian	Community				31	5	20						2
Jarro, Nathan	Legal	28	1									3	
Johannessen, Lynette	Community				47	7	2	1					
Kanowski, Paul	Legal	40	5			1						8	
Katter, Dominic	Legal	11										1	
Kelly, Angela	Medical								171	12	2	2	2
Kent, Barb	Legal	107	9	4	1	3	3					21	10
Kolur, Uday	Option A								8				2
Kovacevic, Velimir	Option A								17				2
Landsberg, Anne	Community				84	7	1						2
Lendering, Tina	Medical								118	4		3	
Lindsay, Kate	Legal	33	2									4	2
Loftus, Jo	Medical								48	4			2
Macionis, Stan	Community			1	70	9		1					2
Malone, Christine	Community			1	41			1					2
McCarthy, Michael	Legal	48	5		1							10	2
Meagher, Fiona	Legal	67	7	1	3	1						14	18
Millar, Frances	Community				57	3	1					1	
Morris, Adrian	Medical								17	2			
Murray, Gwen	Community				64	10	2						
Nolan, Robyn	Community				36								
Parker, John	Legal	67	6									12	0
Parthasarathy, Raman	Option A								6	1			2
Perren, Katina	Legal	23		1								4	2
Promnitz, Jennifer	Community				27	1							2
Purushothaman, Subramanian	Option A								5	1			2
Relan, Pankaj	Medical								0	0			
Richards, Franklin	Legal	13	1			1						2	2
Ridley, Helen	Community			3	83	12	12	3					
Roche, Anne-Maree	Legal	88	16	4	2	1						31	3
Ryan, Virginia	Legal	54	1				2					22	2
Schneider, Paul	Option A								6			2	
Schoneveld, Sharon	Community				33	3							2
Smith, Gabrielle	Medical								17	1			2
Spelta, Bob	Medical								68	3	1		
Stephens, Nicola	Medical								24	2			2
Stepniak, Daniel	Legal	51	2										2
Thomson, Sandra	Medical								89	5			2
Till, Catherine (Jane)	Community				78	3						1	
Tillett, Ada	Community			1	51	1	2	1					2
VanDeHoef, Pam	Medical								14	2			2

Voita, Angela	Medical								21				2
Watkins, Helen	Community				66	7	2					1	12
Waugh, Arnold	Medical								57	1	1		0
Webb, Athol	Community				32	1							2
Webster, Jefferson	Surgeon								1				2
Whitaker, Louise	Community				17	2							2
Wonnocott, Paul	Legal	21	1									2	2
Wood, Michael	Legal	49	2		2							5	2
Zell, Denise	Community				61	3	1						2

TABLE 8 MEMBER SITTING AND WORK COUNT

Appendix 4 - Abbreviations

AMHS – Authorised Mental Health Service
 AG – Attorney General
 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
 SA – Special Assignment
 SNFP – Special Notification Forensic Patient
 SOR - Statement of Reasons.

