Queensland Mental Health Review Tribunal

# 2014 ANNUAL REPORT 2015

Queensland Government

2014-15 Annual Report of the Mental Health Review Tribunal
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For further information contact:

Mental Health Review Tribunal
PO Box 15818
City East
Brisbane Queensland 4002

Telephone: 07 3235 9059
Free call: 1800 006 478
Facsimile: 07 3234 1540
Email: enquiry@mhrt.qld.gov.au

An electronic version of this document and any associated annexures are available at: http://www.mhrt.qld.gov.au

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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 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

Barry Thomas
**President**
**Mental Health Review Tribunal**
24 September 2015

# INDEX

## 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 per year. This year 89 per cent 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 Authorised Mental Health Services (AMHS) for their assistance, especially in the more rural and remote areas, for ensuring hearings go ahead as planned even when unforseen 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 that 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 Queensland Health *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 have 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 18,691 matters with 12,868 matters being scheduled for a hearing. This represents an 8.5 per cent increase on matters received from the previous financial year. The overdue matter rate decreased significantly to 2.0 per cent. 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 per cent 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 per cent. Indigenous mental health workers attended 89 matters (Appendix 1a).

## Outcomes

During the 2014/15 year, a 7.78 per cent 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 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 diagnoses 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 per cent of listed matters, a 0.5 per cent increase on 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

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 per cent increase in Forensic Order (FO) revocations (to 76) occurred on last year's figures, while a 2.5 per cent decrease (to 1,309) 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 per cent 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 8,165 involuntary treatment order reviews (excluding Applications for Review) this financial year with a further 5,486 matters revoked prior to hearing. The Tribunal reviews an ITO within six weeks of the order being made and afterwards of 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 per cent reduction in ITO revocations at hearings occurred this year. This represents 2.8 per cent 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 per cent). 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 five 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, but are concerned that the consent may not be informed due to a question about the patient's 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 per cent increase in ECT applications on the previous year (Adjournment adjusted). Of particular note is the significant increase in ECT applications (up 20 per cent) compared to the increase in Emergency ECT applications (up 1.5 per cent).

| 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 per cent for outpatients and 56.5 per cent 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 per cent increase in Allied persons and other support persons attending hearings; however, cultural support produced a 10 per cent decrease through the year. Hearing attendance by a nurse or a case manager, increased by 5.7 per cent. Psychiatrist attendance reduced by 1.7 per cent while registrars' and other doctors' attendance increased by 18.3 per cent. 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 per cent on the previous year. 158 requests were received from the patient, 65 per cent 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 per cent.

## 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 per cent on the previous 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 per cent) 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 and Learning Manager, a Legal Officer, three information technology staff, two corporate business related staff, three Senior Hearing Coordinators, six Hearing Coordinators, three 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 per cent increase in scheduled 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 $145,496.00 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 $1,760.76 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 per cent over the reduced budget target and well within the initial budget, whilst providing an increase of 674 (6.6 per cent) 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 and reported in the Department of Health Annual Report 2014-15.

# Appendix State-wide Activity

**Appendix 1.**
**State Wide Activity Report AMHS**
**Breakdown 2014 - 2015**

| LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 13 | 2 | 0 | 5 | 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 | | | | | | | |
| CHILDREN'S 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 | 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 | | | | | | | |
| M.H.R.T OFFICE | 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 | | | | | | | |
| NEW FARM CLINIC | 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 | | | | | | | |
| ONCALL | 172 | 1104 | 6.4 | 209 | 18 | 175 | 860 | 80 | 1158 | 9 | 0.8 | 359 | 379 | 115 | 64 | 1 | 54 | 173 | 240 | 756 | 1 | 114 | 293 | 291 | | | | | | | |
| PRINCESS ALEXANDRA HOSPITAL | 158 | 1292 | 8.2 | 207 | 15.5 | 127 | 1109 | 60 | 1335 | 42 | 3.1 | 469 | 251 | 70 | 326 | 2 | 78 | 295 | 235 | 864 | 1 | 134 | 309 | 203 | | | | | | | |
| ROYAL BRISBANE & ROYAL WOMANS HOSPITAL | 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 | | | | | | | |
| REDCLIFFE-CABOOLTURE | 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 | | | | | | | |
| ROCKHAMPTON | 1 | 2 | 2 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 2 | | | | | | | |
| SUNSHINE COAST & GYMPIE | 93 | 670 | 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 | 117 | 13.9 | 141 | 617 | 32 | 844 | 4 | 0.5 | 200 | 328 | 151 | 73 | 1 | 39 | 201 | 180 | 533 | 0 | 199 | 208 | 449 | | | | | | | |
| TOWNSVILLE | 102 | 762 | 7.5 | 83 | 10.4 | 123 | 617 | 27 | 798 | 34 | 4.3 | 387 | 227 | 35 | 31 | 2 | 52 | 208 | 132 | 603 | 20 | 102 | 198 | 216 | | | | | | | |
| THE PRINCE CHARLES HOSPITAL | 138 | 862 | 6.2 | 129 | 14 | 112 | 697 | 61 | 924 | 15 | 1.6 | 275 | 290 | 65 | 69 | 8 | 90 | 241 | 141 | 590 | 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 | 12131 | 6.70% | 1845 | 14.30% | 1630 | 9878 | 640 | 12868 | 263 | 2% | 4335 | 3417 | 1603 | 1153 | 33 | 771 | 3394 | 2559 | 8565 | 78 | 1828 | 3195 | 3696 | | | | | | | |
| PERCENTAGE % | 14.1 | 94.3 | 6.70% | 14.3 | 14.30% | 12.7 | 76.8 | 5 | 100 | 2 | 2% | 37.56 | 29.61 | 13.89 | 9.99 | 0.29 | 6.68 | 29.4 | 22.2 | 74.2 | 0.7 | 15.8 | 27.7 | 32 | | | | | | | |

Number of Sittings
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 to2 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

# 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 |

| Outcome Type | Count |
|---|---|
| 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 |

| 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.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |

| 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.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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.