Mental Health Review Tribunal

Annual Report 2015-16

Queensland Government

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04 October 2016

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 2015-2016 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

4 October 2016

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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 2015 – 2016. Above everything, 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 for patients and the community of which they are a part.

The Tribunal must conduct timely and private hearings, safeguarding the human rights of involuntary patients with mental illness and/or an intellectual disability. Ensuring these 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 also issues relating to community safety and the needs of victims.

A significant priority of this reporting period, included ongoing submissions and developmental activities related to the *Mental Health Act* 2016. It was gratifying to see that the Tribunals role was affirmed as an important safeguard of patient's rights and community safety under of the new Mental Health Legislation. The expanded role of the Tribunal under the new legislation is a welcome acknowledgement of the specialised skills held by the Tribunal. This legislation follows Queensland's innovative history of striking a balance in the complex area of mental illness and human rights protection of both patients and their community.

The new legislation has allowed us to look at the Tribunal processes and ensure that we are ready for implementation. Whilst significant expenditure, training and implementation will be required for the Tribunals case management systems, work currently been undertaken will allow for a smooth transition without disruption to the patient's right to a hearing under new statutory timeframes. The ready cooperation of eHealth Qld. and the forward looking digital strategy of the Department are significant for the Tribunal's use of new technology. The many developmental activities for consultation and the reviewing of current processes to ensure the alignment with the new legislation, provided avenues for professional development for staff and members

The Tribunal sits state-wide and has part-time Members in most major centres of Queensland. The increased ability to utilise improved video-conferencing to link to regional and remote venues provides an enhanced 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.

The Tribunal continues to try and schedule patients who identified as indigenous to have an indigenous member on their tribunal. On some occasions tribunals were composed of entirely indigenous members. We have been able to continue with our commitment to have indigenous members travel to quite remote communities on the Cape and Thursday Island at least twice a year.

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. The Tribunal relies on staff in those services, to ensure hearings go ahead as planned even when unforseen events disrupt plans. The continuing low number of overdue hearings is testament to their commitment to support an independent review of involuntary treatment for the patient and the efficiency of Tribunal practice.

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 received 1497 more applications in 2015-2016, resulting in an extra 805 hearings (140 sitting days), more than in any previous year.

This past year, consolidates the ongoing improvements in the Tribunal's use of emerging technology. Continued efforts to develop and implement the secure electronic transmission of Tribunal documents is enhancing efficiencies in dealing with the growth in matters scheduled for review. The ongoing acceptance by staff and Members of these significant changes, although challenging, is something of which I am extremely proud. I am pleased to report, this progress is continuing within FTE allocations and budget.

The yearly increase of applications and therefore hearings, retirements of appointed Members and increasing complexity associated with the diverse population of Queensland determined that an ongoing review of Member types and numbers was required. 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. The practice of recruiting Tribunal Members and staff of a high calibre ensures the Tribunal will rise to the challenge of implementing the new legislation. Recruiting members of all categories to rural and regional areas remains an ongoing challenge.

The Tribunal undertook a mid-term recruitment process and five new members were appointed by the Governor in Council in May 2016. I am pleased to report that the current group of members show an obvious commitment to ensuring the rights of mentally ill persons are protected while remaining mindful of the need to protect the community. A full recruitment process began in May 2016 for Members for the 2017-2020 term.

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 Direction* 2016-2020 demonstrates the Tribunal's commitment to the government's objectives for the future. Staff and Members of the Tribunal readily participated in the development and review of the strategic plan to ensure that we remain customer focussed, have good governance, probity and demonstrate the ability to develop robust business practices that meet the needs of the community.

The vision, purpose and values of the strategic direction are consistent with the *Strategic Plan* 2014-2018. The current mental health legislation ensures that those receiving involuntary mental health care, are provided with a statutory review to ensure their rights and the rights of the community are protected, recovery is promoted and healthcare and associated treatment are provided within the least restrictive environment. These principles are reinforced and strengthened in the new legislation on proclamation, consistent with the 10 year vision, My health, Queensland's future: Advancing health 2026: Promoting wellbeing, Delivering healthcare and Connecting healthcare. The Tribunal, when coordinating hearings, also ensures the fourth direction, Pursuing innovation, is included in daily business practices. This is demonstrated by our ongoing commitment to ensuring that the services provided put customers first, utilising the skills of our staff and members and empowering them to provide innovative solutions to the changing environment.

The Tribunals 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 also evidence this

The staff remain committed to this process and have demonstrated the ability to adapt throughout a period of significant change while 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 to increase efficiencies. From a hearings perspective, challenges related to ensuring an effective response to the diversity of our population, an increased jurisdiction and reported increases in stressors and substance abuse in the community linked to mental illness, will need to be recognised and addressed in Tribunal decision making. The tribunal is addressing the design of its website to make information on hearings under the new legislation easily available to interested parties. It is also developing guidelines for members to assist with a smooth transition to the new Act.

In preparedness for this legislation, I have also met with representatives of the Bar Association, Law Society, Justice Department and other organizations to progress a scheme for no cost legal representation of patients at Tribunal hearings.

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. These challenges will be managed. 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 periods 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 completed 12948 hearings (representing 13106 matters) for the financial year of 2015-2016. This was achieved on 1949 sittings days in 73 venues across Queensland. This represents a remarkable administrative achievement considering a further 2682 matters did not go to hearing following being scheduled / listed. The effort to schedule a matter represents 80% of the administrative function for listing a hearing. A further 4400 matters were referred to the Tribunal, however these were revoked / withdrawn prior to listing.
- Further achievements include consultation and providing feedback prior to the passing in the Legislative Assembly of the *Mental Health Act* 2016 and the significant work undertaken towards the implementation of this legislation, within current FTE allocations.
- The Tribunal continues to reduce its carbon footprint with the intention of a paperless office, staff and members show a demonstrated commitment to using innovative practices implemented, to achieve this goal.
- Tribunal staff and Members recognise that diversity deepens and enriches the future of Queenslanders. This is enhanced by actively recruiting and retaining members of Aboriginal, Torres Strait Islander heritage and other people from diverse cultural and linguistic backgrounds (17%) and also women (61%).

In contrast with the achievements, work undertaken during the reporting period in relation the challenges should also be mentioned.

- The Tribunal also has jurisdiction under the *Forensic Disability Act* 2011 and the 5 year review of the clients who have intellectual disability and are detained at the Forensic Disability Service (FDS) will soon occur to decide if they can benefit from that placement.

Since the FDS commenced, no client has been recommended to the Tribunal for transition to the community by that service. Significant delays in developing specific courses for the needs of that client group have occurred. The Tribunal must make decisions based on the progress demonstrated by a client receiving services and support from the FDS.

- Apart from the situation with the FDS, the Tribunal has commenced issuing notices to attend hearings to the representatives of Disability Services Queensland around the state to increase the attendance of these representatives and contribute to a larger proportion of Forensic Order (Disability) reviews for patients with intellectual disability. The introduction of the National Disability Insurance Scheme (NDIS) has not yet demonstrated an increase in resources for this population under the provisions administered by the Tribunal. It is hoped that better engagement will develop to advance the progress of patients and clients under Forensic orders because of intellectual disability.
- The Tribunal also commenced dedicated hearing days for those patients requiring compulsory mental health treatment while in prison. These hearings rely on technology to facilitate patient attendance from prison and this area still poses many challenges. Competition for limited videoconference resources with courts and legal representatives plus the added security considerations in moving prisoners around a custodial setting make this an area which will require ongoing attention. Prisoners within a custodial system may be very challenging when well and may be even more so when compelled to take treatment for a mental illness, which they deny. Even in prison, mental illness is viewed with stigma.

I look forward to the coming year and hope the Tribunal is able to build on the success for the last reporting period. It was pleasing to see that the mental health system continues to open a number of Community Care Units and the Tribunal made many decisions transitioning long term inpatients to these supported accommodation options in Brisbane and Regional areas. The existence of transitional accommodation is a huge benefit to patients managing their recovery and transition to community living.
The Tribunal is currently well equipped to implement the new legislation. Staff and members are well engaged in planning for the changes. The use of electronic transfer of hearing documentation to members is now an ordinary part of the Tribunal's process. I am confident that we are well equipped to make a transition to the *Mental Health Act* 2016 and any issues that may arise will be addressed properly. This is due to the efforts of all those in the tribunal and those who work with and support patients including Authorised Mental Health Services, carers, families and non-government organizations.

Matters

During the reporting period, the Tribunal received 20188 applications with the scheduling of 12948 hearings representing 13106 matters. This represents an 8.4% increase on matters received from the previous financial year. State-wide Activity relating to all matters is attached (Appendix1).

Application Type	Count
Application to perform Electroconvulsive Therapy (ECT)	560
Application to perform ECT - emergency	132
Appeals to the Mental Health Court (MHC)	28
Application for approval to move out of Queensland	5
Application to perform psychosurgery	3
Application for Review	639
Confidentiality Order	37
Involuntary Treatment Order - Review	9431
Involuntary Treatment Order - 1st Review	7367
Forensic Information Order - Application	13
Appeal on refusal to allow person to visit a patient	2
Fitness for Trial Reviews	43
Forensic Order (Disability) - Review	140
Forensic Order (Disability) - 1st Review	32
Forensic Order Review	1633
Forensic Order - 1st Review	117
Forensic Information Order - Tribunal	6
TOTAL	**20188**

TABLE 1

Outcomes

During the 2015/16 year, an 8.3% increase of outcomes of matters was achieved, which is slightly above the increase achieved in the previous reporting period (7.78%). The Tribunal's intention to increase efficiencies and innovative solution development in the scheduling of hearings allows for the management of these significant increases within its staffing profile. 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 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 Tribunal monitors adjournment rates for each service and if particular types are higher than other services, (eg. lack of evidence) the President and /or Executive Officer arrange to meet with the Administrator to identify and resolve issues that may lead to this occurrence.

The adjournment rate was 15.5 % of listed matters, a 1.2% 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

Forensic Orders are made by the Mental Health Court by deciding persons charged with an indictable offence, on reference to the Court, were found to be of unsound mind at the time of the offence or are unfit for trial, either temporarily or permanently. There are rare occasions where a Forensic Order (Criminal Code) or a Forensic Order (Minister) are made. The Tribunal reviews Forensic Orders (FO) within six months of them being made by the Mental Health Court and thereafter within every six months. 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 considerations are always that no unacceptable risk can exist to the community from the patient's mental illness during any period of absence from the hospital and to facilitate the patient's recovery in the community. 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 with a graduated risk managed process to overnight leave, prior to full LCT in the community.

This year, 4.6% of Forensic Order reviews resulted in the revocation of the order (67). A complete breakdown of forensic outcomes, including approval or revocation of LCT is attached (Appendix 2).

Fitness for Trial Reviews

Persons for whom the Mental Health Court decide a Forensic Order is necessary due to the person found to be unfit for trial and that unfitness is of a temporary nature are reviewed by the Tribunal every three months for the first year of that finding and then at least six monthly following that time. The Tribunal's decisions include finding that the person is now fit for trial or whether the person is likely to be fit within a reasonable time. Forty three matters were heard in the reporting period, resulting in five occasions where the person was found to be now fit for trial. A full breakdown of these matters is attached (Attachment 2).

Forensic Order (Disability) Reviews

If the Mental Health Court finds, on reference, that the commission of an offence is due to a person's unsoundness of mind or unfitness for trial is the consequence of a person's intellectual disability, the Court may make a Forensic Order (Disability) for the person. The Tribunal reviews these orders within six months of them being made by the Mental Health Court and thereafter within every six months. The Tribunal conducted 172 Forensic Order (Disability) reviews for the reporting period, three of which resulted in revocations (1.74%). Similarly to Forensic Orders (Mental Health), 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. The parameters of such LCT granted, takes into account each individual's response to support provided by the person's network of service providers and engagement in positive behaviour support strategies.

Involuntary Treatment Orders (ITO)

The Tribunal heard a total of 10456 involuntary treatment order reviews for the reporting period with a further 5486 matters revoked prior to hearing. .These revocations (5486) represent a significant administrative component of the Tribunal office (and the administrative staff of the services), as planning for a review begins 28 days prior to the hearing. This period (28 days) serves as a significant reminder to clinical teams to review patients, prepare a clinical report for the Tribunal and evaluate the efficacy and appropriateness of involuntary treatment provisions. The Tribunal considers that this particular "trigger" serves as an important safeguard in the patient's treatment journey. The total of ITOs that went to hearing represent an increase of 6.4% from the previous year. 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 total of 162 ITOs were revoked at hearing in the reporting period. This represents 1.55% 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 (35%). 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 continue to occur since being heard for the first time 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 Treatment Applications for the provision of ECT in an emergency 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 and gives approval and also dictates the number of treatments that can be given over a timeframe. The decision to approve ECT requires proof 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 has been occasions where clinical teams obtain consent from the patient but have doubt as to whether this consent is informed consent given the person's presentation, both from a clinical presentation at the time of making the decision or a longitudinal view of capacity. The Tribunal decision may be, in this case, to not approve ECT but to determine that the patient has capacity and can give informed consent for the treatment. ECT applications have remained relatively consistent with the previous reporting period. The comparison of the reporting periods is detailed in Table 2 below.

ECT TYPE	Year 15/16	Year 14/15
ECT Emergency		
Applications Approved	109	125
Applications Refused	7	4
Applications Withdrawn	11	10
ECT		
Applications Approved	451	434
Applications Refused	23	21
Applications Withdrawn	47	40
ECT Totals		
Applications Approved	560	559
Applications refused	30	25
Applications Withdrawn	58	50

TABLE 2

Attendance at Hearings

The Tribunal makes every attempt at the hearing to determine that the patient knows of their hearing and has the information in the clinical report provided to them. 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. A further challenge for the Tribunal during the reporting period is extended period of time for delivery of posted articles since January 1 2016. The tribunal now uses priority post for all notices of hearings and decisions to ensure the statutory timeframes for these process can be met. The reporting period year, has shown a slight increase in Allied persons and other support persons attending hearings, however cultural support at hearings remains quite low. Hearing attendance by a nurse or a case manager, increased slightly, psychiatrist attendance remains challenging, however registrar attendance continues to grow. It is envisaged that the new legislation will generate much higher attendance from supporting networks and clinical teams and work is underway to facilitate this during the implementation activities. A summary of attendance is attached (Appendix 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 patients appearing before the Tribunal. Cultural awareness training is available for staff and Members and in some regional areas, indigenous members are available for all hearing days. Whilst this enables scheduling of these members for hearings for an indigenous person, the potential for conflict within smaller regional centres exists. Matters heard where the patient identifies as indigenous totalled 1876. This represents 14.3% of total matters heard. Patient attendance at their hearing was 22% (396) and the adjournment rate was 17% (307 hearings). Cultural support persons attending with patients remains concerning (<1%) and much work is needed during the implementation of the new legislation to achieve greater results.

Statement of Reasons

The Tribunal provides a written decision to a party to the proceeding of any matter before it. The decision outlines, among other important legal requirements, that the party may request a Statement of Reasons for the decision made. Requests may be made on behalf of the patient by the patient's Allied Person or legal representative. 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 355 requests for written reasons, an increase of 2% on the previous year. 169 requests were received from the patient, 68% of which were received by a person representing the patient, e.g. Allied Person or Advocate / Legal Representative. A breakdown of who made requests is in Table 3.

Requesting Body	Request Count
Attorney General	88
Director Of Mental Health	32
Mental Health Court	46
Patient	169
Grand Total	335

TABLE 3

Appeals

Appeals relating to matters for the 2015-2016 year remain quite low at 28 appeals lodged with the Mental Health Court, a reduction of 30% on last year. 25 Appeals had outcomes (3 Appeals had not been heard by the end of the reporting period), 24 where either dismissed or withdrawn, while 1 was upheld. Appeals are by way of a rehearing and updated clinical information is provided to the Mental Health Court when the matter is reheard. The upheld appeal related to an issue around LCT rather than the decision to either confirm or revoke the order. The percentage of upheld appeals from total decisions (0.007%) represents clarity and consistency in the Tribunal decision making process. The Tribunal also heard one appeal against the administrator of the Authorised Mental Health Service's refusal to allow a person to visit a patient.

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 seven members who identify as indigenous.

1 July 2015	Legal Members	Psychiatrists	Community Members	Total
Women	16	13	19	53
Men	16	15	6	41
TOTAL	32	28	25	**85**

**This figure did not include appointments of Members for Psychosurgery applications

30 June 2016	Legal Members	Psychiatrists	Community Members	Total
Women	18	14	21	53
Men	17	16	8	41
TOTAL	35	30	29	**94**

TABLE 4. The mid-term recruitment process undertaken in 2014-15 was a result of retirements and resignations and to ensure that the growth in hearings was not compromised by numbers of Members. The figures at 30 June include Members appointed 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. A review of the staffing profile is underway at the time of preparation of the report in recognition of the significant advances in emerging technology and considerations for the implementation of the new legislation. Recruitment for the Tribunal Members for the 2017-2020 term began in the

reporting period including the development of a position description for the Deputy President. The current Full Time Equivalent is 21 in addition to the President. 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. A number of staff has accepted secondment opportunities during the reporting period, which, although creating challenges in relation to training temporary staff, provide valuable growth and development within the Tribunal and those who are seconded to higher positions bring back a wealth of experience and the opportunity to bring innovation and change in Tribunal processes. Two staff are currently returning to work part-time following periods of Maternity Leave.

This financial year included a mid-term recruitment process and associated training for Members to supplement the current numbers, due to retirements and other opportunities for Members in different fields. The Tribunal welcomed five new Members in May of this year.

Financial Information

An 8.4% increase in number of matters heard for the 15-16 financial year contributed to the deficit for the reporting period. To provide for the additional matters, more than 140 additional sittings were provided above last year's number of sittings.

Non labour expenses were reduced for the 15/16 financial year when compared with the previous financial year.No redundancy/early retirement/retrenchment packages were paid during this period.

The Tribunal finished the year approximately 1% over forecast for the 15/16 year, with shortfalls met by the Corporate Services Division of Queensland Health. The Tribunals accounts are included and audited as part of Queensland Health's accounts. Certification of financial statements will be provided by Queensland Health. Details of Financial information is provided in Table 5.

	15/16	14/15
Labour Expenses	$6,482,635	$6,145,563
Building Services	$27,744	
Catering And Domestic Expenses	$6,969	
Communications Expense	$151,140	
Computers Expense	$146,799	
Electricity And Other Energy Expense	$25,924	
Other Motor Vehicle Expenses	$734	
Non Capitalised Asset Related Expenses	$6,874	
Operating Leases	$597,427	
Other Supplies And Services	$74,671	
Repairs And Maintenance	$17,705	
Travel Expenses	$204,769	
Supplies & Services Expense	$1,260,756	$1,244,095
Advertising Expense	$6,726	
Journals And Subscriptions	$827	
Other Expenses - Miscellaneous	$129,048	
Other Expenses	$136,600	$184,200
Non Labour Expenses	$1,397,356	$1,428,295
Depreciation & Amortisation Expense	$2,070	
Expenses	$7,882,061	$7,578,816
Forecast	$7,800,799	$7,473,875
Surplus / Deficit	-$81,262	-$104,941

TABLE 5

Appendix 1 - State-wide Activity

Appendix 1.
State Wide Activity Report AMHS
Breakdown 2015- 2016

LOCATION																																
BAYSIDE	64	423	6.6	73	17.3	36	377	10	423	4	0.9	192	106	61	18	0	22	65	82	287	1	52	110	107	64	423	6.6	73	17.3	36	377	10
BELMONT PRIVATE	32	56	1.8	6	10.5	0	39	18	57	1	1.8	6	9	13	3	0	6	82	7	1	0	21	5	15	32	56	1.8	6	10.5	0	39	18
BUNDABURG	25	113	4.5	10	8.8	19	90	4	114	1	0.9	92	10	2	0	0	3	68	11	99	0	12	46	59	25	113	4.5	10	8.8	19	90	4
CAIRNS	132	1014	7.7	198	19.4	111	867	41	1019	18	1.8	202	256	169	172	2	137	162	144	715	7	74	215	281	132	1014	7.7	198	19.4	111	867	41
CHILDREN'S HEALTH QUEENSLAND	14	26	1.9	4	15.4	1	24	1	26	2	7.7	7	12	2	1	0	1	11	15	18	1	10	5	23	14	26	1.9	4	15.4	1	24	1
FORENSIC DISABILITY SERVICE	7	19	2.7	3	15	20	0	0	20	0	0	5	15	0	0	0	0	2	9	18	0	12	0	32	7	19	2.7	3	15	20	0	0
FRASER COAST	44	202	4.6	27	13.2	37	161	7	205	2	1	164	15	4	4	0	6	79	14	167	2	22	65	76	44	202	4.6	27	13.2	37	161	7
GOLD COAST	175	1317	7.5	200	15	144	1143	43	1335	32	2.4	595	366	153	76	9	57	263	269	985	1	186	345	357	175	1317	7.5	200	15	144	1143	43
GREENSLOPES PRIVATE HOSPITAL	2	1	0.5	0	0	0	1	1	2	0	0	0	0	0	0	0	1	2	0	0	0	1	0	0	2	1	0.5	0	0	0	1	1
LOGAN - BEAUDESERT	118	834	7.1	196	23.2	136	682	26	846	24	2.8	260	237	150	52	3	79	105	102	626	0	72	211	243	118	834	7.1	196	23.2	136	682	26
MACKAY	64	363	5.7	41	11.3	55	294	15	364	13	3.6	217	68	42	1	0	16	238	60	315	2	49	143	144	64	363	5.7	41	11.3	55	294	15
M.H.R.T OFFICE	1	1	1	0	0	0	1	0	1	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	1	1	1	0	0	0	1	0
NEW FARM CLINIC	24	50	2.1	8	16	0	47	3	50	2	4	4	7	2	27	0	5	79	0	0	0	16	9	13	24	50	2.1	8	16	0	47	3
ONCALL	66	287	4.3	48	16.5	34	142	115	291	3	1	28	31	21	47	0	41	199	115	96	3	136	22	147	66	287	4.3	48	16.5	34	142	115
PRINCESS ALEXANDRA HOSPITAL	173	1110	6.4	206	18.3	179	876	68	1127	14	1.2	444	339	99	40	3	65	184	211	784	2	142	287	317	173	1110	6.4	206	18.3	179	876	68
ROYAL BRISBANE & ROYAL WOMANS HOSPITAL	183	1423	7.8	203	14.1	163	1188	85	1436	69	4.8	517	214	279	87	10	153	329	258	900	1	142	317	260	183	1423	7.8	203	14.1	163	1188	85
REDCLIFFE-CABOULTURE	97	640	6.6	111	17.2	71	557	16	646	15	2.3	104	209	189	51	5	51	187	165	482	13	84	212	203	97	640	6.6	111	17.2	71	557	16
ROCKHAMPTON	65	538	8.3	47	8.7	60	470	7	538	7	1.3	316	176	8	9	1	15	293	46	456	4	32	183	145	65	538	8.3	47	8.7	60	470	7
St ANDREWS WAR MEMORIAL HOSPITAL	1	2	2	0	0	1	0	0	2	0	0	0	0	1	0	0	0	2	1	1	0	0	2	1	1	2	2	0	0	1	0	0
SUNSHINE COAST & GYMPIE	107	723	6.8	82	11.2	97	613	18	730	9	1.2	178	215	198	58	0	44	154	98	574	12	87	220	244	107	723	6.8	82	11.2	97	613	18
THE PARK CENTRE FORM MENTAL HEALTH	74	380	5.1	30	7.6	201	166	19	386	8	2	139	132	68	7	2	14	284	223	83	5	211	36	208	74	380	5.1	30	7.6	201	166	19
TOOWONG PRIVATE HOSPITAL	13	22	1.7	7	26.9	0	25	1	26	0	0	8	10	0	1	0	3	35	1	1	0	2	4	9	13	22	1.7	7	26.9	0	25	1
TOOWOOMBA	111	856	7.7	124	14.3	163	678	21	870	10	1.1	164	349	231	49	0	33	189	228	627	3	155	269	400	111	856	7.7	124	14.3	163	678	21
TOWNSVILLE	123	888	7.2	113	12.6	166	688	44	899	30	3.3	401	258	72	41	0	64	226	151	722	17	129	241	346	123	888	7.2	113	12.6	166	688	44
THE PRINCE CHARLES HOSPITAL	147	1039	7.1	230	21.7	146	830	75	1061	27	2.5	391	262	74	105	11	110	243	186	659	1	96	245	293	147	1039	7.1	230	21.7	146	830	75
WEST MORETON	87	621	7.1	66	10.6	103	507	13	622	7	1.1	207	146	147	53	2	36	92	73	507	0	49	194	163	87	621	7.1	66	10.6	103	507	13
TOTAL	1949	12948		2033	15.50%	1943	10466	651	13106	298	2.30%	4641	3442	1986	902	46	962	3575	2469	9123	75	1792	3386	4086	1949	12948		2033	15.50%	1943	10466	651	13106
PERCENTAGE %					14.8	79.9	5				37.4	27.74	16	7.27	0.37	7.75	28.8	19.9	73.5	0.6	14.4	27.3	32.9					14.8	79.9	5			

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 2- Outcomes & Frequency

Outcome Type	Count
Adjourned more than 28 days [HEARING]	53
Adjourned 28 days (Pt AWOP) [HEARING]	100
Adjourned more than 28 days (Examination Order) [HEARING]	36
Adjourned more than 28 days (Pt AWOP) [Hearing]	39
Adjourned more than 28 days (Transferred) [HEARING]	7
Adjourned 61 days (Examination Order) [HEARING]	1
Adjourned 28 days (AMHS Request) [HEARING]	126
Adjourned 28 days (Attendance Notice) [HEARING]	6
Adjourned 28 days (Lack of Evidence) [HEARING]	657
Adjourned 28 days (Other) [HEARING]	162
Adjourned 28 days (Patient Request) [HEARING]	196
Adjourned 28 days (Procedural Fairness) [Hearing]	410
Adjourned 28 days (Patient Transferred) [HEARING]	332
App for patient to move out of QLD refused [HEARING]	4
Appeal is dismissed [MATTER]	17
Application is dismissed [HEARING]	4
Application is heard [HEARING]	448
App for patient to move out of QLD approved [HEARING]	1
Application Superseded [MATTER]	12
Appeal Upheld - LCT [MATTER]	1
Appeal Withdrawn [MATTER]	7
Application withdrawn [MATTER]	32
Charges discontinued [MATTER]	2
Confidentiality Order is made [HEARING]	19
Did Not Proceed [HEARING]	1
Confidentiality Order is refused [HEARING]	10
Confidentiality Order submission not taken into account [HEARING]	1
Patient is Deceased [MATTER]	52
Application to administer ECT is approved [HEARING]	560
Application to administer ECT is refused [HEARING]	30
Application to perform ECT is withdrawn [MATTER]	40
Application to perform ECT is withdrawn [HEARING]	6
FIO is made - Confidentiality Order NOT Made (President) [MATTER]	1
FIO is made with Confidentiality Order (President) [MATTER]	4
FIO is made (President) [MATTER]	4

FIO is revoked (President) [MATTER]	9
Person is fit for trial [HEARING]	5
Forensic Order (Disability) is confirmed [HEARING]	2
Forensic Order (Disability) is confirmed with LCT [HEARING]	102
Forensic Order (Disability) is confirmed; LCT revoked [HEARING]	1
Forensic Order (Disability) is confirmed with LCT with T/F [HEARING]	8
Forensic Order (Disability) is revoked [HEARING]	3
Forensic Order ceased under S 219 [MATTER]	3
Forensic order confirmed. LCT revoked [HEARING]	11
Forensic Order is confirmed with LCT [HEARING]	1399
Forensic Order is confirmed [HEARING]	41
Forensic Order is revoked [HEARING]	67
ITO confirmed. Category changed to Inpatient [HEARING]	10
ITO ceased to have effect [MATTER]	30
ITO ceased Forensic Order made [MATTER]	58
ITO ceased (Interstate Transfer Order) [MATTER]	3
ITO is confirmed [HEARING]	8445
ITO Confirmed. LCT Revoked [HEARING]	3
ITO is revoked [HEARING]	149
ITO is revoked [MATTER]	6290
ITO is invalid [MATTER]	7
Entered in Error [MATTER]	5
Person is not fit for trial [HEARING]	9
Person is not fit for trial and is unlikely to be fit for trial in a reasonable time [HEARING]	11
Application to perform psychosurgery is approved [HEARING]	2
Decision of the administrator is revoked to refuse a person to visit a patient [HEARING]	1
TOTAL	**20055**

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 process of recovery.

	Appointees	Meetings	Approved Fees $	Actual Fees $	Total Fees $	Allowances $	Expenditure $
Members	91	1949	See Table 7	As per Table 7	$4,046,142.16	$100,530.90	$4,146,673.06

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	NAME	Preside Full	Preside Half	Preside Quarter	Preside 3 quarter	Member Full	Member Half	Member Quarter	Member 3 Quarter	Statement of Reasons	Special Assignment
Legal	Anstee, June	65	4			3		1		14	2
Legal	Bishop, Jane	28	4							10	
Legal	Boulden, Deb	52	2							9	
Legal	Burgess, Simon	19	2				1			6	
Legal	Carter, Hugh	104	3	2				1		23	
Legal	Collins, Joanne	74	4			1	2			9	
Legal	Colvin, Alison	42	3				1			8	
Legal	Cowdroy, Julie	82	4							11	4
Legal	Dare, Kathleen	50	8			2				17	
Legal	Feil, Penny	46		1		1				4	
Legal	Gallagher, John	32								7	2
Legal	George, Travis	9	1							2	2
Legal	Giudes, Raoul	39	2							14	2
Legal	Goodman, Pamela	32	2							7	
Legal	Herriot, Ann	56	13			3				12	
Legal	Jarro, Nathan	36	2				1	1		7	
Legal	Kanowski, Paul	34	2							8	
Legal	Kent, Barb	102	10	1			1	2		10	
Legal	Lindsay, Kate	44	2							7	
Legal	McCarthy, Michael	47	2	1			1			6	
Legal	Meagher, Fiona	77	7			2	2			18	
Legal	Parker, John	73	6							13	2
Legal	Perren, Katina	30	2							3	

Legal	Richards, Franklin	14								4	
Legal	Roche. Anne-Maree	106	9	2		1	2	1	1	20	
Legal	Ryan, Virginia	86	5			2	2	1		23	
Legal	Stepniak, Daniel	60								17	
Legal	Wonnocott, Paul	25								5	
Legal	Wood, Michael	50				2				8	
Community	Barty, Tracey	1		2		105	6	1	2	1	
Community	Bond, Rowan					20	6	6	1		10
Community	Casey, Julia			1		106	16	3		1	
Community	Casey, Leanne					44	3	1			
Community	Chester, Jane					34	3				
Community	Dooley, Roger					79	3	1		1	4
Community	Elsworth, Rodney					67	6				2
Community	Hall, Pat					73	5	2			
Community	Hampton, Ron					66					
Community	Hill, Brian					33	2	26			
Community	Johannessen, Lynette					47	2				
Community	Johnston, Elizabeth					2					4
Community	Landsberg, Anne			2		76	6	1	2		
Community	Macionis, Stan					85	3			2	
Community	Malone, Christine			1		56	2		1		
Community	Millar, Frances					43	4				2
Community	Murray, Gwen					75	9	3			
Community	Nolan, Robyn					41	2	1			2
Community	Promnitz, Jennifer			1		25			1		
Community	Ridley, Helen					95	10	5			
Community	Schoneveld,					36	1				

	Sharon										
	Sticher, Gayle					0					4
Community	Till, Catherine (Jane)					76	4				2
Community	Tillett, Ada					65	1				
Community	Troy, Helen					7					6
Community	Watkins, Helen					66	5	1		1	
Community	Webb, Athol					23	1	2			
Community	Whitaker, Louise					13					
Community	Zell, Denise			1		54	1	2	1		
Medical	Ah-Hoon, Robert					129	1				
Medical	Astill, Richard					23	3				2
Medical	Barry, Jenny			2		64	1				
Medical	Bowles, John			3		73	11				2
Medical	Brooker, Sarah					5					5
Medical	Campbell, Rosemary					71	1				0
Medical	Clarke, Janine			4		102	9				
Medical	Colls, Ian					47	1				
Medical	Davies, John					21	2				
Medical	Garrone, Tess					58					
Medical	Gray, Curtis					1					
Medical	Kelly, Angela			1		158	7				
Medical	Lendering, Tina					132	9				2
Medical	Loftus, Jo			1		59	2			1	1
Medical	Morris, Adrian					11	2				
Medical	Relan, Pankaj										
Medical	Smith, Gabrielle					28	3			1	
Medical	Spelta, Bob			1		93	2				
Medical	Stephens, Nicola					39					

Medical	Thomson, Sandra					95	1				
Medical	van de Hoef, Pam					12					
Medical	Voita, Angela					22					
Medical	Waugh, Arnold					54	1				
Medical	Webster, Jefferson					1					
Medical	Dhingra, Maneesh					9					
Medical	Gilhotra, Jagmohan					2					
Medical	Karunakaran, Satish										
Medical	Kolur, Uday					9	1				
Medical	Kovacevic, Velimir					21					
Medical	Linnane, John										
Medical	Parthasarathy Raman					3					
Medical	Purushothaman Subramanian					6	1				
Medical	Schneider, Paul					6	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.