

ANNUAL REPORT

2017–2018



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10 September 2018

The Hon Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to present to you the Mental Health Review Tribunal's Annual Report and financial statements for the period from 1 July 2017 to 30 June 2018.

I certify that this Annual Report complies with the:

- Annual Report requirements for Queensland Government agencies (see Compliance Checklist in Appendix 6)
- *Financial Accountability Act 2009* (section 63) and the *Financial and Performance Management Standard 2009* (section 45)
- Obligations required by the *Mental Health Act 2016* (section 774).

Yours sincerely

Annette McMullan
President
Mental Health Review Tribunal

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HIGHLIGHTS



OVER **12000**
HEARINGS, ACROSS

58 SITES

OVER **18000**
MATTERS OPENED

COMMENCED
PUBLICATION
OF QUARTERLY
DATA REPORTS

LEGAL
REPRESENTATION
PROVIDED AT
2541
HEARINGS

ENHANCED
STAKEHOLDER
ENGAGEMENT

INTRODUCTION OF
INDIGENOUS
YARNING SESSIONS

TRANSFORMATION
TO NEW CASE
MANAGEMENT
SYSTEM, RESOLVE

President's report – a year in review

This past year has been a period of consolidation for the Mental Health Review Tribunal (**Tribunal**), after a period of significant change in the preceding year. I am pleased to say that this year we have been able to revisit and refresh our goals, build on stakeholder relationships and start work on improving our operational procedures. I believe that this will provide a strong foundation for future growth and development at the Tribunal.

Revised Strategic Direction

At the beginning of the reporting period, the Tribunal published its revised Mission, Vision, Purpose and Values. These can be found on page 18 of this Annual Report. Key factors in review of the Tribunal's strategy were acknowledging the changes in the *Mental Health Act 2016 (Act)*, particularly its Objects, as well as giving careful consideration to the Tribunal's future direction.

With clarity on its Mission, Vision, Purpose and Values, the Tribunal was well positioned to prepare a new Strategic Plan for the period 2017 – 2021. A copy of the Tribunal's progress towards the performance measures in that plan can be found in Appendix 1 of this Annual Report.

Conclusion of the Special Tribunal

During the previous financial year, it was publicised in the media that the qualifications of a legal member of the Tribunal were identified to be inadequate for appointment. Amendments were made to the Act which validated Tribunal decisions made that involved the member and provided persons the subject of those decisions with a six-month period in which they could request statutory right of review by what was termed the Special Tribunal. The review period spanned 28 April to 28 October 2017.

During that period, 34 persons requested a review of a decision. The Director-General of Queensland Health referred all of those requests to the Special Tribunal in accordance with section 800E of the Act. The Special Tribunal convened for nine review hearing days from July to December 2017, with the Deputy President presiding on each occasion.

Of the 34 hearings conducted:

- 20 persons the subject of the decisions attended in person or via telephone
- 13 had a person or persons attending with them (clinical staff, family members, support persons, advocates or legal representatives)
- four persons had their hearings adjourned and rescheduled at their request or due to the condition of their health.

The Special Tribunal panels were not satisfied that any of the relevant decisions were likely to have been affected in a material way by the involvement of the ineligible member. As a result, the Special Tribunal panels did not refer any matters to the Tribunal for a new decision in accordance with section 800F(2)(b) of the Act. However, the Special Tribunal panels identified that four patients had concerns about their clinical care and made recommendations to the Director-General (in accordance with section 800F(2)(b) of the Act) that they be provided with an avenue to discuss their issues with Queensland Health staff.

The Tribunal now considers all Special Tribunal reviews to be completed. I would like to thank the Deputy President and other Tribunal members who sat as members of the Special Tribunal. We received positive feedback from persons appearing before the Special Tribunal about the way in which the members handled a difficult and unique situation.

Confirmation of provision of services from the Department of Health

The Tribunal is an independent entity created by legislation. However, for administrative purposes it receives its funding via Queensland Health. The Tribunal is a relatively small entity in terms of resources, both financial and staff, so to enable the Tribunal to focus its efforts on its core business, we have confirmed the provision of corporate services from Queensland Health. Such arrangement in no way impinges on the complete independence of Tribunal decision making. I welcome the clarity brought by the Memorandum of Understanding agreed with Queensland Health and look forward to strengthening our working relationship with departmental staff.

Compliance

During the reporting period, the Act reached its first anniversary and the Tribunal has taken the opportunity to undertake a compliance check of its implementation. The Tribunal engaged an external law firm to prepare a guide to the Tribunal's obligations and responsibilities under the Act and also a checklist of required procedures and processes. I am pleased to report that utilising this process the Tribunal is confident that it has successfully implemented the new Act.

Stakeholder engagement

The Tribunal recognises its role as a part of the mental health system in Queensland. I am delighted to be able to work with other participants in the system who have staff who are so committed and passionate about the provision of their services to consumers within the state. To maintain and build relationships is a key component of the Tribunal's strategic direction which will allow us to work towards a more streamlined process for persons accessing the mental health system.

I am pleased to report that the Tribunal has continued its regular meetings with key interested parties throughout the year. In addition, we have sought to strengthen relationships by offering to present at a range of forums throughout the year. Some of the ways in which the Tribunal has increased its stakeholders awareness of its operations include:

- presentation to the Office of the Health Ombudsman
- presentations to clinical staff at various Authorised Mental Health Services
- meetings with administrators and other senior clinical staff at various Authorised Mental Health Services
- engagement by the Indigenous Liaison Officer with numerous Authorised Mental Health Services, particularly in respect of consultation and input to initiatives driven by the Tribunal
- publication of quarterly data and information sheets on its public website.

I would like to thank the various stakeholders of the Tribunal, with whom we regularly engage, who provide valuable input and information to assist the Tribunal in undertaking its core business - coordinating hearings. Also, to the staff and Members, the key assets of the Tribunal, thank you for your ongoing commitment to the Tribunal.

Deputy President's report

The 2017-18 reporting period was the first time the Tribunal had operated with the position of Deputy President, a position created under the Act. Having been a sessional member of the Tribunal since 2008, I relished the opportunity to be able to work full-time within the Tribunal, particularly focusing on ways in which I could improve operations for members. A key responsibility of the Deputy President role is to continuously build on members' professional skills by providing learning and development opportunities.

Learning and development framework

During the reporting period, the Tribunal implemented a learning and development framework which clearly sets the Tribunal's expectations of itself and its members. This document is intended to be a living document which the Tribunal can continue to refresh over time. To support the implementation of the framework, the Tribunal established a new Learning and Development Committee. The Committee is chaired by myself and made up of four members, with representation from each membership category. I would like to extend my thanks to the current members of the Committee for the assistance and support they have provided to date.

Competencies

A key driver of the learning and development framework is to allow all members the opportunity to develop and grow their skills and knowledge in order to best meet the competencies set by the President (as required under the Act). The President issued a refreshed set of competencies during the reporting period through the Member Competencies Framework. These competencies will form the basis for all recruitment, performance management and learning and development activities related to the Tribunal.

Key learning and development initiatives

During the year, the Tribunal looked to build on the resources it makes available to members to support them in carrying out their functions under the Act. Key initiatives included:

- ongoing monthly Masterclass schedule in which members are presented with information, and have the opportunity to discuss, relevant topics. These masterclasses can be attended in person, remotely via Blackboard technology or can be watched on video at any time.
- ongoing development of specialisation courses. The Tribunal continues to develop content for specialised courses for members and the review of such content is a key priority for the Learning and Development Committee.
- introduction of the first members full day workshop. The workshop held in 2018 was a legal members workshop. It was designed to allow all legal members from across the state to get together to refresh on core skills and discuss hot topics.
- identifying opportunities for members to sit at locations around the state. It is hoped that this will give members exposure to different issues, skills and knowledge.
- creating and collating a bank of useful resources including fact sheets, guidelines, and links to relevant external resources.

Relationships

As noted by the President in her report, building and maintaining relationships is vital to the efficient and effective operation of the Tribunal. In addition to attending regular meetings and presentations with key stakeholders in Queensland, both the President and I are focused on strengthening relationships with our counterparts interstate. To that end, the President and I attended the annual COAT conference, including the time set aside for the Presidents and

Deputy Presidents of mental health tribunals. I am pleased to report that we received positive feedback about the way the Tribunal operates in Queensland.

I particularly want to thank members for their diligence and dedication during a challenging period for the Tribunal with the implementation of new legislation and changed processes.

Executive Officer's report

As Acting Executive Officer it is my role to oversee the administrative side to the Tribunal's operations.

Information Technology improvements

During the reporting period, the Tribunal experienced a significant change to the way in which the Hearings Coordination Team undertakes its functions. The new case management system, Resolve, went live in mid-July 2017. Resolve provides a more comprehensive and streamlined record keeping system than the Tribunal's previous database.

The Tribunal is nearly one year post Resolve's implementation and has undertaken a review of the system and its functionality to identify potential improvements.

The Tribunal recognises the importance of connectivity to enable it to function at its highest productivity. To allow for improvements in that regard, the Tribunal's Corporate Services Team oversaw the installation of a new router at the Tribunal's Brisbane CBD premises, which brings with it a greater bandwidth to improve videoconferencing facilities at the Tribunal Office.

Staff Engagement

I am pleased to report that all staff at the Tribunal now have up to date career success plans in place. This process allowed staff to take the time to work through their goals and identify development opportunities for the next 12 months. We have again this year encouraged all staff of the Tribunal to take the opportunity to attend at a hearing venue, and where appropriate and approved, attend a hearing as an observer. This first-hand experience gives staff the greatest opportunity to understand the purpose and outcomes of their work.

Continuous Improvement

All staff and members are strongly encouraged to adopt a continuous improvement approach to their work for the Tribunal. Some of the initiatives adopted during the report period were:

- Review of the functionality of the Tribunal's case management system, Resolve, to identify potential improvements for configuration or development. The Tribunal has commenced consultation with the external provider to discuss options for additional functionality for Resolve.
- Sought an audit of the Tribunal's administrative operations from Queensland Health's internal audit team. The Tribunal has successfully finalised all recommendations from this audit.
- Engagement with external process mapping and organisational development consultants. These consultants undertook a comprehensive review of the Tribunal's operations in respect of hearings coordination and provided recommendations for improvements. The Tribunal is currently in the process of implementing those recommendations.

I would like to extend my thanks to all staff of the Tribunal for their efforts during the last financial year. In particular, I applaud the way in which the team has embraced the continuous improvement initiatives outlined above. I am encouraged by the dedication the staff have shown to date in undertaking the work necessary to implement the recommendations.

Tribunal overview

The primary purpose of the Tribunal is to review the involuntary status of persons with a mental illness and/or intellectual disability in accordance with the requirements under the *Mental Health Act 2016 (Qld)* (**Act**). The Tribunal is independent and it is not subject to direction in the exercise of its jurisdiction.

In making decisions, the Tribunal must comply with the main objects of the Act which include to improve and maintain the health and wellbeing of persons with a mental illness, to enable persons to be diverted from the criminal justice system if of unsound mind or unfit for trial, and to protect the community if such persons may be at the risk of harming others.

The Tribunal's executive consists of the President, Deputy President and Executive Officer. As at 30 June 2018, the Tribunal was operating with 75 Members, plus the President and Deputy President, and 26 full-time equivalent positions.

Legislated objectives under the Act

The Act grants the Tribunal jurisdiction to hear reviews, applications and appeals. The scope of the Tribunal's jurisdiction in the Act forms the legislated objectives reported against within this Annual Report.

The Tribunal has authority to review the following matters:

- treatment authorities
- treatment support orders
- forensic orders
- the fitness for trial of particular persons
- the detention of minors in high security units.

The Tribunal has authority to hear the following applications:

- examination authorities
- to perform regulated treatments (electroconvulsive therapy and non-ablative neurosurgical procedures)
- approval to transfer a person into or out of Queensland
- confidentiality orders.

The Tribunal has authority to hear appeals against:

- particular decisions of the Chief Psychiatrist in relation to information notices
- decisions of Administrators of Authorised Mental Health Services to refuse to allow a person to visit a patient in their service.

The Tribunal also has authority to make treatment authorities, treatment support orders and forensic orders.

Government's objectives for the community

The Tribunal recognises it has a role in ensuring an accessible and effective justice system and encouraging safer and inclusive communities. The Tribunal is confident that the activity reported on in this Annual Report is contributing to these objectives.

Information systems and recordkeeping

The Tribunal utilises its case management system, Resolve, to digitally maintain all records relating to its activities. The Corporate Services Team, through appropriately skilled staff, maintains all administrative records both digitally and, in certain cases, by paper records. The Tribunal is not aware of any breaches of its information security. The Tribunal manages its records in accordance with the General Retention and Disposal Schedule and Queensland Disposal Authority Number (**QDAN**) 603, a specific disposal schedule approved for use by the Tribunal. QDAN 603 is currently under review in consultation with the Queensland State Archives.

Tribunal Structure

Executive Team

The Tribunal operates with a President, Deputy President and Executive Officer.

President – Ms Annette McMullan

Ms McMullan was appointed as President on 30 June 2018 for a five year term, after serving in this role from 6 April 2017 on a temporary basis. In addition to her legal qualifications, Ms McMullan holds a Bachelor of Nursing having practiced as a registered nurse and midwife for more than 15 years prior to her admission to the Supreme Courts of Queensland and the ACT as a solicitor in 2001. Most recently, Ms McMullan was the Chief Legal Counsel of Queensland Health and has held prior legal roles at Crown Law and Metro North Hospital and Health Service.

Deputy President – Ms Virginia Ryan

Ms Ryan commenced as Deputy President on 10 July 2017 and was recently reappointed for a three-year term commencing 30 June 2018. Admitted as a solicitor in Queensland in 1989, Ms Ryan has expertise in administrative law and Tribunal operations as a Member of this Tribunal and of the Queensland Civil and Administrative Tribunal. She was formerly a Member of the Social Security Appeals Tribunal (now the Administrative Appeals Tribunal), a Registrar of the (now) Federal Circuit Court and an independent reviewer of administrative decisions for the Department of Human Services. She is a current Member of an Australian Health Practitioner Regulation Agency board.

Executive Officer – Ms Jade Madden

Ms Madden is acting Executive Officer and has been in this role since April 2017. Ms Madden brings substantial administration and governance knowledge and skills having worked for 15 years in various mental health roles. Ms Madden has previously worked as the Acting Registrar of the Mental Health Court and as a Director in the Office of the Chief Psychiatrist, Queensland Health.

Staff

As at 30 June 2018, there were 26 full time equivalent staff. During the reporting period, there were no Voluntary Early Retirements. All staff that are public servants of Queensland must comply with the Code of Conduct for Queensland Public Service and must complete mandatory training in accordance with the schedule determined by Queensland Health.

Members

The Tribunal is comprised of legal, medical and community Members for its hearings. As at 30 June 2018, there were 75 members (plus the President and Deputy President):

Table 1 – Breakdown of membership according to category (excluding President and Deputy President)

Type of Member	Number of Members
Legal	25
Medical	27
Community	23
Total	75

81 part-time Members were appointed for a three-year period beginning February 2017. Since that time, 5 Members have resigned, 2 of those in the reporting period, including Mr Nathan Jarro who was appointed as a District Court Judge on 26 March 2018. We are sad to report that Ms Shireen Ahmed, a valued and well respected legal Member of the Tribunal, passed away on 7 May 2018. Further detail of Member appointments, retirements and resignations can be found in Appendix 5.

During the reporting period, a recruitment process was commenced for additional Tribunal Members. It is anticipated that the statutory appointment process, including Governor in Council approval will conclude in the first half of the 2018/2019 financial year.

Statutory requirements dictate qualifications and experience for appointment as President, Deputy President and a Member. These requirements can be found in section 707 of the Act.

Tribunal member gender equality

In recommending a person for appointment as a Member, the Minister must have regard to the need for a balanced gender representation in the membership of the Tribunal.

Table 2 outlines the details of the membership as at 30 June 2018.

Table 2 – Breakdown of membership according to gender (excluding the President and Deputy President)

Gender	Legal	Medical	Community	Total
Female	16	12	17	45
Male	9	15	6	30
Total	25	27	23	75

Indigenous members

In recommending a person for appointment as a Member, the Minister must have regard to the need for the membership of the Tribunal to reflect the social and cultural diversity of the general community. At the commencement of the reporting period, there were nine Indigenous Tribunal Members. With the resignation of Mr Nathan Jarro upon his appointment as a Judge of the District Court of Queensland, there are now eight Indigenous Tribunal Members (consisting of one legal Member and seven community Members) which reflects approximately 10% per cent of the Tribunal's membership as at 30 June 2018.

Operations of the Tribunal

Hearings Coordination

The scheduling and arranging of hearings for reviews, applications and appeals is the primary responsibility of the Hearings Coordination team.

The team is comprised of Senior Hearings Coordinators, Hearings Coordinators and Hearings Support Officers who liaise with stakeholders to schedule hearings at locations across the state.

The team manages interactions with Authorised Mental Health Services, Crown Law, the Office of the Chief Psychiatrist, the Director of Forensic Disability's Office, Legal Aid Queensland, the Office of the Public Guardian, the Office of the Public Advocate and interpreter services to ensure hearings proceed in the most efficient and fair manner, in accordance with statutory timeframes.

Corporate Services

The Corporate Services team manages the day to day operations of the Tribunal. The support they provide to the Tribunal includes the provision of essential and specialist finance, human resource, communication and marketing, capital delivery and asset management, compliance and information technology and system services.

The Corporate Services team also has a specific focus on continuous improvement and innovation in the delivery of Tribunal services to ensure improved productivity and efficiency and provide value to all stakeholders.

Hearings Conduct

The Act provides for the Tribunal to act as quickly, and with as little formality and technicality, as is consistent with a fair and proper consideration of the matters before it. Tribunal panels may be constituted with up to five Members, however generally they consist of three Members—a legal Member (a lawyer), a medical Member (most often a psychiatrist) and a community Member.

The community Member is a person who is not a lawyer or a psychiatrist, but has the necessary skills and experience in relation to the Tribunal's jurisdiction. For certain hearings, the President may approve that the Tribunal be constituted with less than three Members in accordance with the legislative requirements of section 716(3) of the Act.

The Tribunal holds hearings at inpatient and community venues at Authorised Mental Health Services throughout the state or at the Tribunal's offices in the Brisbane CBD. See Appendix 4 for a list of the venues at which the Tribunal may sit.

While the Tribunal recognises the value in conducting hearings in person, the use of videoconference and telephone facilities assists the Tribunal to allow people who would not otherwise be available for the hearing to attend. For example, the use of such facilities assists in ensuring that patients in regional areas have access to the benefit of a three Member Tribunal panel. The availability of these resources at hearing venues throughout the state remains a challenging variable and liaison with Authorised Mental Health Services and Statewide Telehealth Services is ongoing.

Our Strategic Priorities

As foreshadowed in the 2016-17 Annual Report, during this reporting period, the Tribunal undertook a review and refresh of its strategic priorities, including its Mission, Vision, Purpose, Values and overall Strategic Plan. One key focus of the review was alignment with the Act.

Our vision

To operate a Tribunal that produces fair and just outcomes for those receiving involuntary treatment for mental illness or intellectual disability and the community.

Our mission

To be seen as a Tribunal that:

- is responsive to the changes in legislation brought about by the *Mental Health Act 2016* (Qld).
- the community views as independent, fair and impartial.
- recognises the importance of protecting the rights and dignity of persons receiving mental health treatment and care in Queensland.
- acknowledges and applies the principles contained in the *Mental Health Act 2016* regarding victims of unlawful acts.
- protects the community from unacceptable risk and serious risk of harm.

Our purpose

The Mental Health Review Tribunal is an independent body continued under the *Mental Health Act 2016* (Qld) whose primary purpose is to review the involuntary status of persons with mental illnesses and/or intellectual disability. The Tribunal is charged by the Act to:

- observe natural justice and provide quick, fair, informal and private hearings.
- ensure the provisions under the Act are appropriately applied and that reviews and applications are heard within statutory timeframes.
- encourage and respect the participation of involuntary persons and their representatives in proceedings before the Tribunal.
- balance the right of a person to receive treatment and care, in ways that enhance his/her quality of life and are least restrictive, whilst ensuring community safety through appropriate consideration and management of risk.
- acknowledge the principles set out in the Act for consideration of victims of unlawful acts.

Our values

- Independence: managing relationships with interested parties and the community in ways that promote the Tribunal's fairness, impartiality and independence.
- Integrity: consistent, transparent and accountable processes and decisions.
- Professionalism: contributing to the professional development of our Tribunal members and staff and to the body of knowledge that informs Tribunal best practice.
- Innovation: working creatively to deliver quality services and promote a culture of excellence.

Legislated objectives – Mental Health Act 2016

Data regarding the Tribunal's proceedings are stated from pages 20 to 30 of this Annual Report.

Performance

The Tribunal is pleased to provide an update on its progress in achieving the goals identified in its strategic plan. An update on the Tribunal's progress appears in Appendix 1.

In addition to the strategic plan identified in this Annual Report, the Tribunal has also produced operational plans for the Hearings Coordination Team, the Corporate Services Team and for matters pertaining to Members. These operational plans focus on shorter term performance indicators aimed at ensuring longer term compliance with the Strategic Plan.

Tribunal Activity

The Tribunal acknowledges that there may be some difficulty in conducting a direct comparison in the data reported here with the data reported in the Annual Report for the 2016-17 financial year. This is because the previous Annual Report contained data split according to the *Mental Health Act 2000* versus the Act. All data reported in this Annual Report reflect activity occurring in accordance with the Act.

Hearing activities and outcomes

The Tribunal conducts hearings at facilities within Authorised Mental Health Services throughout the state. Hearings may also be held via teleconference from the Tribunal's Brisbane office. A list of the venues at which the Tribunal hears matters, and an explanation of the groups used in the below tables can be found at Appendix 4.

For the purposes of reporting, a 'sitting' is considered an occasion when the Tribunal attends at the Authorised Mental Health Service (either in person or via teleconference facilities). This may be for an entire day or may be as brief as conducting one hearing. A 'matter' is the type of review or application that is to be decided by the Tribunal.

The Tribunal may review a number of matters for a patient at the same time. For example, a forensic order periodic review and a forensic order applicant review. This is recorded as one hearing, however it involves two matters.

Matters

There were a total of 18,303 matters opened during the 2017–18 period. These numbers reflect the total number of matters opened as matters to be heard by the Tribunal, however, not all matters were finalised before 30 June 2018.

Table 3 outlines the specifics of each matter opened.

Table 3 – Snapshot of matter types

Tribunal Matters	Number
Appeal against Administrator's decision	9
Application to perform electroconvulsive therapy (including emergency)	568
Application for approval to move out of QLD	6
Application for applicant review	515
Application for confidentiality order	36
Application for examination authority	558
Treatment authority review	14,500
Forensic order review	1,869
Fitness for trial review	18

Tribunal Matters	Number
Treatment support order review	224
TOTAL	18,303

Sittings

The Tribunal held 2,266 sittings relating to 12,335 hearings during the 2017–18 period. This reflects an increase in sittings of approximately 19% and a decrease in hearings of 2%. The Tribunal has assessed the reasons for these changes and considers the following to be contributing factors:

- the increased length of hearings due to complexity of hearings, for reasons such as the introduction of mandatory legal representation, and consequential increase in hearings length; and
- the extension of treatment authority reviews to yearly (after the third hearing).

Reviews and Outcomes

The Tribunal conducts hearings to review a number of types of orders or authorities, including treatment authorities, forensic orders, fitness for trial and treatment support orders.

This section details matter outcomes for the most common types of matters heard by the Tribunal.

Forensic matters

Table 4 shows the outcomes of forensic order reviews. The Tribunal made 95 treatment support orders during the reporting period.

Table 4 – Forensic order outcomes by Authorised Mental Health Service (**AMHS**)

Location	No of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	51	34	4	13
Cairns Network AMHS	134	100	6	28
Central Qld Network AMHS	62	45	3	14
Children's Health Qld AMHS	3	2	0	1
Darling Downs Network AMHS	155	107	8	40
Forensic Disability Service	20	14	0	6
Gold Coast AMHS	148	80	10	58

Location	No of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Logan Beaudesert AMHS	166	88	5	73
Mackay AMHS	49	38	2	9
Princess Alexandra Hospital AMHS	252	145	16	91
Royal Brisbane and Women's Hospital AMHS	159	110	9	40
Redcliffe Caboolture AMHS	93	61	3	29
Sunshine Coast Network AMHS	136	78	5	53
The Park – Centre for Mental Health AMHS	184	157	0	27
Townsville Network AMHS	212	129	10	73
The Prince Charles Hospital AMHS	156	110	7	39
West Moreton AMHS	132	99	6	27
Wide Bay AMHS - North	36	30	0	6
Wide Bay AMHS - South	34	22	5	7
TOTAL	2,182	1,449	99	634

Note: This table does not include applications for applicant reviews.

Note: Other outcomes may include, for example, adjournments, where a forensic order has lapsed in accordance with legislation.

Graph 1 shows the number of treatment support orders made according to Authorised Mental Health Service.

Graph 1 – treatment support orders made according to Authorised Mental Health Service

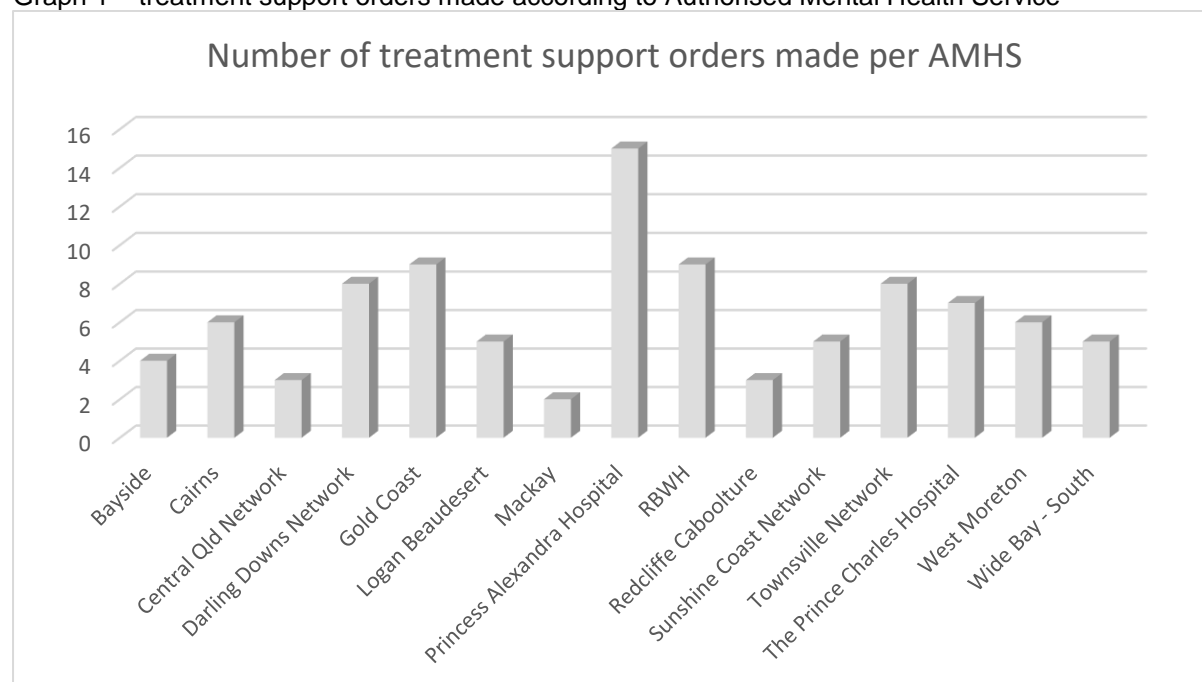


Table 5 shows the outcomes of treatment support order reviews.

Table 5 – Treatment support order outcomes by AMHS

Location	No of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	4	4	0	0
Cairns Network AMHS	12	12	0	0
Central Qld Network AMHS	4	2	2	0
Darling Downs Network AMHS	29	17	1	11
Gold Coast AMHS	17	14	0	3
Logan Beaudesert AMHS	1	1	0	0
Mackay AMHS	3	3	0	0
Princess Alexandra Hospital AMHS	6	6	0	0

Location	No of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Royal Brisbane and Women's Hospital AMHS	11	11	0	0
Redcliffe Caboolture AMHS	2	2	0	0
Townsville Network AMHS	9	7	0	2
The Prince Charles Hospital AMHS	7	6	0	1
West Moreton AMHS	14	12	0	2
Wide Bay AMHS - North	3	2	1	0
Wide Bay AMHS - South	5	5	0	0
TOTAL	127	104	4	19

Note: This table does not include applications for applicant reviews.

Note: Other outcomes may include, for example, adjournments.

Treatment Authorities

Table 6 shows the outcomes of treatment authority reviews.

Table 6 – Treatment authority outcomes by AMHS

Location	No of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Bayside AMHS	256	187	3	66
Belmont Private Hospital	35	21	14	0
Cairns Network AMHS	724	476	12	236
Central Qld Network AMHS	569	404	2	163
Children's Health Qld AMHS	30	16	1	13
Darling Downs Network AMHS	595	386	14	195

Location	No of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Gold Coast AMHS	1,128	660	14	454
Greenslopes Private Hospital	1	1	0	0
Logan Beaudesert AMHS	592	347	7	238
Mackay AMHS	266	224	1	41
New Farm Clinic AMHS	33	12	0	21
Princess Alexandra Hospital AMHS	876	626	10	240
Royal Brisbane and Women's Hospital AMHS	1,126	795	6	325
Redcliffe Caboolture AMHS	453	282	1	170
Sunshine Coast Network AMHS	664	432	2	230
The Park – Centre for Mental Health AMHS	110	84	2	24
Toowong Private Hospital	15	12	3	0
Townsville Network AMHS	535	397	1	137
The Prince Charles Hospital AMHS	658	458	0	200
West Moreton AMHS	408	289	2	117
Wide Bay AMHS - North	102	80	0	22
Wide Bay AMHS - South	146	118	0	28
TOTAL	9,322	6,307	95	2,920

Note: This table does not include applications for applicant reviews.

Note: Revoked authorities refer to revocations by the Tribunal at hearing, rather than by an authorised doctor.

Note: Other outcomes may include, for example, adjournments.

Fitness for Trial

Table 7 shows the outcomes of fitness for trial reviews during the period.

Table 7 – Fitness for trial review outcomes by AMHS

Location	No of Fitness for Trial Reviews	Not Fit for Trial	Not Fit for Trial and unlikely to be fit in reasonable time	Fit for Trial	Other
Cairns Network AMHS	2	1	0	0	1
Darling Downs Network AMHS	4	2	0	1	1
Princess Alexandra Hospital AMHS	3	1	0	1	1
The Park – Centre for Mental Health AMHS	6	3	1	1	1
Townsville Network AMHS	1	0	0	0	1
TOTAL	16	7	1	3	5

Note: This table does not include applications for applicant reviews.

Note: Other outcomes may include, for example, adjournments.

Applications

Regulated treatments

During the 2017–18 period, the Tribunal scheduled one (1) application to perform non-ablative surgery which was received during the previous reporting period.

The Tribunal managed a total of 569 matters relating to applications for approval to perform electroconvulsive therapy (**ECT**) during the 2017–18 period. This is a reduction of approximately 8% from the previous reporting period. Table 8 represents the outcomes for the ECT applications scheduled in the reporting period.

Table 8 – Outcome of applications for ECT scheduled during the period

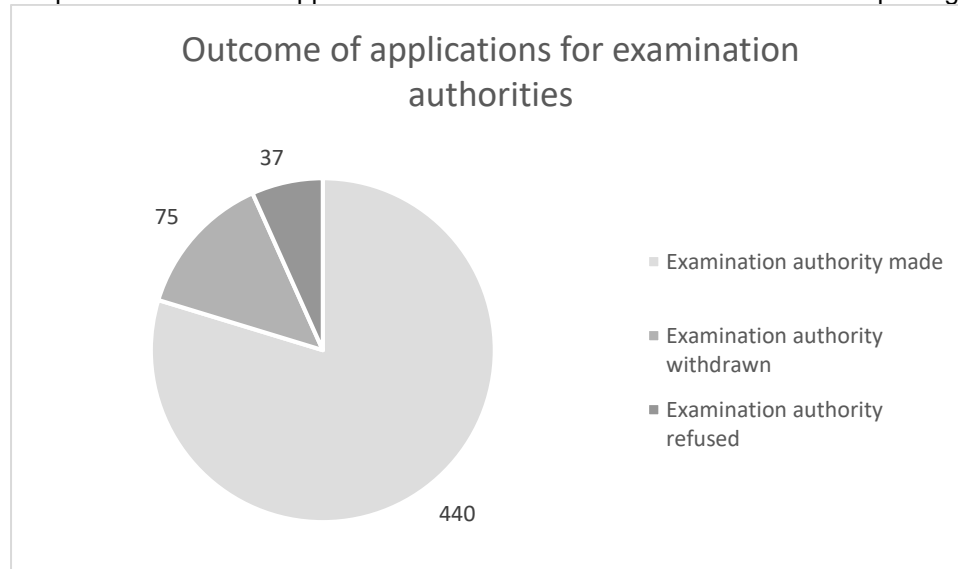
	Approved	Refused	Withdrawn	Adjourned	TOTAL
ECT	306	16	56	54	432
ECT with an emergency certificate pursuant to section 237	105	11	6	15	137
TOTAL	411	27	62	69	569

Examination authorities

The Tribunal received a total of 541 applications for examination authorities, during the 2017–18 period. The majority (71%) of applications were received from relatives of the subject person, with other applications received from interested persons (15%), Authorised Mental Health Services (10%) and others (4%).

Approximately 96% of applications heard during the period were heard within seven (7) days of receipt.

Graph 2 – Outcome of applications for examination authorities heard in reporting period



Note: some of the applications heard during the reporting period may have been received in the prior period.

The 440 examination authorities made were issued to the Authorised Mental Health Services as listed in Table 9.

Table 9 – Distribution of examination authorities across Authorised Mental Health Services

Location	Number
Bayside AMHS	33
Cairns Network AMHS	13
Central Queensland Network AMHS	12
Darling Downs Network AMHS	37
Gold Coast AMHS	30
Logan Beaudesert AMHS	66
Mackay AMHS	3
Princess Alexandra Hospital AMHS	66

Location	Number
Royal Brisbane and Women's Hospital AMHS	29
Redcliffe Caboolture AMHS	19
Sunshine Coast Network AMHS	19
Townsville Network AMHS	13
The Prince Charles Hospital AMHS	29
West Moreton AMHS	54
Wide Bay AMHS	17
Total	440

Legal Representation

The Act requires the Tribunal to appoint, at no cost, a legal representative to a person appearing before the Tribunal for specified matters. The Tribunal manages this obligation via a services agreement with Legal Aid Queensland. Legal representatives were appointed for 2,541 hearings during the period, 157 of which involved a minor.

Indigenous matters

Appendix 3 details hearings related to Indigenous patients.

The Tribunal's Indigenous Liaison Officer has been actively engaged in a number of stakeholder activities throughout the year, meeting with AMHS staff and Indigenous community organisations, encouraging Indigenous patient attendance and participation at hearings.

Initiatives that have been undertaken throughout the reporting year include:

- the introduction of acknowledgement of the traditional custodians of the land prior to the commencement of Indigenous patients' hearings
- the development and implementation of "Yarning Sessions". These sessions are informal, information sessions aimed at patients' support networks with the intention of increasing patient participation in hearings
- hearings conducted on Thursday Island
- information sheets and checklists created to assist Indigenous Mental Health and Other Drug Workers (IMHWs) in preparing for Tribunal hearings
- surveys of IMHSs to ascertain current processes and identify areas of opportunity.

The Indigenous Liaison Officer has also been actively involved in developing a culturally capable Tribunal by increasing Tribunal Member's cultural awareness through the development of guidelines to assist Members when hearing matters involving Indigenous patients.

Attendance

The Tribunal strongly encourages the attendance of the patient at their hearing. When attendance in person is not possible, the Tribunal supports other manners of participation including attendance by telephone or provision of a written personal statement (known as a self report). The Tribunal recognises the efforts of nominated support persons, families and treating teams, including case managers, for their assistance in supporting patient attendance.

Details of attendance are set out in Appendix 2.

Victims

Victims' concerns are taken into account by the Tribunal during hearings involving forensic orders and treatment support orders, in the following ways:

- by Members taking account of the principles for victims and others outlined in section 6 of the Act when conducting their deliberations
- by Members taking a victim impact statement into account where one has been provided
- engagement by Tribunal staff with the Queensland Health Victim Support Service on a quarterly basis.

The Tribunal also recognises the 138 Information Notices (as at 30 June 2018) authorised by the Chief Psychiatrist and provides information to the Office of the Chief Psychiatrist for distribution to notice holders in accordance with the Act.

Adjournments

The Tribunal is authorised to adjourn hearings at its discretion. During the reporting period, the adjournment rate has decreased from 37.7% in July 2017 to 23.5% in June 2018.

The most common reasons for adjournments relate to provision of the clinical report to patients outside the statutory timeframes, lack of evidence or for reasons of procedural fairness.

The Tribunal has found that the unfortunately high adjournment rate experienced on commencement of the Act during the previous reporting period, has caused ongoing issues into this reporting period. This issue was identified as a priority for the Tribunal in this reporting period and the Tribunal utilised several mechanisms to address it.

Statements of reasons

Stated persons are permitted under the Act to request a written statement of reasons in relation to a decision of the Tribunal. The Tribunal is required to provide a statement of reasons within 21 days of receipt of the request. The total number of requests for statements of reasons was 392.

Graph 3 shows the split of statement of reasons by requestor.

Graph 3 – Statement of reasons requested by requestor

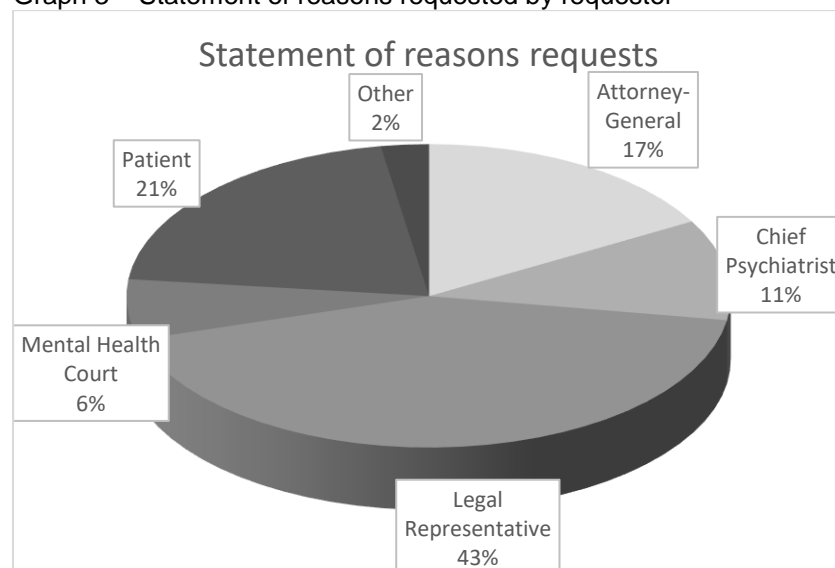


Table 10 shows the number of statements reasons by matter type.

Table 10 – Statement of reasons requested by matter type

Matter Type	Percentage
Appeal against Administrator's decision	0.26
Applicant Review	5.14
Application for Examination Authority	0.51
Application to perform ECT (including emergency)	3.09
Fitness for Trial	0.51
Forensic Order	50.64
Treatment Authority	39.59
Treatment Support Order	0.26

Appeals to the Mental Health Court

A party to a proceeding before the Tribunal is entitled to appeal most Tribunal decisions to the Mental Health Court. Forty-two appeals were filed during the 2017–18 period, which is a decrease of approximately six percent from the previous period.

Further information regarding appeals is contained within the Mental Health Court Annual Report.

Financial

The table below provides a summary of the Tribunal's funding allocation and expenditure for the 2017-18 financial year. Expenditure during the 2017-18 financial year exceeded the Tribunal's original budget allocation by less than 0.5%.

In addition to the initial base allocation, the Tribunal reached an agreement with Queensland Health in the fourth quarter to receive additional funding totalling \$1.1 million to commence a number of critical initiatives, including relevant and appropriate system connection between the Tribunal, Mental Health Court and Authorised Mental Health Services.

No redundancy, early retirement or retrenchment packages were paid during the reporting period.

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

The Tribunal's financial summary is set out in the table below.

Table 11 – Financial Summary

Budget Appropriation	2017/2018
Budget	\$11,716,278
Additional Allocation	\$1,176,807
Total Budget	\$12,893,085
<hr/>	
Expenditure	
<hr/>	
Labour	\$8,258,589
Non-Labour	\$4,630,231
Depreciation	\$4,265
Total Expenditure	\$12,893,085

Tribunal Member costs

Tribunal Members are paid for sittings in accordance with rates approved by the Governor in Council. The rates include amounts for sittings and for special assignments. Special assignments fees include, for example, the payment to Members for training or mentoring purposes. The rates that are currently in use were approved by the Governor in Council on 28 February 2008.

The Tribunal President is the Chief Executive Officer, who is remunerated at the rate of a Magistrate with Senior Executive Service terms and conditions of employment. The total remuneration of a Magistrate (other than Chief Magistrate) effective 1 July 2017 is \$354,024.08. The Deputy President is remunerated at 70% of the Tribunal President's rate with Senior Executive terms and conditions of employment.

Table 12 – Tribunal Member costs

	Fees	Allowances	Expenditure
Members	4,670,319	139,360	4,809,679

Open data

Additional annual report disclosures are published on the Queensland Government's website, available at www.data.qld.gov.au.

No expenditure was incurred on overseas travel during 2017-18.

Year in preview

The Tribunal is keen to continue to focus on a continuous improvement approach for the 2018–2019 year. Additional detail regarding the proposed initiatives is set out below.

New Members induction

Key benefits from a mid-term recruitment process are to ensure continuity of service by avoiding all members' terms ending at the same time and to allow for flexibility and agility in recruitment by recruiting against potential skills gaps prior to expiration of a three year term.

During the current reporting period, the Tribunal identified potential candidates for membership. It is anticipated that in the first half of the new financial year, the statutory requirements for appointment will be met, including obtaining approval from Governor in Council. An additional membership cohort will increase the number of legal, medical and community members available across the state. The candidates were assessed against the Tribunal's Membership Competency Framework and taking into account the need for diversity on the Tribunal.

Once appointed, the Tribunal will conduct a comprehensive induction program, allowing new members to commence hearings as soon as possible. The induction program is designed to include hands on, practical learning and mentoring.

IT enhancement

As a part of the Tribunal's assessment of its current practices during the current reporting period, options for potential improvement in the use of its case management system, Resolve, were identified. Such enhancements are aimed at streamlining processes allowing smoother and more instantaneous communication between Tribunal staff and stakeholders and more rigorous quality assurance processes.

The Tribunal recognises that it is part of a broader mental health system within Queensland and hopes to be able to utilise its technological resources to better integrate with others in that system. For example, the Tribunal is continually investigating ways to improve connectivity with the record keeping systems utilised by the Mental Health Court Registry and the Authorised Mental Health Services.

The Tribunal knows first-hand the benefits that can be garnered from making use of the technology resources available to connect people across the state. The Tribunal is working with Queensland Health's Statewide Telehealth Services to first identify the resources available for conducting remote conferencing hearings around the state, and secondly, and in the longer term, options for improvements in the technology that can be used.

Website

The Tribunal is preparing a range of new resources for its members, other stakeholders and members of the public about the operations of the Tribunal. To best communicate this information, the Tribunal is well underway in developing a new website. It is anticipated that the Tribunal's new website will go live during the first half of the new financial year.

It is proposed that the new website will:

- be easier to use
- contain up-to-date, relevant information for a range of interested persons

- provide a mechanism for the Tribunal to provide regular reports on Tribunal operations
- allow easy communication with the Tribunal office
- provide a secure area for members to access resources and information.

Indigenous Community Engagement and other cultural initiatives

The Tribunal is keen to leverage off the relationships strengthened by the Indigenous Liaison Officer in 2017-18 to:

- maintain an ongoing focus on scheduling hearings in remote areas, including Aurukun and Weipa.
- expansion of the “Yarning Sessions”
- the introduction of webinars for AMHS staff.

The Tribunal also plans to engage with the Transcultural Mental Health Service, particularly in respect of generation of useful resources for patients and Members and collation of data.

In addition, the Tribunal will also deliver cultural information training to new members appointed during 2018-19.

Appendices

Appendix 1 - Progress against Strategic Plan 2017 -2021

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2017/2018 Period
High performance	Promote a culture of high performing excellence	Identify opportunities for digital innovation across Tribunal operations.	Improved and/or increased use of digital technology by Tribunal staff and members.	<p>The Tribunal has investigated new options for:</p> <ul style="list-style-type: none"> • delivery of material to members using 'Follow Me Desktop', which was not adopted due to limitations with network connectivity. The Tribunal is currently exploring alternative means of delivering materials to members, including enhancing the operate of Resolve, the Tribunal's case management system. • connectivity during hearings using equipment and software provided by Queensland Health's Statewide Telehealth Service. <p>The Tribunal has investigated improved devices for members for use in accessing materials for hearings and emails from Tribunal. Tribunal staff have all been given access to 'Follow Me Desktop' allowing remote access to network drives in a secure way.</p> <p>The Tribunal has investigated improvements in the use of its case management system, Resolve, including configurations and developments.</p>

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2017/2018 Period
	Develop an engaged and productive workforce	Foster a culture that is innovative and collaborative.	Each Tribunal staff member has a career success plan in place and has had an opportunity to discuss their goals with their line manager.	All staff members of the Tribunal have completed a 12 month career success plan which outlines goals and professional development for the coming year.
			Evidence of staff collaboration and member collaboration for continuous improvement projects.	The Tribunal has established a Learning & Development Committee to provide for member collaboration on learning and development initiatives. Staff provided input during the conduct of process mapping and audit undertaken by external consultants. Staff were also provided with the opportunity to provide input and feedback on the Tribunal's operational plan for the 2017/2018 period.
			Identified opportunities for Tribunal staff and members to engage in professional development.	Staff have identified opportunities for professional development via their career success plans. All hearings coordinators have also had the opportunity to attend a hearing as an observer to gain first-hand experience on the conduct of a Tribunal hearing. The Tribunal has conducted regularly monthly Masterclasses for members and also conducted a full-day legal members workshop.
Accountable management	Promote a culture of accountability and integrity	Ensure budget integrity.	Operations within budget.	The Tribunal has introduced regular ledger integrity checking, including monthly performance reporting and budget meetings both internally and externally. In addition, The Tribunal has engaged Queensland Health to

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2017/2018 Period
				ensure transparency and adopted departmental compliance controls.
		Recruit Tribunal members in a rigorous manner that takes account of required succession planning.	Appropriate member recruitment.	The Tribunal commenced a recruitment process for new members (which would represent a mid-term appointment). Recruitment was conducted in accordance with the Act and the Tribunal's Member Competency Framework.
		Identify areas for improvement stemming from feedback from the Working for Queensland survey.	Demonstrable plan for implementation of initiatives and/or implementation of initiatives.	The Tribunal has introduced regular quality assurance meetings between senior hearings coordinators and hearings coordinators. The Tribunal also sought assistance from an external specialist in process mapping and organisational procedures to improve hearings coordination functions.
Positive relationships	Acknowledge cultural diversity	Develop and utilise robust, culturally-appropriate and ethical processes to engage with all interested parties and in the design and conduct of Tribunal hearings.	Identification and/or implementation of opportunities to introduce culturally appropriate processes into Tribunal operations.	Delivery of lanyard cards to members which contain suggested wording for acknowledging traditional custodians which can be used during hearings. They also contain five fundamentals for communicating with Aboriginal and Torres Strait Islander patients and their families. The Tribunal has also developed a refreshed guideline for members.
		Identify opportunities for increased involvement of culturally diverse communities.	Trial and/or implementation of identified initiatives to encourage increased participation of persons from culturally diverse communities or their representatives.	Introduction of Yarning Sessions at Authorised Mental Health Services. Ongoing planning of Webinar series. Development and delivery of and information sheet for Authorised Mental Health Services on how to complete cultural information section and a checklist on engagement with Indigenous Mental Health Workers.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2017/2018 Period
	Promote the positive benefits of engagement with the Tribunal	Ongoing relationship building with key interested parties including Legal Aid Queensland, Authorised Mental Health Services and the Office of the Public Guardian.	Holding of meetings with key interested parties.	<p>Ongoing, regular meetings with key stakeholders including:</p> <ul style="list-style-type: none"> • Office of the Public Advocate and the Office of the Public Guardian • Office of the Chief Psychiatrist • Legal Aid Queensland • Crown Law • Queensland Health Victim Support Services. <p>The Tribunal is looking to strengthen relationship with the Mental Health Court Registry with the introduction of regular meetings.</p>
			Identification of strategies on which the Tribunal and key interested parties can work together.	<p>The Tribunal maintains a working relationship with the Office of the Chief Psychiatrist to ensure accurate data recording by both the Tribunal and Authorised Mental Health Services.</p> <p>The Tribunal is working with eHealth, Queensland Health to streamline efficiencies for information technology resources and services.</p> <p>The Tribunal has participated in group feedback sessions with the Mental Health Commission in Commission-lead initiatives.</p>
Building and sharing knowledge	Achieve a culture of continuous learning and improvement	Develop core competencies for Tribunal members.	Documented core competencies for Tribunal members.	The competencies have been refreshed and the Member Competencies Framework developed.
		Develop a Continuing Professional Development (CPD) program for members to allow members to share	Development of a CPD program for Tribunal members.	As noted above, the Tribunal has established a Learning & Development Committee to provide for member collaboration on learning and development initiatives.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2017/2018 Period
		knowledge and development of expertise.		The Tribunal has provided members with a regular Masterclass schedule throughout the reporting period and delivered the inaugural legal members workshop. The Tribunal continues to prepare specialisation courses in topics relevant to Tribunal members.
		Develop regular opportunities for communication with Tribunal members and staff to allow information sharing.	Evidence of regular information sharing with Tribunal members and staff.	The Tribunal continues with regular staff and team meetings at various levels across the organisation. The Tribunal has continued its monthly communicate with members. It is anticipated that the refreshed website will allow greater and more efficient information and resource sharing with members.
		Update the Tribunal website to allow effective and efficient information sharing internally and externally.	Enhanced website content and functionality.	The project to develop and deliver a refreshed website is well underway. A creative agency and project manager have been appointed and website content drafted. It is anticipated that the website will be launched in the first half of the next financial year.
	Enhance our record keeping	Maintain and improve our information management strategy for the collection, storage, analysis, interpretation and dissemination of information.	Successful implementation and use of document management system, Resolve.	The Tribunal is pleased to report that it successfully implemented the new document management system, Resolve in the first quarter of the reporting period. A review of the system has been undertaken and it is anticipated that improvements will be introduced in the next financial year including both configuration of the existing system and new developments.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2017/2018 Period
		Improvement in corporate knowledge documentation.	Evidence of improved systems for capturing and recording corporate knowledge.	The Tribunal utilised an independent audit to identify areas for improvement in its systems for capturing and recording corporate knowledge. Such improvements include the introduction of additional policies, procedures and registers for recording information.

Appendix 2 – Attendance at hearings

Locations	Guardian	Advocate	AG Rep	Case manager/ Clinical staff/treating team/FLO	Legal Rep	Nominated Support Person	Patient - Community	Patient - Inpatient	Psychiatrist	Registrar / Other Doctor	Senior Practitioner	Interpreter
Bayside	17	11	48	195	64	45	73	63	112	97	0	2
Belmont Private Hospital	0	1	0	2	14	15	10	14	41	4	0	0
Cairns Network	32	15	94	680	114	59	205	86	184	146	0	9
Central Qld Network	21	1	50	594	85	48	244	53	455	67	0	0
Children's Health Queensland	11	2	3	17	24	11	5	5	15	14	0	7
Darling Downs Network	51	29	125	802	174	63	231	140	189	134	0	1
Forensic Disability Service	28	1	14	32	16	2	1	12	3	1	17	0

Locations	Guardian	Advocate	AG Rep	Case manager/ Clinical staff/treating team/FLO	Legal Rep	Nominated Support Person	Patient - Community	Patient - Inpatient	Psychiatrist	Registrar / Other Doctor	Senior Practitioner	Interpreter
Gold Coast	47	17	117	992	198	71	303	142	347	276	0	11
Greenslopes Private Hospital	0	0	0	0	0	0	1	0	1	0	0	0
Logan-Beaudesert	14	2	130	629	167	35	205	86	109	141	0	17
Mackay	11	8	42	281	60	32	145	44	210	94	0	2
New Farm Clinic	1	0	0	4	5	5	1	16	24	2	0	0
Princess Alexandra Hospital	34	35	204	897	283	65	329	133	290	231	0	56
RBWH	59	4	119	991	249	74	384	148	429	295	0	18
Redcliffe-Caboolture	16	1	80	493	104	38	182	84	277	170	0	7
St Andrew's War Memorial Hospital	0	0	0	0	1	0	1	0	3	2	0	0

Locations	Guardian	Advocate	AG Rep	Case manager/ Clinical staff/treating team/FLO	Legal Rep	Nominated Support Person	Patient - Community	Patient - Inpatient	Psychiatrist	Registrar / Other Doctor	Senior Practitioner	Interpreter
Sunshine Coast Network	13	21	106	637	136	85	229	121	267	148	0	0
The Park	41	1	189	69	208	60	22	226	236	194	0	14
Toowong Private Hospital	0	0	0	6	3	9	7	6	12	1	0	0
Townsville Network	53	1	170	788	218	39	209	149	297	140	0	0
The Prince Charles Hospital	35	8	145	688	193	59	265	101	245	169	0	16
West Moreton	56	4	97	540	124	2	194	41	101	109	0	9
Wide Bay - North	14	0	23	149	28	21	75	14	132	6	0	3
Wide Bay - South	9	1	34	195	38	9	79	22	118	13	0	0
TOTAL	563	163	1,790	9,681	2,506	847	3,400	1,706	4,097	2,454	17	172

FLO means forensic liaison officer; AG Rep means Attorney-General representative; Legal Rep means legal representative

Appendix 3 - Indigenous related matters

Location	Number of hearings	Number of FO or TSO REVIEWS	Number of TA reviews	Number of matters heard	Patient Attendance	IMHW attendance	Cultural Support attendance	Indigenous Member attendance
Bayside AMHS	25	8	28	38	6	0	1	2
Cairns Network AMHS	173	49	282	345	51	17	6	86
Central Qld Network AMHS	120	15	99	131	44	11	9	12
Children's Health Queensland AMHS	9	0	12	12	1	1	2	5
Darling Downs Network AMHS	100	27	91	126	47	7	8	99
Forensic Disability Service	8	4	0	8	5	1	1	3
Gold Coast AMHS	39	6	33	47	15	1	1	10
Logan Beaudesert AMHS	64	15	54	76	25	1	2	13
Mackay AMHS	19	8	10	20	14	2	0	3
Princess Alexandra Hospital AMHS	47	9	41	51	8	0	3	4

Redcliffe Caboolture AMHS	38	10	33	48	21	8	2	3
Royal Brisbane and Women's Hospital AMHS	19	0	20	24	6	1	1	2
Sunshine Coast Network AMHS	52	18	64	61	17	3	4	2
The Park – Centre for Mental Health AMHS	33	18	11	36	25	3	5	12
Townsville Network AMHS	145	61	97	176	63	33	6	56
The Prince Charles Hospital AMHS	64	8	65	86	29	6	2	9
West Moreton AMHS	27	7	30	37	13	0	1	22
Wide Bay AMHS - North	51	13	46	62	18	2	2	18
Wide Bay AMHS - South	5	3	6	9	1	1	0	4
TOTAL	1,038	279	1,022	1,393	409	98	56	365

IMHW means Indigenous mental health worker

Appendix 4 – List of hearing venues

Authorised Mental Health Service (AMHS)	Venues
Bayside AMHS	Bayside Community Health Centre
	Redland Hospital
	Redland Residential Care
	Wisteria Ward – Acquired Brain Injury Unit
Belmont Private Hospital AMHS	Belmont Private Hospital
Cairns Network AMHS	Atherton Primary Health Building
	Aurukun Well Being Centre
	Bamaga Primary Health Care Centre
	Cairns Hospital
	Cooktown Multi Purpose Health Centre
	Gindaja Building for Social Emotional & Wellbeing Program
	Gindaja Treatment & Healing Centre (Drop-in centre)
	Innisfail Community Mental Health Service
	Mareeba Community Mental Health Service
	Pormpuraaw Primary Health Care Centre
	Thursday Island Community Wellness Centre
	Thursday Island Primary Health Care Centre
	Weipa Hospital
Children's Health Qld AMHS	Chermside Galleria Child & Youth Mental Health Service
	Children's Health Queensland Day Program North
	Evolve (North) Therapeutic Services
	Evolve (South) Therapeutic Services
	Greenslopes Child & Youth Mental Health Service
	Inala Child & Youth Mental Health Service
	Lady Cilento Children's Hospital

Authorised Mental Health Service (AMHS)	Venues
	Mt Gravatt Child & Youth Mental Health Service
	North-West Child & Youth Mental Health Service
	Nundah Child & Youth Mental Health Service
	Pine Rivers Child & Youth Mental Health Service
	Yeronga Child & Youth Mental Health Service
Central Qld Network AMHS	Yeppoon Hospital
Darling Downs Network AMHS	Baillie Henderson Hospital
	Cherbourg Hospital
	Kingaroy Community Mental Health Service
	Stanthorpe Community Mental Health Service
	Toowoomba Hospital
	Warwick Community Health Building
Forensic Disability Service	Forensic Disability Service, Wacol
Gold Coast AMHS	Ashmore Community Mental Health Clinic
	Gold Coast University Hospital
	Palm Beach Community Clinic
	Robina Hospital (Extended Treatment)
	Robina Hospital (Acute Young Adult Unit)
	Southport Health Precinct
Greenslopes Private Hospital AMHS	Greenslopes Private Hospital
Logan Beaudesert AMHS	Beenleigh Adult Mental Health Service
	Browns Plains Adult Mental Health
	Logan Central Adult Mental Health Service
	Logan Hospital
Mackay AMHS	Bowen Community Mental Health Service
	Mackay Base Hospital
	Mackay Integrated Adult Mental Health Service
	Whitsunday Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
New Farm Clinic AMHS	New Farm Clinic
Princess Alexandra Hospital AMHS	Grevillea Ward
	Inala Adult Mental Health Service
	Princess Alexandra Hospital
	Woolloongabba Community Health Centre
	Macgregor
Royal Brisbane and Women's Hospital AMHS	Royal Brisbane and Women's Hospital
	Valley Integrated Adult Mental Health Service
Redcliffe Caboolture AMHS	Caboolture Hospital – Mental Health Facilities Building
	Cooinda House Psychogeriatric Unit
	Redcliffe Caboolture Secure Mental Health Rehabilitation Unit
	Redcliffe Adult Mental Health Service
	Redcliffe Community Care Units
Sunshine Coast Network AMHS	Centenary Square
	Gympie Mental Health Service
	Mountain Creek
	Nambour Hospital
	Sunshine Coast University Hospital
The Park – Centre for Mental Health AMHS	The Park – High Security Program
	The Park – Medium Secure Unit
Toowong Private Hospital AMHS	Toowong Private Hospital
Townsville Network AMHS	Ayr Community Mental Health
	Bowen District Community Mental Health Service
	Cambridge Street Campus
	Charters Towers Community Mental Health Service
	Charters Towers Rehabilitation and Transitional Unit
	Ingham Community Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Mount Isa Integrated Mental Health
	Palm Island Community Mental Health Service
	Townsville Community Care Unit & Acquired Brain Injury Unit
	Townsville Hospital
	Townsville Hospital – Medium Secure Unit
	Townsville Hospital – Adolescent Inpatient Unit
The Prince Charles Hospital AMHS	Chermside Community Mental Health Service
	Nundah Community Mental Health
	Pine Rivers Community Mental Health Service
	The Prince Charles Hospital
West Moreton AMHS	Goodna Community Health Centre
	Ipswich Hospital – Mental Health Unit
	Older Persons Mental Health Unit
	West Moreton Integrated Mental Health Service
Wide Bay AMHS	Bauer Wiles Community Health Building
	Bundaberg Hospital
	Hervey Bay Community Mental Health
	Maryborough Hospital

Appendix 5 – Member appointments

Member category	Name	Appointment period(s)
Legal	Ahmed, Shireen (resigned effective 27/04/2018)	28/02/2017 – 27/04/2018
	Bishop, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Boulden, Deb	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Bridgman, Roger (Peter)	28/02/2017 – 27/02/2020
	Carter, Hugh	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Collins, Joanne	03/09/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Colvin, Alison	28/02/2002 – 27/02/2005 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Dalling, Jacqueline	28/02/2017 – 27/02/2020
	Garner, Karen	28/02/2017 – 27/02/2020
	Giudes, Raoul	30/01/2003 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
	Goodman, Pamela (did not sit during reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Grau, Michelle	28/02/2017 – 27/02/2020
	Herriot, Ann	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Jarro, Nathan (resigned effective 23/03/2018)	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 23/03/2018
	Johnston, Mark	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Kolbe, David	28/02/2017 – 27/02/2020
	Lindsay, Kate	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	McCarthy, Michael	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	McMullan, Annette (as President)	06/04/2017 – 29/06/2018 30/06/2018 – 29/06/2023
	Meagher, Fiona	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Milburn, John	28/02/2017 – 27/02/2020
	Pearce, Louise	28/02/2017 – 27/02/2020
	Perren, Katina	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Ryan, Virginia (appointed Deputy President 29/06/2017)	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 28/06/2017 29/06/2017 – 29/06/2018

Member category	Name	Appointment period(s)
		30/06/2018 – 29/06/2021
	Sayers, Mark	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Smith (Marcos), Shellee	28/02/2017 – 27/02/2020
	Ulrick-Hunter, Monique	28/02/2017 – 27/02/2020
	Wawryk, Nikki	28/02/2017 – 27/02/2020
	Wood, Michael	29/01/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
Medical	Ah-Hoon, Robert	09/12/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Astill, Richard	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Barry, Jenny	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Bowles, John	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Brooker, Sarah	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Campbell, Rosemary	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Colls, Ian	28/02/2008 - 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017

Member category	Name	Appointment period(s)
		28/02/2017 – 27/02/2020
	Davies, John	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Dhingra, Maneesh	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Garrone, Tess	28/02/2002 – 27/02/2005 01/03/2007 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Kelly, Angela	05/08/2010 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Kolur, Uday	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Lendering, Tina	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Leong, Geoffrey	28/02/2017 – 27/02/2020
	Loftus, Jo	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Morris, Adrian	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Purushothaman, Subramanian	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Smith, Gabrielle	18/11/2004 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017

Member category	Name	Appointment period(s)
		28/02/2017 – 28/02/2020
	Spelta, Bob	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Stephens, Nicola	30/11/2006 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Stewart, Sandy	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Thomson, Sandra	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Van de Hoef, Pam	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Voita, Angela	03/09/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Waugh, Arnold	01/03/2007 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Webster, Jefferson	27/11/2014 – 27/02/2017 28/02/2017 – 27/02/2020
Community	Barty, Tracey	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008

Member category	Name	Appointment period(s)
		28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Bell, Gary	28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Bond, Rowan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Casey, Julia	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Dolci, Karen	28/02/2017 – 27/02/2020
	Elsworth, Rodney	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Hall, Pat	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Hampton, Ron	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Johnston, Elizabeth	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Jose, Trina	28/02/2017 – 27/02/2020
	Macionis, Stan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Malone, Christine	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	May, Christine	28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
	Millar, Frances	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Murray, Gwen (did not sit during reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Promnitz, Jennifer	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Ridley, Helen	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Schoneveld, Sharon	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Sticher, Gayle	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Till, Catherine (Jane)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Tillett, Ada	04/07/2012 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Webb, Athol	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Zell, Denise	09/12/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
Member resigned during term		

Appendix 6 – Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	3
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1	4-5 (glossary not included)
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10.1	12
	<ul style="list-style-type: none"> Agency role and main functions 	ARRs – section 10.2	12
	<ul style="list-style-type: none"> Machinery of Government changes 	ARRs – section 31 and 32	Not applicable
	<ul style="list-style-type: none"> Operating environment 	ARRs – section 10.3	12, 17
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community 	ARRs – section 11.1	12
	<ul style="list-style-type: none"> Other whole-of-government plans / specific initiatives 	ARRs – section 11.2	N/A
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.3	18-19
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.4	20-30
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	31-32
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	14-15
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	14
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	N/A
	<ul style="list-style-type: none"> <i>Public Sector Ethics Act 1994</i> 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	14
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.5	14
Governance – risk management	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	11
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	Not applicable

Summary of requirement		Basis for requirement	Annual report reference
and accountability	• Internal audit	ARRs – section 14.3	11
	• External scrutiny	ARRs – section 14.4	Not applicable
	• Information systems and recordkeeping	ARRs – section 14.5	13
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	11, 14
	• Early retirement, redundancy and retrenchment	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i> Directive No.16/16 <i>Early Retirement, Redundancy and Retrenchment</i> (from 20 May 2016) ARRs – section 15.2	14
Open Data	• Statement advising publication of information	ARRs – section 16	32
	• Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 33.2	Not applicable
	• Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1	N/A
	• Independent Auditor's Report	FAA – section 62 FPMS – section 50 ARRs – section 17.2	N/A

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2009*

ARRs *Annual report requirements for Queensland Government agencies*

