



Aboriginal and Torres Strait Islander Checklist

The Mental Health Review Tribunal (MHRT) is an independent decision making body continued under the *Mental Health Act 2016*, whose primary purpose is to review the involuntary status of persons with a mental illness and/or intellectual disability.

The MHRT checklist is for Indigenous Mental Health Alcohol and Other Drugs Workers, and, where applicable, Indigenous Hospital Liaison Officers and other Indigenous staff in Queensland Health.

The information contained within the checklist may be used to assist staff to prepare for MHRT hearings. As each authorised mental health service has different processes, this checklist is intended as a guide only.

The MHRT is an independent statutory entity. It cannot access the CIMHA and ATODS IS databases and therefore any information that is provided to the MHRT is highly valued and greatly appreciated.

Staff are to respect the patient's right to privacy and seek consent before contacting their family members and cultural support person. More information on a patient's right to privacy is outlined in the *Information Sharing Guidelines* link below.

Further information

- **Clinical Excellence Division** – Information sharing between mental health staff, consumers, carers nominated support persons and others.
https://www.health.qld.gov.au/_data/assets/pdf_file/0026/444635/info_sharing.pdf
- **Statement of Rights**
https://www.health.qld.gov.au/_data/assets/pdf_file/0036/639873/Statement-of-Rights.pdf
- **Advance Health Directive for Mental Health**
https://www.health.qld.gov.au/_data/assets/pdf_file/0036/639864/Advance-Health-Directive-Guide-and-Form.pdf
- **Nominated Support Persons**
https://www.health.qld.gov.au/_data/assets/pdf_file/0039/639867/nominated-support-person-form.pdf



Checklist

Consumer		
1. Is the patient attending their MHRT hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nominated Support Person		
2. Does the patient have a nominated support person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have consent from the patient to contact their nominated support person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is the nominated support person attending the hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Family Support		
5. Do you have consent from the patient to contact their family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you contacted the patient's family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is a member of the family attending the MHRT hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cultural Support Person		
8. Does the patient have a cultural support person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you have consent from the patient to contact their cultural support person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Is the Cultural support person attending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indigenous Mental Health Alcohol and Other Drugs worker or Indigenous Health Worker		
11. Have you completed the Cultural Information section in the MHRT Clinical Report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Are you attending the hearing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you or a staff member assisted the Consumer with their MHRT Self-Report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes