# Clinical Report - Treatment Support Order Review

Mental Health Act 2016 Form: CR04\_v2

A Clinical Report must be received by the Tribunal at least **7 days** prior to the hearing.

## Person’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name | Click here to enter text. | Family name | Click here to enter text. |
| Date of Birth | Click here to enter text. | CIMHA no | Click here to enter text. |

## Authorised Mental Health Service

[AMHS] Click here to enter text.

## Summary Recommendations

|  |
| --- |
| Treatment Support Order Confirm  Revoke |
| Make TA Yes  No | Yes  No |
| Change conditions (including LCT) Yes  No |

## Hearing details

|  |  |
| --- | --- |
| Hearing date Click here to enter text. | |
| Hearing location Click here to enter text. | |
| Person attending hearing [outline persons attendance and who will accompany him/her] Click here to enter text. |

## Treatment Support Order details

|  |  |
| --- | --- |
| Date made Click here to enter text. | |
| Category Community  Inpatient |
| Classified patient Yes |
| Is Person a serving prisoner Yes  If so specify location Click here to enter text. | |
| Person charged with prescribed offence Yes  Outline Offence Click here to enter text. | |
| Is Person not fit for trial Yes  No  If **not** permanently unfit for trial, also complete fitness for trial report (CR-05\_v2) as required. | |

**Note** if person absent/AWOP, a completed “Written notice of relevant person’s absence report” (Form\_13) must be provided for there to be no requirement for a completed clinical report (section 730).

## Person’s access to report

|  |  |
| --- | --- |
| The full contents of the report and attachments has been provided to and discussed with the person in an appropriate way on | Click here to enter text. |
| Does the person have the following? If so, please outline Advance Health Directive: Click here to enter text.  Personal Guardian: Click here to enter text.  Attorney: Click here to enter text.  Parent: Click here to enter text. | |
| An application for a confidentiality order has been made. Request for confidentiality order Form 4 | Yes  No |

## Treating Team

|  |  |
| --- | --- |
| Authorised Psychiatrist | Click here to enter text. |
| Registrar /Medical officer (if applicable) | Click here to enter text. |
| Case Manager (name and professional stream) and other treating team members | Click here to enter text. |
| Support persons and organisations | |
| Other (include nominated support persons, legal representatives, non-government agencies etc.) | Click here to enter text. |

## Diagnosis of mental illness/provisional/differential diagnosis

[Comment on and include, diagnosis, intellectual functioning, literacy and comprehension, general health issues, where relevant, and issues related to past or current substance use]

Click here to enter text.

## Details of the current mental state assessment

For the purpose of this report, the person was last examined by

Click here to enter text. on Click here to enter text.

[If not seen by psychiatrist for this report, please note the date the person was last examined by a psychiatrist]

Click here to enter text.

## Current treatment

Current medications (if applicable)

[Including long term, short term and PRN medications (including frequency of use for PRN)]

Click here to enter text.

Current interventions

[Including psychosocial and diversional, person’s progress and response to voluntary or involuntary treatment. Include here any current treatment or programs in the community. Note any identified goals for the person and any documented treatment or transition plans (attach where appropriate) If previously on a forensic order, include progress and willingness to undertake intervention programs recommended by the Mental Health Court where applicable]

Click here to enter text.

## Risk assessment

Current presentation

[Specify nature of current (during preceding review period) presenting risks including relevant dates in relation to episodes of violence, substance use, reckless / impulsive behaviour, use of weapons or reasons for concern including any risks to self and others]

Click here to enter text.

Clinical assessment of risk and protective factors

[Provide details of dynamic and static risks assessments and any risk mitigation strategies and protective factors. **Note** include details of any ARMC and CFOS recommendations (to be attached)]

Click here to enter text.

Offending history details [including dates of offences]

Click here to enter text.

## Victim issues

[Provide details of any interventions to address victim impacts from the index offence/s]

Click here to enter text.

## Social circumstances, network and the capacity to support the person

[Provide details of employment, vocational activities, risks and mitigating protective factors (if any) in the person’s social environment e.g. carer and other significant relationships, carer’s and others’ capacity to support the person]

Click here to enter text.

## Accommodation

[Provide details of the arrangements in place where the person lives or intends to live]

Click here to enter text.

## Financial affairs

[Provide details of the person’s ability to manage finances, and include the presence of a substitute decision maker for financial matters, if applicable]

Click here to enter text.

## Cultural information [To be completed by the Indigenous support worker or transcultural/bilingual worker]

|  |  |
| --- | --- |
| Cultural Background | Click here to enter text. |
| Communication / Language barriers (Interpreter required / type e.g. Auslan etc?) | Click here to enter text. |
| Cultural support required? | Click here to enter text. |

[Provide details of community including networks, community supports, and how these are contributing to the person’s rehabilitation and recovery; family including, where applicable, effects of the stolen generation, grief and loss issues; family structure and position of the person within the family; cultural issues impacting on care e.g. need for an interpreter; cultural support being provided; cultural support available]

Click here to enter text.

|  |  |
| --- | --- |
| Cultural Information completed by Click here to enter text. | |
| Position Click here to enter text. |  |
| Date Click here to enter text. |  |
| Brief history of mental illness [Include relevant dates, description and circumstances of symptoms observed, treatment/rehabilitation progress, history of willingness to undertake treatment, response to previous treatment in the community and past involuntary treatment details]  Click here to enter text. Circumstances leading to the initiation of involuntary treatment (including charges) Charges relevant to current Treatment Support Order  Click here to enter text.  Contributing factors  [Significant events and precipitating factors leading to the making of a Treatment Support Order, including details of past involuntary treatment (e.g. Treatment Authority, Forensic Order if applicable)]  Click here to enter text. |  |

## Recommendation and reasons

|  |
| --- |
| Treatment Support Order Confirm  Revoke |
| Make TA Yes  No |
| Change conditions (including LCT) Yes  No |

Complete the relevant sections below based on your recommendation. You must complete the section titled ‘Change or maintain conditions (including LCT)’.

Confirm Treatment Support Order

[Specify why a Treatment Support Order is currently required and the likely risks if the person were not on a Treatment Support Order. For inpatients, why is a community category of order not currently appropriate and what level of Limited Community Treatment (LCT) is authorised /requested?]

Click here to enter text.

Revoke Treatment Support Order

[Specify why Treatment Support Order is currently not required and the likely risks if the person were not on a Treatment Support Order. Include rationale/clinical indications for proposing to revoke the Treatment Support Order and whether or not a Treatment Authority should be made in its place]

Click here to enter text.

Change category

[Include rationale / clinical indication for proposing a change to Treatment Support Order.]

Click here to enter text.

Change or maintain conditions (including LCT)

[Provide details of the current conditions e.g. intervention programs, driving restrictions, weapons, UDSs, alcohol restrictions, conditions and issues relating to victims or contact with victims. Report on compliance or non-compliance issues with existing conditions. Include details of any changes being requested.]

Click here to enter text.

## Human Rights Considerations

The *Human Rights Act 2019* recognises that all individuals in Queensland have human rights. It requires public entities to act and make decisions in a way that is compatible with human rights. Clinicians may be asked to provide evidence in relation to any human right that is limited and why any limitation is demonstrably justified.

## Documents annexed

[List e.g. CFOS report]

Click here to enter text.

|  |  |
| --- | --- |
| Report **MUST be signed by the Treating Psychiatrist** | |
| Report prepared by (designation and date) | Click here to enter text. |
| Approved by Treating Psychiatrist | Print name Click here to enter text. |
| Signature and Date | Click here to enter text. |

*Mental Health Act* *2016*

Section 465 When reviews are conducted

(1) The tribunal must review (a ***periodic review***) a Treatment Support Order—

(a) within 6 months after the order is made; and

(b) at intervals of not more than 6 months after the review under paragraph (a) is completed.

(2) Also, the tribunal must review (an ***applicant review***) a Treatment Support Order on application by—

(a) the person subject to the order; or

(b) an interested person for the person mentioned in paragraph (a); or

(c) the chief psychiatrist.

(3) Further, the tribunal may at any time, on its own initiative, review (a ***tribunal review***) a Treatment Support Order.

(4) If the tribunal receives written notice under section 217(3) of the amendment of a Treatment Support Order, the tribunal must review (also a ***tribunal review***) the order within 14 days after receiving the notice.