

2019–2020
ANNUAL
REPORT



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Published by the Queensland Government ISSN: (print) 2200-9841

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The State of Queensland (Mental Health Review Tribunal) 2020

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

Dear Deputy Premier

I am pleased to present to you the Mental Health Review Tribunal's Annual Report and financial statements for the period from 1 July 2019 to 30 June 2020.

I certify that this Annual Report complies with the:

- Annual Report requirements for Queensland Government agencies (see Compliance Checklist in Appendix 7)
- legislated objectives within the *Mental Health Act 2016* (section 774).

Yours sincerely



Annette McMullan
President
Mental Health Review Tribunal

01/09/2020

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President's report – a year in review

I am pleased to report that due to the hard work and commitment of the staff and membership of the Mental Health Review Tribunal (Tribunal or MHRT), the Tribunal was able to continue its operations, including the holding of hearings across the State, for the entire reporting period. While priorities may have shifted during the second half of the reporting period due to the COVID-19 pandemic, the Tribunal has still been able to progress its strategic and operational objectives.

The Tribunal's operations had the potential to be impacted by the social distancing and travel restrictions imposed in response to COVID-19, both for staff working in the Tribunal's Brisbane CBD office and the members who usually attend hearings in person throughout the State. However, the Tribunal's implementation of its business continuity plan meant remote conferencing facilities and information technology systems could be utilised to allow operations to continue. Staff and members worked from their own residence from the end of March, with the commencement of a graduated return to the Tribunal's office in June 2020.

During this period, communication became a key priority for the Tribunal and involved identifying the most efficient way to communicate with a range of stakeholders, including staff, members, authorised mental health services (AMHS), legal representatives and persons appearing before the Tribunal. The Tribunal's website became an important resource allowing up-to-date information to be communicated quickly.

The Executive Team implemented a range of initiatives to allow ongoing monitoring of hearings outcomes; the purpose of which was to identify if the response to COVID-19 was impacting the ability of hearings to be conducted in accordance with the *Mental Health Act 2016* (known as MHA2016 or Act), including affording persons appearing before the Tribunal natural justice. I am pleased to report that the Tribunal's records reveal only a small portion of hearings were adjourned due to COVID-19. In addition to monitoring hearings outcomes, the Executive Team also assisted staff and members to transition to a new working environment, with a focus on maintaining health and wellbeing.

The revised way of working and focus on practices to allow remote hearings impacted the timeline for some of the Tribunal's projects. For example, the Tribunal's project to consider the implementation of audio recording has been delayed but continues to be progressed.

Highlights for the Tribunal during the reporting period include:

- 21,209 matters opened
- the appointment of 34 of new members
- 2,610 hearings at which the Tribunal provided legal representation
- the holding of the first meeting of the inaugural Tribunal Reference Group (TRG)
- 3,863 hearings held remotely during the COVID-19 response.

The Tribunal could not have managed to operate successfully during the second half of the financial year without the support and assistance of its stakeholders. I would like to extend my thanks to Queensland Health, the Office of the Chief Psychiatrist, authorised mental health services, Legal Aid Queensland (LAQ) and their legal representatives and Crown Law.

Annette McMullan
President

Deputy President's report

Implementation of the Human Rights Act

The Tribunal recognises the impact of its decision-making on the human rights of the persons appearing before it. The Act requires the Tribunal to give consideration to a person's human rights and the *Human Rights Act 2019* (HRA2019) has provided a more specific regime to do so. The Tribunal undertook a range of activities in preparation for the implementation of the HRA2019 on 1 January 2020 and these are detailed on pages 13-14.

Key learning and development initiatives

A key priority for the Tribunal is the learning and development of its members. Arranging appropriate training for such a large group from varied backgrounds can prove challenging and the Tribunal has responded by continuing to revise its Learning and Development Framework. The Tribunal conducted 16 masterclasses during the reporting period (a list of which can be found in Appendix 2) and will have hosted another three during the period to the end of September 2020. Other learning and development activities include small case study sessions and hardcopy resources published for members to access at a time that suits them.

During the reporting period, the Tribunal launched its internal Forensic Specialisation Course and Forensic Disability Course. The courses are designed to allow members to dive deeper into the knowledge and skills required for the conduct of forensic hearings. A small test group of members is currently undertaking each course to provide feedback before the Tribunal offers the courses to its membership more broadly. Given the early success of these courses, the Tribunal will continue to develop additional courses for members on a variety of topics.

I would like to thank those members who have sat on the Tribunal's Learning and Development Committee. The Committee's feedback on Tribunal initiatives has been invaluable.

Member appointment

In February 2020, the Governor-in-Council approved 34 new members across the Tribunal's three categories of membership for appointment. Being appointed shortly before the social isolation requirements for the COVID-19 response must have been challenging for our new cohort of members, however, they responded well and I thank them for joining us on a steep learning curve.

As usual, the Tribunal's members have proven to be dedicated, hard-working and committed to the work of the Tribunal. This year the members showed great adaptability when requested to conduct hearings remotely, using what was sometimes new technology. I would like to thank the members for their positive attitude to these new processes which allowed the Tribunal to continue to undertake its hearings without undue delay.

Virginia Ryan
Deputy President

Executive Officer's report

Operationally, the 2019-20 financial year, particularly the last six months, brought a range of new challenges for the Tribunal. Thankfully, the Tribunal's prior efforts in ensuring a robust business continuity plan and investment in information technology resources allowed a relatively seamless transition to remote working arrangements for Tribunal staff.

Information Technology improvements

During the reporting period, the Tribunal implemented the first phase of updates to its case management system, Resolve. These changes included functionality changes to maximise data that can be recorded within that system and to create efficiencies for the Hearings Coordination team. The other significant change was the implementation of a web portal that allows the secure and automated delivery and return of documentation from Resolve to certain hearings attendees. These new procedures assist the Tribunal to move to more streamlined, efficient and digital operations.

Update on Tribunal Reference Group

The TRG comprises a range of different types of consumers and carers who have experience with the Queensland mental health system. During the reporting period, the Tribunal concluded its recruitment and induction of group members and held two meetings. The Tribunal was very pleased with the level of engagement and feedback provided by the TRG's members and is looking forward to holding additional meetings in the coming year.

Appointment of Consumer Engagement Officer

The Tribunal appointed a Consumer Engagement Officer to assist in the development of a key priority for the Tribunal, a documented Consumer Engagement Strategy. Over the coming year the Consumer Engagement Officer will continue the Tribunal's work with the TRG and conduct additional information gathering exercises to identify key focus areas for the Tribunal.

I would like to commend the staff of the Tribunal for their adaptability and openness to change during the past 12 months. The staff's ability to change to new systems and processes while working from home allowed the operations of the Tribunal to continue during the social isolation period of Queensland's COVID-19 response. I would also like to thank the Tribunal's key stakeholders for their support of the Tribunal, it is much appreciated.

Jade Madden
Acting Executive Officer

Tribunal Overview

The Tribunal is an independent decision-making body originally established under the *Mental Health Act 2000* and continued under the Act. This independence means that the Tribunal is not a part of any health service.

The Tribunal's primary responsibility is to review the involuntary status of persons with a mental illness and/or intellectual disability. The Tribunal also provides approval for regulated treatment, which includes electroconvulsive therapy (ECT) and non-ablative neurosurgical procedures. The Tribunal's functions do not involve the monitoring or assessment of the provision of mental health services in Queensland.

The Tribunal consists of a President, Deputy President and its members. There is also an Executive Officer and other staff necessary for the Tribunal to exercise its jurisdiction.

Legislated objectives under the Act

The Tribunal's powers and functions are contained in the Act and it is the Act that sets the criteria and tests that the Tribunal applies when making its decisions.

- 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 (ECT 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 AMHSs 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 in limited circumstances.

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 considers that it assists to achieve the Advancing Queensland's Priorities of Keep Queenslanders healthy. In particular, the Tribunal's decision-making aims to allow Queenslanders who are receiving involuntary mental health treatment to receive the treatment that they need to become well and enjoy a productive lifestyle. In addition, the Tribunal also aims to assist to Keep communities safe by applying the criteria in the Act regarding risk to persons on involuntary orders and others in

the community. By regularly reviewing its methods and forms of communication with participants in Tribunal hearings, including its public-facing website, the Tribunal is working on the priority of Be a responsive government.

As in previous years, the Tribunal is confident that the activity reported in this Annual Report is contributing to these objectives.

Information systems and recordkeeping

The Tribunal utilises an electronic case management system to maintain all records relating to its jurisdictional activities. During the reporting period, the Tribunal implemented a range of changes to its case management system to improve its effectiveness and to introduce a web portal which allows hearing participants, including members, to access documentation more efficiently. These improvements are designed to assist in the Tribunal's transition from paper based to digital records.

The Corporate Services Team, through appropriately skilled staff, maintains all administrative records.

The Tribunal manages its hearings-related records in accordance with the General Retention and Disposal Schedule and Queensland Disposal Authority Number (known as QDAN) 603, a specific disposal schedule approved for use by the Tribunal.

The Tribunal maintains a risk register that utilises Queensland Health's risk framework. As required, the Tribunal sources internal audit services from Queensland Health.

Tribunal Structure

Executive Team

In accordance with the Act, the Tribunal operates with a President, Deputy President and Executive Officer.

President – Ms Annette McMullan

Ms McMullan's current appointment as President commenced on 30 June 2018 for a five-year term. Ms McMullan holds qualifications in law and nursing and midwifery. Ms McMullan was the Chief Legal Counsel for Queensland Health from 2010 to 2017 and has held prior legal roles at Crown Law and Metro North Hospital and Health Service. As the President, Ms McMullan is responsible for ensuring the quick and efficient discharge of the Tribunal's business, giving directions about its business, ensuring that members are adequately and appropriately trained and a number of specific functions outlined in the Act. The practice and procedures of the Tribunal are as directed by the President, subject to the provisions of the Act. In addition, the President is responsible for the organisational unit made up of the staff of the Tribunal.

Deputy President – Ms Virginia Ryan

Ms Ryan's current three-year appointment as Deputy President commenced on 30 June 2018. Admitted as a solicitor in Queensland in 1989, Ms Ryan has expertise in administrative law and tribunal operations, having served as a member of the Tribunal, the Queensland Civil and Administrative Tribunal and the Social Security Appeals Tribunal (now the Administrative Appeals Tribunal) and as Registrar of the (now) Federal Circuit Court. As Deputy President, Ms Ryan is to act in the office of President during any period the office is vacant and/or for all periods when the President is absent from duty. The Deputy President is primarily responsible for the implementation of the learning and development framework for members and is a key resource for the membership of the Tribunal.

Executive Officer – Ms Jade Madden

Ms Madden has worked within Queensland's mental health system since 2002 and commenced acting in the Executive Officer position in April 2017. Currently undertaking a Masters in Health Law, she has previously worked as the Acting Registrar of the Mental Health Court and as a Director in Queensland Health's Office of the Chief Psychiatrist. As Acting Executive Officer, Ms Madden has specific powers under the Act and is primarily responsible for the day to day operations of the Tribunal staff.

Staff

As at 30 June 2020, there were 26.51 full time equivalent staff. No redundancy, early retirement or retrenchment packages were paid during the period. 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

To meet the requirements of the Act, the Tribunal separates its members into three different categories - legal, medical and community. The Act sets out the relevant eligibility criteria for Tribunal membership in section 707. These criteria are:

- a lawyer of at least five years standing
- a psychiatrist

- is not a lawyer or doctor and has other qualifications and experience the Minister considers relevant to exercising the Tribunal’s jurisdiction.

In addition to meeting those criteria, the Minister must be satisfied that the person has the competencies developed by the President relating to:

- administrative law
- the operation of the MHA2016
- mental health and intellectual disability issues, including forensic mental health and forensic disability issues.

All members are appointed to the Tribunal by the Governor in Council, on the recommendation of the Minister. As at 30 June 2020, the Tribunal operates with a full-time President, a full-time Deputy President and one full-time legal member. The other members are all part-time, or sessional, members.

As at 30 June 2020, there were 103 sessional members, plus the President, Deputy President and one full-time member. Further detail of the number of sessional members appears in Table 1.

Table 1 – Breakdown of membership according to category (excluding President, Deputy President, Full-time Member)

Type of Member	Number of Sessional Members
Legal	35
Medical	37
Community	31
Total	103

In the February 2020 member appointment process, 34 new members were added and 47 existing members were reappointed. During the reporting period five members resigned. The terms of 23 members came to an end in February 2020.

Further detail of member appointments, retirements and resignations can be found in Appendix 6.

In addition to those members that formally resigned by written notice to Minister, a number of members did not sit or ceased to sit for the Tribunal during all or part of the reporting period. Where this has occurred, it has been noted in Appendix 6.

Tribunal member gender equality

Section 707(5) of the Act requires the Minister to have regard to the need for a balanced gender representation in the membership of the Tribunal when recommending a person for appointment as a member.

Table 2 outlines the details of the membership as at 30 June 2020.

Table 2 – Breakdown of membership according to gender (excluding the President, Deputy President and Full-time Member)

Gender	Legal	Medical	Community	Total
Female	24	17	21	62
Male	11	20	10	41
Total	35	37	31	103

Indigenous members

In addition to gender considerations, when recommending a person for appointment as a member, the Minister must also have regard to the need for the membership of the Tribunal to reflect the social and cultural diversity of the general community. At the conclusion of the reporting period, there were nine Indigenous Tribunal members.

Operations of the Tribunal

Structure

As at 30 June 2020, there are a total of 32 staff members (full-time and part-time) working for the Tribunal operating out of its principal place of business at 53 Albert Street, Brisbane. These staff are structured into three teams, the Hearings Coordination Team, a Corporate Services Team and a Legal and Policy Team. Due to the COVID-19 response, a number of staff now alternate between working at the Tribunal's Brisbane office or working from home.

The Hearings Coordination Team consists of a Manager, Senior Hearings Coordinators, Hearings Coordinators, and Administration Officers. The team is responsible for the scheduling and oversight of all Tribunal hearings across the State. The Corporate Services Team manages the day to day administrative and operational functions of the Tribunal. The team is responsible for the provision of information technology, finance, communication and marketing, human resources, capital and asset management, governance and compliance services. The Legal and Policy Team was formed during the reporting period through a realignment of roles and functions. These staff assist the President and Deputy President with the development and documentation of policies and procedures relating the operation of the Tribunal, together with learning and development projects for members.

Venues

To conduct its hearings, the Tribunal has access to a range of venues across the State made available by health services. Venues may include a meeting or conference room in a hospital or community health centre. The Tribunal also makes use of video conferencing and teleconferencing facilities to enable hearing attendees to join a hearing even if they are not in a position to attend in person at the specified venue. This approach became an absolute necessity with the commencement of isolation and social distancing restrictions implemented by the Queensland Government in response to the spread of COVID-19. The Tribunal recognised it was vital to continue to allow persons access to review of their involuntary status despite the need for social distancing. The Tribunal would like to extend its thanks to all participants for their patience and support in the use of remote conferencing facilities.

A list of hearing venues and an explanation of the groups used in the below tables can be found at Appendix 5.

Human Rights

The Tribunal recognises that given the nature of the decisions its members' make at every hearing, human rights are very relevant to its operations. In anticipation of the commencement of the HRA2019, the Tribunal:

- undertook a comprehensive review of the sections of the Act applicable to Tribunal's operations in light of the requirements of the HRA2019
- undertook a review of the Tribunal's notices, policies and procedures, updating them where appropriate
- developed a Tribunal-specific, Human Rights Policy, a copy of which is available on the Tribunal's website
- met with the Queensland Human Rights Commissioner and the Office of the Chief Psychiatrist regarding the Tribunal's proposed practices

- prepared and carried out staff training
- prepared and carried out member training using a variety of delivery methods
- prepared a number of guidelines, information sheets and decision guides for members to assist in their decision making.

After 30 June 2020, the Tribunal conducted a further member training session to reflect on the six months since the implementation of the HRA2019 and to provide a refresher for members.

The HRA2019 created new reporting obligations for the Tribunal, as well as providing a mechanism for complainants to refer their complaint to the Human Rights Commissioner. No human rights complaints were received by the Tribunal during the 2019-2020 financial year.

Our Strategic Priorities

Our Strategic Priorities	
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	<p>To be seen as a Tribunal that:</p> <ul style="list-style-type: none"> • is responsive to the changes in legislation brought about by the <i>Mental Health Act 2016</i> (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 <i>Mental Health Act 2016</i> regarding victims of unlawful acts. • protects the community from unacceptable risk and serious risk of harm.
Our Purpose	<p>The Mental Health Review Tribunal is an independent body continued under the <i>Mental Health Act 2016</i> (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:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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*

The Tribunal has provided data relevant to its proceedings on pages 17 to 30 of this Annual Report.

Performance

The Tribunal's strategic plan was set for the period 2017 to 2021. The strategic plan was reviewed in May 2020 and the President approved the current strategic plan until the end of the 2021 financial year. In addition to a strategic plan, the Tribunal produces an internal annual operational plan closely tied to the goals outlined in the strategic plan.

An update on the Tribunal's progress in achieving the goals identified in its strategic plan appears in Appendix 1.

Communication

A key strategic priority for the Tribunal in the reporting period was communication. This priority became even more important with the need to keep stakeholders informed during the Tribunal's response to the spread of COVID-19.

Some ways that the Tribunal has developed initiatives in pursuance of this goal are:

- TRG – the first two TRG meetings were held in the reporting period. This group will provide an additional channel of communication between the Tribunal and consumers.
- Consumer Engagement Officer – the appointment of the Tribunal's Consumer Engagement Officer is another step taken by the Tribunal in identifying and utilising channels of communication with its consumers.
- Internal – the Tribunal implemented a range of new communication channels during the period staff and members worked remotely. These included the use of new communication systems, including Microsoft Teams, and an increased frequency of communications.
- External – the Tribunal recognised that a change to remote hearings would be challenging for a number of participants for various reasons. The Tribunal therefore increased communication with its key stakeholders by regularly updating its website, meeting with the Office of the Chief Psychiatrist fortnightly, providing written communication to persons scheduled for review and providing updates to AMHSs regularly.

Tribunal Activity

Hearing activities and outcomes

Within this Annual Report, a sitting means an occasion when the Tribunal attends at the AMHS (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 21,209 matters opened during the 2019–20 period, reflecting an increase of approximately five per cent compared to the previous reporting 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 2020. Table 3 outlines the type of each matter opened.

Table 3 – Snapshot of matter types

Tribunal Matters	Number
Appeal against Administrator's decision	5
Application to perform ECT (including emergency)	658
Application for approval to transfer into or out of Queensland	0
Application for applicant review	533
Application for confidentiality order	36
Application for examination authority	624
Application to perform non-ablative neurosurgery	1
Treatment authority review	17,172
Forensic order review	1,700
Fitness for trial review	19
Treatment support order review	461
Total	21,209

Sittings

The Tribunal held 2,562 sittings relating to 14,614 hearings during the 2019-20 period. This reflects an increase in sittings of approximately seven per cent and an increase in hearings of approximately 7.5 per cent compared to the 2018-19 period.

Reviews and Outcomes

As listed on page 8, the Tribunal has jurisdiction to hear a range of matters. This section details matter outcomes for the most common types of matters heard by the Tribunal, being forensic orders, treatment support orders, treatment authorities and fitness for trial reviews.

Forensic Orders

Table 4 shows the outcomes of forensic order reviews.

Table 4 – Forensic order outcomes by AMHS

Location	No of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	50	34	4	12
Cairns Network AMHS	138	96	4	38
Central Qld Network AMHS	63	49	1	13
Children's Health Qld AMHS	1	1	0	0
Darling Downs Network AMHS	157	117	8	32
Forensic Disability Service	17	15	0	2
Gold Coast AMHS	92	72	3	17
Logan Beaudesert AMHS	136	93	4	39
Mackay AMHS	37	29	2	6
Princess Alexandra Hospital AMHS	172	135	12	25
Redcliffe Caboolture AMHS	92	73	5	14

Location	No of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Royal Brisbane and Women's Hospital AMHS	124	102	7	15
Sunshine Coast Network AMHS	98	66	9	23
The Park – Centre for Mental Health AMHS	181	156	1	24
The Prince Charles Hospital AMHS	143	107	5	31
Townsville Network AMHS	197	131	9	57
West Moreton AMHS	133	101	3	29
Wide Bay AMHS - North	35	27	4	4
Wide Bay AMHS - South	23	21	1	1
Total	1,889	1,425	82	382

Note: This table does not include applications for applicant reviews. Other outcomes may include, for example, adjournments, or where a forensic order has lapsed in accordance with legislation.

Forensic order reviews decreased by approximately four per cent compared to the previous reporting period, however the revocation rate remains similar at around four per cent.

Treatment Support Orders

The Tribunal revoked a forensic order and made a treatment support order 72 times during the reporting period.

Table 5 shows the number of treatment support orders made by the Tribunal according to AMHS.

Table 5 – Treatment support orders made according to AMHS

Location	Number of Treatment Support Orders made
Bayside AMHS	4
Cairns Network AMHS	3
Central Qld Network AMHS	1

Darling Downs Network AMHS	6
Gold Coast AMHS	2
Logan Beaudesert AMHS	3
Mackay AMHS	2
Princess Alexandra Hospital AMHS	12
Redcliffe Caboolture AMHS	5
Royal Brisbane and Women's Hospital AMHS	7
Sunshine Coast Network AMHS	9
The Park – Centre for Mental Health AMHS	1
The Prince Charles Hospital AMHS	5
Townsville Network AMHS	7
West Moreton AMHS	1
Wide Bay AMHS - North	3
Wide Bay AMHS - South	1
Total	72

The number of treatment support orders made increased by approximately three per cent, from 70 to 72, compared to the previous reporting period.

Table 6 shows the outcomes of treatment support order reviews (noting that in addition to the treatment support orders made by the Tribunal, the Mental Health Court may also make treatment support orders).

Table 6 – Treatment support order outcomes by AMHS

Location	No of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	18	12	4	2
Cairns Network AMHS	22	19	2	1
Central Qld Network AMHS	13	10	3	0

Location	No of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Darling Downs Network AMHS	31	25	2	4
Gold Coast AMHS	51	33	7	11
Logan Beaudesert AMHS	29	15	5	9
Mackay AMHS	23	21	0	2
Princess Alexandra Hospital AMHS	67	51	6	10
Redcliffe Caboolture AMHS	22	14	3	5
Royal Brisbane and Women's Hospital AMHS	42	33	6	3
Sunshine Coast Network AMHS	21	13	3	5
The Prince Charles Hospital AMHS	30	24	0	6
Townsville Network AMHS	20	16	2	2
West Moreton AMHS	49	37	4	8
Wide Bay AMHS - North	11	10	1	0
Wide Bay AMHS - South	11	10	1	0
Total	460	343	49	68

Note: This table does not include applications for applicant reviews. Other outcomes may include, for example, adjournments.

Treatment Authorities

Treatment authorities are made by psychiatrists at AMHSs in circumstances where the criteria under the Act are met. Unlike forensic orders and treatment support orders, treatment authorities may be revoked by an authorised doctor or the Tribunal.

In the reporting period, 6,898 treatment authorities (that had been received by the Tribunal) were revoked by a doctor negating the need for a further Tribunal hearing. However, the

Hearings Coordination Team will have often undertaken a degree of work prior to the treatment authority being revoked.

Table 7 shows the outcomes of treatment authority reviews.

Table 7 – Treatment authority outcomes by AMHS

Location	No of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Bayside AMHS	316	213	4	99
Belmont Private Hospital	26	21	0	5
Cairns Network AMHS	791	562	18	211
Central Qld Network AMHS	649	487	6	156
Children's Health Qld AMHS	14	11	0	3
Darling Downs Network AMHS	617	405	1	211
Gold Coast AMHS	1,263	868	17	378
Greenslopes Private Hospital AMHS	1	1	0	0
Logan Beaudesert AMHS	901	603	28	270
Mackay AMHS	281	218	5	58
New Farm Clinic AMHS	17	11	0	6
Princess Alexandra Hospital AMHS	1,151	829	15	307
Redcliffe Caboolture AMHS	576	441	7	128
Royal Brisbane and Women's Hospital AMHS	1,282	978	8	296
Sunshine Coast Network AMHS	734	599	1	134
The Park – Centre for Mental Health AMHS	119	100	0	19

Location	No of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
The Prince Charles Hospital AMHS	694	505	2	187
Toowong Private Hospital	11	7	0	4
Townsville Network AMHS	719	489	0	230
West Moreton AMHS	498	372	1	125
Wide Bay AMHS - North	134	111	3	20
Wide Bay AMHS - South	171	131	3	37
Total	10,965	7962	119	2,884

Note: Revoked authorities refer to revocations by the Tribunal at hearing, rather than by an authorised doctor. Other outcomes may include, for example, adjournments.

Treatment authority reviews increased by approximately 8.5 per cent compared to the previous reporting period.

Fitness for Trial

Table 8 shows the outcomes of fitness for trial reviews during the period.

Table 8 – 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	3	0	1	1	1
Darling Downs Network AMHS	4	1	0	0	3
Forensic Disability Service	2	1	0	0	1
Logan Beaudesert AMHS	3	3	0	0	0

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
Princess Alexandra Hospital AMHS	2	2	0	0	0
The Park – Centre for Mental Health AMHS	3	2	0	0	1
Total	17	9	1	1	6

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

Applications

Regulated treatments

Applications for approval to perform non-ablative neurosurgical procedures are relatively uncommon. During the 2019–20 period, the Tribunal heard one application to perform non-ablative neurosurgical procedures which was approved.

The Tribunal managed a total of 660 matters relating to applications for approval to perform ECT during the 2019–20 period. This is approximately a 29 per cent increase compared to the previous reporting period. The Tribunal hears the applications for approval to perform ECT submitted to it by doctors and has no influence on the number of applications received during a set period.

Table 9 represents the outcomes for the ECT applications scheduled in the reporting period.

Table 9 – Outcome of applications for ECT scheduled during the period

	Approved	Refused	Withdrawn	Adjourned	Other	TOTAL
ECT	406	19	73	51	1	551
ECT with an emergency certificate pursuant to section 237	101	2	4	3	0	109
Total	507	21	77	54	1	660

Other: The application was listed before the Tribunal which declined to make a decision as the application was invalid.

Examination authorities

The Tribunal received a total of 621 applications for examination authorities, during the 2019–20 period, representing a 15 per cent increase compared to the previous period. In terms of requests, 45 per cent of applications came from a relative, 39 per cent from an interested person, 12 per cent from an AMHS and four per cent from another source. The Tribunal received approximately 17.5 per cent more applications for examination authorities during the

period it was operating remotely due to COVID-19 (19 March – 30 June 2020), compared to the same period in 2019.

Table 10 represents the outcome of those applications for examination authorities heard in the 2019-20 period.

Table 10 – Outcome of applications for examination authorities in reporting period

Outcome	Percentage
Issued	75
Refused	4
Withdrawn	19
Adjourned	1
Other	1
Total	100

Note: Some of the applications heard during the reporting period may have been received in the prior period. Similarly, some of the applications received during the reporting period may not have been heard in the same period.

The 465 examination authorities made were issued to the AMHSs as listed in Table 11.

Table 11 – Distribution of examination authorities across AMHSs

Location	Number
Bayside AMHS	27
Cairns Network AMHS	10
Central Queensland Network AMHS	6
Darling Downs Network AMHS	32
Gold Coast AMHS	58
Logan Beaudesert AMHS	65
Mackay AMHS	6
Princess Alexandra Hospital AMHS	64
Redcliffe Caboolture AMHS	22
Royal Brisbane and Women's Hospital AMHS	32
Sunshine Coast Network AMHS	16

Location	Number
The Prince Charles Hospital AMHS	26
Townsville Network AMHS	27
West Moreton AMHS	40
Wide Bay AMHS	34
Total	465

Legal Representation

By law, every person the subject of a hearing before the Tribunal is entitled to representation, either by a lawyer, nominated support person or another person of their choice. In addition, the Act permits the Tribunal to appoint a lawyer or another person to represent a person if the Tribunal considers it would be in the person's best interests to be represented. As well as representation, each person the subject of a hearing is entitled to be accompanied at the hearing by a member of their support network.

There are also specified circumstances when the Tribunal must appoint a representative for a person the subject of a proceeding. These circumstances are where the person is a minor, where a review concerns a person's fitness for trial, in hearings in respect of applications for approval to perform ECT and where the Attorney-General will be represented.

In order to be able to provide independent legal representatives, the Tribunal engages LAQ to provide legal representation. This arrangement requires LAQ to choose and allocate appropriate legal representation for persons appearing before the Tribunal, including representatives that are competent and able to adequately perform the role of a legal representative.

As shown in Table 12, legal representatives were appointed by the Tribunal for 2,610 hearings during the period, 158 of which involved a minor. The number of legal representatives appointed increased by 4.65 per cent compared to the previous period.

We would like to thank LAQ for its continued support and engagement in providing quality legal representatives for persons appearing before the Tribunal. The Tribunal also recognises the important role of legal representatives appointed privately by persons appearing before the Tribunal.

Table 12 – Number of legal representatives by hearing type

Hearing Type	Number of hearings legal representative was appointed for
Forensic Order	1,773
Treatment Support Order	3
Fitness for Trial	6

Forensic Order and Fitness for Trial	11
Electroconvulsive Therapy (including emergency)	601
Matter involving a minor	158
Treatment Authority	26
Confidentiality Order and Forensic Order	19
Confidentiality Order and Treatment Authority	11
Confidentiality Order and Treatment Support Order	0
Application to Transfer out of QLD	0
Non-Ablative Neurosurgery	2
Total	2,610

Indigenous matters

Appendix 4 details hearings related to Indigenous patients.

During the reporting period, the Tribunal appointed a Consumer Engagement Officer and commenced meetings of the TRG. The Tribunal anticipates that both of these channels will assist it to identify new initiatives for engagement with Indigenous patients and their families and support networks.

The Tribunal recognises the importance of trying to establish a membership cohort that is reflective of the community in which the Tribunal operates. When scheduling hearings, the Tribunal is mindful to, where possible, schedule members with knowledge of a person's culture. To make best use of resources, the Tribunal will cluster matters together.

In recognition of the importance of all members having an understanding of the particular issues faced by Aboriginal and Torres Strait Islander people coming before the Tribunal, the Tribunal hosted a masterclass session presented by Ms Michelle Combo, Team Leader Way Forward, Metro South Hospital and Health Service, titled Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing. The Tribunal extends its thanks to Ms Combo for assisting its members in this way.

Attendance

The Tribunal recognises the value in having persons the subject of hearings attend the proceeding, whether that be in person or by remote conferencing facilities (telephone or video conferencing). It is also important for quality decision-making for other people with relevant information to attend, including senior members of the person's treating team, carers and guardians. The Tribunal continuously works with AMHSs to try to ensure that the relevant team members are available to attend hearings and provide evidence to the Tribunal.

Attendance was challenging during Queensland's period of isolation due to COVID-19 and the Tribunal thanks all hearing participants, legal representatives and staff of the AMHSs for

their assistance in ensuring that all persons wanting to attend hearings were able to do so. In the limited number of circumstances where the person the subject of the hearing was not able to attend but wanted to do so, the Tribunal was able to adjourn their hearing and reschedule it to a more suitable time.

Details of attendance are set out in Appendix 3.

Victims

The Tribunal thanks Queensland Health Victim Support Services and the Office of the Chief Psychiatrist for the work they do in coordinating the flow of appropriate information between victims and the Tribunal.

An information notice enables victims (or their families) to receive specific information about the person the subject of an order. The information that a person holding an information notice is entitled to is contained in Schedule 1 of the Act and includes some information about Tribunal hearings. The Tribunal recognises the 149 Information Notices (as at 30 June 2020) 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 permitted to adjourn hearings at its discretion. The Tribunal may need to adjourn a matter to ensure that the person the subject of the hearing receives natural justice, as is required under the Act. The Tribunal provides ongoing training to members in ways that they can prepare and conduct matters to best try to avoid unnecessary adjournments. Unfortunately, in some cases an adjournment is unavoidable.

Timely monitoring of adjournment rates became important during the period the Tribunal was conducting remote hearings in response to COVID-19. The leadership team would assess adjournment rates daily in an attempt to identify trends or hot spots where the impacts of COVID-19 may have been contributing to a significant number of adjournments. The Tribunal is pleased to report that it experienced minimal adjournments purely related to the COVID-19 response due to its ability to continue to conduct hearings utilising remote conferencing facilities. Where a person the subject the hearing did not want to have their hearing conducted using remote conferencing facilities, the Tribunal was able to adjourn that hearing.

The adjournment rate for the reporting period was 23.6 per cent. Reasons for adjournments are provided in Table 13 below

Table 13 – Percentages of adjournments by reason type

Reason for adjournment	Percentage of total adjournments
AMHS request	2.3
Attendance notice	0.2
Lack of evidence	18.7
Other	3.4

Patient absent without authority	7
Patient request	13.8
Patient transferred	2.3
Procedural fairness – non-patient related	2
Procedural fairness – patient related	13.1
Report	36.4
Tribunal Ordered Examination	0.8
Total	100

Statements of reasons

Section 756 of the Act provides that certain persons are permitted to request a written statement of reasons in relation to a decision of the Tribunal. The Tribunal is required to provide that statement of reasons within 21 days of receipt of the request. In the 2019-20 period, the number of requests for statements of reasons was 312, a decrease of approximately eight per cent from the previous reporting period

Table 14 shows the breakdown of statements of reasons by requestor.

Table 14– Statement of reasons requested by requestor

Requestor	Percentage
Attorney-General	18
Administrator	4
Guardian	1
Legal Representative	26
Mental Health Court	8
Nominated Support Person	2
Patient	40
Other	1
Total	100

Table 15 shows the number of statements of reasons by matter type.

Table 15 – Statement of reasons requested by matter type

Matter type	Percentage
Forensic order	43.3
Treatment authority	49.4
Other	7.3
Total	100

Appeals

A party to a proceeding before the Tribunal is entitled to appeal most Tribunal decisions to the Mental Health Court. Details of who can appeal which decisions is set out in Schedule 2 of the Act. Twenty-five appeals were filed during the 2019–20 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 2019-20 financial year. Expenditure during the 2019-20 financial year increased in contrast to the previous financial year due to the partial implementation of the increase in member remuneration approved by Governor in Council and ongoing projects, including upgrades to the Tribunal's case management system, Resolve.

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 Table 16 below.

Table 16 – Financial Summary

Budget Appropriation	2019/2020
Total Budget	\$17,696,258
Expenditure	
Labour	\$12,802,203
Non-Labour	\$4,294,773
Depreciation	\$6,433
Total Expenditure	\$17,103,409

Tribunal Member costs

Tribunal members are paid for sittings in accordance with rates approved by the Governor in Council. The approved rates are set in accordance with the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies*. The rates include amounts for sittings and for additional work time. Additional work time fees include, for example, the payment to members for the preparation of statements of reasons. In addition, members are reimbursed expenses such as mileage and parking fees.

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 2019 is

\$368,331.74. The Deputy President is remunerated at 70 per cent of the Tribunal President's rate with Senior Executive terms and conditions of employment.

Table 17 shows Tribunal member costs for the 2019-20 period.

Table 17 – Tribunal member costs

	Fees	Allowances	Expenditure
Members	\$8,951,243	\$116,671	\$9,104,183

Note: Expenditure includes additional costs associated with member activities, for example travel to and from hearings outside the use of a members' personal vehicle. This might include a flight to a hearing and/or accommodation as required.

Open data

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

Year in preview

The Tribunal has worked through a period of consolidation and is now well on its way to implementing new initiatives aimed at driving its continuous improvement focus. Additional information on the Tribunal's key areas of focus in the coming financial year is set out below.

Case management system, Resolve

As noted earlier in this report, the Tribunal has implemented phase one of its project to upgrade its case management system. In the coming financial year, the Tribunal expects there to be ongoing refinement of the phase one initiatives and a shift in focus to phase two. Phase two includes the integration of the Tribunal's system with the system utilised by the AMHSs. This integration is intended to allow a more efficient and accurate transfer of documentation and information between AMHSs and the Tribunal. It is also expected that the upgrades to the system will permit the Tribunal to provide more detailed reporting, therefore the Tribunal anticipates a change in reporting information for the next reporting period. For example, with the current information provided by the system, the Tribunal is not able to distinguish its applicant reviews by matter type, however, this is expected to be possible in future reporting periods.

Electronic recording of hearings

The Tribunal commenced its project to investigate the implementation of electronic recording of its hearings in the previous reporting period. It had been hoped that the Tribunal would be in a position to commence electronic recording during this reporting period. Unfortunately, the focus on the COVID-19 response and the nature in which hearings were conducted during the second half of the year did not allow the project to progress. The Tribunal remains committed to investigating this option of recording and is working closely with the Department of Justice and Attorney-General on this goal.

Development of a consumer engagement strategy

The Tribunal's Customer Engagement Officer's key deliverable for the next financial year is the development of a documented Consumer Engagement Strategy. This Strategy will guide the Tribunal's channels of communication and information flows with its consumers. It is intended that the Strategy will be developed after a range of consultation forums including TRG meetings and discussions with appropriate groups. The Tribunal also expects to produce an internal Consumer Engagement Guide for its members to support implementation of the Strategy.

New strategic plan

The Tribunal's current strategic plan continues until 30 June 2021. The Tribunal has reported its achievements against the performance measures in that plan in Appendix 1. During the second half of the next financial year, the Tribunal will develop a new strategic plan designed to take the Tribunal forward for the next four years.

Review of Tribunal's processes regarding victims' considerations

During the coming financial year, the Tribunal intends to undertake a focussed review of victim's considerations in decision-making. This may include activities such as review of legislation and practices in other jurisdictions and consultation with stakeholders.

Appendices

Appendix 1 - Progress against Strategic Plan 2017 – 2021

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2019/2020 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.	<ul style="list-style-type: none"> • Implementation of Phase 1 of project to effect changes to case management system, Resolve (Resolve Project), including the introduction of a web portal for delivery and return of hearings material. • Increased usage of Follow me Desktop and Microsoft Teams to allow staff to work remotely during COVID-19 response. • Introduced use of Microsoft Teams for use by members. • Training and subsequent use of collaboration meeting rooms (known as CMR) by members to allow for remote conferencing of all hearings during COVID-19 response.
	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 Tribunal staff have career success plans in place for 30 June 2020 and have had an opportunity for regular discussions with their line manager.
			Evidence of staff collaboration and member collaboration for continuous improvement projects.	<ul style="list-style-type: none"> • Tribunal staff involved in user acceptance testing of the Phase 1 changes for Resolve Project. • Tribunal staff involved in the review and update of Tribunal template hearing notices and decision notices. • Members Learning and Development Committee utilised to provide input for learning and development framework initiatives.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2019/2020 Period
			Identified opportunities for Tribunal staff and members to engage in professional development.	<ul style="list-style-type: none"> Staff professional development opportunities somewhat limited due to working from home arrangements necessitated by COVID-19 response. This has been identified as a priority for next reporting period. Professional development continued to be offered for members during the remote working arrangements including delivery of monthly masterclasses and roll out of first in-house courses (Forensic Specialisation Course and Forensic Disability Course).
Accountable management	Promote a culture of accountability and integrity	Ensure budget integrity.	Operations within budget.	<ul style="list-style-type: none"> Corporate Services Team conducted monthly assessment of budget in conjunction with the President. The Tribunal managed its operations within budget for the financial year. The Tribunal managed to contain its additional expenditure due to COVID-19 within budget.
		Recruit Tribunal members in a rigorous manner that takes account of required succession planning.	Appropriate member recruitment.	<ul style="list-style-type: none"> Thirty-four new members appointed in February 2020. Mid-term self-assessment completed for members whose appointment term expires in August 2021. Project commenced to review and update member appointment documentation.
		Identify areas for improvement stemming from feedback from the Working for Queensland survey.	Demonstrable plan for implementation of initiatives and/or implementation of initiatives.	<ul style="list-style-type: none"> Target of 100% of staff participation in Working for Queensland survey met. Initiatives in response to 2019 survey identified. Implementation of those initiatives interrupted by response to COVID-19, however, working from home was one of the initiatives identified and such arrangements

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2019/2020 Period
				have been trialled during COVID-19 response period.
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.	<ul style="list-style-type: none"> Member appointment process included advertising of role in publications and with groups representative of a range of diverse backgrounds. Training regarding cultural rights provided as part of HRA2019 training. Masterclass conducted: Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing.
		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.	<ul style="list-style-type: none"> Customer Engagement Officer recruited and given task of developing Customer Engagement Strategy. TRG group recruited and established and two meetings held. Cluster scheduling to enable members of relevant cultural background to hear matters.
	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.	<ul style="list-style-type: none"> Ongoing meetings held by members of Executive Team with key stakeholders, including via remote conferencing in second half of financial year. Increased communication with key stakeholders during move to remote hearings for COVID-19 response.
			Identification of strategies on which the Tribunal and key interested parties can work together.	<ul style="list-style-type: none"> Participation in project group to assist MHC Registry with implementation of its new case management system. Ongoing information sharing with Tribunals in other States and Territories, including in relation to operational practices and human rights considerations.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2019/2020 Period
				<ul style="list-style-type: none"> Engagement with hearing participants to implement introduction of Tribunal's web portal (e.g. Crown Law, LAQ etc).
Building and sharing knowledge	Achieve a culture of continuous learning and improvement	Develop core competencies for Tribunal members.	Documented core competencies for Tribunal members.	<ul style="list-style-type: none"> Member Competencies Framework reviewed, updated and distributed to members. New members trained on competencies. Member Competencies Framework utilised as tool in member appointment process and member mid-term self-assessment. Assessment and Evaluation Framework for members reviewed, updated and distributed to members.
		Develop a Continuing Professional Development (CPD) program for members to allow members to share knowledge and development of expertise.	Development of a CPD program for Tribunal members.	<ul style="list-style-type: none"> Review of members Learning and Development Framework. Members Learning and Development Committee membership renewal. Ongoing delivery of masterclasses – see Appendix 2, updated information sheets and guides, holding of small group case study sessions. Introduction of in-house study courses for 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.	<ul style="list-style-type: none"> Regular staff meetings at various levels (e.g. whole of staff, small team groups, one-on-ones) ongoing – including during COVID-19 response. Increased communication with staff and members during COVID-19 response. Introduction of daily (gradually reduced over time) meetings of Tribunal's leadership team regarding the management of the Tribunal's COVID-19 response.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2019/2020 Period
		Update the Tribunal website to allow effective and efficient information sharing internally and externally.	Enhanced website content and functionality.	<ul style="list-style-type: none"> • Introduction of web portal for delivery and return of hearings material. • Increased information available to members via members-only portal on Tribunal website. • Tribunal public website utilised as a key communication tool regarding Tribunal's COVID-19 response.
	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.	<ul style="list-style-type: none"> • Phase 1 of Resolve Project implemented. • Phase 2 has commenced.
		Improvement in corporate knowledge documentation.	Evidence of improved systems for capturing and recording corporate knowledge.	<ul style="list-style-type: none"> • Changes implemented in Phase 1 of Resolve Project will allow Resolve to capture additional data. • Review and clean-up of Tribunal's main document storage drive. • Approved documents register commenced. • Corporate Services Team have prepared a suite of work instructions for their procedures.

Appendix 2 – Masterclass Presentations

Presentation Date	Topic	Presenter
July 2019	Refresher on Mental Health Court cases	Virginia Ryan, Deputy President
August 2019	Questioning techniques	Professor Martine Powell, Griffith University
September 2019	Perspectives from the other side of the Tribunal table	Jody-Ann Thomas, Legal Member; Dr Geoff Leong, Medical Member, Ann Herriot, Legal Member
October 2019	Workplace health and safety	Cameron Dean, McCullough Robertson
October 2019	Human Rights Act implementation #1	Virginia Ryan, Deputy President; Michael Thomas, Minter Ellison
November 2019	Human Rights Act implementation #2	Virginia Ryan, Deputy President; Michael Thomas, Minter Ellison
November 2019	Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing	Michelle Combo, Way Forward, Metro South Hospital and Health Service
December 2019	Communication Skills	Virginia Ryan, Deputy President; Ann Herriot, Full-time Member
February 2020	Eating disorders: a guide for MHRT members	Dr Warren Ward, Queensland Eating Disorder Service
March 2020	Panel discussion: Insight, capacity and less restrictive	Jacqueline Dalling, Legal Member; Dr Sandra Thomson, Medical member; Michael Bradburn, Community Member

Presentation Date	Topic	Presenter
March 2020	Members session: response to COVID-19	Annette McMullan, President; Virginia Ryan, Deputy President
April 2020	Administrative law refresher	Virginia Ryan, Deputy President
April 2020	New Members FAQ	Virginia Ryan, Deputy President
April 2020	Interpreters	Virginia Ryan, Deputy President; Jane Bishop, Legal Member
May 2020	Communication Skills Part 2	Virginia Ryan, Deputy President; Ann Herriot, Full-time Member
June 2020	Key topics refresher	Virginia Ryan, Deputy President

Appendix 3 – 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	15	0	47	308	66	22	119	78	108	114	0	6
Belmont Private Hospital	0	0	0	0	16	9	7	14	35	11	0	0
Cairns Network	15	4	128	928	82	67	273	84	237	153	0	5
Central Qld Network	17	1	63	710	93	28	254	60	484	113	0	3
Children's Health Queensland	2	1	2	9	12	4	5	3	12	7	0	2
Darling Downs Network	19	83	151	865	105	82	288	175	277	248	0	6
Forensic Disability Service	12	2	18	23	19	9	2	13	1	0	14	0
Gold Coast	38	1	93	973	167	41	339	198	370	295	0	7
Greenslopes Private Hospital	0	0	0	0	0	0	0	0	1	0	0	0
Logan-Beaudesert	31	6	131	905	189	66	309	116	197	240	0	40

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
Mackay	8	0	36	376	46	19	146	31	207	128	0	2
New Farm Clinic	39	0	0	1	235	2	0	8	11	7	0	0
Princess Alexandra Hospital	55	2	160	1085	254	68	420	189	324	391	0	65
RBWH	52	5	98	1103	233	68	486	152	376	385	0	29
Redcliffe-Caboolture	107	1	92	640	487	94	273	125	403	188	0	13
St Andrew's War Memorial Hospital	0	0	0	1	2	0	1	0	2	0	0	0
Sunshine Coast Network	13	1	88	111	177	127	313	125	378	127	0	3
The Park	13	3	198	111	179	67	25	223	302	202	0	10
Toowong Private Hospital	0	0	0	10	6	3	6	4	16	0	0	0
Townsville Network	45	79	195	1067	158	61	255	162	287	199	0	4
The Prince Charles Hospital	45	0	138	758	164	59	275	75	278	163	0	6

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
West Moreton	46	2	128	760	150	71	223	54	155	79	0	5
Wide Bay - North	10	0	34	205	42	43	97	18	144	41	0	4
Wide Bay - South	56	0	13	223	192	34	102	19	160	40	0	3
TOTAL	638	191	1813	11,172	3074	1044	4218	1926	4765	3131	14	213

FLO means forensic liaison officer

AG Rep means Attorney-General representative

Legal Rep means legal representative

Appendix 4 – Indigenous related matters

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Indigenous Member attendance
Bayside AMHS	36	11	25	8	0	0	9
Cairns Network AMHS	297	55	237	115	17	30	127
Central Qld Network AMHS	123	17	91	70	18	1	81
Children's Health Queensland AMHS	6	1	5	6	1	2	4
Darling Downs Network AMHS	136	30	96	89	8	1	79
Forensic Disability Service	8	8	0	8	2	0	2
Gold Coast AMHS	37	9	27	13	0	0	9
Logan Beaudesert AMHS	106	16	84	28	2	0	20
Mackay AMHS	93	21	71	43	4	3	4
Princess Alexandra Hospital AMHS	159	27	126	52	2	1	50
Redcliffe Caboolture AMHS	92	16	69	40	10	1	7
Royal Brisbane and Women's Hospital AMHS	103	10	84	33	18	5	19

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Indigenous Member attendance
Sunshine Coast Network AMHS	63	18	40	32	8	4	5
The Park – Centre for Mental Health AMHS	77	28	31	47	8	1	29
Townsville Network AMHS	297	108	179	139	85	5	107
The Prince Charles Hospital AMHS	74	12	57	22	11	1	20
West Moreton AMHS	78	21	52	41	1	1	11
Wide Bay AMHS - North	31	6	23	25	3	1	10
Wide Bay AMHS - South	24	7	15	13	2	1	18
TOTAL	1840	421	1312	824	200	58	611

IMHW means Indigenous mental health worker

FO means forensic order

TSO means treatment support order

TA mean treatment authority

Appendix 5 – List of hearing venues

This list of venues represents all venues available for hearings conducted by the Tribunal. The Tribunal did not necessarily sit at each venue during the reporting period.

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
	Coen Primary Health Care Centre
	Cooktown Multi-Purpose Health Centre
	Herberton Hospital
	Hopevale Primary Health Care Centre
	Innisfail Community Mental Health Service
	Kowanyama Primary Health Care Centre
	Mapoon Primary Health Care Centre
	Lockhart River Primary Health Care Centre
	Mareeba Community Mental Health Service
	Mossman Community Mental Health
	Napranum Primary Health Care Centre
	Pormpuraaw Primary Health Care Centre
	Thursday Island Community Wellness Centre
	Thursday Island Primary Health Care Centre
Tully Community Mental Health	

Authorised Mental Health Service (AMHS)	Venues
	Weipa Hospital
	Wujal Wujal Primary Health Care Centre
Children's Health Qld AMHS	Chermside Galleria Child & Youth Mental Health Service
	Children's Health Queensland Day Program North, QCH
	Greenslopes Child & Youth Mental Health Service (Family Based Therapies and Eating Disorders)
	Inala Child & Youth Mental Health Service
	Jacaranda Place Adolescent Extended Treatment Centre, Chermside
	Queensland Children's Hospital
	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	Biloela Community Mental Health Service
	Capricorn Coast Community Mental Health Service
	Emerald Hospital
	Gladstone Hospital
	Longreach Hospital
	Rockhampton Community Mental Health Service
	Rockhampton Child and Youth Mental Health Service
	Rockhampton Hospital
	Yeppoon Hospital
Darling Downs Network AMHS	Baillie Henderson Hospital
	Cherbourg Hospital
	Kingaroy Community Mental Health Service
	Stanthorpe Community Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Toowoomba Hospital
	Warwick Community Health Building
Forensic Disability Service	Forensic Disability Service, Wacol
Gold Coast AMHS	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
	Moranbah Mental Health Service
	Whitsunday Mental Health Service
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
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

Authorised Mental Health Service (AMHS)	Venues
	Caboolture Secure Mental Health Rehabilitation Unit
	Redcliffe Adult Mental Health Service
	Redcliffe Community Care Units
Sunshine Coast Network AMHS	Maroochydore Hub
	Gympie Mental Health Service
	Nambour Hospital
	Sunshine Coast University Hospital
The Park – Centre for Mental Health AMHS	The Park – High Security Program
	The Park – Secure Mental Health Rehabilitation Unit
Toowong Private Hospital AMHS	Toowong Private Hospital
Townsville Network AMHS	Ayr Community Mental Health
	Cambridge Street Campus
	Charters Towers Rehabilitation and Transitional Unit
	Ingham Community Mental Health Service
	Mount Isa Integrated Mental Health
	Palm Island Community Mental Health Service
	Townsville Community Care Unit & Acquired Brain Injury Unit
	Townsville Hospital
	Townsville Hospital – Secure Mental Health Rehabilitation 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

Authorised Mental Health Service (AMHS)	Venues
	West Moreton Integrated Mental Health Service
Wide Bay AMHS	Bauer Wiles Community Health Building
	Bundaberg Hospital
	Hervey Bay Community Mental Health
	Maryborough Hospital

Appendix 6 – Member appointments

Member category	Name	Appointment period(s)
Legal	Baker, Elizabeth	02/08/2018 – 01/08/2021
	Bishop, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Blond, Danielle	28/02/2020 – 27/02/2023
	Boulden, Deborah	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021
	Bridgman, Roger (Peter)	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Brown, Simon	28/02/2020 – 27/02/2023
	Burrows, Nicola	02/08/2018 – 01/08/2021
	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 (resigned during the reporting period)	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 28/02/2020 – 27/02/2023
Dalling, Jacqueline	28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021	

Member category	Name	Appointment period(s)
	Dart, Clare	28/02/2020 – 27/02/2023
	Defranciscis, Kelvin	28/02/2020 – 27/02/2023
	Dixon, Mark	28/02/2020 – 27/02/2023
	Duffy, Julia	02/08/2018 – 01/08/2021
	Forrester, Kim	28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
	Goodman, Pamela (inactive during the reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Grau, Michelle	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Harrison, Lisa	02/08/2018 – 01/08/2021
	Hart, Renea	02/08/2018 – 01/08/2021
	Heelan, Matthew	02/08/2018 – 01/08/2021
	Herriot, Ann (full-time from 28 February 2019)	28/02/2014 – 27/02/2017 28/02/2017 – 28/02/2019 28/02/2019 – 27/02/2022
	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
	Kirkman-Scroope, Patricia	02/08/2018 – 01/08/2021
	Kolbe, David	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	Lee, Carol	02/08/2018 – 01/08/2021
	Lindsay, Kate	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Maruna, Crystal	28/02/2020 – 27/02/2023
	McCarthy, Michael	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	McMullan, Annette (as President)	06/04/2017 – 29/06/2018 30/06/2018 – 29/06/2023
	Meagher, Fiona (inactive during the reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Milburn, John	28/02/2017 – 27/02/2020
	Neil, Laura	02/08/2018 – 01/08/2021
	O'Connor, Clare	28/02/2020 – 27/02/2023
	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 30/06/2018 – 28/06/2021
	Sayers, Mark	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Smith, Shellee	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Tarrago, Avelina	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	Thomas, Jody-Ann	02/08/2018 – 01/08/2021
	Ulrick-Hunter, Monique	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Walsh, James (Jim)	28/02/2020 – 27/02/2023
	Warner, Lisa	28/02/2020 – 27/02/2023
	Wawryk, Nikki	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Wells, Bruce	28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
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 28/02/2020 – 01/08/2021
	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 28/02/2020 – 27/02/2023
	Barnes, Mark	28/02/2020 – 27/02/2023
	Barry, Jenny (resigned during the reporting period)	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Beckmann, Martin	02/08/2018 – 01/08/2021
	Bowles, John (resigned during the reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
	Brooker, Sarah	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	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 28/02/2017 – 27/02/2020
	Davies, John	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021
	De Souza-Gomes, Janice	28/02/2020 – 27/02/2023
	Dhingra, Maneesh	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Dodemaide, Julian	28/02/2020 – 27/02/2023
	Emmerson, Brett	28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
	Gill, Neeraj	02/08/2018 – 01/08/2021
	Hamilton, Laura	02/08/2018 – 01/08/2021
	Heim, Christian (resigned during the reporting period)	28/02/2020 – 27/02/2023
	Hirst, Christina	28/02/2020 – 27/02/2023
	Johnson, Vanessa	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	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 28/02/2020 – 27/02/2023
	Kolur, Uday	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
	Linnane, John	28/02/2020 – 27/02/2023
	Loftus, Jo	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Mclennan, Kristina	28/02/2020 – 27/02/2023
	Morris, Adrian	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Nitz, Megan	28/02/2020 – 01/08/2021
	Oelrichs, Catherine	28/02/2020 – 27/02/2023
	Sehgal, Tarun	28/02/2020 – 27/02/2023
	Siebuhr, Liza	28/02/2020 – 27/02/2023
	Smith, Gabrielle	18/11/2004 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2011 – 27/02/2014

Member category	Name	Appointment period(s)
		28/02/2014 – 27/02/2017 28/02/2017 – 28/02/2020 28/02/2020 – 01/08/2021
	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 28/02/2020 – 27/02/2023
	Stewart, Sandy	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
	Vayalirakkathu, Geevarghese (Alexander, Agnew)	28/02/2020 – 27/02/2023
	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
	Walker, Andrea	02/08/2018 – 01/08/2021

Member category	Name	Appointment period(s)
	Ward, David	02/08/2018 – 01/08/2021
	Wagh, 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 28/02/2020 – 27/02/2023
	Webster, Jefferson	27/11/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
Community	Barty, Tracey	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 28/02/2020 – 27/02/2023
	Bell, Gary	28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Bettens, Desley	28/02/2020 – 27/02/2023
	Bond, Rowan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Bradburn, Michael	02/08/2018 – 01/08/2021
	Casey, Julia	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Davies, Corelle	02/08/2018 – 01/08/2021
	Dolci, Karen	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Elsworth, Rodney	28/02/2014 – 27/02/2017

Member category	Name	Appointment period(s)
		28/02/2017 – 27/02/2020
	Fawcett, Lisa	28/02/2020 – 27/02/2023
	Ferguson, Robert	02/08/2018 – 01/08/2021
	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 28/02/2020 – 27/02/2023
	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 28/02/2020 – 27/02/2023
	Harris, Jessica	02/08/2018 – 01/08/2021
	Harte Daniel, Jane	28/02/2020 – 27/02/2023
	Henry, Leith	28/02/2020 – 27/02/2023
	Johnston, Elizabeth	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Johnson, Sarah	28/02/2020 – 27/02/2023
	Jose, Trina (resigned during the reporting period)	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Leleisiuao, Rodney (Tui)	28/02/2020 – 27/02/2023
	Macionis, Stan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Malone, Christine	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Mangeya, Tasara	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	May, Christine	28/02/2017 – 27/02/2020
	McDonnell, Judith	02/08/2018 – 01/08/2021
	Millar, Frances (inactive during the reporting period)	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Mulvogue, Cristelle	02/08/2018 – 01/08/2021
	Murray, Gwen (inactive during the reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Nott, Peter	02/08/2018 – 01/08/2021
	O’Gorman, Shannon	02/08/2018 – 01/08/2021
	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 28/02/2020 – 27/02/2023
	Quadrio, Noela	28/02/2020 – 27/02/2023
	Renouf, Allan	02/08/2018 – 01/08/2021
	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 28/02/2020 – 27/02/2023
	Schoneveld, Sharon	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Sticher, Gayle	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	Till, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	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

Appendix 7 – 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 64
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	2
	<ul style="list-style-type: none"> Interpreter service statement 	Queensland Government Language Services Policy ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	Copyright Act 1968 ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information Licensing 	QGEA – Information Licensing ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10.1	5 – 8
	<ul style="list-style-type: none"> Machinery of Government changes 	ARRs – section 10.2, 31 and 32	<i>Not applicable</i>
	<ul style="list-style-type: none"> Agency role and main functions 	ARRs – section 10.2	8
	<ul style="list-style-type: none"> Operating environment 	ARRs – section 10.3	8, 13
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community 	ARRs – section 11.1	8
	<ul style="list-style-type: none"> Other whole-of-government plans / specific initiatives 	ARRs – section 11.2	<i>Not applicable</i>
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.3	16
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.4	17 – 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	10 – 13
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	10
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	<i>Not applicable</i>
	<ul style="list-style-type: none"> Public Sector Ethics 	Public Sector Ethics Act 1994 ARRs – section 13.4	10
	<ul style="list-style-type: none"> Human Rights 	Human Rights Act 2019 ARRs – section 13.5	13 – 14
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	10
Governance – risk management	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	9
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	<i>Not applicable</i>

Summary of requirement		Basis for requirement	Annual report reference
and accountability	• Internal audit	ARRs – section 14.3	9
	• External scrutiny	ARRs – section 14.4	<i>Not applicable</i>
	• Information systems and recordkeeping	ARRs – section 14.5	9
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	10
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	10
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	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	<i>Not applicable</i>
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	<i>Not applicable</i>

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

Appendix 8 – Glossary

Act	<i>Mental Health Act 2016 (Qld)</i>
AG Rep	Attorney-General representative
AMHS	authorised mental health service
ECT	electroconvulsive therapy
FLO	forensic liaison officer
FO	forensic order
HRA2019	<i>Human Rights Act 2019 (Qld)</i>
IMHW	Indigenous mental health worker
LAQ	Legal Aid Queensland
Legal Rep	legal representative
MHA2016	<i>Mental Health Act 2016 (Qld)</i>
MHRT	The Mental Health Review Tribunal
TA	treatment authority
TRG	Tribunal Reference Group
TSO	treatment support order
Tribunal	The Mental Health Review Tribunal

