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The State of Queensland (Mental Health Review Tribunal) annual report 2020-2021

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to reflect the social and cultural diversity of the general community. The Tribunal endeavours to ensure that wherever possible it provides culturally safe and appropriate panels to conduct hearings. Our Indigenous members play a vital role in acknowledging the cultural needs of our First Nations people with mental illness. At the conclusion of the reporting period, there were eight Indigenous Tribunal members.

Operations of the Tribunal

Structure

As at 30 June 2021, the Tribunal was allocated 27 full-time Minimum Obligatory Human Resource Information (also known as, MOHRI) and as at that date, there are a total of 28 full-time and part-time staff members working for the Tribunal (accounting for 24.85 MOHRI). The Tribunal operates 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. 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 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

The Tribunal conducts its hearings from a range of venues across the State which have been made available by health services, together with dedicated hearings rooms from its Brisbane office. The Tribunal sat from 48 different venues during the reporting period. These hearing venues may be 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 participants to join a hearing from numerous venues remotely. A list of total available hearing venues and an explanation of the groups used in the below tables can be found at Appendix 5.

Human Rights

The Tribunal recognises the importance of the *Human Rights Act 2019* for its operations. To continue to support Tribunal staff and members during the reporting period to comply with their obligations under the *Human Rights Act 2019*, the Tribunal:

- conducted staff refresher training.
- conducted member refresher training.
- considered the application of the *Human Rights Act 2019* when developing any new policies and procedures during the period.
- prepared additional resources for members as questions regarding application of the *Human Rights Act 2019* have arisen.
- participated in the Human Rights in Mental Health Committee hosted by the Queensland Human Rights Commission.
- scheduled a presentation for members in July 2021 from the Queensland Human Rights Commission.

The Tribunal is pleased to note comments contained within the *Queensland Human Rights Commission 2019–2020* annual report on the operation of the *Human Rights Act 2019*

regarding the Tribunal. That report notes that Queensland Advocacy Incorporated has reported to the Queensland Human Rights Commission that the Tribunal is leading the way in incorporating human rights into their everyday business.

No human rights complaints were received by the Tribunal during the 2020–2021 financial year.

Our Strategic Priorities

Our Strategic Priorities for the period up to 30 June 2021	
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 19 to 32 of this Annual Report.

Performance

During the reporting period, the Tribunal operated under its Strategic Plan for the period 2017 to 2021. The strategic plan was reviewed in May 2021 and the President approved the plan until the end of the 2021 financial year. In addition to a strategic plan, the Tribunal produces an annual Operational Plan closely tied to the goals outlined in the Strategic Plan.

This reporting period is the final period under the 2017 to 2021 Strategic Plan. In undertaking its final review of the Strategic Plan and 2020–2021 Operational Plan, the Tribunal's Executive was pleased with the progress that had been made and the goals achieved.

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

Towards the end of this reporting period, the Tribunal Executive's attention turned to development of a new Strategic Plan for the period 2021–2025. In preparing this new plan, the Executive Team took the opportunity to revisit and amend the Tribunal's Purpose, Values, Vision and Mission for the organisation, which can be found at the Tribunal's website, along with a copy of the new Strategic Plan.

The Executive identified four key objectives for the 2021–2025 period. Firstly, the Tribunal recognised its ongoing focus remains the delivery of fair hearings that promote the realisation of the principles and objectives of the Act – this is the Tribunal's core business. Three further objectives were identified – embracing data and digital innovation, creating a workforce culture focused on achieving excellence and continuous improvement identified through stakeholder engagement. The Tribunal looks forward to reporting against these new goals in future reporting periods.

Victim engagement

During the report period, the Tribunal commenced a project to look at the Tribunal's engagement with victims and the inclusion of victim considerations in its decision-making (Victim Project).

For the purposes of the principles of the Act, victim means:

- the victim of an unlawful act.
- a close relative of a victim of an unlawful act.
- another individual who has suffered harm because of an unlawful act committed against a victim.

The Act provides that any person performing a function or exercising a power under the Act is to have regard to the principles outlined in section 6 in relation to victims. Other ways in which victims are contemplated by the Act include:

- the ability to provide victim impact statements to the Mental Health Court and the Tribunal.
- the use of information notices to allow the Chief Psychiatrist to provide certain information to victims on an ongoing basis.

The work undertaken on the Victim Project to date has included a literature review regarding the views and experiences of victims of forensic patients and the impact of victim participation in decision-making and a comparison on the involvement of victims in mental health tribunals across Australia. This work confirmed that Queensland has a unique system in terms of having a standalone Mental Health Court to determine unsoundness of mind and unfitness for trial and also the nature of the decisions that the Tribunal makes for forensic patients and their orders.

During the reporting period, the Tribunal hosted a masterclass for its members presented by Mr Michael Power of QHVSS. Mr Power updated members on the support available from QHVSS, QHVSS staffing, key data and QHVSS's view on the benefits gained from the provisions regarding victims in the Act. This session was later followed with a masterclass from full-time member, Ann Herriot, which gave members information about the Victim Project and considered the ways in which victims principles can be taken into account in decision-making, the drafting of conditions relevant to victims and the provision of information to the Chief Psychiatrist for the purpose of information notices.

Further actions and initiatives arising from the Victim Project have been identified and will be pursued in the coming reporting period. The Tribunal thanks QHVSS and the Office of the Chief Psychiatrist for the work they do in coordinating the flow of appropriate information between victims and the Tribunal.

Tribunal Activity

Hearing activities and outcomes

Within this document, a “sitting” means an occasion when the Tribunal conducts hearings at an AMHS (either in person or via videoconference 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 21,926 matters opened during the 2020–2021 period, reflecting an increase of approximately three 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 2021. Table 3 outlines the type of each matter opened.

Table 3 – Snapshot of matter types

Tribunal Matters	Number
Appeal against Administrator’s decision	0
Application to perform ECT (including emergency)	569
Application for approval to transfer into or out of Queensland	0
Application for confidentiality order	75
Application for examination authority	629
Application to perform non-ablative neurosurgery	1
Treatment authority review	18,310
Forensic order review	1,771
Fitness for trial review	21
Treatment support order review	550
Total	21,926

Sittings

The Tribunal held 2,640 sittings relating to 15,193 hearings during the 2020–2021 period. This reflects an increase in sittings of approximately three per cent and an increase in hearings of approximately four per cent compared to the 2020–2021 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	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	49	35	3	11
Cairns Network AMHS	144	111	4	29
Central Qld Network AMHS	67	49	4	14
Children's Health Qld AMHS	0	0	0	0
Darling Downs Network AMHS	165	131	6	28
Forensic Disability Service	16	13	0	3
Gold Coast AMHS	95	79	4	12
Logan Beaudesert AMHS	145	96	9	40
Mackay AMHS	40	28	2	10
Princess Alexandra Hospital AMHS	189	135	13	41
Redcliffe Caboolture AMHS	115	78	7	30
Royal Brisbane and Women's Hospital AMHS	134	97	5	32
Sunshine Coast Network AMHS	82	54	7	21

Location	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
The Park — Centre for Mental Health AMHS	187	163	0	24
The Prince Charles Hospital AMHS	144	101	7	36
Townsville Network AMHS	198	140	7	51
West Moreton AMHS	144	105	8	31
Wide Bay AMHS - North	40	28	3	9
Wide Bay AMHS - South	42	33	2	7
Total	1,996	1476	91	429

Note: Other outcomes may include, for example, adjournments. Where an Applicant Review or Tribunal-Initiated Review were held at the same time as a periodic review, this is recorded as one review and one outcome.

The numbers in the column titled Order Revoked above represent a forensic order being revoked by the Tribunal. In addition, there were a range of circumstances where forensic orders ceased by other means, including the death of the patient or where an order has lapsed or ceased in accordance with the Act. Of the forensic orders revoked by the Tribunal, on one occasion the Tribunal made a treatment authority.

Forensic order reviews increased by approximately 5.7 per cent compared to the previous reporting period. However, the revocation rate, which is reported as the number of orders revoked compared to the total number of forensic order reviews in the period, remains similar at around 4.6 per cent.

Treatment Support Orders

The Tribunal revoked a forensic order and made a treatment support order 76 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	3
Cairns Network AMHS	3

Central Qld Network AMHS	3
Darling Downs Network AMHS	4
Gold Coast AMHS	3
Logan Beaudesert AMHS	7
Mackay AMHS	1
Princess Alexandra Hospital AMHS	13
Redcliffe Caboolture AMHS	7
Royal Brisbane and Women's Hospital AMHS	5
Sunshine Coast Network AMHS	5
The Park — Centre for Mental Health AMHS	0
The Prince Charles Hospital AMHS	7
Townsville Network AMHS	6
West Moreton AMHS	6
Wide Bay AMHS - North	2
Wide Bay AMHS - South	1
Total	76

The number of treatment support orders made by the Tribunal increased by approximately 5.6 per cent, from 72 to 76, 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	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	18	13	2	3
Cairns Network AMHS	23	17	3	3

Location	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Central Qld Network AMHS	10	7	3	0
Darling Downs Network AMHS	42	34	3	5
Gold Coast AMHS	37	28	6	3
Logan Beaudesert AMHS	40	29	3	8
Mackay AMHS	27	25	0	2
Princess Alexandra Hospital AMHS	87	72	4	11
Redcliffe Caboolture AMHS	19	10	6	3
Royal Brisbane and Women's Hospital AMHS	53	44	3	6
Sunshine Coast Network AMHS	38	30	0	8
The Park – Centre for Mental Health AMHS	3	3	0	0
The Prince Charles Hospital AMHS	32	26	2	4
Townsville Network AMHS	33	26	2	5
West Moreton AMHS	45	40	0	5
Wide Bay AMHS - North	13	10	3	0
Wide Bay AMHS - South	11	10	1	0
Total	531	424	41	66

Note: Other outcomes may include, for example, adjournments. Where an Applicant Review or Tribunal-Initiated Review were held at the same time as a periodic review, this is recorded as one review and one outcome.

The numbers in the column titled Order Revoked above represent a treatment support order being revoked by the Tribunal. In addition, there were a range of circumstances where

treatment support orders ceased by other means, including the death of the patient or where an order has lapsed or ceased in accordance with the Act. Of the treatment support orders revoked by the Tribunal, on 14 occasions, the Tribunal made a treatment authority.

Treatment Support Order reviews increased by approximately 15.4 per cent compared to the previous reporting period.

Treatment Authorities

Unlike forensic orders and treatment support orders which are predominantly made by the Mental Health Court, treatment authorities are predominantly made by psychiatrists at AMHSs. Treatment authorities do not need Tribunal approval to be revoked and may be revoked by an authorised doctor.

In the reporting period, 7,129 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	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Bayside AMHS	299	235	3	61
Belmont Private Hospital	27	15	0	12
Cairns Network AMHS	917	633	8	276
Central Qld Network AMHS	625	493	10	122
Children's Health Qld AMHS	33	29	0	4
Darling Downs Network AMHS	603	457	16	130
Gold Coast AMHS	1365	983	10	372
Greenslopes Private Hospital AMHS	2	1	0	1
Logan Beaudesert AMHS	1000	684	14	302
Mackay AMHS	326	248	7	71

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
New Farm Clinic AMHS	9	6	0	3
Princess Alexandra Hospital AMHS	1202	895	8	299
Redcliffe Caboolture AMHS	599	441	4	154
Royal Brisbane and Women's Hospital AMHS	1368	1027	7	334
Sunshine Coast Network AMHS	873	680	15	178
The Park – Centre for Mental Health AMHS	132	108	0	24
The Prince Charles Hospital AMHS	856	631	6	219
Toowong Private Hospital	10	7	1	2
Townsville Network AMHS	588	443	7	138
West Moreton AMHS	611	484	3	124
Wide Bay AMHS - North	141	116	0	25
Wide Bay AMHS - South	179	146	0	33
Total	11,765	8,762	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. Where an Applicant Review or Tribunal-Initiated Review were held at the same time as a periodic review, this is recorded as one review and one outcome.

Treatment authority reviews increased by approximately 7.3 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	Number 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	4	1	0	0	3
Darling Downs Network AMHS	4	0	0	1	3
Gold Coast AMHS	2	0	0	1	1
Logan Beaudesert AMHS	7	5	1	0	1
Princess Alexandra Hospital AMHS	2	0	2	0	0
The Park — Centre for Mental Health AMHS	4	1	0	0	3
Wide Bay South AMHS	1	1	0	0	0
Total	24	8	3	2	11

Note: Other outcomes may include, for example, adjournments. This table only lists the locations at which a fitness for trial review was conducted.

Applications

Regulated treatments

Applications for regulated treatment heard by the Tribunal are submitted by doctors depending on their patients' treatment needs.

Applications for approval to perform non-ablative neurosurgical procedures are relatively uncommon. During the 2020–2021 period, the Tribunal heard one application to perform non-ablative neurosurgical procedures which was approved.

The Tribunal managed a total of 578 matters relating to applications for approval to perform ECT during the 2020–2021 period. This is approximately a 14 per cent decrease compared to the previous reporting 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	TOTAL
ECT	328	23	65	32	448

	Approved	Refused	Withdrawn	Adjourned	TOTAL
ECT with an emergency certificate pursuant to section 237	115	5	5	5	130
Total	443	28	70	37	578

Examination authorities

The Tribunal received a total of 622 applications for examination authorities, during the 2020–2021 period, which is similar to the previous period. In terms of requests, 65.5 per cent of applications came from a relative, 11.5 per cent from an interested person, 18.8 per cent from an AMHS and 4.2 per cent from another source.

Table 10 represents the outcome of those applications for examination authorities heard in the 2020-2021 period.

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

Outcome	Percentage
Issued	73.0
Refused	4.9
Withdrawn	15.6
Adjourned	4.1
Other	2.4
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 460 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	15
Central Queensland Network AMHS	6
Darling Downs Network AMHS	42

Location	Number
Gold Coast AMHS	50
Logan Beaudesert AMHS	39
Mackay AMHS	7
Princess Alexandra Hospital AMHS	67
Redcliffe Caboolture AMHS	24
Royal Brisbane and Women's Hospital AMHS	27
Sunshine Coast Network AMHS	15
The Prince Charles Hospital AMHS	27
Townsville Network AMHS	33
West Moreton AMHS	44
Wide Bay AMHS	37
Total	460

Legal Representation

According to the Act, every person the subject of a hearing before the Tribunal is entitled to be represented at their Tribunal hearing. This may be by a lawyer, nominated support person or another person of their choice. In addition, the Act permits the Tribunal to appoint, at its cost, 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 certain circumstances in which the Tribunal must appoint, at its cost, 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, hearings for 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 Legal Aid Queensland (LAQ). Under this arrangement, on the request of the Tribunal, LAQ sources a legal representative for persons appearing before the Tribunal. These legal representatives may be in-house at LAQ or from one of their panel firms. All representatives allocated by LAQ must be competent and able to adequately perform the role of a legal representative before the Tribunal.

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.

As shown in Table 12, legal representatives were appointed by the Tribunal for 2,722 hearings during the period, 170 of which involved a minor. The number of legal representatives appointed increased by 4.3 per cent compared to the previous period.

Table 12 – Number of legal representatives by hearing type

Hearing Type	Number of hearings legal representative was appointed for
Forensic Order	1,924
Treatment Support Order	1
Fitness for Trial	17
Forensic Order and Fitness for Trial	8
Electroconvulsive Therapy (including emergency)	538
Matter involving a minor	170
Treatment Authority	20
Confidentiality Order and Forensic Order	33
Confidentiality Order and Treatment Authority	8
Confidentiality Order and Treatment Support Order	2
Application to Transfer out of QLD	0
Non-Ablative Neurosurgery	1
Total	2,722

Indigenous matters

Appendix 4 details hearings related to Indigenous patients.

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 on cultural considerations in Tribunal hearings and a case study session particularly focussed on Aboriginal and Torres Strait Islander cultural considerations. The Tribunal also updated its resources for members such as its information sheet on Acknowledgments of Country.

Attendance

The Tribunal recognises the value in having persons the subject of a proceeding attend, 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 in person increased during the reporting period as social distancing requirements have eased in Queensland. However, the Tribunal continues to operate under a hybrid of face to face and remote hearings.

Details of attendance are set out in Appendix 3.

Victims

As noted on page 17, the Tribunal has commenced a project which looks specifically at the Tribunal's inclusion of victim considerations in its decision-making. Preliminary investigations have identified a number of action items and these will be progressed in future reporting periods.

The Act enables victims of unlawful acts, close relatives of the victim, and other particular persons to apply to the Chief Psychiatrist for an Information Notice. An Information Notice entitles the holder to receive specific information (outlined in Schedule 1 of the Act) about the person who committed the unlawful act, including when treatment in the community is increased for the person. The Tribunal recognises the 143 Information Notices (as at 30 June 2021) 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 Act permits the Tribunal 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. The Tribunal provides ongoing training to members in ways that they can prepare and conduct matters to best try to avoid unnecessary adjournments. The Tribunal also provides ongoing information to AMHSs and investigates systems and processes with legal representatives to identify ways for hearings to proceed where possible. Unfortunately, in some cases an adjournment is unavoidable.

The adjournment rate for the reporting period was 22.5 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	1.7
Attendance notice	0.1
Lack of evidence	21.1

Legal Representative unable to receive instructions	0.8
Other	4.3
Patient absent without authority	5.9
Patient request	14.9
Patient transferred	0.9
Procedural fairness – non-patient related	2.6
Procedural fairness – patient related	15.8
Report	30.9
Tribunal Ordered Examination	1.0
Total	100

Statements of reasons

The Act permits certain persons to request a statement of reasons in relation to a decision of the Tribunal. The Tribunal must provide a statement of reasons in response to a valid request within 21 days. In the 2020–2021 period, the number of requests for statements of reasons was 415, an increase of approximately 33 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	12.3
Administrator	6.8
Legal Representative	37.8
Mental Health Court	12.1
Patient	27.0
Person on behalf of the patient (which includes a nominated support person or guardian)	4.0
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	41.9
Treatment authority	49.2
Fitness for Trial	0.5
ECT	3.1
Examination Authority	1.2
Treatment Support Order	4.1
Total	100

Appeals

Schedule 2 of the Act sets out details of who can appeal a Tribunal's decision. Fifty-three appeals were filed during the 2020–2021 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 2020–2021 financial year.

In forecasting for the 2020–2021 financial year, the Tribunal identified that it would incur additional spend in two areas: member labour costs and costs to provide legal representatives to those appearing before the Tribunal. Both costs represent mandatory spend for the Tribunal. Member costs are set by the Governor in Council with regard to the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies*. The cost to provide legal representatives is in accordance with the contract with LAQ. Unfortunately, due to financial constraints, the Tribunal's budget was not able to be increased to accommodate those additional costs.

In recognition of this, and in accordance with the Queensland Government's focus on savings measures to contribute to the COVID-19 recovery, the Tribunal identified savings in other areas. The Tribunal can report over \$1 million in savings in those other areas.

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

	Actual	Budget	Budget Variance
Labour			
Staff	\$3,483,638	\$3,921,833	\$438,195
Members	\$11,817,028	\$9,453,475	-\$2,363,553
Non-Labour*			
Staff	\$1,265,745	\$1,775,484	\$509,739
Members	\$73,022	\$150,968	\$77,946
LAQ	\$3,132,533	\$2,420,000	-\$712,533
Depreciation	\$6,038	\$6,826	\$788
TOTAL	\$19,778,004	\$17,728,586	-\$2,049,418

*Note: Non-labour costs include costs other than wages/salaries.

Tribunal member costs

Tribunal members are paid for sittings in accordance with rates approved by the Governor in Council. Such 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 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 a Chief Executive Officer, who is remunerated with a superannuable salary aligned with that of a Magistrate as determined by the *Judicial Remuneration Act 2007*, with other terms and conditions equivalent to those prescribed to officers classified at the Senior Executive Service Level 2 appointed under the *Public Service Act 2008*. The total remuneration of a Magistrate (other than Chief Magistrate) effective 1 July 2019 is \$368,331.74 (rates are published here: https://www.courts.qld.gov.au/__data/assets/pdf_file/0010/93943/judicial-remuneration.pdf).

The Deputy President is remunerated at 70 per cent of a Magistrate's salary, at \$257,832.22 per annum, with other terms and conditions equivalent to those prescribed to officers classified at the Senior Executive Service level 2 appointed under the *Public Service Act 2008*.

Table 17 shows Tribunal member costs for the 2020–2021 period.

Table 17 – Tribunal member costs

	Fees	Allowances	Expenditure
Members	\$ 11,817,028	\$73,022	\$11,890,050

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

The Tribunal did not engage any consultancies or undertake any overseas travel during the reporting period. Data in relation to the Queensland Language Services Policy is available at www.data.qld.gov.au.

Year in preview

The Tribunal is looking forward to focusing on the following matters in the next financial year.

Member appointment and induction August 2021

By the time this 2020–2021 Annual Report is published, the Tribunal anticipates that a number of existing members will have been reappointed for a further term and a number of new members will be appointed for the first time. The Tribunal will conduct an induction for all new members, who will also participate in the Tribunal's mentoring program.

Progression of case management systems integration

The Tribunal recognises the challenges involved in its ongoing project to integrate its case management system, Resolve, and Queensland Health's Consumer Integrated Mental Health Application (CIMHA). Unfortunately, the timing of the project is uncertain due to the reliance on third party availability. However, both the Tribunal and Queensland Health recognise the benefits of streamlined systems which allow automation of tasks and are therefore committed to progressing this project in the coming period.

Digital Strategy

One of the Tribunal's strategic goals is digital innovation and improved data analytics. In working towards this goal, the Tribunal intends to develop an in-house digital strategy. This strategy commenced during the reporting period and it is hoped that it will be drafted during the coming period. It is anticipated that this strategy will enhance the ability of the Tribunal's Executive to identify both risks and challenges for the Tribunal, but also opportunities for efficiencies within its operations.

New structure

The Tribunal anticipates that it will soon commence operating under its new human resources structure. During the next reporting period, the Tribunal will review the new structure and identify whether the expected efficiencies have been realised and will continue with its plans for building a resilient, responsive workforce. These changes align with the Tribunal's new strategic goal for an effective and engaged workforce.

Consumer Engagement

The Tribunal already has a number of consumer engagement activities underway and during the next reporting period, it is anticipated that the Tribunal will be in a position to collate and consolidate the feedback that it is receiving in this area. The Tribunal acknowledges the delays that it has experienced in this area due to unforeseen changes in staffing but remains committed to improved consumer engagement. The feedback and data collated by the Tribunal's Consumer Engagement Officer will be used to inform the Tribunal's Consumer Engagement Strategy.

Appendices

Appendix 1 - Progress against Strategic Plan 2017 – 2021

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2020–2021
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"> • Completing of warranty period and bug fixes for Phase 1 of the upgrades to the Tribunal's case management system, Resolve (Resolve Project). • Phase 2 of the Resolve Project involves integration of Resolve with the electronic system utilised by AMHSs. This Phase is ongoing with some delays experienced during the reporting period. • Documented IT Strategy for the Tribunal commenced. • Improved use of IT by staff and members including Teams and CMR.
	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 members have an updated Career Success Plan in place as at 30 June 2021.
			Evidence of staff collaboration and member collaboration for continuous improvement projects.	<ul style="list-style-type: none"> • Development of a Business Improvements Policy and Procedure which will be commenced in the next reporting period. • Conducted surveys with members for feedback on communication preferences, learning and development (L&D) offerings and website content.
		Identified opportunities for Tribunal staff and members to engage in professional development.	<ul style="list-style-type: none"> • Based on staff feedback obtained via survey, implemented an in-house staff training program. • In conjunction with the Members L&D Committee, continued to provide 	

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2020–2021
				opportunities to members in accordance with the Tribunal's L&D Framework.
Accountable management	Promote a culture of accountability and integrity	Ensure budget integrity.	Operations within budget.	<ul style="list-style-type: none"> The President was briefed monthly on the Tribunal's budget and worked with the Corporate Services Team to identify cost-savings throughout the period where possible. See financial information above for additional information.
		Recruit Tribunal members in a rigorous manner that takes account of required succession planning.	Appropriate member recruitment.	<ul style="list-style-type: none"> Member appointment process commenced with appointments scheduled for August 2021. Revised documentation prepared in accordance with improved process.
		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"> Responses from Working for Queensland Survey identified and appropriate actions suggested and selected for action by staff. Wellness initiatives actioned for staff including health and wellbeing seminars and team activities. The Tribunal also introduced an in-house L&D program for staff. Many staff have had flexible working arrangements approved.
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"> The Tribunal provided training in taking cultural considerations into account in decision-making and supplied members with associated written resources. The Tribunal also facilitated a members' case study session on Aboriginal and Torres Strait Islander-specific considerations.
		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"> TRG meeting held. Additional meetings delayed due to turnover in Consumer Engagement Officer role.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2020–2021
				<ul style="list-style-type: none"> Engagement of Health Consumers Queensland to conduct consultation with representatives and provide the Tribunal with feedback. One report received to date, with another due in the next financial year.
	<p>Promote the positive benefits of engagement with the Tribunal</p>	<p>Ongoing relationship building with key interested parties including LAQ, Authorised Mental Health Services and the Office of the Public Guardian.</p>	<p>Holding of meetings with key interested parties.</p>	<ul style="list-style-type: none"> The Tribunal has continued its regular meetings with key stakeholders including the Office of the Chief Psychiatrist, the Office of the Public Guardian, LAQ, the Mental Health Court Registry, Victim Support Services and Crown Law (representing the Attorney-General's office). The President has participated in the Council of Australasian Tribunals (COAT) Heads of Tribunals and Annual General Meetings and undertook speaking engagements with QUT Health Care Law and Ethics and Queensland Eating Disorders Service.
			<p>Identification of strategies on which the Tribunal and key interested parties can work together.</p>	<ul style="list-style-type: none"> There has been ongoing liaison with the Office of the Chief Psychiatrist and AMHSs to identify suitable venues for return to face to face hearings, where possible. The President attended a Year in Review/Year in Preview meeting with the Executive Director of the Mental Health Alcohol and Other Drugs Branch of Queensland Health. The Executive Officer arranged and attended a Registrars and Executive Officers Roundtable with other Australian jurisdictions. A project was commenced to investigate the ways in which victims'

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2020–2021
				considerations are incorporated into Tribunal decision-making.
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"> The Member Competencies Framework approved by the President was revised, updated and distributed to members during the reporting period.
		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"> The Members L&D Framework was revised, updated and distributed to members during the reporting period. There has been ongoing delivery of regular masterclasses and case study sessions, together with associated written resources. The platform for delivery of members' L&D offerings was evaluated and changed to Microsoft Teams.
		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) are ongoing. Surveys were conducted with both staff and members during the reporting period to obtain feedback and ideas about Tribunal operations. Members have been participating in staff activities when in the office to build office culture and collegiality. Monthly communiques and Q&As for members recommenced post the COVID-19 response.
		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"> Feedback on website layout, functionality and content was sought from TRG members and Tribunal members. Changes are proposed to be made to the Tribunal's website next financial year, in consultation with the Consumer Engagement Officer.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2020–2021
	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"> • See reference to updates in respect of the Resolve Project noted above.
		Improvement in corporate knowledge documentation.	Evidence of improved systems for capturing and recording corporate knowledge.	<ul style="list-style-type: none"> • Introduction of Queensland Health's Health Sector (Corporate Records) Retention and Disposal Schedule. • Consolidation of separate spreadsheets for record-keeping into functionality within electronic case management system, Resolve. • Business continuity plan and associated documentation reviewed and updated post COVID-19 response.

Appendix 2 – Masterclass Presentations

Presentation Date	Topic	Presenter
July 2020	Human rights – learnings so far	Virginia Ryan, Deputy President
August 2020	Clinical considerations – capacity and treatments for mental illness	Dr Sandra Thomson, Medical Member and Virginia Ryan, Deputy President
September 2020	Intellectual disability and NDIS	Cristelle Mulvogue, Community Member and Sarah Johnson, Community Member
October 2020	Community Forensic Outreach Service	Dr Darren Neillie, CFOS
November 2020	Cultural considerations	Virginia Ryan, Deputy President
January 2021	Offenders with an intellectual disability	Dr Frank Lambrick, Victorian Senior Practitioner
February 2021	Victim Support Service	Michael Power, Director, Queensland Health Victim Support Service
March 2021	Neuropsychological assessment	Dr Haydn Till, Clinical Neuropsychologist
April 2021	Domestic and family violence and mental health	Professor Cathy Humphreys, University of Melbourne
May 2021	Decision making and deliberations	Virginia Ryan, Deputy President
June 2021	Victim matters	Ann Herriot, Full-time legal member
<i>Scheduled: July 2021</i>	<i>Human rights in Queensland</i>	<i>Rebekah Leong, Queensland Human Rights Commission</i>
<i>Scheduled: August 2021</i>	<i>The role of an Independent Patient Rights Advisor</i>	<i>Scott James, IPRA Coordinator</i>

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	16	0	51	260	67	16	114	62	111	117	0	6
Belmont Private Hospital	0	0	0	1	20	9	7	8	36	4	0	0
Cairns Network	56	7	146	1086	189	67	321	82	257	167	5	10
Central Qld Network	19	0	60	659	90	23	235	53	531	123	1	4
Children's Health Queensland	2	0	0	29	33	20	11	14	24	19	0	0
Darling Downs Network	57	13	178	829	221	49	253	181	346	283	2	7
Forensic Disability Service	12	0	16	19	16	8	1	12	1	0	14	0
Gold Coast	44	1	94	1070	182	50	372	229	401	454	3	23
Greenslopes Private Hospital	0	0	0	0	0	0	2	0	2	0	0	0
Logan-Beaudesert	46	0	152	1025	212	91	419	88	217	228	2	39

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	1	41	420	58	35	156	33	227	171	1	1
New Farm Clinic	0	2	0	2	2	2	1	8	8	6	0	0
Princess Alexandra Hospital	56	1	191	1114	269	54	484	183	341	399	0	65
RBWH	88	56	135	1135	228	86	507	165	412	420	0	23
Redcliffe-Caboolture	36	2	118	697	157	85	268	131	402	180	0	7
St Andrew's War Memorial Hospital	0	0	0	0	1	0	0	0	0	0	0	0
Sunshine Coast Network	40	0	85	972	173	105	372	110	314	190	0	1
The Park	76	0	193	126	232	54	31	221	323	179	1	12
Toowong Private Hospital	0	1	0	8	2	4	2	9	11	2	0	0
Townsville Network	38	1	205	889	213	42	258	140	271	182	8	1
The Prince Charles Hospital	60	1	136	810	170	61	337	93	315	192	2	10

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	64	3	138	812	164	68	297	81	177	143	2	7
Wide Bay - North	11	0	38	222	45	21	106	16	158	59	0	5
Wide Bay - South	10	0	43	248	52	36	107	26	144	100	1	0
TOTAL	739	89	2020	12433	2796	986	4661	1945	5029	3618	42	221

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	32	7	22	13	1	0	12
Cairns Network AMHS	430	59	364	139	42	14	150
Central Qld Network AMHS	164	26	134	49	14	1	65
Children's Health Queensland AMHS	3	0	3	3	0	0	0
Darling Downs Network AMHS	143	51	91	68	9	2	50
Forensic Disability Service	7	7	0	7	0	0	0
Gold Coast AMHS	60	11	49	17	4	0	10
Logan Beaudesert AMHS	144	28	107	47	3	1	26
Mackay AMHS	103	24	78	42	4	1	10
Princess Alexandra Hospital AMHS	151	40	107	48	1	0	34
Redcliffe Caboolture AMHS	107	22	83	51	13	3	16
Royal Brisbane and Women's Hospital AMHS	124	9	112	31	9	13	25
Sunshine Coast Network AMHS	97	13	82	45	12	6	12

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Indigenous Member attendance
The Park — Centre for Mental Health AMHS	84	40	31	61	5	1	24
Townsville Network AMHS	325	132	191	155	78	10	123
The Prince Charles Hospital AMHS	108	17	91	33	4	2	27
West Moreton AMHS	123	32	91	54	0	0	8
Wide Bay AMHS - North	26	3	23	17	4	0	4
Wide Bay AMHS - South	49	13	33	25	6	2	16
TOTAL	2280	534	1692	905	209	56	612

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 Mental Health Service
	Casuarina Lodge
	Daintree Psychogeriatric inpatient unit
	Redland Hospital
	Redland Residential Care
	Wisteria Ward – Acquired Brain Injury Unit
Belmont Private Hospital AMHS	Belmont Private Hospital
Cairns Network AMHS	Atherton Community Mental Health Service
	Aurukun Well Being Centre
	Bamaga Primary Health Care Centre
	Cairns Community Mental Health Service
	Cairns Hospital
	Coen Primary Health Care Centre
	Cooktown Multi-Purpose Health Centre
	Grafton Street
	Gurriny Yealamucka Health Service
	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	

Authorised Mental Health Service (AMHS)	Venues
	Napranum Primary Health Care Centre
	Northern Peninsula Area Community Mental Health Service
	Pormpuraaw Primary Health Care Centre
	Tablelands Community Mental Health Service
	Thursday Island Mental Health Alcohol and other Drugs
	Torres Community Mental Health Service
	Tully Community Mental Health Service
	Weipa Integrated Health Service
	Weipa Hospital
Central Qld Network AMHS	Biloela Community Mental Health Service
	Capricorn Coast Community Mental Health Service
	Central Highlands Community Mental Health Service
	Gladstone Community Mental Health Service
	Longreach Community Mental Health Service
	Rockhampton Community Mental Health Service
	Rockhampton Hospital
Children's Health Qld AMHS	Assertive Mobile Youth Outreach Service
	Chermside Galleria Child & Youth Mental Health Service
	Children's Health Queensland Day Program North, QCH
	Eating Disorders Day Program
	Eating Disorders Greenslopes
	Evolve (North) Therapeutic Services
	Evolve (South) Therapeutic Services
	Greenslopes Child and Youth Mental Health Service
	Inala Child & Youth Mental Health Service
	Jacaranda Place Adolescent Extended Treatment Centre, Chermside

Authorised Mental Health Service (AMHS)	Venues
	Mt Gravatt Child & Youth Mental Health Service
	North-West Child & Youth Mental Health Service
	Nundah Child & Youth Mental Health Service
	Pine Rivers Child & Youth Mental Health Service
	Queensland Children's Hospital
	Yeronga Child & Youth Mental Health Service
	Zero to Four Child and Youth Mental Health Service
Darling Downs Network AMHS	Baillie Henderson Hospital
	Cherbourg Hospital
	Chinchilla Mental Health Service
	Dalby Community Mental Health Service
	Goondiwindi Community Mental Health Service
	Inglewood Community Mental Health Service
	Kingaroy Community Mental Health Service
	Roma Community Mental Health Service
	Stanthorpe Community Mental Health Service
	St George Community Mental Health Service
	Toowoomba Community Mental Health Services
	Toowoomba Hospital
	Warwick Community Mental Health Service
Forensic Disability Service	Forensic Disability Service, Wacol
Gold Coast AMHS	Gold Coast University Hospital
	Palm Beach Community Mental Health Service
	Robina Community Mental Health Service
	Robina Hospital
	Southport Health Precinct
Greenslopes Private Hospital AMHS	Greenslopes Private Hospital

Authorised Mental Health Service (AMHS)	Venues
Logan Beaudesert AMHS	Beaudesert Community Mental Health Service
	Beenleigh Community Mental Health Service
	Browns Plains Community Mental Health Service
	Evolve Therapeutic Services
	Logan Acute Care Community Mental Health Service
	Logan Central Community Mental Health Service
	Logan Hospital
Mackay AMHS	Bowen Community Mental Health Service
	Mackay Base Hospital
	Mackay Community Mental Health Service
	Moranbah Community Mental Health Service
	Whitsunday Community Mental Health Service
Mental Health Tribunal	Mental Health Review Tribunal Office
New Farm Clinic AMHS	New Farm Clinic
Pine Rivers Private Hospital AMHS	Pine Rivers Private Hospital
Princess Alexandra Hospital AMHS	Grevillea Ward
	Inala Community Mental Health Service
	Mater Misericordiae Hospital
	Princess Alexandra Hospital
	Woolloongabba Community Mental Health Service
Redcliffe Caboolture AMHS	Caboolture Hospital – Mental Health Facilities Building
	Caboolture Adult Mental Health Service
	Cooinda House Psychogeriatric Unit
	Redcliffe-Caboolture Child and Youth Mental Health Service
	Redcliffe Adult Mental Health Service
	Redcliffe Community Care Units
Royal Brisbane and Women's Hospital AMHS	Royal Brisbane and Women's Hospital

Authorised Mental Health Service (AMHS)	Venues
	Inner North Brisbane Mental Health Service
St Andrews War Memorial Hospital	St Andrew's War Memorial Hospital
Sunshine Coast Network AMHS	Evolve Therapeutic Services
	Glenbrook Community Mental Health Service
	Gympie Community Mental Health Service
	Gympie Hospital
	Mobile Intensive Rehabilitation
	Maroochydore Child and Youth Community Mental Health Service
	Maroochydore Community Mental Health Service
	Mountain Creek
	Nambour Hospital
	Nambour Community Mental Health Service
	Sunshine Coast University Hospital
The Park – Centre for Mental Health AMHS	The Park – High Security Program
	The Park – Medium Secure Unit
The Prince Charles Hospital AMHS	Chermside Community Mental Health Service
	Nundah Community Mental Health Service
	Pine Rivers Community Mental Health Service
	The Prince Charles Hospital
Toowong Private Hospital AMHS	Toowong Private Hospital
Townsville Network AMHS	Ayr Community Mental Health
	Burdekin Community Mental Health Service
	Cambridge Street Campus
	Charters Towers Community Mental Health Service
	Ingham Community Mental Health Service
	Josephine Sailor Adolescent Inpatient unit and Day Service

Authorised Mental Health Service (AMHS)	Venues
	Kirwan Community Mental Health Service
	Mount Isa Base Hospital
	Mount Isa Community Mental Health Service
	North Ward Community Mental Health Service
	Palm Island Community Mental Health Service
	Pandanus Special Care Unit
	Townsville Community Care Unit & Acquired Brain Injury Unit
	Townsville Hospital
	Townsville Hospital – Medium Secure Unit
West Moreton AMHS	Goodna Community Mental Health Service
	Ipswich Health Plaza
	Ipswich Hospital – Mental Health Unit
	Older Persons Mental Health Unit
	West Moreton Community Mental Health Service
Wide Bay AMHS	Bauer Wiles Community Health Building
	Bundaberg Community Mental Health Service
	Bundaberg Hospital
	Childers Hospital
	Gayndah Hospital
	Gin Gin Hospital
	Village Community Mental Health Service
	Maryborough Hospital
	Monto Hospital

Appendix 6 – Member appointments

Note: The below table does not include reference to members reappointed, or new members appointed, from 2 August 2021.

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 (Nikki)	02/08/2018 – 01/08/2021
	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
	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
Giudes, Raoul	30/01/2003 – 27/02/2005	

Member category	Name	Appointment period(s)
		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
	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
	Kirkman-Scroope, Patricia	02/08/2018 – 01/08/2021
	Kolbe, David	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Lee, Carol	02/08/2018 – 01/08/2021
	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
	Neil, Laura	02/08/2018 – 01/08/2021
	O'Connor, Clare	28/02/2020 – 27/02/2023
	Ryan, Virginia (appointed Deputy President 29/06/2017)	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 28/06/2017 29/06/2017 – 29/06/2018

Member category	Name	Appointment period(s)
		30/06/2018 – 28/06/2021 29/06/2021 – 28/06/2024
	Smith, Shellee	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Tarrago, Avelina	28/02/2020 – 27/02/2023
	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
	Beckmann, Martin	02/08/2018 – 01/08/2021

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
	Davies, John (resigned as at 15/03/2021)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021
	De Souza-Gomes, Janice (inactive during the reporting period)	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, Teresa (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
	Hirst, Christina	28/02/2020 – 27/02/2023
	Johnson, Vanessa	28/02/2020 – 27/02/2023
	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

Member category	Name	Appointment period(s)
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Leong, Geoffrey	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Linnane, John	28/02/2020 – 27/02/2023
	Loftus, Joanna (Jo)	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
	McLennan, Kristina	28/02/2020 – 27/02/2023
	Morris, Adrian	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021
	Nitz, Megan	28/02/2020 – 27/02/2023
	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 28/02/2014 – 27/02/2017 28/02/2017 – 28/02/2020 28/02/2020 – 01/08/2021
	Stephens, Nicola (passed away 07/08/2021)	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

Member category	Name	Appointment period(s)
	Stewart, Robert (Sandy)	05/05/2016 – 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, Pamela	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
	Walker, Andrea	02/08/2018 – 01/08/2021
	Ward, David	02/08/2018 – 01/08/2021
	Waugh, Arnold	01/03/2007 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 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

Member category	Name	Appointment period(s)
		28/02/2020 – 01/08/2021
	Bell, Garry	28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Bettens, Desley (resigned as at 18/02/2021)	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 (Kaz)	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Fawcett, Lisa	28/02/2020 – 27/02/2023
	Ferguson, Robert	02/08/2018 – 01/08/2021
	Hall, Patricia (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 – 01/08/2021
	Harris, Jessica	02/08/2018 – 01/08/2021
	Harte, Jane	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	Henry, Leith	28/02/2020 – 27/02/2023
	Johnson, Sarah	28/02/2020 – 27/02/2023
	Leleisiuao, Rodney (Tui) (resigned as at 10/09/2020)	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
	McDonnell, Judith	02/08/2018 – 01/08/2021
	Mulvogue, Cristelle	02/08/2018 – 01/08/2021
	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

Member category	Name	Appointment period(s)
		28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021
	Sticher, Gayle	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021
	Till, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023

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 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	5-8
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	8
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	17
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	19-32
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	33-34
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	10-14
	<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 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	10-11
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	14-15
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	-
Governance – risk management and accountability	<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>
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	9
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	<i>Not applicable</i>
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	9
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6	<i>Not applicable</i>

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	10-11
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	33
Open Data	• Statement advising publication of information	ARRs – section 16	34
	• 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
CIMHA	Consumer Integrated Mental Health Application
ECT	electroconvulsive therapy
FLO	forensic liaison officer
FO	forensic order
IMHW	Indigenous mental health worker
LAQ	Legal Aid Queensland
Legal Rep	legal representative
MHRT	The Mental Health Review Tribunal
QHVSS	Queensland Health Victim Support Service
Resolve Project	The in-house project conducted by the MHRT to identify and implement updates to its case management system, Resolve.
TA	treatment authority
TRG	Tribunal Reference Group
TSO	treatment support order
Tribunal	The Mental Health Review Tribunal
Victims Project	The in-house project conducted within the MHRT to consider its engagement with victims and the inclusion of victim considerations in its decision-making

