



## Statement of Reasons

This is an edited version of the statement of reasons issued pursuant to section 756 of the *Mental Health Act 2016*. The patient and persons attending the hearing have been de-identified and, in some cases, may be allocated pseudonyms for privacy reasons. Other details that may lead to the identification of the patient may have also been modified or omitted. The modification or omission of these details does not affect its decision or its reasons for the decision.

<b>Matter</b>	Forensic Order (Mental Health) Review
<b>Attendees</b>	
Patient:	Attended
Patient's Legal Representative:	Attended
Psychiatrist:	Attended
Forensic Liaison Officer:	Attended
Attorney-General's Representative:	Attended
<b>Decision:</b>	
Date of decision:	2021
Decision:	The Forensic Order is revoked. A Treatment Support Order is made – Community Category. The conditions are attached to the decision. The authorised doctor may amend the Treatment Support Order to reduce the extent of treatment received in the community.

The patient was made the subject of a forensic order after the Mental Health Court found him to be of unsound mind in respect of serious assault public officer.

This was a periodic review of the forensic order. The patient confirmed that he had received the clinical report within statutory time frames.

### **Statutory Framework**

Appendix A to these reasons is a summary of the provisions of the *Mental Health Act 2016 (Act)* that are relevant when the Tribunal reviews of a person's forensic order.

### **Matters to which the Tribunal must have regard**

The Tribunal had regard to the factors in section 432 of the Act as follows.

#### **The relevant circumstances of the person subject to the order**

In reaching a decision, the Tribunal had regard to the patient's relevant circumstances.

The patient lives in Queensland but has been visiting his wife overseas for several months annually in recent years. He had recently returned from overseas and was in hotel quarantine at the time of the hearing.

The patient had a large supportive family in Australia and overseas. While overseas, he lived between his family and his wife's family. In Australia, he lives with his family. According to the clinical report, the patient's family were actively involved in his care in a positive manner. According to the treating team and the patient, his wife and the family were supportive, understood his illness and early warning signs of his illness and need for treatment.

According to the clinical report, the patient suffers from paranoid schizophrenia, which was first diagnosed in 2012, while in prison on driving and drug related offences. When unwell, he presented with paranoia, agitation, intense staring, poor sleep and oral intake and demonstrated mutism when acutely psychotic. He had prior hospital admissions for relapse. The most recent relapse occurred two years ago in the context of medication non-compliance with his oral medication while overseas and his depot likely not administered in a timely manner. The patient's family travelled overseas with depot medication and the patient was brought back to Australia and admitted to hospital. He was then established on Trinza injection. According to the treating team, the patient has been stable and medication compliant since then. When he travels overseas, he takes the required medication and a letter from the treating team with him, so that the depot can be administered while overseas.

The patient told the Tribunal that he would continue to take the medication and take the doctor's advice. He thought the medication "made him a better person". However, he did not think anything would happen to him if he ceased the medication. The treating psychiatrist indicated that while the patient had good insight, the patient did not fully understand his illness or early warning signs but would follow the treating team's recommendations. The treating psychiatrist confirmed that the patient's illness was stable, well managed and he had remained fully compliant with medication.

The treating psychiatrist told the Tribunal that the patient's wife and family understood the illness, early warning signs, which had been communicated to extended family, including an aunt overseas

who was a health professional. The treating team were in regular contact (two monthly psychiatrist and fortnightly case team) with the patient, including when he was overseas.

In response to Attorney-General's representative questions about the reliance on the family to identify issues or early warning signs, the treating psychiatrist confirmed that he had a good relationship with the patient's father and the forensic liaison officer had a good relationship with the patient's mother. The treating team were confident that the family understood the patient's early warning signs, need for treatment and informed the treating team of any issues or concerns. The patient's parents also moved between Australia and overseas and the extended family and the patient's wife were well aware of the patient's mental health history and early signs of relapse and positive influences.

The treating psychiatrist also noted if there were medication supply or Covid delays while overseas, the patient could obtain Trinza, and while more costly, the family would buy it. The forensic liaison officer said the treating team were in regular contact with the patient when overseas, as well as in Australia. The treating team provided letters for the patient's use overseas regarding his illness and treatment and contact points, if needed. The forensic liaison officer noted that the treating team provided a letter of support to enable the patient to return to Australia, when the patient was concerned about possible return delays due to limited quarantine facilities for returning Australians. The forensic liaison officer noted that when the patient first departed Australia without treating team permission, it was due to a misunderstanding and miscommunication about the need for formal permissions.

**The nature of the relevant unlawful act and the period of time that has passed since the act happened**

The Mental Health Court decided the patient was of unsound mind in respect of charges of serious assault of a public officer. The circumstances of the charges are set out in the dossier material. In summary, when the patient was brought to hospital under an emergency examination order, he assaulted a doctor in the triage unit when the doctor attempted to assess him.

The Tribunal considered the length of time passed since the index offences (eight years) weighed in favour of revoking the forensic order.

**Any victim impact statement given to the Tribunal under section 155 or 742 of the Act relating to the relevant unlawful act**

Not applicable

**If the Mental Health Court made a recommendation in the order about an intervention program for the person – the person's willingness to participate in the program if offered to the person**

Not applicable

**Summary of evidence and findings**

**Is the forensic order necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property?**

The patient hoped the forensic order would be revoked and a treatment support order made. The treating team and the Assessment and Risk Management Committee (**ARMC**) recommended revocation of the forensic order, and instead a treatment support order.

The patient's legal representative submitted the forensic order should be revoked and a treatment support order made because there were low risks, the patient had remained abstinent from drugs for 8 years and there were no assaultive behaviours since the index offence. It was noted the last admission was two years prior and the patient had been stable and his family were supportive and aware of his early warning signs. It was submitted the patient accepted that he would take the medication as it made him a better person. It was submitted a treatment support order was the least restrictive way to manage the patient's mental illness and risks, and that the ARMC, Community Forensic Outreach Service (**CFOS**) and the treating team recommended revocation of the forensic order.

The Attorney-General's representative submitted the forensic order (category community) should be confirmed on the same conditions. While acknowledging the ARMC and treating team recommendations, the patient's stability and lack of any further charges, it was submitted there had been no face to face oversight of the patient by the treating team in the current review period and it was noted that the patient intended to travel overseas again. It was submitted that given the index offence, historical risk of aggression and violence, miscommunication about permission to travel and mental health deterioration due to non-compliance that the Tribunal could not be satisfied that a forensic order was not necessary, to protect the safety of the community.

### *Findings*

Based on the medical evidence, the Tribunal finds the patient has schizophrenia which means he has a mental illness as defined in s10 of the Act. The Tribunal finds the patient has a mental condition.

Having considered the evidence and submissions, and for the following reasons, the Tribunal found that the forensic order was not necessary, to protect the safety of the community, including from the risk of serious harm to other persons or property.

First, the Tribunal accepted the treating team's evidence that while the patient did not understand his illness and early warning signs, he was compliant with his medication and happy to continue to abide by treating recommendations and well engaged with the treating team. While the patient did not have capacity to consent to treatment, the Tribunal accepted that he would continue to take his medication and engage with the treating team, while in Australia and overseas.

While the Tribunal noted the non-compliance and travel without permission, the Tribunal was satisfied that this was due to a misunderstanding and not deliberate. It was evident also the patient's family were in touch with the treating team and when the patient became unwell, facilitated his medication compliance, and return to Australia and hospital admission. Further, since then the patient has been maintained on 3 monthly depot, which the patient finds makes him "a better person". The Tribunal considered this misunderstanding and non-compliance was not likely to occur again and his subsequent overseas trips were permitted, and well planned with medication in place and regular contact with no issues. The Tribunal considered while the patient did not have capacity to consent to treatment, he was medication compliant and well engaged with the treating team.

Secondly, the Tribunal accepted the treating team's evidence that the patient's illness was well controlled, managed and stable.

The Tribunal noted Attorney-General's concerns that the treating team had not had face to face reviews while the patient was overseas and that the patient planned to travel in the future. However, having heard from the treating psychiatrist, the Tribunal does not share those concerns. The treating psychiatrist gave convincing evidence that both he and the treating team were experienced and able to make assessments and discern any deteriorations or concerns remotely. Further, the Tribunal noted that such remote reviews are not uncommon in the Covid lockdown in Australia. It was evident also that the patient had not deteriorated for more than two years and was mentally stable, despite various stressors. Further, it was evident that the forensic liaison officer had reviewed the patient face to face when he returned from overseas earlier in the year.

The Tribunal was also impressed with the patient's evidence as he presented as calm, credible, measured and thoughtful. Given the patient's engagement, compliance with treatment and stability of mental state the Tribunal found this weighed in favour of revoking the forensic order.

Thirdly, it was evident that the patient's wife and family (in Australia and overseas) understood the patient's illness, need for treatment and his early warning signs. The treating team also had a good relationship with his family, and it was evident they had understood and accepted psychoeducation and had positive involvement in the patient's mental health. The Tribunal accepted the treating team's evidence in this regard. The family's positive involvement in the patient's treatment was also demonstrated in the efforts they went to provide medication to him when he was overseas and facilitate his return to Australia when he became unwell. The Tribunal considered the patient's wife and family were strong protective factors which weighed in favour of revoking the forensic order.

Fourth, while the Tribunal noted the patient's risk history as set out in the clinical report and dossier, the patient had not been involved in any assaultive or aggressive behaviours since the index offence eight years prior. The evidence also was the driving offences were historical and treated according to law. Further, given the lengthy of time that had elapsed since the index offence, the Tribunal considered this weighed in favour of revoking the forensic order. The Tribunal considered there had been a not insignificant period since the index offence and given the lack of further assaultive or aggressive offences or incidents since, this weighed in favour of revoking the forensic order.

Fifth, the Tribunal accepted the patient's and the treating team's evidence that he had been abstinent from substances for many years and urine drug screen results confirmed this. The Tribunal found the patient's avoidance of destabilising substances weighed in favour of revoking the forensic order.

Sixth, the Tribunal did not consider the patient's travel overseas weighed against revocation. Rather, the Tribunal considered the patient remained well engaged with the treating team and his treatment. The treating team also had plans in place if there were Covid or medication delays. Further, it was evident the patient's ability to spend time with his wife and extended family overseas, particularly given she could not travel to Australia, was a protective factor. The success of the last few visits further reinforced the Tribunal's view that the patient could be managed with less clinical oversight without issue or increase in risk. Further, despite the patient's recent stressors, his mental state had remained stable and he remained engaged. These strong supports weighed in favour of revoking the forensic order.

Seventh, the ARMC recommended that the forensic order should be revoked and a treatment support order made. The ARMC noted the patient had been engaging with the treating team, had maintained contact while overseas, had partial insight into his illness, no breaches for some time, and was well supported by parents. CFOS supported the revocation given the patient's ongoing stability and compliance with treatment.

The Tribunal accepted the treating team's evidence that a forensic order was not required to manage the risk of harm to the community and that a treatment support order was sufficient to manage the risk of serious harm to the community and property. That the treating team, and the ARMC, including CFOS, recommended revocation of the forensic order further reinforced the Tribunal's view that the risks could be managed in a less restrictive way.

Given the patient's stable mental state, compliance, abstinence from destabilising substances, positive and strong family supports and low dynamic risks, the Tribunal considered, that a forensic order was not necessary to protect the safety of the community. The Tribunal revoked the forensic order.

However, given historical risks and the patient's lack of capacity the Tribunal considered it necessary to make a treatment support order to manage those lesser risks. The Tribunal found that a treatment support order was necessary, because of the patient's mental condition, to protect the safety of the community. The Tribunal made a treatment support order.

### **Category and conditions of the treatment support order**

With the continued oversight of the treating team the Tribunal was satisfied that the category should be community. There was no evidence that the patient required inpatient care for his treatment and care needs, or the safety and welfare of the person or the safety of others. The Tribunal decided the category as community.

The Tribunal ordered that an authorised doctor may, at a future time, change the nature and extent of treatment in the community.

Given the patient's mental condition, historical risks and effect of destabilising substances on his mental health, the Tribunal considered the conditions attached to the decision were required to manage the risks and protect the safety of community.

### **Human Rights**

In making its decision and the conditions, the Tribunal considered the *Human Rights Act 2019 (HRA)*.

For reasons discussed below, the Tribunal found the attached conditions were necessary to protect the safety of the community.

The Tribunal considered those human rights potentially engaged and limited by the Tribunal's decision were s 15, 17(c), s19 and 31 of the HRA.

The Tribunal considered s15 (equality before the law) may potentially be limited due to limitations on consuming alcohol. In any event, the Tribunal considered even if s15 (equality before the law) was potentially engaged or limited, that it was reasonable and justified for the reasons set out below.

The Tribunal accepted s17(c) rights were limited as the evidence was that the patient did not have capacity to consent to treatment. The Tribunal accepted that the patient's freedom of movement (s19) was restricted because condition 1 required that he reside in a place approved by the treating psychiatrist.

Taking into account the following, the Tribunal is satisfied that the limits imposed by the Tribunal's decision are reasonable and justified in accordance with section 13 of the HRA because:

- the criteria of the relevant test for treatment support orders under the Act (eg.s.450) were met. Given the patient's mental illness, his lack of insight and risks to others, the treatment support order and conditions relating to treatment and his whereabouts allowed the treatment for his illness to be consistently continued by the treating team to maintain his mental health and avoid risks of harm to others. Further, given the effects of destabilising substances on his mental health and risks which followed, the Tribunal considered it was reasonable and justified to prohibit consumption of them. Thus, the confirmation of the authority was lawful and within the jurisdiction of the Act.
- the order has been determined to be the least restrictive way for the person to receive treatment and care.
- the human rights engaged have been balanced against the risk to deterioration of the person's mental health deterioration that is likely to eventuate if the person does not receive treatment and care under the order and the risks to the safety of others if not treated, or living in appropriate accommodation, contactable, supported and monitored by the treating team and avoidant of destabilising substances.
- the Tribunal considered the risks to others outweighed any restrictions on him receiving treatment for his mental illness, his freedom of movement, or equality before the law.

The Tribunal did not consider the right to a fair hearing (s31) was limited as the patient was present at the hearing and able to speak on his own behalf. He was also legally represented at the hearing. The patient had been provided with relevant documentation and the Tribunal was legally constituted.

While s31(3) may have been limited, because the decision was not publicly available the Tribunal considered such limitation was reasonable and justified because it was lawful pursuant to the confidentiality provisions in Chapter 17 (in particular s790) of the Act and the patient's privacy outweighed publication of the decision.

Accordingly, the Tribunal is satisfied the decision, including conditions, is compatible with human rights (s8).

### **Conclusions of the Tribunal**

For these reasons, the Tribunal has decided to revoke the forensic order and make a treatment support order – community category, with attached conditions. Further, the Tribunal approved that the authorised doctor may amend the treatment support order to reduce the extent of treatment received in the community.

### **Presiding Member**

## APPENDIX A

### Statement of the law regarding Forensic Orders

The main objects of the *Mental Health Act 2016 (Act)* are set out in section 3(2) and must be achieved in the way outlined in sections 3(2) and 3(3).

Below are extracts of sections from the Act relevant to the Tribunal's review of a forensic order.

#### 432 Matters to which tribunal must have regard

- (1) In making a decision under this part in relation to a review of a forensic order (mental health) or forensic order (disability), the tribunal must have regard to the following:
  - (a) the relevant circumstances of the person subject to the order;
  - (b) the nature of the relevant unlawful act and the period of time that has passed since the act happened;
  - (c) any victim impact statement given to the tribunal under section 155 or 742 relating to the relevant unlawful act;
  - (d) if the Mental Health Court made a recommendation in the order about an intervention program for the person—the person's willingness to participate in the program if offered to the person.Examples of decisions in relation to a review of a forensic order:
  - deciding whether to confirm or revoke the order
  - deciding whether to confirm or change the category of the order
  - deciding whether the person is to receive any treatment in the community
  - deciding whether to change or remove a condition to which the order is subject or to impose a condition on the order.
- (2) Subsection (1) does not limit any other provision of this part that requires the tribunal to have regard to a stated matter

#### 433 When reviews are conducted

- (1) The tribunal must review (a periodic review) the forensic order:
  - (a) within 6 months after the order is made; and
  - (b) at intervals of not more than 6 months after the review under paragraph (a) is completed.
- (2) Also, the tribunal must review (an applicant review) the forensic order on application by:
  - (a) the person subject to the order; or
  - (b) an interested person for the person mentioned in paragraph (a); or
  - (c) the Attorney-General; or
  - (d) if an authorised mental health service is responsible for the person—the chief psychiatrist; or
  - (e) if the forensic disability service is responsible for the person—the director of forensic disability.
- (3) Further, the tribunal may at any time, on its own initiative, review (a tribunal review) the forensic order.
- (4) If the tribunal receives written notice under section 213(3) of the amendment of the forensic order, the tribunal must review (also a tribunal review) the order within 21 days after receiving the notice.
- (5) This section is subject to sections 434 to 437 and chapter 16, part 2, division 6, subdivision 2.

#### 441 Decisions

- (1) On a periodic review of the forensic order, the tribunal must decide to:
  - (a) confirm the order; or
  - (b) revoke the order.

Notes:

- 1 See subdivision 2 for the orders the tribunal may make if it confirms the order.
- 2 See subdivision 3 for the orders the tribunal may make if the order is a forensic order (mental health) and the tribunal revokes the order.
- (2) On an applicant review of the forensic order, the tribunal:
  - (a) must decide whether to make the orders sought by the applicant; and
  - (b) may make the orders under this division it considers appropriate.Example for paragraph (b):

If an applicant seeks an order changing the category of the forensic order from inpatient to community, the tribunal may decide not to change the category of the order, but may order that the person have limited community treatment of a stated extent.

- (3) On a tribunal review of the forensic order, the tribunal:
  - (a) must decide any particular matter stated in the notice given under section 439(3); and
  - (b) may make the orders under this division it considers appropriate.

#### **442 Requirement to confirm forensic order**

- (1) The tribunal must confirm the forensic order if the tribunal considers the order is necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property.
- (2) Also, during any non-revocation period for the forensic order, the tribunal is taken, for section 443, to have confirmed the order.

Note:

The tribunal must not revoke the forensic order during the non-revocation period for the order. See section 452.

- (3) Subsection (2) does not apply if the forensic order is a forensic order (mental health) and the tribunal decides to revoke the order under section 457.

#### **444 Change or confirmation of category**

- (1) The tribunal may change the category of the forensic order.
- (2) However, the tribunal may change the category of the forensic order to community, or confirm the category of the order as community, only if the tribunal is satisfied there is not an unacceptable risk to the safety of the community, because of the person's mental condition, including the risk of serious harm to other persons or property.
- (3) This section is subject to section 445.

#### **445 Inpatient category – orders about treatment in the community**

- (1) This section applies if the tribunal:
  - (a) confirms the category of the forensic order as inpatient; or
  - (b) changes the category of the forensic order to inpatient.
- (2) The tribunal must do 1 of the following:
  - (a) order that the person have no limited community treatment;

Note:

An order made under paragraph (a) may not be amended by an authorised doctor. See section 212(2).

  - (b) approve that an authorised doctor under section 212 or a senior practitioner under the Forensic Disability Act, section 20 may, at a future time:
    - (i) authorise limited community treatment for the person, to the extent and subject to the conditions decided by the tribunal; or
    - (ii) change the category of the order to community, subject to the conditions decided by the tribunal;
  - (c) order that the person have limited community treatment:
    - (i) of a stated extent; and
    - (ii) subject to the conditions decided by the tribunal, including whether, or the extent to which, an authorised doctor under section 212 or a senior practitioner under the Forensic Disability Act, section 20 may amend the forensic order in relation to treatment in the community.
- (3) The tribunal may make an order under subsection (2)(b) or (c) only if the tribunal is satisfied there is not an unacceptable risk to the safety of the community, because of the person's mental condition, including the risk of serious harm to other persons or property.
- (4) In deciding whether the tribunal is satisfied of the matters mentioned in subsection (3), the tribunal must have regard to:
  - (a) the purpose of limited community treatment; and
  - (b) the fact that:
    - (i) if an authorised mental health service is responsible for the person—an authorised doctor may increase the extent of treatment in the community for the person only if satisfied of the matters mentioned in section 212(3); or

- (ii) if the forensic disability service is responsible for the person—a senior practitioner under the Forensic Disability Act may authorise treatment in the community for the person only if satisfied of the matters mentioned in the Forensic Disability Act, section 20(2).

#### **446 Community category – orders about treatment in the community**

- (1) This section applies if the tribunal:
  - (a) confirms the category of the forensic order as community; or
  - (b) changes the category of the forensic order to community.
- (2) The tribunal must:
  - (a) order that an authorised doctor or a senior practitioner under the Forensic Disability Act must not change the category of the order to inpatient; or
  - (b) approve that an authorised doctor under section 212 or a senior practitioner under the Forensic Disability Act, section 20 may, at a future time, change the nature or extent of treatment in the community received by the person, to the extent and subject to the conditions decided by the tribunal.

Example of a change of extent of treatment in the community:  
changing the category of the forensic order from community to inpatient, with or without limited community treatment

#### **447 Conditions**

- (1) The tribunal may:
  - (a) change or remove a condition to which the forensic order is subject; or
  - (b) impose a condition on the forensic order.
- (2) Without limiting subsection (1), the tribunal may impose a condition that the person must not contact a stated person, including, for example, a victim of the relevant unlawful act.
- (3) However, the tribunal may not impose a condition on the forensic order that requires the person to take a particular medication or a particular dosage of a medication.

#### **450 Making of treatment support order**

- (1) The tribunal must decide to make a treatment support order for the person if the tribunal considers a treatment support order, but not a forensic order, is necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property.
- (2) For making a treatment support order under subsection (1), sections 144 and 145 apply as if:
  - (a) a reference in the sections to the Mental Health Court were a reference to the tribunal; and
  - (b) a reference in the sections to the person the subject of the reference were a reference to the person subject to the forensic order.

#### **451 Making of treatment authority or no further order**

- (1) If the tribunal considers that neither a forensic order nor a treatment support order is necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property, the tribunal may:
  - (a) make no further order for the person; or
  - (b) make a treatment authority for the person.
- (2) The tribunal may make a treatment authority for the person under subsection (1)(b) only on the recommendation of an authorised psychiatrist who considers, after examining the person, that:
  - (a) the treatment criteria apply to the person; and
  - (b) there is no less restrictive way for the person to receive treatment and care for the person's mental illness.
- (3) The treatment authority must state the following:
  - (a) the category of the authority;
  - (b) the authorised mental health service responsible for the person;
  - (c) the nature and extent of any limited community treatment the person is to receive;
  - (d) any conditions the tribunal considers necessary for the person's treatment and care, other than a condition requiring the person to take a particular medication or a particular dosage of a medication.
- (4) The tribunal may decide the category of the treatment authority is inpatient only if the tribunal is satisfied that 1 or more of the following can not reasonably be met if the category of the authority is community:

- (a) the person's treatment and care needs;
  - (b) the safety and welfare of the person;
  - (c) the safety of others.
- (5) However, if the person is a classified patient, the tribunal must decide the category of the authority is inpatient.
  - (6) In deciding the nature and extent of any limited community treatment under subsection (3)(c), the tribunal must have regard to the purpose of limited community treatment.
  - (7) If the tribunal decides the category of the treatment authority is community, the tribunal must decide whether an authorised doctor may, at a future time, reduce the extent of treatment in the community received by the person.
  - (8) The treatment authority is taken to be a treatment authority made under section 49 by the authorised psychiatrist mentioned in subsection (2).
  - (9) Despite subsection (8) and section 413(1), the tribunal must review the treatment authority:
    - (a) within 6 months after the authority is made; and
    - (b) within 6 months after the review under paragraph (a) is completed; and
    - (c) at intervals of not more than 12 months after the review under paragraph (b) is completed.
  - (10) Sections 53 and 59 apply to the treatment authority as if a reference in the sections to the authorised doctor were a reference to the authorised psychiatrist mentioned in subsection (2).
  - (11) As soon as practicable after the treatment authority is made, the authorised psychiatrist mentioned in subsection (2) must decide the nature and extent of the treatment and care to be provided to the person under the authority.

#### **452 Orders with non-revocation period**

- (1) The tribunal must not revoke a forensic order under division 4 during any non-revocation period for the order.
- (2) Subsection (1) is subject to section 457.

#### **453 Order for person temporarily unfit for trial**

- (1) This section applies to a person subject to a forensic order if:
  - (a) a finding of unfitness has been made in relation to the person; and
  - (b) the proceeding against the person in relation to which the finding of unfitness was made has not been discontinued under section 490 or 491.
- (2) The tribunal must not revoke the forensic order unless a treatment support order is made for the person under section 450.

**Note:**

If, on a review under part 6, the tribunal decides the person is fit for trial, the forensic order ends on the person's appearance at the mention of the proceeding for the relevant offence. See section 497(2).

#### **454 Order for person charged with prescribed offence**

- (1) This section applies if a forensic order for a person was made on a reference in relation to a prescribed offence allegedly committed by the person.
- (2) The tribunal must not revoke the forensic order unless:
  - (a) the person has been examined, under an order made under section 721, by an examining practitioner; and
  - (b) the tribunal has obtained and considered the examining practitioner's written report on the examination.
- (3) This section is subject to section 452.