

ANNUAL REPORT 2021–2022



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The Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2021-2022 for the Mental Health Review Tribunal.

I certify that this Annual Report complies with the:

- detailed requirements set out in the *Annual report requirements for Queensland Government agencies*, and
- legislated objectives within the *Mental Health Act 2016* (section 774).

A checklist outlining the annual reporting requirements is provided in Appendix 8 of this Annual Report.

Yours sincerely



Annette McMullan
President
Mental Health Review Tribunal

01/09/2022

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President's report – a year in review

I am pleased to provide the Mental Health Review Tribunal's (Tribunal) Annual Report which reports against a new Strategic Plan for the period 2021-2025. The development of a new Strategic Plan was a great opportunity for the leadership team to take stock of the Tribunal's achievements over the past few years and also identify where we can continue to improve. A goal when developing this Strategic Plan was to keep it as clear and simple as possible. We have therefore kept our focus to four key pillars for Tribunal operations:

- Fair hearings: ensure fair hearings while promoting the realisation of the principles and objectives of the *Mental Health Act 2016* (Act)
- Data and digital innovation: embrace the availability and use of data and digital innovation for the efficient and effective operation of the Tribunal
- Safe and happy workforce: create a workforce culture that focusses on achieving excellence in a safe workplace environment
- Stakeholder engagement: pursue opportunities for continuous improvement identified through stakeholder engagement.

While the Tribunal has progressed a range of initiatives and activities in pursuit of the above, it has also experienced some delays. The Tribunal's progress is summarised in Appendix 1.

I would like to highlight the Tribunal's progress in relation to stakeholder engagement, particularly consumer engagement. As reported in the Tribunal's last Annual Report, the Tribunal had a number of consumer engagement activities underway which were anticipated to be completed during the reporting period. Unforeseen staffing changes led to a slight delay, but I am pleased to report that the Tribunal has, through its Consumer Engagement Officers, utilised the feedback from the consultation activities to finalise the content for its consumer engagement strategy. The strategy is in its final stages of design and it is anticipated it will be launched early in the next reporting period.

Another important initiative that the Tribunal continues to pursue is the implementation of electronic audio recording. The project has reached a stage where action is required that is outside of the Tribunal's control. The Tribunal continues to support the introduction of electronic recording and has already undertaken preparations to do so once this is possible.

The Tribunal recognises that it will be operationalising its new Strategic Plan in the context of a changing Queensland mental health system. Firstly, changes to the Act which commenced on 1 July 2022 required the Tribunal to update its documentation and provide training to members and staff to ensure hearings are conducted in accordance with those changes. The Tribunal's Executive Team also supported the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* and welcomes the implementation of the resulting recommendations.

Finally, I would like to take this opportunity to thank the Tribunal's staff, members and stakeholders for their ongoing support, continuing flexibility and adaptability to change.

Annette McMullan
President

Deputy President's report

The engagement and training of members and staff is a key element of the Tribunal achieving the objectives it has set in its Strategic Plan for 2021-2025. Strategies to meet those objectives include:

- documentation of the Tribunal's member appointment policy and processes to ensure the Tribunal attracts, selects and retains suitable members to create a diverse, inclusive and engaged membership
- consumer consultation to identify areas of focus for member training activities
- the use of regular data reporting with the aim of identifying trends that may be indicative of additional training or development needs
- the ongoing delivery of a regular professional learning and development program that includes varied delivery methods to engage a range of learning styles, including in house courses leading to micro credentials, masterclasses and case study sessions (see Appendix 2 for topics).

Additional information about the appointment and training of members can be found on the Tribunal's website.

The Tribunal's Professional Learning and Development Committee provides feedback and suggestions about members' development needs. I sincerely thank the members of that Committee for their time and the enthusiasm with which they engage in discussions.

I am pleased to report that members repeatedly endorse the Tribunal's comprehensive professional learning and development program. An area of focus in the reporting period has been the availability and searchability of resources resulting in a project to review and update the members'-only portion of the Tribunal website. Improvements will be made in the organisation and display of resources and the way documents are named and recorded to allow for more targeted searches. These plans will be implemented in the next reporting period.

The Tribunal continues to provide information sessions to authorised mental health services (AMHS) to provide clarity on the Tribunal's responsibilities and operations within the Queensland mental health system and to embed knowledge about the Tribunal for all hearings attendees. I would like to thank those AMHSs who have welcomed us to their service.

The Tribunal's Executive has continued to identify opportunities for stakeholder engagement throughout the reporting period. Examples include our ongoing discussions with the Queensland Law Society regarding feedback the Society receives from its members and the Executive's contribution to the organisation, facilitation and presentation of the Council of Australasian Tribunal's National Conference.

I continue to be sincerely grateful for the commitment which the Tribunal members bring to their roles, and their enthusiastic support for the Tribunal's culture of continuous improvement and collegiality.

Virginia Ryan
Deputy President

Executive Officer's report

During 2021-2022, the Tribunal's operations continued to be disrupted by COVID-19. Thankfully, robust business continuity arrangements and the flexibility of staff and members have meant we have seen little impact on the ability to conduct hearings. We have also been able to successfully work with AMHSs who have experienced disruption to their services and staffing to minimise adjournments due to COVID-19. I would like to thank the Administrators and Administrator Delegates in particular, for their ongoing support for Tribunal hearings.

In working with AMHSs to identify strategies to minimise the impacts due to COVID-19, we were able to see wider benefits. These strategies assisted the Tribunal to reduce its overall adjournment rate across the state. A reduced adjournment rate has a range of positives, including less hearings to be scheduled per week allowing increased hearing times, a reduction in the number of hearings needing to be attended by patients and their supports, and a reduction in the impost on clinical staff time away from their core duties.

While the Tribunal needed to resort to remote hearings for parts of the reporting period, there were also times when in-person hearings were possible at a range of AMHS venues across the state. For this to occur, the Tribunal was required to assess and manage the work health and safety risk for members attending at venues. Having regard to the public health directions, the Tribunal implemented policies for members and staff regarding mandatory vaccination against COVID-19. For staff, the Tribunal adopted Queensland Health's employee COVID-19 vaccination requirements. For members, the Tribunal took the position that all members must be vaccinated against COVID-19 and that exemptions would be considered in stated circumstances.

During the reporting period, the Tribunal made significant progress in the development of its in-house digital strategy. After consultation with eHealth Queensland, the digital strategy document is in the final stages of design and will be launched early in the next reporting period. In the coming period, the Tribunal will be identifying the digital activities and initiatives that progress operationalisation of that strategy.

One of those initiatives is the 'Resolve Project'. Phase one of this ongoing project involved the development and implementation of functionality upgrades to the Tribunal's case management system, Resolve, intended to streamline and automate processes and the development of a web portal for the secure, electronic exchange of hearings material. Phase two of the project involves the integration of Resolve with the patient records system utilised by AMHSs, known as CIMHA. We are confident that, despite delays to the commencement of Phase two, solid progress will be made in the upcoming reporting period with workshops with stakeholders planned for the first quarter.

This reporting period also saw the implementation of the Tribunal's business case for change in relation to its structure of the Tribunal office staff. With streamlined processes and a revised structure, the Tribunal looks forward to operating with new efficiencies in the coming years.

As always, I am thankful for the Tribunal staff's commitment to their work and the generous support of the Tribunal's stakeholders.

Jade Madden
Executive Officer

Tribunal Overview

The Tribunal is an independent decision-making body commenced under the *Mental Health Act 2000* and continued under the Act. The Tribunal also has regard to the *Forensic Disability Act 2011* and the *Human Rights Act 2019*. The Tribunal is tasked with reviewing the involuntary status of persons with a mental illness and/or intellectual disability in Queensland (being people subject to treatment authorities, forensic orders and treatment support orders). The Tribunal is also required to consider applications for approval to perform regulated treatment – electroconvulsive therapy (ECT) and non-ablative neurosurgical procedures. The Tribunal is separate from any hospital and health service and does not have any role in the monitoring or assessment of mental health services. This means that the Tribunal cannot investigate the actions of health services or clinicians, determine the medication or treatment that a person has or enforce the provisions of the Act. To undertake its jurisdiction, the Tribunal consists of a President, Deputy President and its members. There is also an Executive Officer and other staff necessary for the Tribunal to perform its operations.

Statutory obligations

The Tribunal's powers and functions are specified in the Act. The Act also details the criteria that the Tribunal applies, and the matters it must have regard to, when making its decisions.

- The Tribunal has authority to review the following matters:
 - treatment authorities
 - treatment support orders
 - forensic orders
 - the fitness for trial of particular persons
 - the detention of minors in high security units.
- The Tribunal has authority to hear the following applications:
 - examination authorities
 - to perform regulated treatments (ECT and non-ablative neurosurgical procedures)
 - approval to transfer a person into or out of Queensland
- The Tribunal has authority to hear appeals against:
 - particular decisions of the Chief Psychiatrist in relation to information notices
 - decisions of Administrators of AMHSs to refuse to allow a person to visit a patient in their service.
- The Tribunal also has authority to make treatment authorities, treatment support orders and forensic orders in limited circumstances.

This Annual Report contains detail on the manner in which the Tribunal has carried out its statutory obligations, including reporting on the number of hearings held in its jurisdiction.

Government's objectives for the community

The Tribunal acknowledges its role in promoting the *Government's objectives for the community (Unite and Recover – Queensland's Economic Recovery Plan)*. In particular, it notes 'Safeguarding our health' and 'Backing our frontline services' as particularly relevant to

its operations. The Tribunal continually strives to adopt and implement innovative solutions to allow it to efficiently and effectively continue with hearings in accordance with the Act, thereby safeguarding people's health and jobs by keeping Queensland pandemic-ready. In particular, the Tribunal continues to assess its business continuity practices which are designed to allow hearings to continue efficiently and effectively when Queensland needs to respond to the spread of COVID-19.

The Tribunal also contributes to the delivery of world-class frontline services in key areas such as health and community safety. The Tribunal's strategic goals identify the importance of creating a workplace culture that encourages all workers to achieve excellence within a safe work environment. The Tribunal also looks for ways to engage with stakeholders to identify opportunities for continuous improvement in Tribunal operations and practices – including in its ongoing development of a consumer engagement strategy. The Tribunal is confident that its operations during the 2021-2022 reporting period have contributed to these objectives.

Governance, information systems and recordkeeping

During the reporting period, the Tribunal finalised a revised Governance Framework which documents the Tribunal's governance arrangements, including the manner in which performance is monitored and compliance is managed. The document is intended to provide a record of the processes utilised by the Tribunal to ensure appropriate governance. The Governance Framework is supported by a Hearings Governance Framework, Approved Documents Register, Risk Register and Policies and Procedures Register.

The Tribunal is committed to improving its recordkeeping systems. During the reporting period, it has continued to progress its project to improve its use of Resolve, particularly in respect of its ability to integrate with systems utilised by Queensland Health. In addition, the Tribunal continued with its project to review its recordkeeping practices, including disposal in accordance with approved Queensland Disposal Authorities and ways in which the Tribunal can further transition from paper-based to digital records. This project remains ongoing and will continue into the next financial year.

The Corporate Services Team, through appropriately skilled staff, maintain all administrative records. This is done by storing records securely and confidentially within the Tribunal and utilising systems provided by Queensland Health, including myHR. The Hearings Coordination Team maintains hearings-related records using Resolve. The Tribunal is supported by eHealth Queensland in relation to the security and reliability of its information systems and record-keeping systems.

The Tribunal manages retention and disposal of its records in accordance with the Health Sector (Corporate Records) Retention and Disposal Schedule authorised 4 November 2020 and the Queensland Disposal Authority Number (known as QDAN) 603, a specific disposal schedule approved for use by the Tribunal. The Tribunal has regard to the Queensland State Archives disposal authorisations and guidelines on creating and keeping records for the proactive protection of vulnerable persons in relation to its recordkeeping practices.

In accordance with the Memorandum of Understanding established between the Tribunal and Queensland Health, Queensland Health provides risk and governance services to the Tribunal, as required. The Tribunal requested Queensland Health internal audit team perform a governance health check to assist the Tribunal in identifying areas of improvement and the outcome of the health check is due in the next reporting period.

Tribunal Structure

Executive team

The Executive Team comprises the President, Deputy President and Executive Officer.

President – Ms Annette McMullan

Ms McMullan has served as President since June 2018 after serving in the role from April 2017 on a temporary basis. In addition to her legal qualifications, Ms McMullan holds a Bachelor of Nursing having practised as a nurse and midwife for more than 15 years before her admission to the Supreme Courts of Queensland and the Australian Capital Territory as a solicitor in 2001. Prior to her appointment as President, Ms McMullan was the Chief Legal Counsel of Queensland Health and has held previous legal roles at Metro North Hospital and Health Service and Crown Law. As the President, Ms McMullan is responsible for ensuring the quick and efficient discharge of the Tribunal's business, giving directions about its business, ensuring that members are adequately and appropriately trained and a number of specific functions outlined in the Act. The practice and procedures of the Tribunal are as directed by the President, subject to the provisions of the Act. In addition, the President is responsible for the organisational unit made up of the staff of the Tribunal.

Deputy President – Ms Virginia Ryan

Ms Ryan commenced as Deputy President in July 2017 after 10 years as a sessional member. She was admitted as a solicitor in New South Wales in 1983 and Queensland in 1989. She was formerly a member of the Queensland Civil and Administrative Tribunal and the Social Security Appeals Tribunal. Her governance experience includes former membership of the Legal Aid Commission, of an Australian Health Practitioner Regulation Agency Board and currently as a member of the board of the Mater and the Mater Foundation. She has also been a Court Registrar, an independent reviewer of Centrelink decisions, an accredited mediator, a university Law tutor, and worked and volunteered in community legal centres including Caxton Legal Centre and Women's Legal Service. As Deputy President, Ms Ryan is to act in the office of President during any period the office is vacant and/or for all periods when the President is absent from duty. The Deputy President is also primarily responsible for the implementation of the learning and development framework for members and is a key resource for the membership of the Tribunal.

Executive Officer – Ms Jade Madden

Having worked in Queensland's mental health system for over two decades, Ms Madden has been in the position of Executive Officer since 2017. She has previously held the positions of Registrar of the Mental Health Court and Director of the Legislation Unit in the Office of the Chief Psychiatrist. Possessing a Master of Health Law, she is also a member of the Australian and New Zealand Association of Psychiatry, Psychology and Law and the Australian Institute of Judicial Administration. As the Executive Officer, Ms Madden has specific powers under the Act and is primarily responsible for the day to day operations of the Tribunal and its staff.

Staff and strategic workforce planning and performance

As at 26 June 2022¹, the Tribunal operated with the full-time equivalent (FTE) staff reported in Table 1 and with a total headcount of 25. Further information about the Tribunal's staffing arrangements appears on page 16.

¹ 26 June 2022 represents the last full pay fortnight for the 2021-2022 financial year.

Table 1 – FTE staff as at 26 June 2022

	FTE
Total FTE for Tribunal	22.95

In respect of the target group data identified by Queensland Government (target group data), the Tribunal operated, as at 26 June 2022, as reported in Table 2. Table 2 is prepared using information collected from employees on a voluntary basis. Therefore, the number of employees and associated percentage of total workforce only accounts for those employees who have chosen to disclose this information and may not accurately represent the entire Tribunal workforce.

Table 2 – Target group data as at 26 June 2022

Gender	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Woman	19	76%
Man	6	24%
Non-binary	0	0%
Diversity groups	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	19	76%
Aboriginal Peoples and Torres Strait Islander Peoples	<5	<20%
People with disability	<5	<20%
Culturally and Linguistically Diverse – Born overseas	<5	<20%
Culturally and Linguistically Diverse – Speak a language at home other than English (including Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages)	0	0%
	Number (Headcount)	Percentage of total Leadership Cohort (Calculated on headcount)
Women in leadership roles*	<5	100%

To ensure privacy, in tables where there are less than 5 in a category, specific numbers have been replaced by <5.

* Leadership roles are considered those positions that are Senior Officer and equivalent and above.

The Tribunal is a public service office for the purpose of the *Public Service Act 2008* and as such, its staff must comply with the Code of Conduct for Queensland Public Service (Code of Conduct). The Tribunal has adopted the same mandatory training requirements for employees as Queensland Health, meaning that Tribunal employees are required to

complete training, and refresher training, including in relation to the Code of Conduct, fraud awareness, public interest disclosures and work health and safety. The Tribunal ensures that the administrative procedures and practices under which the Tribunal operates are consistent with the requirements of the *Public Sector Ethics Act 1994*, including the Code of Conduct.

During the reporting period, the Tribunal was compliant with the Queensland Government's Responsible Workforce Management approach regarding the advertising and selection of staff. No redundancy, early retirement or retrenchment packages were paid during the period.

As referenced in the Tribunal's previous Annual Report, the Tribunal undertook an analysis of the Tribunal office's organisational structure. The purpose of the review was to identify the needs of the Tribunal, particularly having regard to changes in processes with the conduct of remote hearings and the implementation of changes to Resolve. The review produced a business case for change. The Tribunal engaged in consultation about the business case in accordance with Queensland Health guidelines. The business case was implemented during the reporting period and involved the establishment of, and recruitment to, two AO6 Team Leader positions, establishment of, and recruitment to, one permanent AO4 Hearings Coordinator position (the position was formerly a temporary position), and abolishing three AO5 Senior Hearings Coordinator positions, one AO3 Administration Officer position and one AO8 Manager, Corporate Services position. As a result of the implementation of the business case, two employees of the Tribunal transitioned to roles outside the Tribunal and other employees were successful in obtaining new roles at the Tribunal.

In addition to the professional learning and development opportunities offered to Tribunal members, the Tribunal continued to build on its in-house learning and development program for staff. Topics included professional skills, wellbeing, Tribunal-specific procedures and upcoming changes to the Act. The Working for Queensland survey results received in the latter half of 2021 showed that this program is well-received by staff.

The safety and wellbeing of all Tribunal workers is of utmost importance and in recognition of this, the Tribunal has undertaken the following during the reporting period:

- approval of flexible working arrangements, including the use of remote working arrangements to limit staff in the Tribunal's Brisbane office during times of higher risk of COVID-19 infection
- adoption of Queensland Health's policy regarding mandatory COVID-19 vaccination for workers in healthcare settings
- conduct of remote hearings, together with ongoing review of suitability of hearing venues from a health and safety perspective
- maintained availability of the Employee Assistance Program (known as EAP) for all workers
- continuation of a bi-monthly wellbeing email to all workers that provides tips on wellbeing and details of external health and wellbeing events and activities in Queensland
- provision of annual vicarious trauma training from external experts.

Members

The Act prescribes that the Tribunal operate with three distinct categories of members — legal, medical and community. The criteria for appointment of membership for each category are set out in section 707 of the Act. These criteria are:

- a lawyer of at least five years standing, or

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

The Act also requires that prior to recommending a person for appointment to the Governor in Council, the Minister must be satisfied that the person has the competencies developed by the President relating to:

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

The Tribunal operates with three members appointed on a full-time basis - the President, the Deputy President and one full-time legal member. All other members are part-time, or what is known as, sessional, members.

As at 30 June 2022, there were 113 sessional members, plus the President, Deputy President and one full-time member. Further detail of the number of sessional members appears in Table 3.

Table 3 – Breakdown of membership according to category (excluding President, Deputy President, full-time member)

Type of Member	Number of Sessional Members
Legal	35
Medical	50
Community	28
Total	113

During the reporting period, the Tribunal conducted two appointment processes resulting in 23 new members to the Tribunal and 25 members being appointed for a further term. One of those appointment processes was outside the usual sessional appointment timeframes in order to identify additional medical members. Even with the number of medical members appointed, limited availability meant that there were insufficient medical members available to fill all sitting days. Therefore, the aim of the additional appointment process was to increase medical member availability and reduce the number of panels scheduled with only two members.

Further detail of member appointments, retirements and resignations can be found in Appendix 7. Members who formally resigned by written notice and members who did not sit or ceased to sit for the Tribunal during all or part of the reporting period are noted.

Tribunal member gender equality

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

Table 4 outlines the details of the membership as at 30 June 2022.

Table 4 – Breakdown of sessional membership according to gender (excluding the President, Deputy President and full-time member)

Gender	Legal	Medical	Community	Total
Female	22	24	21	67
Male	13	26	7	46
Total	35	50	28	113

Member diversity

In addition to gender considerations, when recommending a person for appointment as a member, the Minister must also have regard to the need for the membership of the Tribunal to reflect the social and cultural diversity of the general community.

The Tribunal issues a survey to its members seeking information about the membership cohort's diversity. This information is requested on a voluntary basis and does not reflect the entirety of the Tribunal's membership. The Tribunal has received 60 responses, the results of which are set out in Table 5.

Table 5 – Breakdown of sessional membership according to EEO groups

EEO groups	Number (headcount)	Percentage of respondents to survey	Percentage of total members (calculated on headcount)
People with disability	6	10%	5.3%
Culturally and linguistically diverse – born overseas in a mainly English speaking country	5	8.3%	4.4%
Culturally and linguistically diverse – born overseas in a mainly non-English speaking country	5	8%	4.4%
Culturally and linguistically diverse – speak a language at home other than English	7	11.6%	6.2%
Identifies as LGBTIQ+	6	10%	5.3%

The Tribunal endeavours to ensure that wherever possible it provides culturally safe and appropriate panels to conduct hearings. Our First Nations members play a vital role in acknowledging the cultural needs of First Nations people with mental illness. At the conclusion of the reporting period, the Tribunal was operating with eight First Nations members.

In undertaking its member appointment processes, the Tribunal actively encourages applications from a diverse group of eligible persons by advertising the positions with the assistance of the following:

- general platforms such as Smartjobs, the Tribunal website and Seek.

- legal and advocacy organisations including the Queensland Law Society, Legal Aid Queensland (LAQ), Indigenous Lawyers Association of Queensland Inc, Youth Advocacy Centre, Asian Australian Lawyers Association, African Australian Legal Network, Pasifika Lawyers Association of Queensland, Hellenic Australian Lawyers – Queensland Chapter, Pride in Law
- other relevant organisations including the Royal Australia and New Zealand College of Psychiatrists, the Australian and New Zealand Association of Psychiatry, Psychology and Law, the Australian Indigenous Psychologist Association, Queensland Alliance for Mental Health, Australian Association for Social Workers, Australian College of Nursing, Mental Health Australia, Queensland Centre for Intellectual and Development Disability Clinic.

Operations of the Tribunal

Structure

The Tribunal has retained its structure of three teams, the Hearings Coordination Team, a Corporate Services Team and a Legal and Policy Team.

The Hearings Coordination Team consists of a Manager, Team Leaders, 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, human resources, and capital and asset management. The Legal and Policy Team is responsible for governance activities, assisting with the development and documentation of policies and procedures relating the operation of the Tribunal and assisting the Deputy President with development and implementation of professional learning and development projects for members.

As at 30 June 2022, 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 25 full-time and part-time staff (on headcount) working for the Tribunal (accounting for 22.95 MOHRI). At the end of the reporting period, the Tribunal was operating with less staff than its MOHRI allocation. This occurred because the Tribunal supported a number of staff to take opportunities for professional development by accepting secondments in areas of Queensland Health or other agencies. Rather than replace those staff members during the secondments, the Tribunal took the opportunity to postpone non-critical initiatives and make savings in actual spend.

Venues

The Tribunal operates out of its principal place of business at 53 Albert Street, Brisbane. The majority of the Tribunal's staff now alternate their work days between the Tribunal's Brisbane office or working from home. Due to the continuing impacts of COVID-19, Tribunal members have primarily conducted hearings remotely from the Tribunal's office or their own home/office. To facilitate remote hearings, the Tribunal makes use of video conferencing and teleconferencing facilities to enable hearing participants to join a hearing from numerous venues remotely.

Where it has been safe and efficient to do so, members have conducted in-person sittings at hospital and health service venues. The Tribunal sat from 45 different venues during the reporting period. A list of total available hearing venues and an explanation of the groups used in the below tables can be found at Appendix 6.

Human rights

The Tribunal continues to implement the *Human Rights Act 2019* in respect of its operations. To support Tribunal workers during the reporting period to comply with their obligations under that Act, the Tribunal continues to incorporate human rights into its learning and development activities, including review of relevant case law from Queensland and other jurisdictions.

No human rights complaints were received by the Tribunal during the 2021–2022 financial year.

Our Strategic Priorities

During the previous reporting period, the Tribunal undertook the process of developing a Strategic Plan for the period 1 July 2021 to 30 June 2025. In doing so, the Tribunal's leadership team also took the opportunity to review the Tribunal's vision, mission, purpose and values.

Our Strategic Priorities for the period up to 30 June 2025	
Our Vision	To operate a Tribunal that produces fair outcomes for those receiving involuntary treatment and care for mental illness and/or intellectual disability and the community.
Our Mission	To be seen as a Tribunal that: <ul style="list-style-type: none"> • is viewed as independent, fair and impartial. • recognises the importance of protecting the rights and dignity of persons receiving involuntary 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	The Mental Health Review Tribunal is an independent body continued under the <i>Mental Health Act 2016</i> 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: <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 are least restrictive, whilst ensuring community safety. • 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 stakeholders 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.

In preparing the new Strategic Plan, the Tribunal also identified key opportunities and challenges relevant to the Tribunal's achievement of its strategic objectives and these are documented in the Tribunal's Strategic Plan.

The Strategic Plan was reviewed in May 2022 and the President approved that no amendments were required. In addition to a Strategic Plan, the Tribunal produces an annual Operational Plan to operationalise its strategic objectives.

An update on the Tribunal's progress in achieving the performance indicators identified in its Strategic Plan appears in Appendix 1.

Legislated objectives — *Mental Health Act 2016*

The Tribunal has provided data relevant to its proceedings on pages 19 to 32 of this Annual Report.

Consumer engagement

The Tribunal recognises the importance of engaging with its stakeholders, including consulting with persons with lived experience of mental illness and understanding their views in relation to the Tribunal's operations. Consumer engagement is a priority for the Tribunal and this is evidenced by the inclusion of stakeholder engagement, and particularly consumer engagement as objectives and strategies in the Tribunal's Strategic Plan for 2021 – 2025.

The Tribunal is looking forward to launching a number of initiatives that it has been working towards in the previous reporting period which includes:

- publishing a series of short videos it has prepared to provide consumers, their family and supports information on the processes before, during and after a hearing
- utilising revised hearing notices and self-report templates which have been designed in response to feedback from consumers.

The Tribunal's Consumer Engagement Officer will drive the launch of the consumer engagement strategy and the Tribunal has identified a range of additional activities that it proposes to develop during the coming financial year focussed on:

- increasing the ways in which the Tribunal can gather information from consumers
- improving the written communication from the Tribunal
- providing clear, accessible information on the Tribunal's role, responsibilities and limitations.

Tribunal Activity

Hearing activities and outcomes

In this Annual Report, reference to 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

The Tribunal opened a total of 20,813 matters during the 2021–2022 period and experienced a decrease of approximately 5 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 2022. Table 6 outlines the type of each matter opened.

Table 6 – Snapshot of matter types

Tribunal Matters	Number
Appeal against Administrator’s decision	1
Application to perform ECT (including emergency)	568
Application for confidentiality order	41
Application for examination authority	582
Application to perform non-ablative neurosurgery	2
Treatment authority review	17,334
Forensic order review	1,639
Fitness for trial review	29
Treatment support order review	617
Total	20,813

Sittings

The Tribunal held 2,598 sittings relating to 14,300 hearings during the 2021–2022 period. This reflects a decrease in sittings of approximately 1.6 per cent and a decrease in hearings of approximately 6 per cent compared to the 2021–2022 period.

Reviews and outcomes

This section of the Annual Report details matter outcomes for the most common types of matters heard by the Tribunal, being forensic orders, treatment support orders, treatment authorities, fitness for trial reviews and applications.

Forensic orders

Table 7 shows the outcomes of forensic order reviews.

Table 7 – Forensic order outcomes by AMHS

Location	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	43	32	4	7
Cairns Network AMHS	144	110	6	28
Central Qld Network AMHS	59	45	3	11
Children's Health Qld AMHS	0	0	0	0
Darling Downs Network AMHS	152	131	5	16
Forensic Disability Service	16	15	0	1
Gold Coast AMHS	85	68	6	11
Logan Beaudesert AMHS	131	101	3	27
Mackay AMHS	39	34	1	4
Princess Alexandra Hospital AMHS	172	147	6	19
Redcliffe Caboolture AMHS	94	77	4	13
Royal Brisbane and Women's Hospital AMHS	90	72	10	8
Sunshine Coast Network AMHS	68	56	4	8

Location	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
The Park — Centre for Mental Health AMHS	178	160	2	16
The Prince Charles Hospital AMHS	109	89	4	16
Townsville Network AMHS	174	135	13	26
West Moreton AMHS	111	94	7	10
Wide Bay AMHS - North	31	25	0	6
Wide Bay AMHS - South	31	28	2	1
Total	1,727	1,419	80	228

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 decreased by approximately 13 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 60 times during the reporting period. The number of treatment support orders made by the Tribunal decreased by approximately 21 per cent, from 76 to 60, compared to the previous reporting period. Table 8 shows the number of treatment support orders made by the Tribunal according to AMHS.

Table 8 – Treatment support orders made according to AMHS

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

Central Qld Network AMHS	2
Darling Downs Network AMHS	3
Gold Coast AMHS	5
Logan Beaudesert AMHS	3
Mackay AMHS	1
Princess Alexandra Hospital AMHS	6
Redcliffe Caboolture AMHS	3
Royal Brisbane and Women's Hospital AMHS	7
Sunshine Coast Network AMHS	3
The Park — Centre for Mental Health AMHS	0
The Prince Charles Hospital AMHS	4
Townsville Network AMHS	9
West Moreton AMHS	5
Wide Bay AMHS - North	0
Wide Bay AMHS - South	2
Total	60

The treatment support orders made by the Tribunal, together with those made by the Mental Health Court, were reviewed regularly by the Tribunal. Treatment support order reviews increased by approximately 16 per cent compared to the previous reporting period. Table 9 shows the outcomes of treatment support order reviews.

Table 9 – Treatment support order outcomes by AMHS

Location	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	25	22	3	0
Cairns Network AMHS	30	23	2	5
Central Qld Network AMHS	16	13	1	2

Location	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Darling Downs Network AMHS	37	25	7	5
Gold Coast AMHS	39	29	2	8
Logan Beaudesert AMHS	47	35	4	8
Mackay AMHS	26	20	4	2
Princess Alexandra Hospital AMHS	102	78	12	12
Redcliffe Caboolture AMHS	21	16	3	2
Royal Brisbane and Women's Hospital AMHS	56	50	3	3
Sunshine Coast Network AMHS	43	37	2	4
The Park – Centre for Mental Health AMHS	2	1	0	1
The Prince Charles Hospital AMHS	47	33	9	5
Townsville Network AMHS	46	38	5	3
West Moreton AMHS	54	44	4	6
Wide Bay AMHS - North	10	7	1	2
Wide Bay AMHS - South	15	9	3	3
Total	616	480	65	71

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 19 occasions, the Tribunal made a treatment authority.

Treatment authorities

In contrast to forensic orders and treatment support orders, 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, 6,571 treatment authorities that had been received by the Tribunal were revoked by a doctor. Their revocation negated the need for a further Tribunal review hearing. However, the Hearings Coordination Team will have often undertaken a degree of work prior to the treatment authority being revoked.

Treatment authority reviews decreased by approximately 6 per cent compared to the previous reporting period.

Table 10 shows the outcomes of treatment authority reviews.

Table 10 – Treatment authority outcomes by AMHS

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Bayside AMHS	265	223	4	38
Belmont Private Hospital	13	10	0	3
Cairns Network AMHS	887	695	10	182
Central Qld Network AMHS	584	499	11	74
Children's Health Qld AMHS	31	24	1	6
Darling Downs Network AMHS	586	460	7	119
Gold Coast AMHS	1,261	982	21	258
Greenslopes Private Hospital AMHS	3	1	0	2
Logan Beaudesert AMHS	859	698	11	150
Mackay AMHS	318	260	6	52
New Farm Clinic AMHS	5	5	0	0
Princess Alexandra Hospital AMHS	1,118	914	8	196

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Redcliffe Caboolture AMHS	495	400	10	85
Royal Brisbane and Women's Hospital AMHS	1,376	1,076	10	290
Sunshine Coast Network AMHS	790	653	15	122
The Park – Centre for Mental Health AMHS	127	107	0	20
The Prince Charles Hospital AMHS	834	666	13	155
Toowong Private Hospital	6	6	0	0
Townsville Network AMHS	614	481	4	129
West Moreton AMHS	557	477	3	77
Wide Bay AMHS - North	135	119	2	14
Wide Bay AMHS - South	173	146	1	26
Total	11,037	8,902	137	1,998

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.

Fitness for Trial

Table 11 shows the outcomes of fitness for trial reviews during the period.

Table 11 – 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	1	0	0	1	0

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
Darling Downs Network AMHS	5	2	1	0	2
Logan Beaudesert AMHS	7	2	0	0	5
Princess Alexandra Hospital AMHS	2	1	1	0	0
Redcliffe Caboolture AMHS	4	3	0	0	1
Sunshine Coast Network AMHS	2	0	0	1	1
The Park – Centre for Mental Health AMHS	2	2	0	0	0
The Prince Charles Hospital AMHS	1	1	0	0	0
Townsville Network AMHS	3	1	0	1	1
West Moreton AMHS	1	1	0	0	0
Wide Bay South AMHS	3	2	0	0	1
Total	31	15	2	3	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 2021–2022 period, the Tribunal heard two applications to perform non-ablative neurosurgical procedures which were approved.

The Tribunal managed a total of 571 matters relating to applications for approval to perform ECT during the 2021–2022 period. This is a slight decrease compared to the previous reporting period.

Table 12 represents the outcomes for the ECT applications managed in the reporting period.

Table 12 – Outcome of applications for ECT managed during the period

	Approved	Refused	Withdrawn	Adjourned	TOTAL
ECT	348	18	37	16	419
ECT with an emergency certificate pursuant to section 237	134	11	1	6	152
Total	482	29	38	22	571

Examination authorities

The Tribunal received a total of 583 applications for examination authorities, during the 2021–2022 period, which is a 6 per cent decrease from the previous period. In terms of requests, 61 per cent of applications came from a relative, 15 per cent from an interested person, 20 per cent from an AMHS and approximately 5 per cent from another source.

Table 13 represents the outcome of those applications for examination authorities heard in the 2021–2022 period.

Table 13 – Outcome of applications for examination authorities in reporting period

Outcome	Percentage
Issued	78
Refused	4
Withdrawn	12
Adjourned	2
Other	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 450 examination authorities made were issued to the AMHSs as listed in Table 14.

Table 14 – Distribution of examination authorities across AMHSs

Location	Number
Bayside AMHS	29

Location	Number
Cairns Network AMHS	9
Central Queensland Network AMHS	11
Darling Downs Network AMHS	39
Gold Coast AMHS	54
Logan Beaudesert AMHS	37
Mackay AMHS	5
Princess Alexandra Hospital AMHS	65
Redcliffe Caboolture AMHS	20
Royal Brisbane and Women's Hospital AMHS	42
Sunshine Coast Network AMHS	14
The Prince Charles Hospital AMHS	33
Townsville Network AMHS	29
West Moreton AMHS	36
Wide Bay AMHS	27
Total	450

Legal Representation

Every person the subject of a hearing before the Tribunal is entitled to be represented at their Tribunal hearing. Representation may be provided by a lawyer, nominated support person or another person of the subject person's choice. 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.

The Act requires the Tribunal to provide representation to persons the subject of certain Tribunal hearings, at no cost to that person. These hearings 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. To allow the Tribunal to provide representation in an independent manner, the Tribunal has entered into a contractual arrangement with LAQ.

As shown in Table 15, legal representatives were appointed by the Tribunal for 2,519 hearings during the period, 128 of which involved a minor. The number of legal representatives appointed decreased by 7 per cent compared to the previous period and this is consistent with decreases seen in forensic order reviews and ECT hearings where legal representation is required to be provided.

Table 15 – Number of legal representatives by hearing type

Hearing Type	Number of hearings legal representative was appointed for
Forensic Order	1,718
Treatment Support Order	11
Fitness for Trial	31
Electroconvulsive Therapy (including emergency)	536
Treatment Authority	188
Confidentiality Order	33
Application to Transfer out of QLD	0
Non-Ablative Neurosurgery	2
Total	2,519

First Nations matters

Appendix 5 details hearings related to First Nations persons.

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 attempt, where possible, to cluster matters together so that appropriate panels can be scheduled.

Attendance

Details of attendance are set out in Appendix 4.

The Tribunal encourages persons the subject of a Tribunal hearing to attend, whether that be in person or by remote conferencing facilities (telephone or video conferencing). It is also important for quality decision-making for people with relevant information to attend hearings. In that regard, the Tribunal continues to work with AMHSs with the aim of ensuring relevant treating team members are available to attend hearing and provide evidence.

Victims

The Act provides a mechanism to enable 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 137 Information Notices (as at 30 June 2022) authorised by the Chief Psychiatrist and provides information to the Office of the Chief Psychiatrist for distribution to notice holders in accordance with the Act.

Adjournments

The Tribunal has the authority to adjourn hearings at its discretion. For example, the Tribunal may adjourn a matter to ensure that the person the subject of the hearing receives natural justice. While there are circumstances where an adjournment is unavoidable, the Tribunal recognises the benefits of minimising adjournments, including to limit the number of matters that need to be relisted and allowing increased times for hearings. During the reporting period, the Tribunal continued to investigate ways to reduce avoidable adjournments, including consultation with AMHSs, information sessions with Tribunal members and continued implementation of special administrative case management procedures for hearing preparation.

The average adjournment rate for the reporting period was approximately 16 per cent, which represents a decrease of approximately 6.5 per cent compared to the last reporting period. Reasons for adjournments are provided in Table 16 below.

Table 16 – Percentages of adjournments by reason type

Reason for adjournment	Percentage of total adjournments
AMHS request	2
Attendance notice	<1
COVID related	2
Lack of evidence	21
Legal Representative unable to receive instructions	<1
Other	3
Patient absent without authority	7
Patient request	14
Patient transferred	<1
Procedural fairness – non-patient related	2
Procedural fairness – patient related	14
Report	33
Tribunal Ordered Examination	1
Total	100

Statements of reasons

Specified persons are entitled to request a statement of reasons in relation to a decision of the Tribunal under the Act. The Tribunal must provide a statement of reasons in response to a valid request within 21 days. In the 2021–2022 period, the number of requests for statements of reasons was 448, an increase of approximately 8 per cent from the previous reporting period.

Table 17 shows the breakdown of statements of reasons by requestor.

Table 17– Statement of reasons requested by requestor

Requestor	Percentage
Attorney-General	8
Administrator	5
Chief Psychiatrist	<1
Legal Representative	49
Mental Health Court	11
Patient	25
Person on behalf of the patient (which includes a nominated support person or guardian)	2
Total	100

Table 18 shows the number of statements of reasons by matter type.

Table 18 – Statement of reasons requested by matter type

Matter type	Percentage
Forensic order	33
Treatment authority	54
Fitness for Trial	1
ECT	4
Examination Authority	1
Treatment Support Order	7
Total	100

Appeals

The Act states who can appeal a Tribunal's decision. Fifty-four appeals were filed during the 2021–2022 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 costs for the 2021–2022 financial year.

In forecasting for the 2021–2022 financial year, the Tribunal identified that it would incur additional spend in two key areas: member labour costs and costs to provide legal representatives to those appearing before the Tribunal. Both costs represent non-discretionary 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 of legal representation is in accordance with the contract between the Tribunal and LAQ.

An increase in recurrent funding of \$2.253 million has been approved by Queensland Health for the Tribunal's budget for financial year 2022-2023 onwards to accommodate those additional costs.

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, including staff wages and Tribunal office accommodation costs. The Tribunal can report \$0.918M in savings in those other areas.

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 19 below.

Table 19 – Financial Summary

	Actual	Budget	Budget Variance**
Labour			
Staff	\$3,576,939	\$3,875,807	\$298,868
Members	\$11,308,778	\$9,684,596	-\$1,624,182
Non-Labour*			
Staff	\$1,298,137	\$1,752,668	\$454,532
Members	\$145,279	\$310,518	\$165,239
LAQ	\$2,923,120	\$2,420,000	-\$503,120
Depreciation	\$7,864	\$6,826	-\$1,038
TOTAL	\$19,260,117	\$18,050,415	-\$1,209,701

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

** Note: There may be some differences in the Budget Variance figure when calculated using the Actual and Budget figures provided due to rounding of figures to the nearest whole dollar.

Tribunal member costs

Tribunal members are paid in accordance with rates approved by the Governor in Council. Such rates are commensurate 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 for 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) is published at https://www.courts.qld.gov.au/__data/assets/pdf_file/0010/93943/judicial-remuneration.pdf) and was \$368,331.74 for the period.

The Deputy President is remunerated at 70 per cent of a Magistrate's salary, at \$257,832.22 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 20 shows Tribunal member costs for the 2021–2022 period.

Table 20 – Tribunal member costs

	Fees	Allowances	Expenditure
Members	\$11,308,778	\$145,279	\$11,454,057

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.

Consumer Engagement

As detailed throughout this report, the Tribunal has engaged in a range of consultation activities to inform its consumer engagement strategy. The launch of these documents will occur in the 2022-2023 reporting period. To implement those documents, the Tribunal's Consumer Engagement Officer will lead the operationalisation of the strategy by identifying and planning actions and initiatives for the coming reporting periods.

Digital innovation

Similar to the consumer engagement strategy, the Tribunal is preparing to launch its digital strategy early in the next financial year. During 2022-2023, the Tribunal will focus on designing a plan to operationalise the strategy.

In addition to identifying activities and initiatives that will progress the Tribunal's goals of embracing and leveraging data and digital initiatives, the Tribunal will continue to progress improvements to Resolve. Phase two of the Project involves integration of Resolve with the electronic record keeping system used by authorised mental health services. Delays in Phase two have been experienced which were outside of the Tribunal's control but it is anticipated that the project will progress in the 2022-2023 financial year with a 'go live' date for those developments in the 2023-2024 period.

Upgrade of the members' website

The Deputy President and Senior Principal Lawyer undertook a review of the members-only section of the Tribunal's website during this reporting period. This review involved consultation with members and its purpose was to identify improvements that could be made such that the resources made available for members were easily identifiable and accessible. The review identified a range of changes including:

- changes to the ways resources were grouped and displayed within the website.
- adding functionality to the site which allows the user to reduce content on each page so that it is easier to focus on the desired information.
- additional navigation functionality allowing members to find their way around the site more easily.
- improved document file naming to improve searchability of the site.

These improvements are scheduled to occur in the 2022-2023 period.

Internal Audit health check results

The Queensland Health Internal Audit team are scheduled to deliver their report in the 2022-2023 reporting period. The Tribunal is looking forward to receipt of this report and reviewing its suggestions for improvements in Tribunal governance and operations.

Appendices

Appendix 1 - Progress against Strategic Plan for the period 2021-2022

Key result area	Strategies	Performance indicators	Goals	Progress in 2021–2022
Fair hearings	Critically reflect on governance systems and frameworks to ensure accountable and high-quality Tribunal operations	Appropriate governance frameworks to support fair hearings	Active budget management and reporting to management, including identification of savings where possible	<ul style="list-style-type: none"> Monthly budget updates to President with ongoing investigations into funding options regarding projects. Additional funding requested as required.
			Consolidation and documentation of Tribunal governance framework	<ul style="list-style-type: none"> Finalised documentation of the MHRT Governance Framework, Risk Register, and Policies and Procedures Register. Legislative Compliance Management Framework – Compliance Plan prepared for the Act. Engaged Queensland Health Internal Audit team to conduct health check in respect of MHRT governance.
			Consolidation and documentation of Tribunal hearings governance framework	<ul style="list-style-type: none"> Finalised documentation of the MHRT Hearings Governance Framework.
	Analyse training and professional development needs of members to target offerings and opportunities	Integration of an understanding of social diversity and human rights in the delivery of Tribunal hearings	Conduct annual review of Members' Professional Learning and Development Framework	<ul style="list-style-type: none"> Finalised review of Members' Professional Learning and Development Framework with revised version distributed to members.
Improved consumer engagement through increased communication channels and analysis of feedback	Ongoing delivery of masterclasses, case study sessions, workshops etc		<ul style="list-style-type: none"> Obtained feedback regarding professional learning and development activities from Tribunal Professional Learning and Development Committee. Ongoing provision of masterclasses and case study sessions. Mandatory member training trialled using self-paced learning method. 	

Key result area	Strategies	Performance indicators	Goals	Progress in 2021–2022
	Investigation into victims' issues in Tribunal decision-making	Analysis of victims' considerations and how they are factored into decision-making	Development of a new professional learning and development method	<ul style="list-style-type: none"> Commenced planning for Member Conference to be held in July 2022.
			See below for goals regarding consumer engagement	<ul style="list-style-type: none"> See below for progress regarding consumer engagement.
			Development of an information sheet for Queensland Health Victim Support Service's use with victims regarding the Tribunal	<ul style="list-style-type: none"> Information sheet about Tribunal for victims revised and published on Tribunal's website and provided to Queensland Health Victim Support Services.
			Provision of ongoing support and training to members in relation to victims' issues in decision-making	<ul style="list-style-type: none"> Ongoing consultation with the Office of the Chief Psychiatrist and Queensland Health Victim Support Service regarding information provided to the Chief Psychiatrist by the Tribunal and the provision of information to victims under information notices. Resources provided to members regarding victims' considerations.
Data and digital innovation	Leverage and embrace data and information to create insights and drive improvements	Additional reporting utilising data analytics and trend analysis to inform operational decision-making and improve accountability	Development of a digital strategy	<ul style="list-style-type: none"> Digital strategy drafted, including consultation with eHealth Queensland, and approved by Tribunal leadership team. Plan to operationalise digital strategy will be prepared next financial year.
			Review to identify hearings metrics to track for continuous improvement purposes including data captured from hearings documentation	<ul style="list-style-type: none"> Report template developed to collate relevant hearings metrics to assist in leadership decision-making.
			Use of surveys to obtain member feedback for continuous improvement	<ul style="list-style-type: none"> Surveys utilised to obtain feedback from members for a range of topics including feedback on professional learning and development activities, diversity data, administrative processes and as part of the consultation process regarding potential COVID-19 mandatory vaccination requirements.

Key result area	Strategies	Performance indicators	Goals	Progress in 2021–2022
	Design and adopt digital solutions to assist in the efficient and effective operation of the Tribunal	Increased efficiencies as a result of digital innovation	Evaluation of Phase 1 of Resolve project	<ul style="list-style-type: none"> Feedback sought from members and staff regarding the implementation of Phase 1 of the Resolve project.
			Optimised use of Microsoft Teams for delivery of professional learning and development for members	<ul style="list-style-type: none"> Transition to use of Microsoft Teams for professional learning and development activities successful, including the use of additional functionality – polls, breakout groups.
		An increase in connectivity through the use of digital solutions	Ongoing work on Phase 2 of Resolve project involving integration with CIMHA	<ul style="list-style-type: none"> Development phase of CIMHA integration part of Resolve project (Phase 2) commenced. Factors outside of the Tribunal's control have resulted in delays which have extended the project timeline.
Workforce culture	Attract, select, retain and empower the right people to create a diverse, inclusive and engaged workforce encompassing staff and members	A workforce that feels engaged and connected to Queensland's health system	Implementation of organisational change across team structure	<ul style="list-style-type: none"> Implementation of organisational change finalised in accordance with business case timeline.
			All staff will have an up to date CSP	<ul style="list-style-type: none"> Career Success Plans in place for all staff.
			Implementation of a Business Improvements Policy	<ul style="list-style-type: none"> Business Improvements Policy and Procedure finalised and implemented with Tribunal staff.
			Documentation of revised member appointment process and templates	<ul style="list-style-type: none"> Member appointment policy, procedure and templates prepared. Documentation to be updated in relation to the lessons learned from most recent appointment process in the next reporting period.
			Review of Member Competencies Framework	<ul style="list-style-type: none"> Tribunal Member Competencies Framework updated and distributed to members.
	Focus on creating safe workplaces that are rewarding, enhance wellbeing and adequately equip the workforce to perform at the highest level	Provision of venues and equipment that are safe and effective to aid preparation for, and delivery of, Tribunal hearings	Approval of appropriate flexible working arrangements for staff (as and when requested)	<ul style="list-style-type: none"> Communication to all staff of availability of flexible working arrangements and process for application. All applications submitted processed.

Key result area	Strategies	Performance indicators	Goals	Progress in 2021–2022
			Ongoing identification and implementation of wellness initiatives	<ul style="list-style-type: none"> Wellbeing initiatives continued during reporting period including provision of vicarious trauma training for members and staff, distribution of bi-monthly wellbeing emails and opportunities for staff and members to participate in social activities.
			Engagement with stakeholders regarding appropriate use of venues for in person hearings	<ul style="list-style-type: none"> Ongoing consultation with authorised mental health services regarding return of in-person hearings and consideration of COVID-19 safety measures.
	Identify and develop development opportunities to enable staff and members to continue to demonstrate excellence	Provision of development opportunities to both staff and members responsive to the needs of the respective groups	Ongoing development and implementation of learning and development opportunities for staff and members	<ul style="list-style-type: none"> See above for comment regarding delivery of professional learning and development for members. Staff learning and development program has continued with monthly sessions.
Stakeholder engagement	Actively engage with key stakeholders to open channels for feedback to the Tribunal	Identification and promotion of appropriate channels of communication with key stakeholders for the collation of feedback on Tribunal operations	Development of a consumer engagement strategy	<ul style="list-style-type: none"> Formulation of a consumer engagement strategy was delayed by a change in personnel, however, the Strategy is nearing finalisation and is anticipated to be finalised early in the next reporting period. Consultation occurred with a range of stakeholders to inform the Strategy.
			Ongoing use of the Tribunal Reference Group	<ul style="list-style-type: none"> A renewal of the membership of the Tribunal Reference Group was undertaken. The Tribunal Reference Group met twice during the reporting period.
			Identification of mechanisms to capture and consolidate feedback and comments from members regarding hearings	<ul style="list-style-type: none"> This is an initiative that was not able to be undertaken during the reporting period due to competing priorities and is carried over to the next reporting period.

Key result area	Strategies	Performance indicators	Goals	Progress in 2021–2022
	Be responsive to the needs of key stakeholders while maintaining legislative and regulatory compliance	Integration of dynamic change in Tribunal operations brought about from key stakeholder engagement	Identification of actions/initiatives from consumer consultation	<ul style="list-style-type: none"> Once the consumer engagement strategy has been completed, a plan on how best to operationalise the Strategy will be developed which includes the identification of appropriate actions/initiatives.
			Continue to provide members with information regarding culturally appropriate practices for hearings purposes	<ul style="list-style-type: none"> The Tribunal has consulted with SBS Cultural Atlas (produced by Include) regarding their development of platforms which provide current information on cultural health information from a wide variety of different cultures/regions. Various resources providing culturally-relevant information circulated to members. Contact has been made with Queensland Health to assist in the identification of appropriate speakers to incorporate into the Tribunal's masterclass schedule.
	Strengthen relationships with key stakeholders to embed the Tribunal as a connected part of the Queensland mental health system	Clarity in the role and purpose of the Tribunal within the Queensland mental health system	Continue to maintain relationships with stakeholders through regular engagement	<ul style="list-style-type: none"> Ongoing, regular meetings with key interested organisations, including the Office of the Chief Psychiatrist, Office of the Public Guardian, Mental Health Court Registry. Ad hoc meetings arranged with interested organisations as and when required including the Queensland Mental Health Commission, Queensland Law Society and Office of the Public Advocate.
			Arranging/hosting of Registrars/Executive Officers roundtable for sharing of knowledge between tribunals across jurisdictions	<ul style="list-style-type: none"> Roundtable attended by the Tribunal's Executive Officer in June 2022. Ongoing involvement in communications and information sharing between tribunals in other

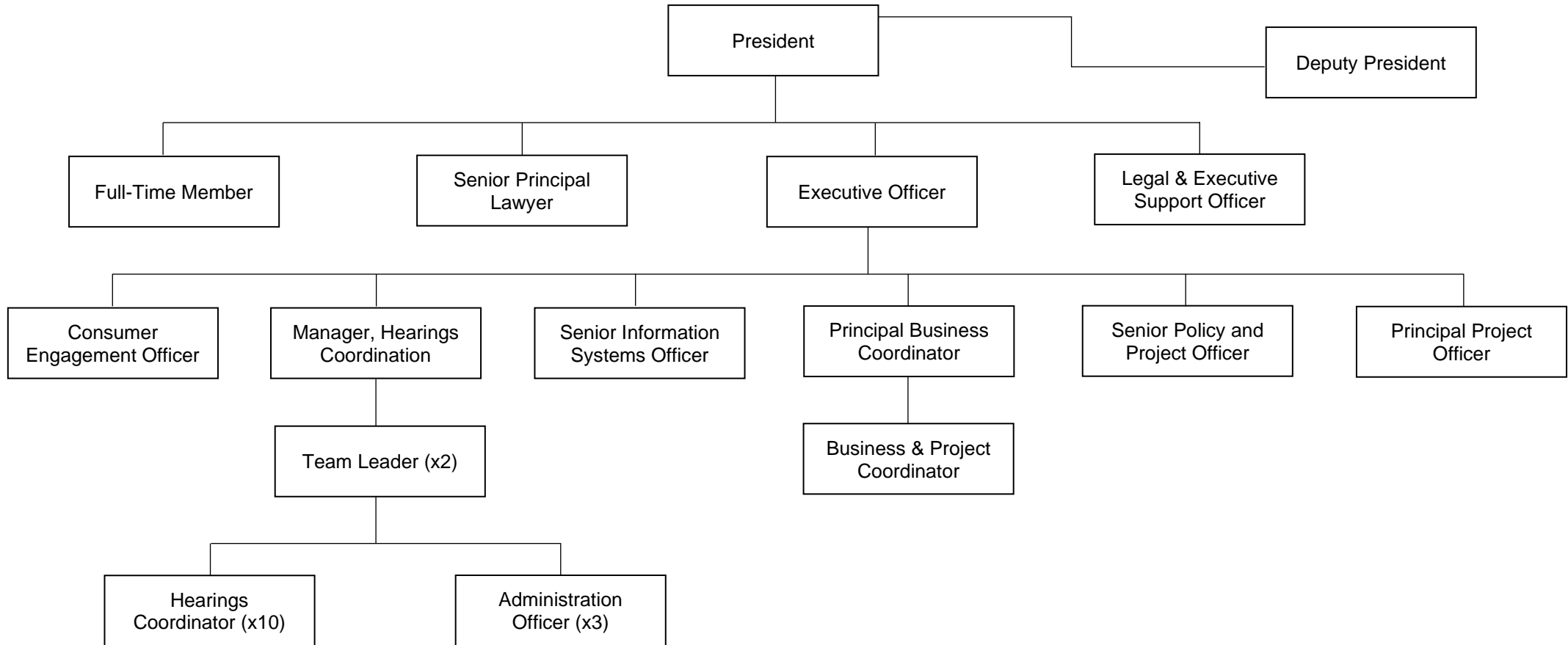
Key result area	Strategies	Performance indicators	Goals	Progress in 2021–2022
			Presentation of education/information sessions for key stakeholders regarding Tribunal operations	jurisdictions by various Tribunal staff and members. <ul style="list-style-type: none"> • Tribunal continues to present on Tribunal-related matters to various authorised mental health service staff. • Tribunal members and staff participate in information sharing by participating as speakers at Tribunal-relevant conferences and events.

Appendix 2 – Masterclass presentations and case study sessions

Format	Date	Topic	Presenter/Facilitator
Masterclass	July 2021	COAT Conference Highlights	Tribunal members: Matthew Heelan, Monique Ulrick-Hunter, Dr David Ward
Masterclass	July 2021	Human rights in Queensland	Rebekah Leong, Queensland Human Rights Commission
Case study session	July 2021	Child and youth adolescent mental health	Virginia Ryan, Deputy President
Masterclass	August 2021	The role of the Independent Patient Rights Advisor	Scott James, Statewide IPRA Coordinator, Queensland Health
Masterclass	September 2021	Forensic orders vs Treatment support orders	Virginia Ryan, Deputy President
Case study session	September 2021 (x2)	Forensic orders vs Treatment support orders	Virginia Ryan, Deputy President
Masterclass	November 2021	Vicarious trauma	Tere Vaka, Penny Gordon & Associates
Case study session	January 2022	Open discussion	Virginia Ryan, Deputy President
Masterclass	February 2022	Case law review	Virginia Ryan, Deputy President
Case study session	February 2022	Risk and decisions about conditions	Virginia Ryan, Deputy President
Masterclass	March 2022	Australia's international human rights obligations and involuntary psychiatric treatment in Queensland	Tribunal member: Dr Neeraj Gill
Case study session	March 2022	Risk and decisions about conditions	Virginia Ryan, Deputy President

Format	Date	Topic	Presenter/Facilitator
Masterclass	April 2022	Assessing risk	Virginia Ryan, Deputy President
Masterclass	May 2022	Member deliberations	Virginia Ryan, Deputy President
Case study session	May 2022	Member deliberations	Virginia Ryan, Deputy President
Masterclass	June 2022	Statements of reasons	Tribunal member: Ann Herriot
Masterclass	June 2022	Upcoming changes to the <i>Mental Health Act 2016</i>	Kimberley Kiehne, Senior Principal Lawyer
Case study session	June 2022	Statements of reasons	Virginia Ryan, Deputy President

Appendix 3 – Tribunal organisational structure



Appendix 4 – 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	6	0	41	226	62	14	111	59	80	130	1	2
Belmont Private Hospital	0	0	0	0	21	9	2	10	15	12	0	0
Cairns Network	42	7	142	1075	191	38	297	108	295	189	5	17
Central Qld Network	17	0	57	645	90	29	256	55	477	149	2	3
Children's Health Queensland	4	0	0	23	29	5	23	4	24	8	0	1
Darling Downs Network	56	8	149	768	178	47	230	133	334	190	1	6
Forensic Disability Service	7	0	14	23	14	2	1	8	1	0	12	0
Gold Coast	23	1	82	1010	150	50	325	216	384	445	1	20
Greenslopes Private Hospital	0	0	.	0	0	0	3	0	2	0	0	0
Logan-Beaudesert	26	1	136	879	199	52	343	99	206	224	0	34

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	11	0	40	417	51	49	140	29	191	186	2	0
New Farm Clinic	0	0	0	0	2	0	1	2	3	5	0	0
Princess Alexandra Hospital	34	0	171	1123	274	69	432	189	292	389	2	50
RBWH	55	18	90	1105	264	65	459	206	416	361	1	23
Redcliffe-Caboolture	38	1	97	569	163	109	196	109	378	150	8	9
St Andrew's War Memorial Hospital	0	0	0	0	2	0	1	0	2	1	0	0
Sunshine Coast Network	30	3	68	891	163	129	371	116	251	170	4	0
The Park	33	0	175	103	212	30	28	207	281	171	1	8
Toowong Private Hospital	0	0	0	8	3	2	2	4	6	1	0	0
Townsville Network	36	0	172	866	207	29	281	92	275	188	1	2
The Prince Charles Hospital	44	3	111	802	156	69	323	81	321	212	0	8

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	61	8	111	731	130	33	239	54	158	114	1	10
Wide Bay - North	11	0	30	202	44	26	90	26	143	61	2	4
Wide Bay - South	6	0	33	229	45	40	108	23	165	66	0	3
TOTAL	540	50	1719	11695	2650	896	4262	1830	4700	3422	44	200

FLO means forensic liaison officer

AG Rep means Attorney-General representative

Legal Rep means legal representative

Appendix 5 – First Nations related matters

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	First Nations Member attendance
Bayside AMHS	34	7	19	8	0	0	3
Cairns Network AMHS	467	63	299	155	36	20	195
Central Qld Network AMHS	198	27	143	77	7	9	92
Children's Health Queensland AMHS	2	0	2	2	0	1	1
Darling Downs Network AMHS	182	46	94	79	17	0	93
Forensic Disability Service	6	5	0	4	1	0	5
Gold Coast AMHS	90	17	49	31	0	0	8
Logan Beaudesert AMHS	136	16	85	47	0	0	20
Mackay AMHS	87	21	52	33	5	1	23
Princess Alexandra Hospital AMHS	126	29	64	36	0	0	5
Redcliffe Caboolture AMHS	78	11	48	33	4	2	17
Royal Brisbane and Women's Hospital AMHS	156	8	99	47	0	7	32
Sunshine Coast Network AMHS	82	12	58	40	7	2	23

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	First Nations Member attendance
The Park — Centre for Mental Health AMHS	73	38	22	51	3	2	34
Townsville Network AMHS	363	108	186	167	113	4	247
The Prince Charles Hospital AMHS	91	16	59	29	5	1	21
West Moreton AMHS	114	20	74	37	1	0	16
Wide Bay AMHS - North	35	1	23	19	4	1	6
Wide Bay AMHS - South	36	8	22	26	5	0	9
TOTAL	2,356	453	1,398	921	208	50	850

Note: FO, TSO and TA reviews do not include matters where the outcome was adjourned. Where an applicant review or tribunal review were listed at the same time as a periodic review, this is only recorded as one review.

IMHW means Indigenous mental health worker

FO means forensic order

TSO means treatment support order

TA mean treatment authority

Appendix 6 – 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
	Redland Hospital
	Redland Residential Care Facility
	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
	Cairns Integrated Mental Health Service, Grafton Street
	Coen Primary Health Care Centre
	Cooktown Multi-Purpose Health Centre
	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
	Napranum Primary Health Care Centre
	Northern Peninsula Area Community Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Pormpuraaw Primary Health Care Centre
	Tablelands Community Mental Health Service
	Thursday Island Mental Health Alcohol and other Drugs Service
	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
	Child and Youth Mental Health Service Eating Disorders Program, Chermide
	Eating Disorders Greenslopes – Greenslopes Child and Youth Mental Health Service
	Evolve (North) Therapeutic Services
	Evolve (South) Therapeutic Services
	Inala Child & Youth Mental Health Service
	Jacaranda Place Adolescent Extended Treatment Centre, Chermide
	Jacaranda Place Day Program, Chermide
	Mt Gravatt Child & Youth Mental Health Service
	North-West Child & Youth Mental Health Service
	Nundah Child & Youth Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	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
	Kingaroy Community Mental Health Service
	Stanthorpe Community Mental Health Service
	Toowoomba Hospital
	Warwick Community Health Building
Forensic Disability Service	Forensic Disability Service
Gold Coast AMHS	Gold Coast University Hospital
	Palm Beach Community Mental Health Service
	Robina Hospital
	Southport Health Precinct
Greenslopes Private Hospital AMHS	Greenslopes Private Hospital
Logan Beaudesert AMHS	Beenleigh Community Mental Health Service
	Browns Plains 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 Review Tribunal (not an AMHS)	Mental Health Review Tribunal Office
New Farm Clinic AMHS	Ramsay Clinic New Farm

Authorised Mental Health Service (AMHS)	Venues
Pine Rivers Private Hospital AMHS	Pine Rivers Private Hospital
Princess Alexandra Hospital AMHS	Grevillea Ward, Princess Alexandra Hospital
	Inala Community Mental Health Service
	Princess Alexandra Hospital
	Woolloongabba Community Mental Health Service
Redcliffe Caboolture AMHS	Caboolture Hospital – Mental Health Facilities Building
	Caboolture Adult Mental Health Service
	Caboolture Youth Step Up Step Down Service
	Coinda 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
	Valley Integrated Adult Mental Health Service
St Andrews War Memorial Hospital	St Andrew's War Memorial Hospital
Sunshine Coast Network AMHS	Centenary Square
	Glenbrook Community Mental Health Service
	Gympie Community Mental Health Service
	Gympie Hospital
	Maroochydore Community Hub
	Nambour Hospital
	Sunshine Coast Mental Health Service, Mountain Creek
	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

Authorised Mental Health Service (AMHS)	Venues
	Pine Rivers Community Mental Health Service
	The Prince Charles Hospital
Toowong Private Hospital AMHS	Toowong Private Hospital
Townsville Network AMHS	Ayr Community Mental Health
	Cambridge Street Campus
	Charters Towers Community Mental Health Service
	Ingham Community Mental Health Service
	Mount Isa Integrated Mental Health
	Palm Island Primary Health Service
	Townsville Community Care Unit & Acquired Brain Injury Unit
	Townsville Hospital
	Townsville Hospital – Medium Secure Unit
West Moreton AMHS	Goodna Community Health
	Ipswich Health Plaza
	Ipswich Hospital – Mental Health Unit
	Ipswich Hospital - Older Persons Mental Health Unit
Wide Bay AMHS	Maryborough Community Health
	Bundaberg Community Mental Health Service
	Bundaberg Mental Health Inpatient Unit
	Childers Hospital
	Gayndah Hospital
	Gin Gin Hospital
	Hervey Bay Community Mental Health
	Maryborough Mental Health Inpatient Unit
	Monto Hospital

Appendix 7 – Member appointments

Member category	Name	Appointment period(s)
Legal	Baker, Elizabeth	02/08/2018 – 01/08/2021
	Bishop, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Blond, Danielle	28/02/2020 – 27/02/2023
	Boulden, Deborah	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	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 02/08/2021 – 01/08/2024
	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
	Coyne, Benedict	02/08/2021 – 01/08/2024
	Dalling, Jacqueline	28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	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

Member category	Name	Appointment period(s)
	Forrester, Kim	28/02/2020 – 27/02/2023
	Giudes, Raoul	30/01/2003 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Grau, Michelle	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Harrison, Lisa	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Hart, Renea	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Heelan, Matthew	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Herriot, Ann (full-time from 28 February 2019)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2019 28/02/2019 – 27/02/2022 28/02/2022 – 01/08/2024
	Kirkman-Scroope, Patricia	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Kolbe, David	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Lee, Carol (resigned effective 23/05/2022)	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Maruna, Crystal	28/02/2020 – 27/02/2023
	McCarthy, Michael (inactive during the reporting period)	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

Member category	Name	Appointment period(s)
		30/06/2018 – 29/06/2023
	Moon, Scott	02/08/2021 – 01/08/2024
	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 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
	Stuckey, Jane	02/08/2021 – 01/08/2024
	Tarrago, Avelina	28/02/2020 – 27/02/2023
	Thomas, Jody-Ann	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ulrick-Hunter, Monique	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Wallace, Alexis	02/08/2021 – 01/08/2024
	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

Member category	Name	Appointment period(s)
		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
	Ayres, Alice	31/05/2022 – 01/08/2024
	Barnes, Mark	28/02/2020 – 27/02/2023
	Beckmann, Martin	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Brooker, Sarah	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	De Souza-Gomes, Janice (commenced sitting 21 September 2021)	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

Member category	Name	Appointment period(s)
		02/08/2021 – 01/08/2024
	Gray, Curtis	02/08/2021 – 01/08/2024
	Hamilton, Laura	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Hargovan, Hethal	02/08/2021 – 01/08/2024
	Henderson, Paul	31/05/2022 – 01/08/2024
	Hirst, Christina	28/02/2020 – 27/02/2023
	Johnson, Vanessa	28/02/2020 – 27/02/2023
	Kamavarapu, Yeshwant	02/08/2021 – 01/08/2024
	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
	Kisely, Stephen	31/05/2022 – 01/08/2024
	Kolur, Uday	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	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
	McColl, Alison	02/08/2021 – 01/08/2024
	McLennan, Kristina	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	Mead, Laura	31/05/2022 – 01/08/2024
	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
	Motamarri, Balaji	02/08/2021 – 01/08/2024
	Nitz, Megan	28/02/2020 – 27/02/2023
	Oelrichs, Catherine	28/02/2020 – 27/02/2023
	Pant, Milind	02/08/2021 – 01/08/2024
	Relan, Pankaj	02/08/2021 – 01/08/2024
	Roberts, Caroline	31/05/2022 – 01/08/2024
	Rohde, Tania	31/05/2022 – 01/08/2024
	Sehgal, Tarun	28/02/2020 – 27/02/2023
	Siebuhr, Liza	28/02/2020 – 27/02/2023
	Singh, Dhananjay	02/08/2021 – 01/08/2024
	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 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Stephens, Nicola (deceased 7 August 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
	Stewart, Robert (Sandy)	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
	Taylor, Amanda	02/08/2021 – 01/08/2024
	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
	Touma, Emile	31/05/2022 – 01/08/2024
	Van de Belt, Chrystal	31/05/2022 – 01/08/2024
	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 02/08/2021 – 01/08/2024
	Ward, David	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	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

Member category	Name	Appointment period(s)
		28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Bell, Garry	28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Bell, Vanessa	02/08/2021 – 01/08/2024
	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 02/08/2021 – 01/08/2024
	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 02/08/2021 – 01/08/2024
	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 02/08/2021 – 01/08/2024
	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

Member category	Name	Appointment period(s)
		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 02/08/2021 – 01/08/2024
	Harte, Jane	28/02/2020 – 27/02/2023
	Henry, Leith	28/02/2020 – 27/02/2023
	Hyde, Sandra	02/08/2021 – 01/08/2024
	Johnson, Sarah	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 02/08/2021 – 01/08/2024
	Mulvogue, Cristelle	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Nott, Peter	02/08/2018 – 01/08/2021
	O’Gorman, Shannon	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	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

Member category	Name	Appointment period(s)
		02/08/2021 – 01/08/2024
	Ridley, Helen	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Schoneveld, Sharon	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	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 8 – 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 67
	<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	5-9
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	8-9
	<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	16 and Appendix 3
	<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	11-12
	<ul style="list-style-type: none"> • Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	16
	<ul style="list-style-type: none"> • Queensland public service values 	ARRs – section 13.6	11-12
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	<ul style="list-style-type: none"> • Strategic workforce planning and performance 	ARRs – section 15.1	10-12
	<ul style="list-style-type: none"> • Early retirement, redundancy and retrenchment 	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	12
Open Data	<ul style="list-style-type: none"> • Statement advising publication of information 	ARRs – section 16	34
	<ul style="list-style-type: none"> • Consultancies 	ARRs – section 31.1	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Overseas travel 	ARRs – section 31.2	https://data.qld.gov.au
	<ul style="list-style-type: none"> • Queensland Language Services Policy 	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	<ul style="list-style-type: none"> • Certification of financial statements 	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	<i>Not applicable</i>
	<ul style="list-style-type: none"> • Independent Auditor’s Report 	FAA – section 62 FPMS – section 46 ARRs – section 17.2	<i>Not applicable</i>

FAA
FPMS
ARRs

*Financial Accountability Act 2009
Financial and Performance Management Standard 2019
Annual report requirements for Queensland Government agencies*

Appendix 9 – 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
Code of Conduct	Code of Conduct for the Queensland Public Service
ECT	electroconvulsive therapy
EEO groups	equal employment opportunity groups as identified by the Queensland Government
First Nations	the First Nations peoples of Australia including Aboriginal and Torres Strait Islander peoples
FLO	forensic liaison officer
FO	forensic order
FTE	full-time equivalent
IMHW	Indigenous mental health worker
LAQ	Legal Aid Queensland
Legal Rep	legal representative
MHRT	Mental Health Review Tribunal
MOHRI	minimum obligatory human resource information
Resolve	the electronic case management system utilised by the Mental Health Review Tribunal
TA	treatment authority
TRG	Tribunal Reference Group
TSO	treatment support order
Tribunal	The Mental Health Review Tribunal

