Statement of Reasons

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

Patient details	
Matter:	Forensic Order (Disability) Review
Attendees	
Patient:	Attended
Patient's Legal Representative:	Attended
Treating Psychiatrist:	Attended
Independent Psychiatrist:	Attended
Case Manager:	Attended
Clinical Nurse:	Attended
Indigenous Mental Health Worker:	Attended
Attorney-General's Representative:	Attended
Decision	
Decision:	The forensic order (mental health) is confirmed– community category. An authorised doctor may at a future time change the nature or extent of treatment in the community, received by the patient, to the extent and subject to the conditions decided by the Tribunal, as attached
Category prior to this review:	Community
Documents before the Tribunal at hearing:	Clinical report Tribunal ordered examination (**TOE**) report Assessment Review Management Committee (**ARMC**) minutes Dossier Outline of submissions on behalf of the patient

At the time of the hearing, the patient was a 19-year-old young man who was made subject to a forensic order (disability) around two years ago. The index offence was grievous bodily harm and therefore a prescribed offence and cannot be revoked unless a TOE review has been obtained under s721 and considered. In August 2022, the review hearing was adjourned under s721 to obtain a TOE. The TOE report was provided a few months before this hearing, and it recommended revocation of the forensic order. Having received that report, this was a review of the forensic order and consideration of whether the order should be revoked or confirmed.

Statutory Framework

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

Matters to which the Tribunal must have regard

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

The relevant circumstances of the person subject to the order

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

The patient was a 19-year-old, young, indigenous man, who had been diagnosed with mild intellectual disability and behavioural disorders due to drug and use of psychoactive substances. The patient currently lives interstate but visits Queensland (**QLD**) from time to time. Alcohol was prohibited where the patient resided. The patient's father and uncle did not condone alcohol or substance use. When the patient visited Qld he stayed with friends or his mother. The patient had returned to Qld recently. The treating team became aware of this after he had arrived.

The patient told the Tribunal he wanted to "be a better man and move on and make his father proud of him". The patient said he had not used alcohol for about a year and could not remember when he last used drugs. He said his uncle kept telling him to stay away from drugs. The patient said he was currently staying at his mother's house, but she was not there. He was unemployed, enjoyed playing football, computer games, hunting, fishing and had recently started driving a car. The evidence from the treating team was that the patient hoped to obtain work in a remote area sometime in the future.

The evidence from the treating team was that the patient had been difficult to engage as he travelled without informing the treating team, despite being required to inform the team of such travel. According to the clinical report, the patient was last seen by his case manager in 2021 but was examined by the doctor not long before the hearing. The treating team informed that the patient had not engaged with mental health services outside of Qld.

The treating team informed the Tribunal that they spoke with the patient's uncle over the last year, who informed that the patient was doing well. The patient's uncle was aware of the theoretical risk that the patient's return to substances may result in his incarceration. The treating team had not had contact with the patient's father for two years. When asked why the patient's uncle could not persuade the patient's father to speak with the treating team, the case manager said the patient's uncle did not really want to talk to the treating team. Based on the evidence of the treating team, the Tribunal accepted that the patient had a mild intellectual disability and, therefore, had a mental condition as defined in the Act. The Tribunal accepted the patient had a supportive environment where he lived.

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

The Mental Health Court found the patient to be permanently unfit for trial in respect of a grievous bodily harm offence.

The Tribunal considered the offence was particularly serious and resulted in serious and significant physical harm to the victim. The Tribunal also noted the offence was a prescribed offence. Further, given the seriousness of the offence, the Tribunal did not consider there had been a lengthy effluxion of time. These factors weighed in favour of confirming the forensic order.

Summary of evidence and findings

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

The patient's legal representative relied on written submissions, evidence from the treating team and the TOE doctor. In essence, it was submitted there had been no major concerns in the last 12 months and any risks were mitigated by the patient's strong support network, stable accommodation, consistent routine and living on country, such that the forensic order was no longer necessary to keep the community safe.

The Attorney General's representative submitted the forensic order ought be confirmed, and not revoked, because there were no urine drug screen (**UDS**) results to demonstrate abstinence from substances, there was no collateral from the patient's father and limited other collateral about the level of supervision or monitoring, limited engagement with the treating team and no NDIS support. There was also uncertainty about how often the patient was in Qld, which was away from his supports and supportive environment, where there was an increased risk to others. The offence was also serious. She referred to the Community Forensic Outreach Service (**CFOS)** report which noted risks and recommendations to reduce or mitigate risk (some of which had not been implemented). It was submitted there was insufficient evidence to be satisfied the risks of harm had been mitigated.

The TOE doctor was of the opinion the forensic order could be revoked. In his report he noted the risks were low. However, at the hearing he (and the treating doctor) noted the risks were moderate and could not be eliminated. The TOE doctor noted the patient's risk profile had improved since the index offence and that the forensic order was of no efficacy and was of little utility. The TOE doctor's report noted that the risk factors were lack of meaningful employment, being impecunious, frustrated with limited opportunities in a remote area, limited community supports, stresses, family conflict or changes in living arrangements, alcohol and substance use. He noted the patient's intellectual disability and limited insight were risk factors. He considered the protective factors included a supportive close family and living in a place where alcohol was prohibited and there was a strong Indigenous culture. At the hearing, the TOE doctor considered the patient had no greater risk than other Indigenous males when at home, though his risk increased while in Qld. At the hearing, while the TOE doctor was sceptical of what the forensic order achieved to reduce the risks, he agreed that the CFOS recommendations (such as drug and alcohol education) may have been of some utility in reducing or mitigating risks.

The treating psychiatrist was of the opinion that the patient had matured and that he was in a supportive environment, with supportive family who did not condone substance use.

The Indigenous mental health worker and the case manager were of the view that if there were any issues at the patient's home or the patient was returning to Qld, the treating team would be informed by the patient's family.

The case manager said that he had asked the clinic at the patient's home to do UDS testing for the patient. When asked what those results were, the case manager said he had not received or been informed of any results, but presumed the UDS was done and negative, because that clinic had not advised of any positive result.

The evidence from the treating team was that the patient did not have NDIS supports, but they referred to an active non-government organisation in the area, though they were unclear what, if any, assistance had been provided to the patient.

Consideration

The patient presented well at the hearing and his evidence and desire to 'be a better man' was encouraging. The Tribunal accepted that the patient had matured since his index offence and that, at his home, he had a supportive environment (with less substance temptation) and supports (particularly his uncle). There was no evidence that the patient had incurred any subsequent charges since the index offence either. This weighed in favour of revocation of the forensic order.

The Tribunal also noted the TOE doctor's and the treating team's recommendations to revoke the forensic order.

However, despite this the Tribunal was not satisfied that the forensic order ought to be revoked for the following reasons.

Firstly, the Tribunal was concerned that the TOE doctor's rationale for revocation appeared to revolve around the utility of the forensic order, rather than the risks posed to the community, as required by the Act. The Tribunal considered the evidence against the relevant test; being was the forensic order necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to persons or property.

Secondly, despite the TOE doctor's revocation recommendation, he and the treating team still rated the risks as moderate. The Tribunal considered a moderate risk to the community, taken with the seriousness of the index offence, indicated there was a risk of serious harm to persons.

Thirdly, the Tribunal was not satisfied there had been sufficient engagement with or care and support of the patient to mitigate his future risk to the community, if not on an order. The Tribunal noted several CFOS risk mitigation strategies had not been implemented. The Tribunal noted that CFOS had recommended monitoring of the patient's compliance and insight with frequent reviews and collateral from the family; tailoring interventions within his specific learning needs, NDIS, frequent (at least monthly) UDS and blood/alcohol testing and engagement in a tailored drug and alcohol program.

However, the evidence was the treating team had difficulty engaging the patient and rarely saw him and had not engaged him in any alcohol and drug education, screening for alcohol or substances, speech pathology or NDIS support. At the hearing, while the TOE doctor was sceptical about the utility of the forensic order, he agreed that there would be some utility in engaging the patient in alcohol and substance education. The Tribunal acknowledged the difficulties in managing and providing some of this support in remote areas. Nonetheless, the Tribunal was concerned that without the provision of this care and support and risk mitigation strategies, the risks remained, and weighed against revocation of an order.

Fourthly, the evidence was that the patient had abstained from using substances and from alcohol for about a year, and he should be commended for that. However, there was no independent evidence of that, as there were no UDS results at all. It may be that the patient has abstained,

however, without some independent evidence of that it is difficult to be certain and for what period. The Tribunal considered such evidence was important, particularly given it was evident that drugs and alcohol use significantly increased the risk to others.

Further, the Tribunal did not accept submissions that the patient engaged with the treating team and abided by the conditions. Despite the patient being required to inform the treating team if he left the state, this had not occurred. Further, while at the hearing, the treating team were confident, they would hear from the family if the patient returned to Qld, it was evident from the clinical report this had not occurred in the past. Further, on this most recent Qld visit, the treating team were not informed ahead of time, and the patient was left unsupervised as his mother was not home.

The Tribunal accepted that the patient's family and environment at home helped to mitigate the risks. The Tribunal has considered the submissions suggesting the Mental Health Court was reluctant to impose the forensic order given uncertainties of how long he would be in the Qld jurisdiction.

However, it was evident while living away, the patient continued to visit Qld. It was unclear how often the patient returned (as the treating team were not always informed) or whether he planned or was likely to get employment at his home, or in Qld. It was evident that the patient visited Qld for recreation and other reasons, as his mother and other family resided here. The Tribunal considered greater certainty about the frequency, length of his visits, and supervision was important as on all the evidence (clinical report, treating team and the TOE doctor) the risks of harm to others increased when in Qld. The Tribunal accepted the patient visited Qld from time to time and the risks of harm to others increased due to the environment, increased temptations (adverse peer influence, substances) and fewer prosocial supports. The Tribunal was not satisfied that there was a risk management plan to address this.

The Tribunal accepted the patient's family were particularly supportive. However, the treating team had last spoken to the patient's father two years ago. While the treating team had some more recent contact with the patient's uncle, it was not evident this was in any depth or about the risks, other mitigation strategies or what to do if there were any concerns. The Tribunal considered more frequent and detailed collateral was required to fully appreciate if the risks were sufficiently mitigated.

Further, the Tribunal noted there was no recommendation by the ARMC to revoke the forensic order. Rather, the ARMC minutes noted that the forensic liaison officer did not support revocation of the forensic order and suggested several follow ups were required, including more extensive and direct collateral be obtained. The Tribunal had similar concerns also. At the hearing, the treating team informed that there was to be a new forensic liaison officer yet to be appointed.

Of particular concern also was the seriousness of the offence as detailed above and in the dossier. This also weighed in favour of confirming the forensic order.

As discussed above, in the patient's favour was his commitment to be a better man, his maturity, abstinence from alcohol and substances (for which he ought be commended), and protective environment and supports at home, for which he ought be commended.

However, on balance, the Tribunal considered the patient still needed the structure, framework, and oversight of a forensic order so that he might receive care and support from the treating team, which might reduce the risks of harm to others. For instance, the Tribunal considered the risk of harm might be reduced if the patient received education and assistance in risk mitigation strategies, including drug and alcohol education, NDIS or prosocial supports to assist him in employment or other prosocial activities. Further, the Tribunal considered there needed to be more direct and detailed family collateral over a sustained period. Further, the Tribunal considered the risks to others increased when in Qld and that the patient required monitoring, clinical oversight and support from his treating team to mitigate risk of harm to others. The Tribunal considered without an order, there

was still a risk of serious harm to others. The Tribunal considered the forensic order was necessary.

Given the patient's intellectual disability, the seriousness of the index offence, the time that has elapsed, the need for drug and alcohol education, lack of risk mitigation strategies (particularly when in Qld) and the need for monitoring and oversight and more direct and detailed collateral, the Tribunal considered the forensic order was necessary to protect the safety of the community.

The Tribunal found that a forensic order was necessary, because of The patient's mental condition, to protect the safety of the community from the risk of serious harm to other persons or property.

The Tribunal confirmed the forensic order.

Category and conditions of the forensic order

Given the patient's current accommodation and support of his family, the Tribunal was satisfied there was not an unacceptable risk to the safety of the community. The Tribunal was satisfied the category could remain community at this time.

The Tribunal also ordered that an authorised doctor, at a future time, may change the nature and extent of treatment in the community received by the patient, to the extent and subject to the conditions decided by the Tribunal.

The Tribunal considered that the conditions were required to manage and mitigate the risk of harm to others. The accommodation and treatment conditions were necessary to ensure the treating team knew where the patient was, that he was supervised, and ensured he received care and support for his intellectual disability and mitigated the risks of harm to others.

Given the deleterious effect of alcohol and illicit substances the Tribunal considered the other attached conditions were also required to manage the risk of harm to and safety of others. Given the index offences involved a weapon and the impact on the victim, the Tribunal considered a prohibition of use of weapons and non-contact conditions were required to manage the risk of harm to and safety of others.

The Tribunal considered this was the least restrictive category and means to protect the safety of the community.

Human Rights

In making its decision and the conditions, the Tribunal considered the *Human Rights Act 2019* (**HRA**). The Tribunal considered the human rights potentially engaged and limited by the Tribunal's decision were sections 15, 19, 26 and 31(3).

The Tribunal considered the patient's cultural rights (s26) and his movement and residence on his country. The Tribunal accepted that the patient's freedom of movement (s19) was restricted because of the conditions, though the Tribunal noted, in reality, the patient had continued to come and go as he pleased and was able to live on country. Further, the treating team had not limited his ability to return to country, other than a condition requiring him to inform the treating team if he left the state or returned. The Tribunal accepted that equality before the law (s15) was limited because of condition restrictions relating to alcohol, driving and possession of weapons, non-contact provisions.

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

- the criteria of the relevant test for forensic orders under the Act were met. Given The patient's intellectual disability, the need for care and support, seriousness of the index offence, the Tribunal considered requiring the patient to inform the treating team of his residence or travel in and out of the state, attend reviews, avoidance of substances of deleterious effect and prohibition of weapons and noncontact conditions was lawful, reasonable and justified to ensure continued care and support for his mental condition and to manage the risks to others. It allowed the treating team to monitor the patient, provide care and support and mitigate risks to others. The Tribunal did not consider the restrictions were onerous, but reasonable and justified to manage the risks. Thus, the confirmation of the order and conditions was lawful and within the jurisdiction of the Act.

- the order has been determined to be the least restrictive way for the person to receive treatment and care

- the human rights engaged have been balanced against the need for care and support and the risks to the safety of others if not contactable, supported and monitored by the treating team and avoidant of destabilising substances and avoidant of weapons that pose a risk to others.

- the Tribunal considered the risks to others outweighed any restrictions on the patient's human rights.

The Tribunal did not consider the right to a fair hearing (s31) was limited as the patient attended the hearing and was represented by his legal representative. He had been provided with relevant documentation and the Tribunal was legally constituted. While s31(3) may have been limited because the decision was not publicly available, the Tribunal considered such limitation was reasonable and justified because it was lawful pursuant to the Act and the patient's privacy outweighed publication of the decision.

Conclusions of the Tribunal

For these reasons, the Tribunal decided to confirm the forensic order (disability) community category. Further, the Tribunal approved that an authorised doctor may at a future time change the nature or extent of treatment in the community, received by the patient, to the extent and subject to the conditions decided by the Tribunal, as attached.

Presiding Member

APPENDIX A

Statement of the law regarding Forensic Orders

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

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

432 Matters to which tribunal must have regard

(1) In making a decision under this part in relation to a review of a forensic order (mental health) or forensic order (disability), the tribunal must have regard to the following:
   (a) the relevant circumstances of the person subject to the order;
   (b) the nature of the relevant unlawful act and the period of time that has passed since the act happened;
   (c) any victim impact statement given to the tribunal under section 155 or 742 relating to the relevant unlawful act;
   (d) if the Mental Health Court made a recommendation in the order about an intervention program for the person—the person's willingness to participate in the program if offered to the person.

   Examples of decisions in relation to a review of a forensic order:
   - deciding whether to confirm or revoke the order
   - deciding whether to confirm or change the category of the order
   - deciding whether the person is to receive any treatment in the community
   - deciding whether to change or remove a condition to which the order is subject or to impose a condition on the order.

(2) Subsection (1) does not limit any other provision of this part that requires the tribunal to have regard to a stated matter

433 When reviews are conducted

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

441 Decisions

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

Notes:

1 See subdivision 2 for the orders the tribunal may make if it confirms the order.

2 See subdivision 3 for the orders the tribunal may make if the order is a forensic order (mental health) and the tribunal revokes the order.

(2) On an applicant review of the forensic order, the tribunal:
   (a) must decide whether to make the orders sought by the applicant; and
   (b) may make the orders under this division it considers appropriate.

   Example for paragraph (b):

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

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

442 Requirement to confirm forensic order

(1) The tribunal must confirm the forensic order if the tribunal considers the order is necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property.

(2) Also, during any non-revocation period for the forensic order, the tribunal is taken, for section 443, to have confirmed the order.
Note:
The tribunal must not revoke the forensic order during the non-revocation period for the order. See section 452.

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

444 Change or confirmation of category

(1) The tribunal may change the category of the forensic order.

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

(3) This section is subject to section 445.

445 Inpatient category – orders about treatment in the community

(1) This section applies if the tribunal:
  (a) confirms the category of the forensic order as inpatient; or
  (b) changes the category of the forensic order to inpatient.

(2) The tribunal must do 1 of the following:
  (a) order that the person have no limited community treatment;
  Note:
  An order made under paragraph (a) may not be amended by an authorised doctor. See section 212(2).
  (b) approve that an authorised doctor under section 212 or a senior practitioner under the Forensic Disability Act, section 20 may, at a future time:
    (i) authorise limited community treatment for the person, to the extent and subject to the conditions decided by the tribunal; or
    (ii) change the category of the order to community, subject to the conditions decided by the tribunal;
  (c) order that the person have limited community treatment:
    (i) of a stated extent; and
    (ii) subject to the conditions decided by the tribunal, including whether, or the extent to which, an authorised doctor under section 212 or a senior practitioner under the Forensic Disability Act, section 20 may amend the forensic order in relation to treatment in the community.

(3) The tribunal may make an order under subsection (2)(b) or (c) only if the tribunal is satisfied there is not an unacceptable risk to the safety of the community, because of the person's mental condition, including the risk of serious harm to other persons or property.

(4) In deciding whether the tribunal is satisfied of the matters mentioned in subsection (3), the tribunal must have regard to:
  (a) the purpose of limited community treatment; and
  (b) the fact that:
    (i) if an authorised mental health service is responsible for the person—an authorised doctor may increase the extent of treatment in the community for the person only if satisfied of the matters mentioned in section 212(3); or

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

446 Community category – orders about treatment in the community

(1) This section applies if the tribunal:
  (a) confirms the category of the forensic order as community; or
  (b) changes the category of the forensic order to community.

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

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

447 Conditions

(1) The tribunal may:
  (a) change or remove a condition to which the forensic order is subject; or
  (b) impose a condition on the forensic order.

(2) Without limiting subsection (1), the tribunal may impose a condition that the person must not contact a stated person, including, for example, a victim of the relevant unlawful act.

(3) However, the tribunal may not impose a condition on the forensic order that requires the person to take a particular medication or a particular dosage of a medication.

450 Making of treatment support order

(1) The tribunal must decide to make a treatment support order for the person if the tribunal considers a treatment support order, but not a forensic order, is necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property.

(2) For making a treatment support order under subsection (1), sections 144 and 145 apply as if:
  (a) a reference in the sections to the Mental Health Court were a reference to the tribunal; and
  (b) a reference in the sections to the person the subject of the reference were a reference to the person subject to the forensic order.

451 Making of treatment authority or no further order

(1) If the tribunal considers that neither a forensic order nor a treatment support order is necessary, because of the person's mental condition, to protect the safety of the community, including from the risk of serious harm to other persons or property, the tribunal may:
  (a) make no further order for the person; or
  (b) make a treatment authority for the person.

(2) The tribunal may make a treatment authority for the person under subsection (1)(b) only on the recommendation of an authorised psychiatrist who considers, after examining the person, that:
  (a) the treatment criteria apply to the person; and
  (b) there is no less restrictive way for the person to receive treatment and care for the person's mental illness.

(3) The treatment authority must state the following:
  (a) the category of the authority;
  (b) the authorised mental health service responsible for the person;
  (c) the nature and extent of any limited community treatment the person is to receive;
  (d) any conditions the tribunal considers necessary for the person's treatment and care, other than a condition requiring the person to take a particular medication or a particular dosage of a medication.

(4) The tribunal may decide the category of the treatment authority is inpatient only if the tribunal is satisfied that 1 or more of the following can not reasonably be met if the category of the authority is community:
  (a) the person's treatment and care needs;
  (b) the safety and welfare of the person;

(c) the safety of others.

(5) However, if the person is a classified patient, the tribunal must decide the category of the authority is inpatient.

(6) In deciding the nature and extent of any limited community treatment under subsection (3)(c), the tribunal must have regard to the purpose of limited community treatment.

(7) If the tribunal decides the category of the treatment authority is community, the tribunal must decide whether an authorised doctor may, at a future time, reduce the extent of treatment in the community received by the person.

(8) The treatment authority is taken to be a treatment authority made under section 49 by the authorised psychiatrist mentioned in subsection (2).

(9) Despite subsection (8) and section 413(1), the tribunal must review the treatment authority:

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

(b) within 6 months after the review under paragraph (a) is completed; and

(c) at intervals of not more than 12 months after the review under paragraph (b) is completed.

(10) Sections 53 and 59 apply to the treatment authority as if a reference in the sections to the authorised doctor were a reference to the authorised psychiatrist mentioned in subsection (2).

(11) As soon as practicable after the treatment authority is made, the authorised psychiatrist mentioned in subsection (2) must decide the nature and extent of the treatment and care to be provided to the person under the authority.

452 Orders with non-revocation period

(1) The tribunal must not revoke a forensic order under division 4 during any non-revocation period for the order.

(2) Subsection (1) is subject to section 457.

453 Order for person temporarily unfit for trial

(1) This section applies to a person subject to a forensic order if:

(a) a finding of unfitness has been made in relation to the person; and

(b) the proceeding against the person in relation to which the finding of unfitness was made has not been discontinued under section 490 or 491.

(2) The tribunal must not revoke the forensic order unless a treatment support order is made for the person under section 450.

Note:

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

454 Order for person charged with prescribed offence

(1) This section applies if a forensic order for a person was made on a reference in relation to a prescribed offence allegedly committed by the person.

(2) The tribunal must not revoke the forensic order unless:

(a) the person has been examined, under an order made under section 721, by an examining practitioner; and

(b) the tribunal has obtained and considered the examining practitioner's written report on the examination.

(3) This section is subject to section 452.