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 (Mental Health) Review
Attendees	
Patient:	Attended
Patient's Legal Representative:	Attended
Nominated Support Person:	Attended
Psychiatrist:	Attended
Registrar:	Attended
Forensic Liaison Officer:	Attended
Attorney-General's Representative:	Attended
Other attendees:	A support worker and a nurse unit manager
Decision	
Decision:	Confirm forensic order, change category to community. Amend conditions to identify a residential address. Remove conditions.
Forensic Order	
Category prior to this review:	Inpatient
Documents before the Tribunal at hearing:	- Clinical report - Assessment and Risk Management Committee (**ARMC**) minutes (first meeting) - ARMC minutes (second meeting) - Application for Applicant Review - Forensic dossier

The patient is a male in his sixties with an established diagnosis of paranoid schizophrenia. The patient was placed on a forensic order in 1999, following the Mental Health Court (**MHC**) finding that he was of unsound mind with respect to two counts of murder.

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.

Clinical Report

The Tribunal was satisfied that the patient had sufficient time to consider the clinical report and discuss the contents with his treating team and legal representative prior to the hearing.

Matters to which the Tribunal must have regard

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

The relevant circumstances of the person subject to the order

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

- **Mental state and psychiatric history**

The patient's first presentation for mental illness occurred following the commission of the index offences in 1998. He was reported to be experiencing a complex delusional thought system and collateral suggested that he had been unwell for a number of years prior to the index offence. He was found to have been of unsound mind by the MHC in relation to the offending.

Over the subsequent decade, the patient had numerous admissions secondary to relapses in his mental state. He has been an inpatient since 2009, until his gradual transition to the CCU, commenced around two years ago. At the time of the most recent review of his forensic order, he was residing at the CCU while remaining an inpatient with seven days leave.

Despite his very long hospitalisation, the patient is still described by his treating psychiatrist as having a fluctuating mental state and being susceptible to stress which leads to recurrent deterioration in his mental state. While he has good insight into his mental illness, triggers and early warning signs (**EWS**) when at his baseline, he has poor recognition of the decline in his mental state when it is occurring. He maintains compliance to his medication regime, getting his depot at the general practitioner (**GP**) monthly, and states that he will need medication for the rest of his life.

As a result of the evidence before the Tribunal, the panel accepted the longitudinal evidence of the patient's mental illness, including his history of psychotic relapses with complex delusions and a decline in his self-care and organisation when unwell. Since the making of the forensic order, the patient has had recurrent relapses with positive symptoms that he does not recognise when unwell. The patient is described as having good insight into his illness, although this fluctuates with the stability of his mental state and impacts his capacity for informed consent regarding his treatment and care.

As a result of the evidence before the tribunal, the panel accepted that the patient has a chronic mental illness, namely paranoid schizophrenia and that his capacity to consent to treatment fluctuates, with increased risk to others in the context of a recurrence of positive psychotic symptoms including delusions regarding others when he is acutely unwell.

- **Social circumstances, including, for example, family and social support**

At the time of the hearing for the review of his forensic order, the patient had been on a staged and graduated leave progression to the CCU. The gradual transition had been managed on a purposefully slow timeframe because of the patient's susceptibility to relapse, secondary to increased stress. The patient commenced this transition to the community with unescorted on and off ground leave for the purpose of attending CCU. He has since gradually increased to accessing 7 nights consecutive leave. This is reported to have occurred without any significant deterioration in his mental state, including an absence psychotic or affective symptoms and no return of early warning signs or incidences of aggression.

The patient is supported by the National Insurance Disability Scheme (**NDIS**). He occupies his time at the CCU by socialising with staff and other patients, reading, listening to music and cooking his own meals. The patient is described as having good relationships with staff and co-residents.

The patient informed the Tribunal that he has not had any contact with his family for 25 years, being the time that the index offence occurred.

The Public Trust continue to support the patient in the management of his finances which is identified as a protective factor.

As a result of this evidence, the Tribunal formed the view that the patient is well supported in the community by his current support providers, the treating team and staff at CCU. He enjoys his current living environment, and while he has a long-term goal of living independently in the community with support, there are no imminent plans given the recency of his full-time residency at CCU.

- **Response to treatment and care and the person's willingness to receive appropriate treatment and care**

The patient is described as demonstrating good engagement and an acceptance of the input, supervision and treatment recommendations made by the treating team. He has remained compliant with oral medications and attends his GP for administration of his depot anti-psychotic independently, and without prompting from staff. He accepts his diagnosis and informed the Tribunal that he will require medication for the rest of his life. While he does not have good self-recognition of EWS of relapse, he does know the types of behaviours he starts to exhibit.

He has not consumed alcohol for many years and his urine drug screens (**UDS**) have been consistently negative.

The evidence before the Tribunal indicates that the patient demonstrates a good response to treatment and care, despite his fluctuating mental state and inability to identify his own relapses as they occur. Furthermore, he is willing to continue receiving treatment as it is recommended by the treating team, which he identifies will be indefinitely.

- **if relevant, the person's response to previous treatment in the community**.

The patient was first diagnosed with schizophrenia in the nineties. His first admission occurred at that time, and he has been consistently engaged with mental health services since then. While there is no record of the patient being non-compliant with medication, he has had numerous relapses in the context of increased stress, to which he is particularly vulnerable. There are reported incidences

of him breaching his limited community time (**LCT**) by consuming alcohol and attending locations that were not permitted at the time. There have been no breaches for around seven years.

As a result of this history and the patient's lengthy placement on a forensic order, the Tribunal considered his previous response to treatment and care to have been adequate, albeit, marred by a poor understanding of the triggers and risks of relapse.

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

The patient was charged with two counts of murder approximately 25 years ago. The Tribunal considered the index offending to be of the most serious nature.

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 Tribunal heard evidence that the treating team consider the forensic order continues to be necessary because the patient continues to suffer deterioration in his mental state secondary to stressors in his environment. While he has good insight into his illness and an understanding of the need for medication, his self-recognition of the signs of relapse declines when his mental state begins to deteriorate. Furthermore, though he recognises and understands the triggers for relapse, he has a tendency to over-exert himself, taking on and participating in activities that increase his stress levels and put him at risk of relapse. Without the forensic order and the protective oversight it provides, there is an increased risk of serious harm to other persons and property should the patient relapse in the context of increased stress.

The Tribunal noted that this evidence was consistent with the written evidence of the ARMC, and their recommendation that the patient should continue to be managed under a forensic order. The ARMC also indicated support for discharge to the CCU and a change of category to community.

In relation to the matters to which the Tribunal must have regard[1], the panel considered that despite the patient maintaining a stable mental state and being accepting of the need for medication and ongoing input from the treating team, his tendency to suffer fluctuation in mental state secondary to stress and his inability to recognise when his mental state is declining, indicate the need for further oversight by virtue of the forensic order. There was no evidence before the Tribunal to demonstrate the patient would be able to manage his illness without the oversight and follow up of the treating team provided under the forensic order. The patient himself informed the Tribunal that he finds some of the oversight beneficial.

The Tribunal considered the index offence to be of the most serious nature. While the length of time since the commission of the index offence was considered to be significant, it is also noted that relative stability in mental state for the patient has only been achieved in the last few years and he still remains susceptible to fluctuations. Based on this evidence the Tribunal concluded that despite the significant passage of time since the index offending, the risk of serious harm to others would increase without the oversight and treatment provided by the forensic order.

[1] *Mental Health Act 2016* (Qld) s 432 a), b)

Category and conditions of the forensic order

The treating team provided evidence that the transition to CCU has progressed well and that despite his susceptibility to stress and associated fluctuation in his mental state, the patient has remained stable and demonstrated no signs of relapse or deterioration. He has been adherent to LCT, engaged with staff and co-consumers appropriately and remained compliant with all aspects of his treatment. He has been gradually transitioning and has been residing at the CCU for seven nights per week. He is currently reviewed by the doctor weekly, but should the category of his order be changed to community, this could be reduced.

With respect to the conditions attached to his forensic order, the treating team provided evidence that supported removal of the condition prohibiting access to knives. The doctor informed the Tribunal that neither drugs or alcohol had been a part of the patient's lifestyle for many years, and they no longer contributed to his risk profile. Similarly, the doctor indicated that there were no concerns regarding driving or the potential to possess firearms or other offensive weapons and that removal of those conditions would not contribute to any increased risk to the safety of others posed by the patient in the community. Forensic Liaison Officer stated her agreement with the evidence provided by the treating psychiatrist.

The Attorney-General's representative submitted that the forensic order should be confirmed in accordance with the recommendation of the ARMC and the treating team, except for the recommendation to change the category to community. In their submission, it was stated that it would be premature to change the category of the order to community, because there is currently no permanent psychiatrist to take over the patient's care. Furthermore, if the category of the order was to be changed from inpatient to community, the frequency of reviews the patient would undertake would potentially reduce from weekly to 3 monthly, and, in that regard, the Attorney General's representative submitted that it was too soon in the transition to reduce the frequency of reviews. Rather, the Attorney-General's representative indicated that it would be appropriate to change the category to community, only *after* a psychiatrist is appointed to take over the patient's care on an ongoing basis.

In terms of the conditions of the order, the Attorney-General submitted that, if the Tribunal were minded to change the category to community, then the residential condition should be amended to state that the patient reside at the CCU. The Attorney-General opposed the removal of any other conditions on the basis the proposed removal of those conditions had not been discussed with the ARMC.

The patient's legal representative submitted that it was appropriate to change the category of the order to community given the successful graduated leave that the patient had undertaken to date. Furthermore, on the evidence provided by the treating psychiatrist, it would also be appropriate to remove the conditions as discussed by the treating team. The patient's lawyer also submitted that if changing the category to community, it would be appropriate to identify the CCU as the address at which the patient should reside.

The Tribunal acknowledged that the patient is well engaged with the treating team and that he continues to maintain good compliance with treatment and engagement with care. The Tribunal noted the slow and gradual transition to the CCU that the patient has undertaken, noting that he has remained stable in his mental state, has adhered to his LCT and has engaged appropriately with both staff and co-consumers throughout the transition. The Tribunal also identified that the patient has taken responsibility for his medication, arranging for, and attending the GP independently for his depot anti-psychotic. The lack of a permanently appointed psychiatrist was not viewed as a barrier to discharge because there is a locum psychiatrist in place, there are clinical staff and support workers who see the patient on a daily basis and the doctor confirmed their ability to continue seeing the patient until a permanent psychiatrist is appointed. These factors were persuasive in influencing the

Tribunal to change the category of the forensic order to community because they demonstrate that any risk associated with the patient's mental illness is currently well managed and, or mitigated by adherence to treatment, engagement with the treating team and non- government organisation supports under the structure of the forensic order. There has been no unacceptable risk to the community demonstrated in this reporting period that would indicate a change of category is not appropriate at this time.

With respect to other conditions, the Tribunal accepted the evidence of the treating team that the conditions were no longer necessary to mitigate the patient's risk in the community. While the Tribunal did not have the benefit of the views of the ARMC on these points, the Tribunal was satisfied, in accordance with the decision of Justice Boddice in *AG for the State of Qld v THL*[2], that there was oral evidence from the treating psychiatrist who had specifically considered the issue of risk, indicating that there was not an unacceptable risk posed by the patient in the community with the removal of these conditions. In addition, the treating psychiatrist's view was supported by the forensic liaison officer.

The Tribunal was therefore satisfied that the category of the order should be changed to community and the stated conditions removed. This would be reflective of the progress the patient had made over many years, it would provide less restrictive treatment, and be in accordance with the principles and objects of the Act.

Human Rights

s17. *Protection from torture and cruel, inhumane or degrading treatment*: The Tribunal accepts that the patient is receiving medical treatment that is, essentially, being given without his full and free consent. The Tribunal is satisfied, however, that the giving of the medication is lawful, proportionate to the circumstances and compatible with the *Human Rights Act 2019* (**HRA**). The Tribunal reached this decision because of the risk associated with deterioration in mental state secondary to not having his mental illness adequately treated. The Tribunal therefore considered that the patient's need for treatment necessitates the provision of medication without his full and free consent.

s19. *Freedom of Movement:* The Tribunal accepts that the patient's freedom of movement is currently limited by virtue of his placement on the forensic order. Such restrictions include requiring him to attend appointments at certain times and reside at an approved residence. The Tribunal is satisfied that this limitation on the patient's movement is lawful, proportionate to the circumstances and compatible with the HRA. The Tribunal reached this decision because, as demonstrated by the commission of the index offences, his behaviour has endangered the safety of the community in the past. Because of the risk associated with the patient's behaviour, the restriction on his human right to freedom of movement is balanced against the risk he may pose to other persons should he not receive ongoing care under the order. Therefore, the limitation on his freedom of movement is a limit necessary to ensure the safety of the community.

s25. *Privacy and reputation*: – The patient may feel his privacy regarding health issues is interfered with by the continuation of the forensic order, the writing of clinical reports for review by the Tribunal and the Attorney-General and ongoing assessment by different members of the treating team. This limit on his human rights is necessary to ensure his safety and access to appropriate care and oversight to prevent further offending and ensure stability and functionality.

[2] *A-G for the State of Qld v THL* [2012] QMHC 20

s31. *Fair Hearing* – The Tribunal provided the opportunity for the patient to attend the hearing and present his views, wishes and preferences in oral evidence before the panel. The patient further chose to make an application for review to have the matter heard at an earlier opportunity than the scheduled review would allow. The patient was also provided a legal representative to speak on his behalf and address all legal and procedural matters of the hearing. By proceeding in this manner, the Tribunal were able to ensure procedural fairness and provide a timely and fair hearing based on impartial and complete information provided in writing and orally by the treating team and with the benefit of input from the patient and his legal representative in relation to his views, wishes and preferences.

s37. *Right to Health Services*: – The patient's involuntary status limits his right to choose his own health services. This right is appropriately limited because of the risks the patient has posed through dangerous behaviour when he has been unwell in the past, endangering the safety of other persons in the community. The Tribunal is satisfied therefore that limiting this right is lawful, proportionate to the circumstances and compatible with the HRA. The Tribunal reached this decision because of the risk he poses when unwell, such that the limit on this right is justified to protect the safety of others.

Conclusions of the Tribunal

The Tribunal considered that though the passage of time since the commission of the index offences is significant, the patient's susceptibility to fluctuations in his mental state and associated capacity for decision making regarding his treatment and care secondary to stressors, necessitates a continuation of oversight and management provided by the forensic order.

The Tribunal therefore accepted that despite his acceptance of input from the treating team and adherence to treatment, the patient continues to demonstrate a deficit in his ability to recognise signs his mental state is deteriorating at those times when he is experiencing increased stress. Nonetheless, he has successfully undertaken a long and graduated leave programme, enabling him to spend seven nights at the CCU, with no detriment to the stability of his mental state and no breaches of his LCT. The Tribunal therefore confirmed the forensic order and changed the category of the order to community on the basis there was no evidence indicating an unacceptable risk.

The conditions were amended to state that the patient must reside at CCU and the conditions as recommended by the treating team were removed for lack of evidence that they continued to be necessary to mitigate risk.

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.