




## Treatment Support Order (TSO) self-report - your views

Name:	
Date of birth:	
Date of hearing:	AMHS:
Do you identify as any of the following?	 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
Here is some space for you to talk about any cultural, religious, or spiritual beliefs you would like the MHRT to know about.	
Use this space to tell the MHRT about yourself. <i>For example, hobbies, work, study, how you spend your time, accommodation/housing matters.</i>	
<b>Your supports</b>	
Are there people in your life who have, or could help you if you are having a tough time? How do they help you? <i>For example, friends, family, support workers or groups, doctors, case workers etc.</i>	
What do you do to make you feel your best, both physically and mentally? <i>For example, speak to somebody, see a doctor, get enough sleep, spending time with family, working, going for a walk, going to the gym, activities, support groups.</i>	
<b>Your views on the treatment support order (TSO)</b>	
Why do you think you are on a TSO?	
How does being on a TSO affects you? Do you think it supports you, holds you back, keeps others safe etc?	

What do you think about the conditions of your TSO?
If you are an inpatient, what do you think about your leave (LCT) conditions?
Do you think any of the alleged offences had anything to do with your mental health? Were there other things that might have influenced your behaviour? <i>For example, alcohol, drugs, domestic and family violence, other personal matters.</i>
<b>Treatment</b>
What do you think about your current treatment? What has helped? What has not helped?
Are you compliant with your treatment? If no, why not?
If you were making your own decisions about your mental health treatment and care, what type of treatment, if any, would you choose?
What supports do you have in place to make sure you take your medication? <i>For example, Webster-pak, alarm, someone to remind you.</i>
Is there anything that might get in the way of you continuing your treatment if you weren't on a TSO? <i>For example, other health issues, finances, alcohol or other drugs, domestic and family violence.</i>



### Rehabilitation

Tell us what you have done towards achieving your rehabilitation goals?  
*For example, support groups, counselling, taking part in rehabilitation groups.*

### Community safety

In the past, have you noticed, or can you think of anything that has made you act aggressively or dangerously towards others?  
*For example, becoming unwell, alcohol, drugs, personal problems.*

How could you, or how did you, manage this type of behaviour?  
*For example, see a doctor, speak to a support person, drink alcohol to calm down.*

### Goals and aspirations

Here is some space if you would like to share anything else with the MHRT.  
*For example, what result you would like from the hearing, goals and plans, comments, or questions about your doctor's report, progress you have made in your recovery etc.*  
*You can write or draw in the space below if you would like.*  
*Feel free to attach extra pages if more room is required.*

Signature:

Date:

- Tick here if you do not want the information in your report to be discussed or shared with your treating team. Please note that the MHRT may still order the release of the information.

Once you have filled in this form, you can:

Email it to: [MHRT.Enquiry@mhrt.qld.gov.au](mailto:MHRT.Enquiry@mhrt.qld.gov.au),

Post it to: PO Box 15818, CITY EAST, QLD, 4002

You can also bring it with you to your hearing if you wish.

If you provide your self-report to the MHRT, the MHRT will also provide it to your legal representative (if one is engaged).

It will only be used for the purpose of this hearing.

