

# ANNUAL REPORT 2023–2024

Mental Health Review Tribunal



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The Honourable Shannon Fentiman MP  
Minister for Health, Mental Health and Ambulance Services and Minister for Women  
GPO Box 48  
BRISBANE QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2023-2024 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**

02/09/2024

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## **President's report – a year in review**

In 2023-24, the Mental Health Review Tribunal (Tribunal) has made progress on initiatives and projects it has been working toward for a number of years. I am pleased to be able to demonstrate the implementation or commencement of these activities as progress against the Strategic Plan 2021 – 2025 (see Appendix 1), and its focused strategies: Consumer Engagement Strategy, Digital Strategy and Workforce Strategy.

The Tribunal's current Strategic Plan concludes on 30 June 2025 and we have commenced development of a new plan which will document the future vision for the Tribunal. Our first step was to undertake a number of consultation sessions with Tribunal staff. The aim of these sessions was to gain a range of perspectives of what the Tribunal is currently doing well, where we could improve and where opportunities lie for the Tribunal to be an innovator. During the next financial year, we will continue work to identify strategic objectives and commence documenting the plan.

During the reporting period, the Tribunal implemented two projects that have had a significant impact on its operations. I would like to thank the Tribunal staff and members for embracing change and for their efforts which contributed to successful implementation. I would also like to extend that thanks to our external stakeholders for working alongside, and supporting, the Tribunal to see these initiatives come to fruition.

In November 2023, the Tribunal commenced the use of electronic audio recording as its default method of producing records of proceedings. Previously, handwritten or typed records had been prepared by members. While it may sound quite simple, this change was a long time in development. It involved significant planning, consultation, testing, training, communication and even legislative change. To date, it appears that the commencement of electronic audio recording has been a success. An evaluation is currently underway and will be completed next financial year. Another significant project for the Tribunal was the integration of our case management system, Resolve, with the records management system utilised by the Authorised Mental Health Services (AMHS), Consumer Integrated Mental Health Application (CIMHA). The Tribunal's Executive Officer will include more information about this project in her report.

Another area of continued progress was the Tribunal's contribution to the public sector's opportunity to reframe the relationship with Aboriginal and Torres Strait Islander people. The Tribunal has established a Reconciliation Working Group (RWG), chaired by our full-time member, David Wenitong, a proud Kabi Kabi man and Australian South Sea Islander. The RWG's purpose is to actively contribute to the Tribunal's reconciliation journey by providing advice and recommendations on cultural considerations and building a culturally safe work environment for workers, consumers and their support networks. I would like to thank the members, both internal and external, of the RWG for their commitment and am pleased to report that the Tribunal has already received and adopted a number of recommendations from the group.

Other steps the Tribunal has taken in this space include individualised consultation with staff and consumers in Far North Queensland, in person hearings conducted on Thursday Island, the conduct of a specific member appointment process focused on the selection of members who are Aboriginal and Torres Strait Islander people, and the translation of our consumer videos into two Indigenous languages (available on the Tribunal's website).

**Annette McMullan**  
**President**

## Deputy President's report

I would like to start my report by extending my thanks to the range of subject-matter experts who have shared their knowledge, expertise and experience with the Tribunal and contributed to the professional learning and development opportunities that we offer to our staff and members. We continue to offer regular masterclasses and case study sessions to our members on a range of topics, further detail of which is set out in Appendix 2. These sessions allow our members to expand their knowledge, engage with their peers and hear new perspectives. In addition, I would like to thank the Tribunal's Members' Professional Learning and Development Committee for their continued commitment to learning within the Tribunal and their contribution to the topics explored.

The Tribunal's professional learning and development program for members is now well established. In addition to the masterclasses and case study sessions that I mentioned above, we also:

- provided community members with a member category specific workshop allowing community members, who do not usually sit on hearings together, the opportunity to share their experiences
- developed and delivered an in-house short course that staff and members can undertake on-demand which provides an introduction to the concepts involved in trauma-informed practice
- provided the opportunity for a number of members to attend the Council of Australasian Tribunals annual conference, which was held in Brisbane.

Throughout this financial year, work has rapidly progressed on the Tribunal's Human Library Video Project. The aim of this project is to create a series of short, recorded interviews from persons with a lived experience of matters relevant to Tribunal decision-making. Tribunal members will have the opportunity to view these interviews on-demand to gain a greater understanding of the views and needs of our stakeholders. So far, interviews have been conducted with eight participants from Brisbane, the Gold Coast, Maryborough, Cairns, Bundaberg and Hervey Bay and seven videos have been published for members to view. The interviews cover a range of topics including lived experience of eating disorders, psychosis, electroconvulsive therapy (ECT) and medication as a treatment. I would like to sincerely thank those people who have participated in interviews to date on behalf of the Tribunal. I would also like to extend that thanks to all of the networks who have consulted with us about the project – Queensland Health Lived Experience Workforce, Lived Experience Workforce Leadership Group, Queensland Mental Health Lived Experience Peak, Insight Alcohol and Drugs Lived Experience Education, Queensland Health Victim Support Service (QHVSS) and the Tribunal's Tribunal Reference Group (TRG). Next financial year, we will continue to engage with, and interview, people with lived experience from across the State, expanding our reach with the support of those networks.

In addition to ongoing work in the professional learning and development space for members, the Tribunal has revised its staff-led training program. After surveying staff about their needs and preferences in respect of training and professional development, the Tribunal has recrafted its in-house training sessions in terms of topics, timing and delivery. So far, these changes have been positively received and we will continue to look for ways to provide ongoing development opportunities for all of our staff.

**Monique Ulrick-Hunter**  
**Deputy President**

## Executive Officer's report

As mentioned in the President's report, this financial year saw the implementation of a project that the Tribunal has been working towards for quite some time – the integration of Resolve and CIMHA. The outcome was the automated delivery of up-to-date information and documentation from CIMHA to Resolve. The successful implementation of this project was achieved as a result of working closely with Queensland Health's CIMHA team and staff from the AMHSs. At the end of the financial year, we internally conducted an evaluation of the project, and while there were lessons to be learned for future project management activities, I am pleased to report that we have been able to realise benefits from this project. Those benefits include:

- currency of data in Resolve – by CIMHA automatically sending information to Resolve on a regular basis, the information held in the Tribunal's consumer records is consistent with the up-to-date information held in CIMHA.
- accuracy of data in Resolve – the delivery of information from system to system avoids the need for as much data entry on the Tribunal's end, mitigating the risk of human error.
- limitation of delays – the delivery of key documentation from an AMHS to the Tribunal occurs automatically between the systems, rather than requiring an AMHS staff member to manually send the information or documentation by email.
- time-saving – the automated processes minimise time for both Tribunal staff and AMHS staff in terms of information entry, email exchange and telephone follow up.

During the reporting period, the Tribunal took the opportunity to review a number of its key hearing document templates. Driven by the Tribunal's Consumer Engagement Officer, the aim was to create documents that were useful for consumers and communicated clearly in a way that was trauma-informed. Documents considered in the review were the Tribunal's standard hearing notice, decision document and template self-report. The Tribunal's TRG were instrumental in providing feedback and input to these documents.

The Tribunal continued to progress its trial of increasing the time scheduled for the first review of a new treatment authority to 45 minutes. The increased time for reviews has now been permanently implemented at nine AMHSs. Further investigation is being undertaken to determine if this is appropriate for the remaining AMHSs.

For staff, the Tribunal has focused on a number of initiatives relating to wellbeing. Firstly, the Tribunal's Consumer Engagement Officer developed a template Wellbeing Plan which can be utilised by all workers at the Tribunal to support their physical, mental and emotional wellbeing. It allows a worker to identify any potential health, safety and wellbeing risks and document their preferred risk elimination and mitigation strategies. These documents are provided on a confidential basis to their manager to assist them to understand and respond in situations where such risks may arise. Secondly, the Tribunal has implemented the position of Mental Health First Aid Officer within its office. A number of staff are trained in mental health first aid and accredited as 'Mental Health First Aiders' through Mental Health First Aid Australia. These officers are available for any staff member who is experiencing a mental health crisis or who would like someone to talk to for mental health first aid support. It is hoped that initiatives such as these will contribute to a positive workplace within the Tribunal and promote a culture of respect and inclusion amongst all workers.

**Jade Madden**  
**Executive Officer**

## Tribunal Overview

The Tribunal's authority and jurisdiction is outlined in the *Mental Health Act 2016* (Act). It is an independent agency, and separate public sector entity for the purposes of the *Public Sector Act 2022*. To undertake its functions, the Tribunal consists of a President, Deputy President and its members. An Executive Officer and other staff necessary for the Tribunal to perform its obligations are employed.

The Tribunal's primary responsibility is to undertake reviews for persons who are subject to involuntary mental health treatment in Queensland by way of a treatment authority, forensic order (mental health) or treatment support order. The Tribunal also undertakes reviews for persons who are subject to involuntary care due to a forensic order (disability). In addition to such reviews, the Tribunal hears applications for approval to perform regulated treatment, which is ECT or non-ablative neurosurgical procedures, and applications for examination authorities.

The Tribunal does not have a role in enforcing its decisions and orders, monitoring the conduct of mental health service providers or prescribing the medication or treatment for a person.

The Tribunal recognises that its stakeholders have differing views on the use of terminology and throughout this report, the Tribunal uses the terms 'patient' and 'consumer' interchangeably.

### Statutory obligations

The Act contains the powers exercisable by the Tribunal, lists its functions and outlines the framework for conduct of its hearings. For each decision made by the Tribunal, the Act sets out the matters to which the members must have regard, and the criteria that they must apply. When making decisions under the Act, the Tribunal members must also apply, the *Forensic Disability Act 2011* and the *Human Rights Act 2019*, as and when applicable.

The Tribunal has the jurisdiction to:

- review treatment authorities, treatment support orders, forensic orders, a person's fitness for trial and the detention of minors in high security units
- hear applications for examination authorities, to perform regulated treatments and to transfer a person into or out of Queensland
- hear appeals against particular decisions of the Chief Psychiatrist in relation to information notices and decisions of Administrators of AMHSs to refuse to allow a person to visit a patient in the service
- make treatment authorities, treatment support orders and forensic orders in limited circumstances.

The number of hearings held within the Tribunal's jurisdiction is outlined later in this report.

### Government's objectives for the community

The Tribunal recognises the Government's objectives for the community – *Good jobs, Better services, Great lifestyle*. In particular, the Tribunal supports those objectives as follows:

- Good jobs:
  - supplying good, secure employment



- providing broad-ranging professional learning and development opportunities to all workers to allow them to develop the skills they need to find meaningful jobs and set up pathways for the future
- Better services:
  - ongoing use of digital technology to drive economic benefits, improve social outcomes and create greater social inclusion
  - focus on wellbeing of its workers and conduct of fair hearings to support the delivery of world-class frontline services in the health sector
- Great lifestyle:
  - ongoing investigation of additional ways that the Tribunal can undertake its functions in a way that creates opportunities for First Nations Queenslanders to thrive and honours and embraces our rich and ancient cultural history.

## **Governance, information systems and recordkeeping**

Under the *Public Sector Act 2022*, the Tribunal is a public service entity, with the President as its chief executive. It operates in accordance with a documented Governance Framework which outlines the policies and processes it utilises to ensure appropriate operational governance. In respect of governance within its hearing jurisdiction specifically, the Tribunal utilises its Hearings Governance Framework and Compliance Plan. These frameworks and plans are supported by documented policies, procedures and work instructions.

The Tribunal does not have its own audit committee or internal audit function. However, Queensland Health provides the Tribunal with risk and governance support services in accordance with an agreed Memorandum of Understanding. In addition, the Tribunal conducts quarterly audits of its compliance with the Act and annual comparisons of its hearing practices against its Hearings Governance Framework.

In accordance with the *Public Sector Act 2022* and associated Public Sector Commission publications, the Tribunal has a customer complaints policy and procedure. During the financial year, the Tribunal took the opportunity to review its complaints framework which includes customer complaints, individual employee grievances and public interest disclosures.

The Tribunal adopts the risk management framework utilised by Queensland Health and supplements this with its own risk management policy and risk register. The Tribunal's Executive conducts quarterly reviews of its risk register.

In terms of records management, the Tribunal utilises its case management system, Resolve, as an approved recordkeeping system. Administrative records are maintained primarily by the Corporate Services Team within appropriate recordkeeping and business systems. eHealth Queensland provides the Tribunal with support services to maintain the security and reliability of its recordkeeping systems. The Tribunal's procedures and work instructions provide staff with clear direction regarding the creation and storage of required records. Retention and disposal of the Tribunal's records is permitted by the Queensland State Archives' Health Sector (Corporate Records) Retention and Disposal Schedule and the General Retention and Disposal Schedule.

# Tribunal Structure

## Executive team

The Tribunal's Executive Team consists of the President, Deputy President and Executive Officer and a short biography for each of the people currently serving those roles is set out below.

### President – Ms Annette McMullan

Ms McMullan has served as President since June 2018 after commencing in the role in 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. Ms McMullan was appointed to a second five-year term as President by the Governor in Council following an open, merit-based selection process.

### Deputy President – Ms Monique Ulrick-Hunter

Ms Ulrick-Hunter was admitted to practice in the Supreme Court of New South Wales and High Court of Australia in 2009. Since that time, she has worked predominantly in criminal and administrative law, having commenced her career with the Director of Public Prosecutions in New South Wales, followed by working as a legal officer for the Queensland Police Service in the State Crime Operations Command, specialising in major crime investigation. Ms Ulrick-Hunter has also worked for the Department of Corrections and as both a community board member and professional board member of the Queensland Parole Board. In addition to her legal qualifications, Ms Ulrick-Hunter also has a Bachelor of Business and a Graduate Diploma in Teaching, with experience teaching both overseas and in Australia. Ms Ulrick-Hunter started with the Tribunal in 2017 as a sessional member, was nominated as a President's Delegate in 2019, and in early 2023, was appointed as Deputy President.

### 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. Graduating from the Australian Institute of Company Directors course in 2022, Ms Madden also volunteers as a Non-Executive Director for a disability services company in the not-for-profit field. Possessing a Master of Health Law, Ms Madden 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.

## Structure

The Tribunal's staff are organised into three teams – the Hearings Coordination Team, the Corporate Services Team and the Legal and Policy Team. An organisational chart is contained in Appendix 3. The Hearings Coordination Team consists of a Manager, Team

Leaders, Hearings Coordinators, and Administration Officers and is responsible for the administrative arrangements for the scheduling and conduct of Tribunal hearings. The Corporate Services Team manages the day-to-day operational functions of the Tribunal, including provision of information technology, finance, human resources, and capital and asset management services. The Legal and Policy Team is responsible for legal, governance and compliance activities, assisting with the development and documentation of policies and procedures, delivering the staff learning and development program and assisting the Deputy President with development and implementation of professional learning and development activities for members.

As at 23 June 2024<sup>1</sup>, the Tribunal operated with the full-time equivalent (FTE) staff and the headcount reported in Table 1.

No redundancy, early retirement or retrenchment packages were paid during the period.

Table 1 – FTE staff as at 23 June 2024

Total FTE for Tribunal	28.74
Total headcount for Tribunal	30
	<b>PERCENTAGE OF FTE</b>
<b>Occupation type</b>	
Corporate	43.1%
Frontline	52.2%
Frontline support	4.7%
<b>Appointment type</b>	
Permanent	82.6%
Temporary	13.9%
Casual	0
Contract	3.5%
	<b>PERCENTAGE OF HEADCOUNT</b>
<b>Employment status</b>	
Full-time	90%
Part-time	10%
Casual	0

The Tribunal reports the target group data (identified by Queensland Government), as at 23 June 2024, in Table 2. Table 2 was prepared using information employees report on a voluntary basis and, therefore, it 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 23 June 2024

<b>Gender</b>	<b>Number (Headcount)</b>	<b>Percentage of total workforce (Calculated on headcount)</b>
Woman	24	80%
Man	5	16.7%
Non-binary	<5%	<16.7%

<sup>1</sup> 23 June 2024 represents the last full pay fortnight for the 2023-2024 financial year.

Diversity groups	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	24	80%
Aboriginal Peoples and Torres Strait Islander Peoples	<5	<16.7%
People with disability	<5	<16.7%
Culturally and Linguistically Diverse – Speak a language at home other than English <sup>^</sup>	<5	<16.7%
	Women (Headcount)	Women as percentage of total leadership cohort (Calculated on headcount)
Senior Officers (Classified, s122 and s155 combined)	<5	100%
Senior Executive Service and Chief Executives (Classified, s122 and s155 combined)	<5	100% <sup>^^</sup>

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

<sup>^</sup> This includes Aboriginal and Torres Strait Islander languages or Australian South Sea Islander languages spoken at home.

<sup>^^</sup> The President is a Chief Executive for the purposes of the *Public Sector Act 2022* even though the role is a statutory appointment made by the Governor in Council under the *Mental Health Act 2016*.

All Tribunal staff are required to comply with the Code of Conduct for the Queensland Public Service (Code of Conduct) and complete the mandatory training developed by Queensland Health. The mandatory training includes sessions which must be completed on commencement of employment and refresher training at regular intervals. Relevant topics include the Code of Conduct, fraud awareness, public interest disclosures and work health and safety. The Tribunal undertakes reviews of its documented policies, procedures and work instructions, including to ensure ongoing consistency with the *Public Sector Ethics Act 1994*, and the Code of Conduct.

Staff are also provided with the opportunity to participate in a range of other training and professional development opportunities, both internal and external to the Tribunal. The Tribunal's in-house program provides regular, short training sessions on a variety of topics including Tribunal-specific knowledge, professional skills and personal development activities. The Tribunal also aims to identify activities and initiatives which support staff wellbeing.

## Members

Both the President and the Deputy President have been appointed by the Governor in Council on a full-time basis, the President for five years and the Deputy President for three years. Similarly, members of the Tribunal are also appointed the Governor in Council for a term of up to three years. As at 30 June 2024, the Tribunal has two full-time regional members, with all other members appointed on a part-time, or sessional, basis. The Act specifies who is eligible for membership of the Tribunal and, in particular, section 707 states a person is eligible for appointment only if:

- the person
  - is a lawyer of at least five years standing; or

- is a psychiatrist; or
- has other qualifications and experience the Minister considers relevant to exercising the Tribunal’s jurisdiction; and
- the Minister is satisfied the person has the competencies developed by the President.

The competencies developed by the President must cover administrative law, the operation of the Act, and mental health and intellectual disability issues, including forensic mental health and forensic disability issues. The Act requires the President to ensure that members are adequately and appropriately trained to enable the Tribunal to perform its functions effectively and efficiently.

As at 30 June 2024, there were 112 members, plus the President and Deputy President. Further detail of the number of members appears in Table 3.

Table 3 – Breakdown of membership according to category (excluding President and Deputy President)

Type of Member	Number of members (excluding the President and Deputy President)
Legal	28
Medical	57
Community	27
<b>Total</b>	<b>112</b>

During the reporting period, the Tribunal conducted a recruitment process for its sessional membership, with members appointed in August 2024. In seeking applications for Tribunal membership, across all categories, the Tribunal sought to advertise the opportunity:

- using existing government platforms such as Smartjobs and the Tribunal’s website
- external platforms such as Seek
- via legal and advocacy networks including Queensland Law Society, Legal Aid Queensland (LAQ), Indigenous Lawyers Association of Queensland, Youth Advocacy Centre, Disabled Australian Lawyers Association, Asian Australian Lawyers Association, African Australian Legal Network, Pasifika Lawyers Association of Queensland, Hellenic Australian Lawyers – Queensland Chapter, Pride in Law, Muslim Legal Network, various regional law associations, Central Queensland University School of Business and Law
- other relevant organisations and associations including the Australian Indigenous Doctors’ Association, the Royal Australia and New Zealand Association of Psychiatry, Psychology and Law, Australian Indigenous Psychologist Association, Queensland Alliance for Mental Health, Australian Association for Social Workers, Australian College of Nursing, Mental Health Australia, Australian Psychological Society, Indigenous Allied Health Australia, North and West Remote Health, Far North Mental Health and Wellbeing Service, Wakai Waian Healing, Central Queensland Rural Health, Central Queensland University School of Health, Medical and Applied Sciences and School of Nursing, Midwifery and Social Sciences, James Cook University Centre for Rural and Remote Health, Refugee Health Network Queensland, Embrace Multicultural Mental Health, Queenslanders with Disability

Network, Queensland Centre for Intellectual and Developmental Disability, Australian Association of Developmental Disability Medicine, National Disability Practitioners, Mater Intellectual Disability and Autism Service and Intellectual Disability Support Queensland.

The Tribunal also undertook a secondary recruitment process which was focused on identifying Aboriginal and Torres Strait Islander people who would be eligible for Tribunal membership. This process was progressed alongside the general process for appointment in August 2024.

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.

### Member diversity

The Act states that when recommending a person for appointment as a member to the Governor in Council, the Minister must have regard to the need for a balanced gender representation in the membership of the Tribunal.

Table 4 outlines the details of the membership as at 30 June 2024.

Table 4 – Breakdown of sessional membership according to gender (excluding the President and Deputy President)

<b>Gender</b>	<b>Legal</b>	<b>Medical</b>	<b>Community</b>	<b>Total</b>
<b>Female</b>	18	24	19	61
<b>Male</b>	10	33	8	51
<b>Total</b>	28	57	27	<b>112</b>

In addition to gender balance, 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.

To inform its recruitment activities, the Tribunal collects diversity information from candidates applying for Tribunal membership on a voluntary basis. Therefore, the data held by the Tribunal only accounts for those members who have chosen to disclose this information and may not accurately represent the entire Tribunal membership. Information about the diversity of the Tribunal's membership as at 30 June 2024 appears in Table 5.

Table 5 – Breakdown of membership according to diversity target groups excluding the President and Deputy President

<b>Diversity groups</b>	<b>Number (headcount)</b>	<b>Percentage of total members (calculated on headcount)</b>
Aboriginal Peoples and Torres Strait Islander Peoples	9	8%
Australian South Sea Islander Peoples	<5	<4.5%
People with disability	<5	<4.5%

Culturally and linguistically diverse – born overseas in a mainly English-speaking country	17	15.2%
Culturally and linguistically diverse – born overseas in a mainly non-English speaking country	23	20.5%
Culturally and linguistically diverse – speak a language at home other than English	20	17.9%
Identifies as LGBTIQ+	9	8%

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

# Operations of the Tribunal

## Relationship with Queensland Health

Queensland Health provides a range of services and support to the Tribunal under a Memorandum of Understanding, including in relation to asset and facilities support, human resources, travel management and financial administration. Information technology services are provided by eHealth Queensland in accordance with a Service Level Agreement. These arrangements will continue into the next financial year.

## Hearings

Details of the hearings conducted by the Tribunal during the reporting period can be found on pages 20 to 34 of this Annual Report.

## Venues

The Tribunal operates from its Brisbane office, located at 53 Albert Street, Brisbane. The majority of its staff access flexible working arrangements, including the ability to work from home a number of days per week. Hearings are conducted in several formats including in person at a variety of venues across the State which are provided by AMHSs, from the Tribunal's office utilising video-conferencing technology and remotely from the members' own home or office. The Tribunal sat from 53 different venues during the reporting period – either in person or by connecting to the venue from a remote location – which represents an increase from last 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 has obligations under the *Human Rights Act 2019*. These obligations relate to the decisions of staff members and the decisions members make in exercising the Tribunal's jurisdiction. To support Tribunal staff to comply with their obligations, the Tribunal makes training resources on human rights available. Similarly, for members, the Tribunal provides ongoing guidance on human rights, including updates on new case law dealing with the application of human rights.

The Tribunal also undertook a review of its policies and practices regarding the use of interpreters in hearings, having regard to the standards and guidelines published by relevant associations and organisations. This review involved improvements to the information provided to interpreters and the procedures the Tribunal follows in engaging interpreters. The Tribunal has also engaged directly with interpreter services to share information about the Tribunal's operations so there is better understanding of the Tribunal's unique jurisdiction in Queensland.

The Tribunal received three complaints that raised concerns regarding human rights during the reporting period, all of which the Tribunal responded to and considers resolved.

The first related to the late scheduling of a patient's periodic hearing due to an administrative oversight. The patient's legal representative contacted the Tribunal indicating that their client's hearing was overdue and that this was a breach of their human rights. The Tribunal responded to the complainant apologising, explaining the reason for the error and confirming the steps put in place to ensure that it would not occur again. The complainant



responded to the Tribunal indicating they would advise their client of the action taken and thanking the Tribunal.

The second complaint alleged that a Tribunal panel had failed to give due consideration to the patient's human rights in making its decision at a hearing. After review, the Tribunal responded to the complainant confirming that, from the material, the Tribunal panel had documented their consideration to the patient's human rights in a manner consistent with the *Human Rights Act 2019*. No further communication was received from the complainant and the Tribunal considered the complaint closed.

The third complaint was made to Queensland Health and forwarded to the Tribunal. The complaint raised human rights concerns in relation to the operation of the Act, namely the authority to give involuntary treatment under a treatment authority and the timing for a clinical report to be provided prior to a Tribunal hearing. Given the Tribunal does not determine the policy positions supporting the legislation, the complaint was referred back to Queensland Health. The Tribunal advised the complainant and no further communication was received. The Tribunal considers the complaint closed.

### **Stakeholder engagement**

During the financial year, the Tribunal continued its regular stakeholder engagement activities, including meeting with the Office of the Chief Psychiatrist, the Mental Health Court Registry, Crown Law as representative for the Attorney-General, the Office of the Public Guardian, QHVSS and LAQ. The Tribunal has also looked to continue to build relationships throughout the State's mental health system by meeting with a number of lived experience representative groups, including the Mental Health Lived Experience Peak Queensland.

In addition to these meetings, the Tribunal participated in several consultative processes conducted by stakeholders, including subject matter expert groups established to provide feedback for the purpose of reviewing the Chief Psychiatrist's policies, and the project conducted by Queensland Health for the development of additional representation and support options for people appearing before the Tribunal and the Mental Health Court.

The Tribunal also sought to continue to share information about the Tribunal and its operations within the mental health system by presenting information sessions at various AMHSs across various teams, at the North Queensland Lawyers Conference, and hosting the Heads of Mental Health Jurisdictions Meeting at the Council of Australasian Tribunals Conference.

## Our Strategic Priorities

The Tribunal's *Strategic Plan 2021 – 2025* is available on its website. It was last reviewed and approved as current by the President in May 2024. The Strategic Plan identifies the Tribunal's anticipated challenges and opportunities in achieving the set objectives.

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"> <li>• is viewed as independent, fair and impartial.</li> <li>• recognises the importance of protecting the rights and dignity of persons receiving involuntary treatment and care in Queensland.</li> <li>• acknowledges and applies the principles contained in the <i>Mental Health Act 2016</i> regarding victims of unlawful acts.</li> <li>• protects the community from unacceptable risk and serious risk of harm.</li> </ul>
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"> <li>• observe natural justice and provide quick, fair, informal and private hearings.</li> <li>• ensure the provisions under the Act are appropriately applied and that reviews and applications are heard within statutory timeframes.</li> <li>• encourage and respect the participation of involuntary persons and their representatives in proceedings before the Tribunal.</li> <li>• balance the right of a person to receive treatment and care, in ways that are least restrictive, whilst ensuring community safety.</li> <li>• acknowledge the principles set out in the Act for consideration of victims of unlawful acts.</li> </ul>
Our Values	<ul style="list-style-type: none"> <li>• Independence: managing relationships with stakeholders and the community in ways that promote the Tribunal's fairness, impartiality and independence.</li> <li>• Integrity: consistent, transparent and accountable processes and decisions.</li> <li>• Professionalism: contributing to the professional development of our Tribunal members and staff and to the body of knowledge that informs Tribunal best practice.</li> <li>• Innovation: working creatively to deliver quality services and promote a culture of excellence.</li> </ul>

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 20 to 34 of this Annual Report.

# Tribunal Activity

## Hearing activities and outcomes

In this report, a 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 just for 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 may be heard and recorded as one hearing, however it involves two matters.

## Matters

The Tribunal opened a total of 23,113 matters during the 2023–2024 period, an increase of 5.9 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 2024. Table 6 outlines the type of each matter opened.

Table 6 – Snapshot of matter types

<b>Tribunal Matters</b>	<b>Number</b>
Appeal against Administrator’s decision	2
Application to perform ECT (including emergency)	540
Application for confidentiality order	75
Application for examination authority	647
Application to perform non-ablative neurosurgery	2
Treatment authority review	19,526
Forensic order review	1,714
Fitness for trial review	14
Treatment support order review	593
<b>Total</b>	<b>23,113</b>

## Sittings

The Tribunal held 2,740 sittings relating to 16,213 hearings during the 2023–2024 period. This reflects an increase in sittings of approximately 1.4 per cent and an increase in hearings of approximately 5.1 per cent compared to the 2023–2024 period. There has been a smaller increase in sittings relative to hearings and we anticipate this reflects the Tribunal’s active sitting day list management to optimise hearing time availability for each sitting.

## Reviews and outcomes

This section 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	34	28	1	5
Cairns Network AMHS	182	134	4	44
Central Qld Network AMHS	59	50	1	8
Children's Health Qld AMHS	0	0	0	0
Darling Downs Network AMHS	145	117	4	24
Forensic Disability Service	14	11	0	3
Gold Coast AMHS	69	55	5	9
Logan Beaudesert AMHS	128	85	4	39
Mackay AMHS	43	33	2	8
Princess Alexandra Hospital AMHS	211	145	16	50
Redcliffe Caboolture AMHS	78	64	5	9
Royal Brisbane and Women's Hospital AMHS	75	55	6	14
Sunshine Coast Network AMHS	73	58	5	10

Location	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
The Park — Centre for Mental Health AMHS	109	100	1	8
The Park – High Security Program	72	61	1	10
The Prince Charles Hospital AMHS	132	94	5	33
Townsville Network AMHS	163	116	7	40
West Moreton AMHS	149	113	4	32
Wide Bay AMHS	66	50	4	12
<b>Total</b>	<b>1,802</b>	<b>1,369</b>	<b>75</b>	<b>358</b>

Note: Other outcomes may include, for example, adjournments. Where an applicant review or tribunal-initiated review was held at the same time as a periodic review, that will be represented by two reviews with the substantive outcome recorded once and the second outcome in “Other Outcome” to avoid showing multiple confirmation or revocations.

The Order Revoked column represents the number of forensic orders revoked by the Tribunal. Of the occasions on which the Tribunal revoked a forensic order, on one occasion the Tribunal made a treatment authority. In addition to revocation by the Tribunal, there were a range of circumstances where forensic orders ceased due to other mechanisms, including the death of a patient or where the order lapsed or ceased in accordance with the provisions of the Act. The numbers above include instances where the President revoked an order under section 759 of the Act.

Forensic order reviews increased by approximately 3.4 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, increased to 4.2 per cent.

### **Treatment support orders**

The Tribunal revoked a forensic order and made a treatment support order 59 times during the reporting period. The number of treatment support orders made by the Tribunal increased by approximately 34.1 per cent, from 44 to 59, 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

<b>Location</b>	<b>Number of Treatment Support Orders made</b>
Bayside AMHS	1
Cairns Network AMHS	4
Central Qld Network AMHS	0
Darling Downs Network AMHS	4
Gold Coast AMHS	3
Logan Beaudesert AMHS	3
Mackay AMHS	1
Princess Alexandra Hospital AMHS	14
Redcliffe Caboolture AMHS	5
Royal Brisbane and Women's Hospital AMHS	5
Sunshine Coast Network AMHS	5
The Park — Centre for Mental Health AMHS	0
The Park – High Security Program	0
The Prince Charles Hospital AMHS	2
Townsville Network AMHS	5
West Moreton AMHS	3
Wide Bay AMHS	4
<b>Total</b>	<b>59</b>

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 decreased by approximately 4.7 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

<b>Location</b>	<b>Number of Treatment Support Order Reviews</b>	<b>Order Confirmed</b>	<b>Order Revoked</b>	<b>Other Outcome</b>
Bayside AMHS	15	11	4	0
Cairns Network AMHS	41	26	7	8
Central Qld Network AMHS	19	12	3	4
Children's Health Qld AMHS	0	0	0	0
Darling Downs Network AMHS	43	36	1	6
Gold Coast AMHS	26	19	3	4
Logan Beaudesert AMHS	51	32	7	12
Mackay AMHS	16	11	4	1
Princess Alexandra Hospital AMHS	98	67	15	16
Redcliffe Caboolture AMHS	19	15	2	2
Royal Brisbane and Women's Hospital AMHS	63	44	13	6
Sunshine Coast Network AMHS	37	30	5	2
The Park — Centre for Mental Health AMHS	1	1	0	0
The Park – High Security Program	2	2	0	0
The Prince Charles Hospital AMHS	45	38	3	4
Townsville Network AMHS	52	35	6	11
West Moreton AMHS	64	45	6	13



Location	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Wide Bay AMHS	21	12	5	4
<b>Total</b>	<b>613</b>	<b>436</b>	<b>84</b>	<b>93</b>

Note: Other outcomes may include, for example, adjournments. Where an applicant review or tribunal-initiated review was held at the same time as a periodic review, that will be represented by two reviews with the substantive outcome recorded once and the second outcome in "Other Outcome" to avoid showing multiple confirmation or revocations.

As above, the Order Revoked column represents when a treatment support order was revoked by the Tribunal. On 38 occasions, the Tribunal revoked a treatment support order and made a treatment authority. In addition to those revocations, there were a range of circumstances where treatment support orders ceased due to other reasons, including the death of a patient or where an order lapsed or ceased in accordance with the provisions of the Act. The above numbers include instances when the President revoked an order under section 759 of the Act.

### Treatment authorities

Treatment authorities are generally made and revoked by psychiatrists at AMHSs and do not require approval from the Tribunal to be revoked. In the reporting period, 6,905 treatment authorities that had been notified to the Tribunal were revoked by the AMHS with such revocation negating the need for a review or a further review by the Tribunal. There were an additional 99 treatment authorities that were ended throughout the reporting period. These may have been due to a number of reasons including death of the patient or the patient left Queensland. However, the Hearings Coordination Team will often have undertaken a degree of preparation for a hearing prior to the treatment authority being revoked.

Treatment authority reviews increased by approximately 7.7 per cent compared to the previous reporting period. This increase occurred in the context of an increased revocation rate of approximately 2 per cent (compared to a rate of 1.1 per cent in 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	404	316	7	81
Belmont Private Hospital AMHS	11	6	0	5

<b>Location</b>	<b>Number of Treatment Authority Reviews</b>	<b>Authority Confirmed</b>	<b>Authority Revoked</b>	<b>Other Outcome</b>
Cairns Network AMHS	1,018	758	33	227
Central Qld Network AMHS	665	536	20	109
Children's Health Qld AMHS	24	18	2	4
Darling Downs Network AMHS	702	536	11	155
Gold Coast AMHS	1,426	1,123	25	278
Greenslopes Private Hospital AMHS	2	1	0	1
Logan Beaudesert AMHS	1,101	805	18	278
Mackay AMHS	386	284	16	86
New Farm Clinic AMHS	10	8	0	2
Princess Alexandra Hospital AMHS	1,082	883	10	189
Redcliffe Caboolture AMHS	549	456	6	87
Royal Brisbane and Women's Hospital AMHS	1,515	1,128	30	356
Sunshine Coast Network AMHS	972	784	19	169
The Park – Centre for Mental Health AMHS	45	42	0	3
The Park – High Security Program	77	65	0	12
The Prince Charles Hospital AMHS	1,035	731	24	280
Toowong Private Hospital AMHS	5	4	0	1

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Townsville Network AMHS	740	516	14	210
West Moreton AMHS	752	588	11	153
Wide Bay AMHS	359	287	5	66
<b>Total</b>	<b>12,880</b>	<b>9,875</b>	<b>251</b>	<b>2,752</b>

Note: Revoked authorities refer to revocations by the Tribunal at hearings, rather than by an authorised doctor. Other outcomes may include, for example, adjournments. Where an applicant review or tribunal-initiated review was held at the same time as a periodic review, that will be represented by two reviews with the substantive outcome recorded once and the second outcome in "Other Outcome" to avoid showing multiple confirmation or revocations.

### 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
Darling Downs Network AMHS	3	0	1	1	1
Logan Beaudesert AMHS	1	0	0	0	1
Redcliffe Caboolture AMHS	2	0	2	0	0
Royal Brisbane and Women's Hospital AMHS	1	0	0	1	0
The Park – Centre for Mental Health AMHS	1	0	1	0	0
The Park – High Security Program	2	0	2	0	0
Townsville 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
West Moreton AMHS	3	3	0	0	0
Wide Bay AMHS	1	0	1	0	0
<b>Total</b>	<b>15</b>	<b>3</b>	<b>7</b>	<b>3</b>	<b>2</b>

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 who have prescribed such treatment for their patients.

Applications for approval to perform non-ablative neurosurgical procedures are relatively uncommon. During the 2023–2024 period, the Tribunal heard four applications to perform non-ablative neurosurgical procedures.

The Tribunal managed a total of 532 matters relating to applications for approval to perform ECT during the 2023–2024 period. This is a 1.7 per cent 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	340	20	32	24	<b>416</b>
ECT with an emergency certificate pursuant to section 237	90	18	0	8	<b>116</b>
<b>Total</b>	<b>430</b>	<b>38</b>	<b>32</b>	<b>32</b>	<b>532</b>

### Examination authorities

The Tribunal received a total of 638 applications for examination authorities, during the 2023–2024 period, which is an 11.9 per cent decrease from the previous period. Of the applications received, 52 per cent came from a relative, 33 per cent from an interested person, 13 per cent from an AMHS and approximately two per cent from other sources.

Table 13 represents the outcome of those applications for examination authorities heard in the 2023–2024 period.

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

<b>Outcome</b>	<b>Percentage</b>
Issued	74.5
Refused	4.5
Withdrawn	13.9
Adjourned	0.8
Other	6.3
<b>Total</b>	<b>100</b>

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. Outcome of 'other' may include invalid applications that didn't meet the required legislative criteria.

The 475 examination authorities made were issued to the AMHSs as listed in Table 14.

Table 14 – Distribution of examination authorities across AMHSs

<b>Location</b>	<b>Number</b>
Bayside AMHS	36
Cairns Network AMHS	24
Central Queensland Network AMHS	16
Darling Downs Network AMHS	34
Gold Coast AMHS	53
Logan Beaudesert AMHS	45
Mackay AMHS	5
Princess Alexandra Hospital AMHS	57
Redcliffe Caboolture AMHS	15
Royal Brisbane and Women's Hospital AMHS	58
Sunshine Coast Network AMHS	22
The Prince Charles Hospital AMHS	27
Townsville Network AMHS	27

Location	Number
West Moreton AMHS	35
Wide Bay AMHS	21
<b>Total</b>	<b>475</b>

## Legal Representation

The Act provides that all persons who are the subject of a Tribunal hearing are entitled to be represented either by a lawyer or another person they choose and accompanied at their hearing by a member of their support network.

In addition, the Act requires the Tribunal to supply a representative free of charge to persons appearing before the Tribunal in the following circumstances:

- the person is a minor
- the hearing involves a review of the person's fitness for trial
- the hearing is for an application for approval to perform ECT
- the Attorney-General will be represented at the hearing.

To provide independent legal representatives around the State, the Tribunal has a service agreement with LAQ which will continue next financial year. It is LAQ who allocates requests for legal representation to either an in-house lawyer or an external firm from their pre-selected panel.

As shown in Table 15, legal representatives were appointed by the Tribunal for 2,729 hearings during the period, 183 of which involved a minor. The number of legal representatives appointed remained approximately the same compared to the previous period.

Table 15 – Number of legal representatives by hearing type

Hearing Type	Number of hearings legal representative was appointed for
Forensic Order	1,792
Treatment Support Order	25
Fitness for Trial	15
Electroconvulsive Therapy (including emergency)	525
Treatment Authority	307
Confidentiality Order	61
Application to Transfer out of QLD	0

Non-Ablative Neurosurgery	4
<b>Total</b>	<b>2,729</b>

## **Matters for Aboriginal peoples and Torres Strait Islander peoples**

Appendix 5 details hearings conducted for Aboriginal and Torres Strait Islander peoples.

The information reported includes the number of hearings, number of instances in which the person attended their hearing and whether an Indigenous Mental Health Worker, cultural support person or culturally appropriate member attended the hearing.

### **Attendance**

Details of attendance generally are set out in Appendix 4.

It is not mandatory for a person to attend their hearing, however, the Tribunal encourages attendance to allow the person to share their views, wishes and preferences. Attendance can be in person at a hearing venue, via telephone or via video conferencing facilities. Where attendance is not possible, the Tribunal encourages the person to make their views, wishes and preferences known in writing, which can be done using one of the templates made available by the Tribunal.

### **Victims**

When making decisions on review of a forensic order or treatment support order, the Tribunal has regard to any victim impact statements provided for the relevant matter and also considers the principles for victims set out in section 6 of the Act.

Another way that the Act recognises victims of unlawful acts that are the subject of forensic orders or treatment support orders, is the ability apply for Information Notices. An Information Notice entitles the holder to receive specified information (detailed in Schedule 1 of the Act) about the person who committed the unlawful act. The Tribunal recognises 106 Information Notices (as at 30 June 2024) 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**

Hearings may be adjourned for a range of reasons. Adjourned hearings must be rescheduled within 28 days, except if the adjournment occurs in the following circumstances:

- a person being a patient required to return (section 790); or
- the Tribunal orders an independent examination report (section 721).

The average adjournment rate for the reporting period was approximately 19.3 per cent, which is approximately the same 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	0.8
Attendance notice	0.07
COVID related	0.1
Lack of evidence	17.2
Legal Representative unable to receive instructions	0.3
Other	3.7
Patient absent without authority	7.5
Patient request	14.9
Patient transferred	0.03
Procedural fairness – non-patient related	2.7
Procedural fairness – patient related	17.2
Report	34.7
Tribunal Ordered Examination	0.8
<b>Total</b>	<b>100</b>

### Statements of reasons

The Act provides for entitled persons to request a statement of reasons for a Tribunal decision (section 756) under the Act and the Tribunal is obliged to provide the requested statement of reasons within 21 days. In the 2023–2024 period, the number of requests for statements of reasons was 394, an increase of approximately 16.6 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	14.5
Administrator	5.6



<b>Requestor</b>	<b>Percentage</b>
Chief Psychiatrist	0
Legal Representative	36
Mental Health Court	11.7
Patient	28.9
Person on behalf of the patient (which includes a nominated support person or guardian)	3.3
<b>Total</b>	<b>100</b>

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

Table 18 – Statement of reasons requested by matter type

<b>Matter type</b>	<b>Percentage</b>
Forensic order	32.2
Treatment authority	56.1
Fitness for Trial	0
ECT	6.1
Examination Authority	0
Treatment Support Order	5.6
<b>Total</b>	<b>100</b>

### **Records of hearings**

Due to legislative change during the reporting period, the Tribunal implemented electronic audio recording of hearings. The Act provides that certain people are entitled to receive a copy of the electronic audio recording. In the 2023-24 period, the number of requests for a copy of the electronic audio recording of a hearing was 26.

Table 19 shows the number of requests for electronic audio recordings by requestor.

Table 19 – Electronic audio recordings requested by requestor type

<b>Requestor</b>	<b>Percentage</b>
Attorney-General	3.8
Administrator	0

<b>Requestor</b>	<b>Percentage</b>
Chief Psychiatrist	0
Legal Representative	30.8
Mental Health Court	0
Patient	46.2
Person on behalf of the patient (which includes a nominated support person or guardian)	19.2
<b>Total</b>	<b>100</b>

### **Appeals**

Schedule 2 of the Act states who can appeal a Tribunal's decision. Fifty-two appeals were filed during the 2023–2024 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 2023–2024 financial year.

When forecasting for the 2023–2024 financial year, the Tribunal identified from the outset that it would incur additional spend in member labour costs. The overspend was anticipated due to an expected increase in the number of sittings and an increase in the number of panels constituted with three members. Member remuneration costs are set by the Governor in Council having regard to the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies* and the resultant overspend for the 2023-2024 financial year was approximately \$2.387 million.

In recognition of the forecasted overspend in member labour costs, the Tribunal identified savings in other areas of its budget. Savings were made in relation to staff wages, Tribunal operating costs and member travel costs. The Tribunal can report \$0.143 million in savings in these areas.

An increase in recurrent funding of \$2.570 million has been approved by Queensland Health for the Tribunal's budget from the 2024-2025 financial year to accommodate the increase in member labour costs.

The Tribunal is grateful for the financial support of Queensland Health in ensuring that it conducts its hearings in the most optimal manner and in accordance with legislative requirements. 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 20 below.

Table 20 – Financial Summary

	Actual	Budget	Budget Variance**
<b>Labour</b>			
Staff	\$4,151,207	\$4,262,583	\$111,376
Members	\$14,213,297	\$11,825,423	-\$2,387,874
<b>Non-Labour*</b>			
Staff	\$1,345,310	\$1,379,173	\$33,863
Members	\$343,353	\$396,525	\$53,172
LAQ	\$3,219,036	\$3,275,072	\$56,036
<b>Depreciation</b>	\$10,060	\$10,060	-
<b>TOTAL</b>	<b>\$23,282,263</b>	<b>\$21,148,836</b>	<b>-\$2,133,427</b>

\*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

The remuneration, allowances and expense reimbursement of members is set by the Governor in Council. The current rates authorised by the Governor in Council are commensurate with the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies* and include amounts for the conduct of hearings and additional work time. Additional work time fees may be paid for preparation of statement of reasons and participation on Tribunal committees or working groups. Members are reimbursed for certain expenses such as mileage and parking fees at hearing venues.

The President 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 the Senior Executive Service Level 4 appointed under the *Public Sector Act 2022*. The total remuneration of a Magistrate (other than Chief Magistrate or Deputy Chief Magistrate) is published at [https://www.courts.qld.gov.au/\\_\\_data/assets/pdf\\_file/0010/93943/judicial-remuneration.pdf](https://www.courts.qld.gov.au/__data/assets/pdf_file/0010/93943/judicial-remuneration.pdf) and was \$393,610.00 as at 30 June 2024.

The Deputy President is remunerated at 70 per cent of a Magistrate's salary, at \$275,527.00, with other terms and conditions equivalent to the Senior Executive Service Level 4 appointed under the *Public Sector Act 2022*.

Table 21 shows Tribunal member costs for the 2023–2024 period.

Table 21 – Tribunal member costs

	Fees	Allowances	Total
<b>Members</b>	\$14,213,297	\$343,353	\$14,556,650

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](http://www.data.qld.gov.au).

## **Year in preview**

The Tribunal is looking forward to focusing on the following matters in the next financial year.

### **Strategic Planning**

As referred to in the President's report, the Tribunal's development of its Strategic Plan for 2025 – 2029 is currently underway and will be finalised in the coming financial year.

### **Digital projects**

In the next financial year, the Tribunal anticipates that it will have completed its evaluation of the CIMHA and Resolve integration project and the electronic audio recording project and will be in a position to identify any learnings and opportunities for continuous improvement.

Over the past year, the Tribunal has been identifying and implementing improvements in its current scheduling practices. The aim of these improvements is to improve the efficiency of the schedules produced to maximise the time available, to make the most efficient use of the resources available and to streamline processes to reduce the manual time needed from Tribunal staff. Moving forward, the Tribunal hopes to continually improve the efficiency of its scheduling practices by investigating the option of digital solutions to assist in all, or part, of its scheduling procedure.

### **Consumer engagement**

The Tribunal will continue the operationalisation of its consumer engagement strategy by continuing its engagement with stakeholders across the State. A key focus for these engagement activities will be understanding the needs and views of people who are carers and supports for people who are subject to involuntary treatment.

### **Workforce**

The Tribunal hopes to improve the information it has for decision making in respect of its workforce planning and aims to investigate options for data collection and the use of digital dashboards for reporting and analysing that data.

The Tribunal will also continue to work on the initiatives identified as part of its Diversity and Inclusion Project, including the development of training materials and on-demand resources for its workers. The aim of these initiatives is to continue to increase the diversity in the Tribunal's workforce and to promote a culture of respect and inclusion throughout its workplace.

### **Legislative compliance**

During the next financial year, a number of Acts will commence and have an effect on Tribunal operations. This includes legislation dealing with public records, information privacy and right to information requests. The Tribunal's preparations are underway and will continue into the next financial year.

## Appendices

### Appendix 1 – Progress against Strategic Plan for the period 2023-2024

Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
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"> <li>Regular budget briefings to President with end of month reporting to Queensland Health.</li> <li>Active budget management identified savings, for example in travel and labour costs. Processes regarding travel management streamlined to identify efficiencies in spend.</li> <li>Budget overspend reported which was limited to non-discretionary spend and was identified and reported throughout the period.</li> </ul>
			Engagement with Mental Health Alcohol and Other Drugs Branch, Queensland Health regarding their project to review provision of representation and support to consumers	<ul style="list-style-type: none"> <li>Ongoing liaison with Queensland Health in respect of their project for identification of the most appropriate model for increasing representative, advocacy and support at Tribunal hearings. Feedback and information provided as and when requested.</li> </ul>
			Investigation of scheduling practices including allocation of hearing times and members	<ul style="list-style-type: none"> <li>Project undertaken to document existing scheduling procedure. Quote obtained for IT-based system including mechanism for members' to input availability. Work will continue on this project into the next financial year.</li> <li>In the meantime, work has occurred to streamline the scheduling process currently utilised including rationalisation of travel arrangements and improved documentation.</li> </ul>
			Review of clinical report template and provision of historical clinical evidence to Tribunal	<ul style="list-style-type: none"> <li>Commencement of an improvements register which logs all suggestions and feedback related to the content and layout of template clinical reports.</li> <li>Work to date suggests a larger-scale review would be appropriate and this will be commenced in the next financial year.</li> </ul>
			Review of Hearings Governance Framework as an effective tool for the delivery of hearings in	<ul style="list-style-type: none"> <li>Hearings Governance Audit conducted at the end of calendar year 2023 to identify consistency of practice against Framework.</li> </ul>

Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
			accordance with the principles and objects of the Act	<ul style="list-style-type: none"> <li>President satisfied that Framework and Audit process remain an effective tool to be used going forward.</li> </ul>
			Investigation and implementation of policies, procedures and practices which recognise diversity and inclusion in hearing practices	<ul style="list-style-type: none"> <li>Tribunal established its Diversity and Inclusion Project which includes the identification of suggested initiatives and progress against their investigation and, where appropriate, implementation. Some initiatives implemented during the reporting period include the update of clinical report templates to include the ability to record pronoun information, establishment of the RWG, development of the Professional Learning and Development Diversity and Inclusion Framework, development of a short course for workers which provides an introduction to trauma-informed practice, review of interpreter processes, provision of training to workers relevant to diversity target groups.</li> </ul>
			Deliver effective processes and training for members in the implementation of electronic audio recording	<ul style="list-style-type: none"> <li>Procedures for the carrying out of electronic audio recording were documented and delivered to members in time for implementation. Training was provided to workers together with associated learning resources. Procedures have been reviewed post-implementation to take account of lessons learned.</li> <li>Evaluation of the project to implement electronic audio recording is underway and will be completed in the next financial year. That evaluation will include consideration of the processes and training provided to members.</li> </ul>
	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	Ongoing delivery of suitable professional learning and development offerings	<ul style="list-style-type: none"> <li>Masterclass sessions and case study sessions provided consistently throughout the financial year. Planning is underway for sessions to be presented at the beginning of the next financial year.</li> <li>The Tribunal also hosted a Community Members Workshop, small group training in document formatting and facilitated the completion of its in-house training courses.</li> </ul>
	Improved consumer engagement through increased communication channels and analysis of feedback		Development of 'Human Library Video Project' interview series to support members' understanding of stakeholder experiences	<ul style="list-style-type: none"> <li>Filming has been undertaken across a number of different topic areas with video formatting and publication completed with the first tranche of videos made available to members.</li> </ul>

Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
				<ul style="list-style-type: none"> <li>• Networks continue to be built with the lived experience community and consultation has occurred with various stakeholders across the State.</li> <li>• This project will continue into the next financial year.</li> </ul>
	Investigation into victims' issues in Tribunal decision-making	Analysis of victims' considerations and how they are factored into decision-making	<p>Developing a professional learning and development opportunity for members to understand the perspective of victims</p> <p>Ongoing engagement with stakeholders</p>	<ul style="list-style-type: none"> <li>• The Human Library Video Project has identified the perspective of victims as a topic for interviews. Engagement with stakeholders has occurred and this project will continue into the next financial year.</li> <li>• Ongoing engagement has occurred with the QHVSS. The Tribunal has provided feedback on publications prepared by the QHVSS.</li> <li>• The Tribunal's review of its public-facing website which commenced this year has identified review of victims-related content.</li> </ul>
Data and digital innovation	Leverage and embrace data and information to create insights and drive improvements Design and adopt digital solutions to assist in the efficient and effective operation of the Tribunal	Additional reporting utilising data analytics and trend analysis to inform operational decision-making and improve accountability	<p>Development of business case to support Tribunal website renewal</p> <p>Review of Tribunal data analysis and reporting including quarterly public reports</p>	<ul style="list-style-type: none"> <li>• Senior Project Officer undertook a review of the Tribunal's current website and future needs, including engaging in consultation. A business case was approved by the President for re-platforming the website and some modifications to content and layout. Work on re-platforming is underway and will likely be completed in the first half of the next financial year. Linkage is required between the website works and scheduling system works as the way in which members currently log their availability is via the website.</li> <li>• During the financial year, the Tribunal continued to improve and expand the data reporting for its monthly Operational Meeting, including documentation of a procedure for production of the report. In the next financial year, the Manager Hearings Coordination will continue to refine and improve this report to assist in decision-making.</li> <li>• Regarding quarterly reporting, feedback was sought from AMHSs regarding the nature of the information they would find useful.</li> <li>• Planning is underway for the nature and content of data dashboards for use throughout the Tribunal for on-time reporting for use in decision-making.</li> </ul>



Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
			Review data/information captured from hearings (e.g. via record of proceedings documents)	<ul style="list-style-type: none"> <li>Hearing documentation, including the information recorded on that documentation, was reviewed and updated as part of the implementation of electronic audio recording.</li> <li>The Manager Hearings Coordination has commenced a review of the escalation process for particular matters which will continue into the next financial year.</li> <li>To capture reports from members regarding venue matters, a register has been established to allow for triage and assessment of those matters.</li> </ul>
			Investigation of digital solutions to streamline scheduling processes	<ul style="list-style-type: none"> <li>A project was undertaken to document existing scheduling procedures. A quote has been obtained from a supplier for an IT-based system including the incorporation of an availability calendar for members to report their availability for hearings. In the meantime, work was undertaken to improve scheduling processes, including rationalising travel processes and improved resources for the current process.</li> </ul>
			Effective implementation of electronic audio recording	<ul style="list-style-type: none"> <li>Implementation of electronic audio recording of hearings successfully completed. An evaluation is underway and will be completed in the next financial year.</li> </ul>
		Increased efficiencies as a result of digital innovation and An increase in connectivity through the use of digital solutions	<ul style="list-style-type: none"> <li>Effective implementation of Phase 2 of the Resolve Project: CIMHA integration</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the CIMHA/Resolve integration was successfully completed. Work continues in respect of monitoring and remedying any issues as and when required.</li> <li>Evaluation of the project was undertaken with results and lessons learned identified and communicated to staff.</li> </ul>
		Deliver effective processes and training for members in the implementation of electronic audio recording	<ul style="list-style-type: none"> <li>As per the relevant item above.</li> </ul>	
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	Identifying the initiatives/activities to operationalise the Workforce Strategy	<ul style="list-style-type: none"> <li>The Tribunal has identified a number of activities to prioritise for the operationalisation of the Workforce Strategy including: the use of data dashboards for key human resources metrics, revision of end of month reporting commentary to include more graphical data, documentation of a comprehensive onboarding process for all staff, operational structure and role review. This work will continue into the next financial year.</li> </ul>

Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
			Review and further development of the Tribunal's Diversity and Inclusion Project initiatives regarding staff recruitment practices to increase equity and diversity in the workforce	<ul style="list-style-type: none"> <li>Initiatives have been identified for staff and member recruitment practices including the following which have been implemented: conducting a specific member appointment process for Aboriginal and Torres Strait Islander people who may be suitable for membership, updating job advertisement documentation to reference diversity and inclusion matters, updating member recruitment documentation to provide information regarding diversity and inclusion topics. Additional initiatives will also be considered in the ongoing operational planning for the Workforce Strategy.</li> </ul>
			Review and further development of Diversity and Inclusion Project initiatives regarding member recruitment practices to increase equity and diversity in the workforce	<ul style="list-style-type: none"> <li>Initiatives identified and implemented as per the item above.</li> </ul>
			Annual review of member competencies framework	<ul style="list-style-type: none"> <li>Member Competencies Framework reviewed and approved for the 2023-2024 financial year.</li> </ul>
	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	Review and further development of Diversity and Inclusion Project initiatives regarding a culture of respect and inclusion for the Tribunal workforce	<ul style="list-style-type: none"> <li>Initiatives to support the Diversity and Inclusion Project have been identified and recorded. A Diversity and Inclusion Professional Learning and Development Framework has been established with relevant training sessions provided to both staff and members.</li> <li>Other initiatives which have been implemented include: updating the Tribunal's template for one-on-one staff catch-ups to prioritise safety and wellness, research has been undertaken about the establishment of a quiet space within the Tribunal office to promote inclusion and psychosocial safety.</li> </ul>
			Development of a framework for effective scheduling of in-person hearing	<ul style="list-style-type: none"> <li>Panels returned to in-person hearings around the State from August 2023 following staff visits to South-East Queensland venues to aid in transition. Issues identified at those sites visits were addressed on a case by case basis.</li> <li>To aid in the identification of venues that were a priority for in-person hearings, data regarding patient attendance was collected and analysed. There is an ongoing review of travel arrangements for members in person to regional</li> </ul>

Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
				areas. To aid decision-making, the Tribunal developed a guide setting the number and timing of regional areas.
	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 delivery of staff-led L&D program	<ul style="list-style-type: none"> <li>Monthly staff training sessions provided on an ongoing basis in accordance with the Tribunal's staff training policy. A survey was conducted to identify staff professional learning and development needs/preferences to inform planning of staff training.</li> </ul>
			All staff will have an up-to-date CSP	<ul style="list-style-type: none"> <li>All staff undergo CSP planning with their manager. Monthly reporting is received from the Department for any outstanding CSP reports which is provided to managers.</li> </ul>
			Ongoing delivery of suitable professional learning and development offerings	<ul style="list-style-type: none"> <li>See the relevant item above.</li> </ul>
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	Ongoing use of the Tribunal Reference Group (TRG)	<ul style="list-style-type: none"> <li>TRG meetings continued throughout the reporting period and their work included provision of feedback on multiple self-report templates, discussion of modes of attendance at hearings, the role of the Lived Experience Workforce, consultation of the Tribunal's public-facing website and feedback on the Tribunal's notice and decision forms.</li> <li>Recruitment processes were undertaken with new members selected.</li> </ul>
			Establishing increased engagement with stakeholders in regional areas through Consumer Engagement Officer activities	<ul style="list-style-type: none"> <li>The Consumer Engagement Officer's focus in the first half of the reporting period was the preparation of new and updated documentation (including new self-report forms, updated hearing and decisions notices, development of the wellbeing plan). In the second half of the financial year, the Consumer Engagement Officer travelled throughout Queensland (including Wide Bay, Mt Isa, Townsville and Mackay) and met with AMHS staff in various roles (e.g. Family and Carer Support Workers, Forensic Liaison Officers, Lived Experience Coordinators and staff in the Aboriginal and Torres Strait Islander Wellbeing Assessment Engagement Service).</li> <li>The Tribunal sought feedback from all AMHSs and Independent Patient Rights Advisors across the State when seeking information and data about patient attendance preferences and needs.</li> </ul>

Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
			Establishing increased engagement with stakeholders in regional areas through full-time member activity	<ul style="list-style-type: none"> <li>The RWG was established with internal and external members appointed.</li> <li>The full-time member has undertaken a range of engagement activities in Far-North Queensland, has updated the Tribunal's information sheet for Aboriginal and Torres Strait Islander people and is continuing to work on additional information sheets.</li> <li>The Tribunal has published its consumer videos in two additional languages to increase accessibility for Aboriginal and Torres Strait Islander people.</li> <li>The Hearings Coordination Team scheduled hearings in Atherton, Thursday Island and Mt Isa.</li> <li>The President and Deputy President have conducted in-person visits to regional AMHSs.</li> </ul>
			Ensuring development of the Human Library Video Project encompasses a wide variety of stakeholders	<ul style="list-style-type: none"> <li>Consultation has occurred with a wide variety of stakeholders including Queensland Health Lived Experience Workforce, Lived Experience Workforce Leadership Group, Queensland Mental Health Lived Experience Peak, Insight Alcohol and Drugs Lived Experience Education, QHVSS and the TRG. Participants have from various locations including Brisbane, the Gold Coast, Maryborough, Cairns, Bundaberg and Hervey Bay.</li> </ul>
	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 opportunities for Tribunal leadership to engage with stakeholders throughout the State	<ul style="list-style-type: none"> <li>The Tribunal has engaged with various stakeholders including the Queensland Mental Health Commission and Executives from the mental health tribunals in other jurisdictions across Australia.</li> <li>Tribunal staff attended venues across the South-East Queensland area.</li> <li>The Tribunal presented at the Forensic Mental Health Forum and facilitated information sessions at various AMHSs.</li> </ul>
			Investigation and implementation of processes and practices relevant to cultural safety, including consultation with relevant stakeholder groups	<ul style="list-style-type: none"> <li>The RWG was established and the full-time member has conducted a range of engagement activities in Far-North Queensland.</li> <li>Hearings were scheduled in Atherton, Thursday Island and Mt Isa.</li> <li>Professional learning and development activities were presented to staff and members which focused on different cultural groups.</li> </ul>

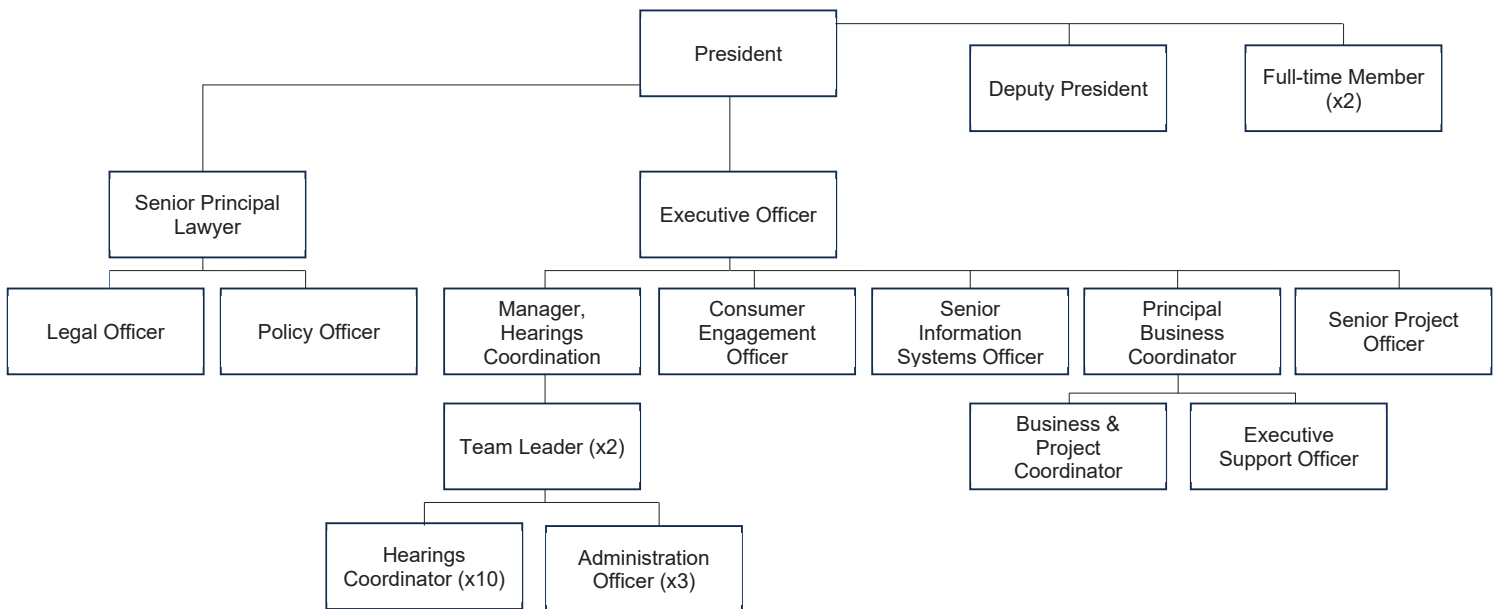
Objectives	Strategies	Performance indicators	Goals	Progress in 2023–2024
	Strengthen relationships with key stakeholders to embed the Tribunal as a connected part of the Queensland mental health system	Clarity in the role and purpose of the Tribunal within the Queensland mental health system	Continue ongoing regular engagement with stakeholders, including site visits to AMHSs	<ul style="list-style-type: none"> <li>The Tribunal continued with its regular, ongoing engagement with stakeholders including the Office of the Chief Psychiatrist, the Mental Health Court Registry, Victims Engagement Groups, QHVSS, the Office of the Public Guardian, LAQ, various units within Queensland Health, the Queensland Mental Health Commission and the Queensland Human Rights Commission.</li> <li>The Tribunal has provided feedback to various projects conducted by third parties in the Queensland mental health sector.</li> <li>The President and Deputy President continued their engagement visits to each AMHS across the State.</li> </ul>
			Identification of opportunities to provide information about the Tribunal's role in the mental health system	<ul style="list-style-type: none"> <li>The Tribunal has presented at various forums including the Community Forensic Outreach Service/Forensic Liaison Officer Forum, the Forensic Mental Health Forum, the North Queensland Lawyers Conference and information sessions for various AMHSs.</li> <li>The Tribunal has engaged with the service providers who provide interpreter services for Tribunal hearings.</li> <li>The Tribunal's Consumer Engagement Officer has engaged with a number of consumer advocacy and representation groups, including the Mental Health Lived Experience Peak.</li> </ul>

Appendix 2 – Masterclass presentations and case study sessions

<b>Format</b>	<b>Date</b>	<b>Topic</b>	<b>Presenter/Facilitator</b>
Masterclass	July 2023	Psychedelics	Professor Susan Rossell, Cognitive Neuropsychologist, Swinburne Centre for Mental Health and Professor David Castle, Professor of Psychiatry, Centre for Mental Health Innovation
Case study	July 2023	Examination authorities	Monique Ulrick-Hunter, Deputy President
Masterclass	August 2023	Cultural	Margaret Horagold, Manager, First Nations Strategic Policy and Planning, LAQ
Case study	August 2023	Classified patients	Monique Ulrick-Hunter, Deputy President and Matthew Heelan, Full-time member
Masterclass	September 2023	Alcohol and drugs	Dr Jeremy Hayllar, Clinical Director, Alcohol and Drug Service, Metro North Mental Health and Dr Mark Daghli, Director of Addiction Psychiatry, Royal Brisbane & Women's Hospital
Case study	September 2023 and October 2023	Device and software training for electronic audio recording	Monique Ulrick-Hunter, Deputy President and Lenitson Muthiah, Senior Project Officer
Masterclass	October 2023	Updates in administrative law cases	Kimberley Kiehne, Senior Principal Lawyer
Masterclass	November 2023	Electronic audio recording	Monique Ulrick-Hunter, Deputy President
Masterclass	November 2023	Vicarious trauma	Leanne Burrowes, Psychologist, EASEC
Masterclass	December 2023	Neurodiverse experience	Mental Health Review Tribunal member
Masterclass	January 2024	Artificial intelligence in decision making	Kimberley Kiehne, Senior Principal Lawyer

<b>Format</b>	<b>Date</b>	<b>Topic</b>	<b>Presenter/Facilitator</b>
Masterclass	February 2024	Secure Mental Health Rehabilitation Unit – transitions and risk	Dr Janet Bayley, Consultant Psychiatrist, Townsville Hospital and Health Service
Case study	February 2024	Session for new members	Monique Ulrick-Hunter, Deputy President
Masterclass	March 2024	Case law update and refresher	Kimberley Kiehne, Senior Principal Lawyer
Case study	March 2024	Transitions and transfers	Monique Ulrick-Hunter, Deputy President
Case study	April 2024	Document formatting	Monique Ulrick-Hunter, Deputy President
Masterclass	May 2024	Community Forensic Outreach Service and Forensic Liaison Officers Discussion	Dr Katrina Chiu, Clinical Director, Community Forensic Outreach Service / Queensland Fixed Threat Assessment Centre and Dr Tim Lowry, Statewide Program Coordinator: Forensic Liaison Officers and Community Forensic Outreach Service, Queensland Forensic Mental Health Service
Masterclass	June 2024	Non-ablative neurosurgical procedures	Dr Phil Mosley, Neuropsychiatrist, St Andrew's War Memorial Hospital & Neurosciences Queensland

Appendix 3 – Tribunal organisational structure as at 30 June 2024





Appendix 4 – Attendance at hearings

Locations	Guardian	Advocate	Nominated Support Person	Patient	Treating team member
Bayside AMHS	4	1	11	225	583
Belmont Private Hospital AMHS	1	0	5	14	35
Cairns Network AMHS	15	6	44	436	1,860
Central Qld Network AMHS	6	0	29	311	1,376
Children's Health Queensland AMHS	0	4	7	17	46
Darling Downs Network AMHS	18	23	36	410	1,445
Forensic Disability Service	7	0	1	11	28
Gold Coast AMHS	10	0	74	657	2,007
Greenslopes Private Hospital AMHS	0	0	0	1	1
Logan- Beaudesert AMHS	10	1	43	534	1,562
Mackay AMHS	5	0	28	193	821
Mater Misericordiae Limited, South Brisbane AMHS	0	0	0	0	0
New Farm Clinic AMHS	0	1	1	8	15
Princess Alexandra Hospital AMHS	20	2	43	574	1,767

Locations	Guardian	Advocate	Nominated Support Person	Patient	Treating team member
Redcliffe Caboolture AMHS	9	0	69	343	1,084
Royal Brisbane and Women's Hospital AMHS	10	20	55	679	2,009
St Andrew's War Memorial Hospital	0	0	0	3	5
Sunshine Coast Network AMHS	9	1	97	504	1,543
The Park	13	0	10	120	279
The Park High Security Program AMHS	22	0	20	132	293
The Prince Charles Hospital AMHS	34	6	69	474	1,498
Toowong Private Hospital AMHS	0	0	0	2	7
Townsville Network AMHS	20	18	17	380	1,382
West Moreton AMHS	21	5	43	410	1,340
Wide Bay AMHS	2	0	39	244	974
<b>TOTAL</b>	<b>236</b>	<b>88</b>	<b>741</b>	<b>6,682</b>	<b>21,960</b>

Appendix 5 – Matters for Aboriginal peoples and Torres Strait Islander peoples

Location	Number of hearings	Patient attendance	IMHW attendance	Cultural support attendance	Culturally appropriate member attendance
Bayside AMHS	45	14	0	0	17
Belmont AMHS	0	0	0	0	1
Cairns Network AMHS	579	147	40	15	471
Central Qld Network AMHS	266	92	4	22	165
Children's Health Queensland AMHS	5	3	1	0	0
Darling Downs Network AMHS	204	84	7	1	165
Forensic Disability Service	5	5	0	0	4
Gold Coast AMHS	97	40	0	1	34
Logan Beaudesert AMHS	181	75	2	3	65
Mackay AMHS	119	46	7	11	55
Mater Misericordiae Limited, South Brisbane AMHS	0	0	0	0	0
New Farm Clinic AMHS	1	1	0	0	1
Princess Alexandra Hospital AMHS	172	62	0	1	38
Redcliffe Caboolture AMHS	124	50	0	1	36
Royal Brisbane and Women's Hospital AMHS	243	91	12	9	68
Sunshine Coast Network AMHS	139	51	3	11	38

Location	Number of hearings	Patient attendance	IMHW attendance	Cultural support attendance	Culturally appropriate member attendance
The Park — Centre for Mental Health AMHS	44	33	0	0	25
The Park – High Security Program	46	37	0	0	37
The Prince Charles Hospital AMHS	145	53	8	1	42
Townsville Network AMHS	414	153	65	9	372
West Moreton AMHS	175	59	2	0	57
Wide Bay AMHS	103	52	9	1	43
<b>TOTAL</b>	<b>3,107</b>	<b>1,148</b>	<b>160</b>	<b>86</b>	<b>1,734</b>

IMHW means Indigenous mental health worker

## 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, Bunda 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, Chermiside
	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, Chermiside
	Jacaranda Place Day Program, Chermiside
	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
Mater Misericordiae Limited, South Brisbane AMHS	Catherine's House Inpatient Unit

<b>Authorised Mental Health Service (AMHS)</b>	<b>Venues</b>
Mental Health Review Tribunal (not an AMHS)	Mental Health Review Tribunal Office
New Farm Clinic AMHS	Ramsay Clinic New Farm
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
	Cooinda 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
	Spring Hill Community Mental Health Centre
St Andrews War Memorial Hospital	St Andrew's War Memorial Hospital
Sunshine Coast Network AMHS	Centenary Square
	Gympie Community Mental Health Service
	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 Park – Extended Forensic Treatment Unit (EFTRU)



Authorised Mental Health Service (AMHS)	Venues
The Prince Charles Hospital AMHS	Chermside Community Mental Health Service
	Nundah Community Mental Health Service
	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 Community Mental Health Service
	Charters Towers Community Mental Health Service
	Charters Towers Rehabilitation & Transitional Unit
	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

Authorised Mental Health Service (AMHS)	Venues
	Monto Hospital

## Appendix 7 – Member appointments

Member category	Name	Appointment period(s)
Legal	Benn, Melia (resigned effective 24/04/2024)	28/02/2023 – 27/02/2026
	Blond, Danielle	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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
	Brown, Simon	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Burrows, Nicola	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 28/02/2023 – 27/02/2026
	Coyne, Benedict (resigned effective 05/12/2023)	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 28/02/2023 – 27/02/2026
	Defranciscis, Kelvin	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Dixon, Brent	28/02/2023 – 27/02/2026
	Dixon, Mark	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
		28/02/2023 – 27/02/2026
	Forrester, Kim (resigned effective 31/05/2024)	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Grau, Michelle	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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 (full-time from 28/02/2023)	02/08/2018 – 01/08/2021 02/08/2021 – 27/02/2023 28/02/2023 – 27/02/2026
	Herriot, Ann (full-time from 28/02/2019 – 28/02/2023)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2019 28/02/2019 – 27/02/2022 28/02/2022 – 27/02/2023 28/02/2023 – 27/02/2026
	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 27/02/2023 – 27/02/2026
	Maruna, Crystal	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	McMullan, Annette (as President)	06/04/2017 – 29/06/2018 30/06/2018 – 29/06/2023 30/06/2023 – 29/06/2028
	Moon, Scott (inactive from 31/03/2023)	02/08/2021 – 01/08/2024
	Ryan, Virginia (appointed Deputy President 29/06/2017, resigned effective 09/09/2022,	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017

Member category	Name	Appointment period(s)
	appointed as sessional member 28/02/2023)	28/02/2017 – 28/06/2017 29/06/2017 – 29/06/2018 30/06/2018 – 28/06/2021 29/06/2021 – 09/09/2022 28/02/2023 – 27/02/2026
	Smith, Shellee (resigned effective 02/02/2024)	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Stuckey, Jane	02/08/2021 – 01/08/2024
	Tarrago, Avelina	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Thomas, Jody-Ann	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ulrick-Hunter, Monique (appointed Deputy President 13/02/2023)	28/02/2017 – 27/02/2020 28/02/2020 – 12/02/2023 13/02/2023 – 12/02/2026
	Wallace, Alexis (inactive since 01/04/2022)	02/08/2021 – 01/08/2024
	Walsh, James	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Wawryk, Nikki	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Wenitong, David (full-time)	28/02/2023 – 27/02/2026
	West, Christopher	28/02/2023 – 27/02/2026
	Wood, Michael (resigned effective 08/12/2023)	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 28/02/2023 – 27/02/2026

Member category	Name	Appointment period(s)
Medical	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 28/02/2023 – 27/02/2026
	Ayres, Alice	31/05/2022 – 01/08/2024
	Bansod, Aniket	28/02/2023 – 27/02/2026
	Barnes, Mark	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	Chen, Renee	28/02/2023 – 27/02/2026
	Dhingra, Maneesh	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Dodemaide, Julian	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Emmerson, Brett	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Gill, Neeraj (resigned effective 01/02/2024)	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ghoneim, Ahmed	28/02/2023 – 27/02/2026
	Goel, Vikram	28/02/2023 – 27/02/2026
	Gray, Curtis	02/08/2021 – 01/08/2024

Member category	Name	Appointment period(s)
	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
	Hollingsworth, Trevor	28/02/2023 – 27/02/2026
	Hopkins, Gordon	28/02/2023 – 27/02/2026
	Johnson, Vanessa	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Kumaravelu, Geetha	28/02/2023 – 27/02/2026
	Leong, Geoffrey	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Linnane, John	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Loftus, Joanna	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014

Member category	Name	Appointment period(s)
		28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	McColl, Alison	02/08/2021 – 01/08/2024
	McLennan, Kristina	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Mead, Laura	31/05/2022 – 01/08/2024
	Motamarri, Balaji	02/08/2021 – 01/08/2024
	Nitz, Megan	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Oelrichs, Catherine	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Pant, Milind	02/08/2021 – 01/08/2024
	Pavey, Susan	28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	Siebuhr, Liza	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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
	Soni, Nayan	28/02/2023 – 27/02/2026



Member category	Name	Appointment period(s)
	Stewart, Robert	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	Vayalirakkathu, Geevarghese (Alexander, Agnew)	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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
	Ward, Warren	28/02/2023 – 27/02/2026
	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

<b>Member category</b>	<b>Name</b>	<b>Appointment period(s)</b>
		28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Webster, Jefferson	27/11/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Woochit, Vichal	28/02/2023 – 27/02/2026
<b>Community</b>	Barty, Tracey	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 – 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 28/02/2023 – 27/02/2026
	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 28/02/2023 – 27/02/2026
	Bradburn, Michael	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Davies, Corelle	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Dolci, Karen	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Fawcett, Lisa	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026

Member category	Name	Appointment period(s)
	Ferguson, Robert	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Gillies, Jacinta	28/02/2023 – 27/02/2026
	Hall, Patricia	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 28/02/2023 – 27/02/2026
	Harris, Jessica	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Harte, Jane	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Henry, Leith	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Herbert, Noel	28/02/2023 – 27/02/2026
	Hyde, Sandra	02/08/2021 – 01/08/2024
	Jenkins, Anne	28/02/2023 – 27/02/2026
	Johnson, Sarah	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Lamb, Kim	28/02/2023 – 27/02/2026
	Macionis, Stan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Mangeya, Tasara	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	McDonnell, Judith	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Mulvogue, Cristelle	02/08/2018 – 01/08/2021

Member category	Name	Appointment period(s)
		02/08/2021 – 01/08/2024
	Quadrio, Noela	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Renouf, Allan	02/08/2018 – 01/08/2021 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 28/02/2023 – 27/02/2026
	Schoneveld, Sharon (resigned effective 02/04/2024)	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
	Walker, Natalie	28/02/2023 – 27/02/2026

## Appendix 8 – Compliance checklist

Summary of requirement	Basis for requirement	Annual report reference
<b>Letter of compliance</b>	<ul style="list-style-type: none"> <li>• <b>A letter of compliance from the accountable officer or statutory body to the relevant Minister/s</b></li> </ul>	ARRs – section 7 3
<b>Accessibility</b>	<ul style="list-style-type: none"> <li>• <b>Table of contents</b></li> <li>• <b>Glossary</b></li> </ul>	ARRs – section 9.1 4 71
	<ul style="list-style-type: none"> <li>• <b>Public availability</b></li> </ul>	ARRs – section 9.2 2
	<ul style="list-style-type: none"> <li>• <b>Interpreter service statement</b></li> </ul>	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 2
	<ul style="list-style-type: none"> <li>• <b>Copyright notice</b></li> </ul>	<i>Copyright Act 1968</i> ARRs – section 9.4 2
	<ul style="list-style-type: none"> <li>• <b>Information Licensing</b></li> </ul>	<i>QGEA – Information Licensing</i> ARRs – section 9.5 2
<b>General information</b>	<ul style="list-style-type: none"> <li>• <b>Introductory Information</b></li> </ul>	ARRs – section 10 5 – 9
<b>Non-financial performance</b>	<ul style="list-style-type: none"> <li>• <b>Government’s objectives for the community and whole-of-government plans/specific initiatives</b></li> </ul>	ARRs – section 11.1 8 – 9
	<ul style="list-style-type: none"> <li>• <b>Agency objectives and performance indicators</b></li> </ul>	ARRs – section 11.2 18
	<ul style="list-style-type: none"> <li>• <b>Agency service areas and service standards</b></li> </ul>	ARRs – section 11.3 20 – 34
<b>Financial performance</b>	<ul style="list-style-type: none"> <li>• <b>Summary of financial performance</b></li> </ul>	ARRs – section 12.1 35 – 36
<b>Governance – management and structure</b>	<ul style="list-style-type: none"> <li>• <b>Organisational structure</b></li> </ul>	ARRs – section 13.1 10 – 11, 48
	<ul style="list-style-type: none"> <li>• <b>Executive management</b></li> </ul>	ARRs – section 13.2 10
	<ul style="list-style-type: none"> <li>• <b>Government bodies (statutory bodies and other entities)</b></li> </ul>	ARRs – section 13.3 not applicable
	<ul style="list-style-type: none"> <li>• <b>Public Sector Ethics</b></li> </ul>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 12
	<ul style="list-style-type: none"> <li>• <b>Human Rights</b></li> </ul>	<i>Human Rights Act 2019</i> ARRs – section 13.5 16 – 17
	<ul style="list-style-type: none"> <li>• <b>Queensland public service values</b></li> </ul>	ARRs – section 13.6 12
<b>Governance – risk management and accountability</b>	<ul style="list-style-type: none"> <li>• <b>Risk management</b></li> </ul>	ARRs – section 14.1 9
	<ul style="list-style-type: none"> <li>• <b>Audit committee</b></li> </ul>	ARRs – section 14.2 not applicable
	<ul style="list-style-type: none"> <li>• <b>Internal audit</b></li> </ul>	ARRs – section 14.3 9
	<ul style="list-style-type: none"> <li>• <b>External scrutiny</b></li> </ul>	ARRs – section 14.4 not applicable
	<ul style="list-style-type: none"> <li>• <b>Information systems and recordkeeping</b></li> </ul>	ARRs – section 14.5 9
	<ul style="list-style-type: none"> <li>• <b>Information Security attestation</b></li> </ul>	ARRs – section 14.6 not applicable

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	10 – 11
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	11
Open Data	• Statement advising publication of information	ARRs – section 16	36
	• Consultancies	ARRs – section 31.1	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Overseas travel	ARRs – section 31.2	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
	• Queensland Language Services Policy	ARRs – section 31.3	<a href="https://data.qld.gov.au">https://data.qld.gov.au</a>
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	not applicable
	• Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	not applicable

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

## Appendix 9 – Glossary

Act	<i>Mental Health Act 2016 (Qld)</i>
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
FTE	full-time equivalent
IMHW	Indigenous mental health worker
LAQ	Legal Aid Queensland
QHVSS	Queensland Health Victim Support Service
Resolve	the electronic case management system utilised by the Mental Health Review Tribunal
RWG	Reconciliation Working Group
TRG	Tribunal Reference Group
Tribunal	The Mental Health Review Tribunal

