

2018–2019
ANNUAL
REPORT

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The Hon Dr Steven Miles MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
BRISBANE QLD 4001

Dear Minister

I am pleased to present to you the Mental Health Review Tribunal's Annual Report and financial statements for the period from 1 July 2018 to 30 June 2019.

I certify that this Annual Report complies with the:

- Annual Report requirements for Queensland Government agencies (see Compliance Checklist in Appendix 7)
- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*
- legislated objectives within the *Mental Health Act 2016* (section 774).

Yours sincerely

Annette McMullan
President
Mental Health Review Tribunal

27/09/2019

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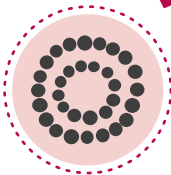
HIGHLIGHTS



OVER **20,200** MATTERS OPENED



ACROSS **62** SITES



11% OF THE TRIBUNAL'S SESSIONAL MEMBERSHIP IDENTIFY AS **ABORIGINAL OR TORRES STRAIT ISLANDER PEOPLE**



EXPRESSIONS OF INTEREST ISSUED FOR MEMBERS OF **TRIBUNAL REFERENCE GROUP**

OVER **13,590** HEARINGS



LAUNCH OF TRIBUNAL'S NEW **WEBSITE**

26 APPOINTMENT OF **NEW MEMBERS**



APPOINTMENT OF FIRST **FULL-TIME MEMBER**



LEGAL REPRESENTATION PROVIDED AT **2,494** HEARINGS



FACILITATION OF THE FIRST NATIONAL **ROUNDTABLE** OF EXECUTIVE OFFICERS AND REGISTRARS



President's report – a year in review

I consider that this year has been a period of innovation for the Mental Health Review Tribunal (Tribunal). We have focused on a number of ways to improve our operations and are building towards the implementation of new initiatives. I consider it important for the Tribunal to be adaptive and dynamic and I hope that this past period sets a great base for us to continue to build in future years.

Striving for excellence

Under its current leadership team, the Tribunal is committed to continuous improvement practices. This takes a variety of forms and I have outlined some examples below.

- In accordance with the Tribunal's Member Competencies – Assessment and Evaluation Framework, the Deputy President and I undertook a mid-term review for each member appointed in February 2017. During this review process, each member had an opportunity to reflect upon their performance, receive feedback and provide input in respect of professional development opportunities and Tribunal operations.
- I recognise the importance of identifying the most suitable and experienced members for membership of the Tribunal. To enable the Tribunal to be a realistic option for suitable candidates, it is important to offer competitive remuneration. For that reason, I am pleased to report that the Tribunal was able to secure an increase in the remuneration rates commencing in August 2018 for all Tribunal members.
- The Tribunal recognises that it is important to consider a range of views and perspectives when setting Tribunal practice. To assist the Tribunal to obtain the views of consumers of mental health services in Queensland in a timely way, we have taken steps to establish a Tribunal Reference Group (TRG). The purpose of the TRG is to provide a mechanism for the Tribunal to engage with its stakeholders regarding the operations and initiatives of the Tribunal. We hope to bring together diverse, locally relevant perspectives on issues relevant to consumers. I would like to extend my thanks to the Victorian Mental Health Tribunal who has been very generous in providing information about their experiences in establishing and operating their Tribunal Advisory Group. To date, the Tribunal has issued expressions of interest for membership of the TRG and we hope that membership of the Group will be finalised early in the 2019-20 year.

Over the past 12 months, the Tribunal has continued its focus on initiatives to enhance transparency in its decision-making. Ways in which the Tribunal has done this include:

- a rejuvenated website that provides information about the Tribunal and its operations in a way we hope is more user-friendly
- commencement of a project to investigate the ability of the Tribunal to record its hearings electronically – including a wide consultation phase
- publication of deidentified statements of reasons on its website
- updating of statement of reasons templates that members may use with the aim of enhancing readability and a focus on explaining the reasons for decisions
- ongoing publication of quarterly data.

Preparation for implementation of *Human Rights Act*

Given the jurisdiction in which the Tribunal operates, the readiness for implementation of the *Human Rights Act 2019* is an important focus for the Tribunal. The Deputy President provides a summary of the Tribunal's preparations in her report (see page 8).

New members

In August 2018, 26 new members were appointed to the Tribunal. I am pleased to say that these members were all coming to the Tribunal with fresh eyes having not previously been

appointed by the Tribunal. A key focus for the Tribunal Executive in this round of recruitment was to enhance the diversity of the membership, in terms of gender, educational background, work experiences, geographical location, age, interests and cultural background in order to acknowledge the benefits diversity has for good decision making. Among the appointees were three psychiatrists with expertise in child and adolescent psychiatry who have been a particularly valuable addition to the Tribunal's membership base. Having all new members to the Tribunal in a recruitment round meant we needed to give careful consideration to how best to structure our induction program. I was very pleased to receive such positive feedback from our members about how well-prepared they felt sitting for the first time.

Full time member

In February 2019, the Tribunal welcomed the appointment of its first full-time member, Ms Ann Herriot. Ann is an experienced legal member of the Tribunal having been a sessional member since 28 February 2014. A full-time member assists the Tribunal to be flexible and adaptive in terms of scheduling and allows the Tribunal to leverage off Ann's knowledge and experience in the provision of training and other initiatives pursued by the Tribunal. I welcome Ann to the Tribunal in a full-time capacity.

I would like to take this opportunity to acknowledge the support and commitment of the Government in respect of mental health in Queensland. We recognise the ongoing support of Queensland Health in providing corporate services to the Tribunal, which allows the Tribunal to focus its resources on its core operations. I would like to acknowledge the diligence and professionalism of the legal officers statewide who provide legal services under the arrangement between the Tribunal and Legal Aid Queensland. I would also like to thank the Tribunal staff for their ongoing commitment to continuous improvement.

Annette McMullan
President

Deputy President's report

I am delighted with the progress that the Tribunal has made, and continues to make, in terms of member professional development and training. Being a sessional member of any tribunal has its challenges – you do not have a dedicated office where you can regularly catch up with colleagues to discuss issues or ask questions. I am keen to create an environment for all our members where they feel that they are part of a team and are well supported, albeit from afar.

Preparation for implementation of the Human Rights Act

The Tribunal's primary function is to review the involuntary status of persons with a mental illness and/or intellectual disability. In doing so, we recognise the importance of making lawful decisions under the *Mental Health Act 2016*, which are consistent with the main objects (section 3) and the principles for administration of the Act (section 5). Notably, the principles make reference to a range of factors, many of which, would be considered basic human rights, including in section 5(a) which contains a specific reference to human rights.

The *Human Rights Act 2019* will commence for the Tribunal's purposes on 1 January 2020. To ensure that both Tribunal staff and members are well prepared for its implementation, we have been busy undertaking a readiness assessment and preparing resources. As part of this process, we have met with members of the Victorian Mental Health Tribunal, the Queensland Civil and Administrative Tribunal and the Victorian Civil and Administrative Tribunal. While the *Mental Health Act 2016* already contemplates human rights, it is important to fully understand the impact of the new legislation and to be well prepared so as to ensure a smooth implementation for our members and people appearing before the Tribunal.

Key learning and development initiatives

During this past year, the Tribunal has continued to provide a range of practical resources for members through a confidential section of its website, such as deidentified decisions of the Mental Health Court on appeal from Tribunal decisions. The Tribunal has continued its monthly masterclass program and to demonstrate the breadth of topics we cover for members, I have supplied a list of the masterclass topics in Appendix 2. In addition to ensuring that members have the technical knowledge required to be an effective Tribunal member, we also provide a range of training opportunities on what are considered soft skills or behavioural skills. I would like to thank all the external presenters who have provided training sessions for our staff over the past year, we are grateful that so many people have found time to speak to our members. Our members very much appreciate it.

After a positive response to the legal members workshop, the Tribunal conducted further workshops for our medical members and community members. I would like to thank those members who were able to attend – I find that these workshops are a great opportunity for members to engage with members who they do not sit with very often to discuss matters that are unique to their membership category type. I also find them a valuable source of feedback for the Tribunal in terms of our training opportunities and operations.

My thanks also go to the Tribunal's Corporate Services Team who provided a great training session for our members on the use of technology. Our members are diverse and have had different exposure to the use of information technology. This session was useful to assist members to efficiently and effectively use their devices for preparing for and conducting hearings.

I would particularly like to thank the Tribunal's Principal Lawyer, Kimberley Kiehne, for her invaluable assistance with many aspects of the continuing professional development for members, and the President for her unstinting support for all the professional development initiatives I have introduced to the Tribunal.

Relationships

The Tribunal operates within a large, and sometimes complex, system of mental health services in Queensland. While the Tribunal has a very particular role to play and its scope is limited to the extent it is established by statute, I consider that it is important to recognise that role as being part of something broader. To allow the Tribunal to understand the environment in which it operates, the Tribunal Executive focus on key relationships. Some of the relationships that we have established during the past year are with the Queensland Law Society, Queenslanders with Disability Network and the Queensland Mental Health Alliance.

We have also strengthened relationships with our counterparts in other jurisdictions and I would like to extend my thanks to the staff of mental health tribunals in other States for their generosity in terms of time and resources. The Tribunal has also maintained open channels of communication with stakeholders at the Authorised Mental Health Services (AMHS), including a commitment from the President and myself to visit each AMHS annually to enable an opportunity to discuss any operational issues or suggestions for improvements. We also take the opportunity to provide education sessions to stakeholders including presentations to law firms and advocacy groups who appear before the Tribunal and clinical groups at AMHSs.

Recruitment

The term of a large cohort of the Tribunal's current membership will come to an end in February 2020 and am I pleased to report that recruitment processes for members commencing at that time is well underway. As part of that process, some long-term members indicated that they were not seeking reappointment. I thank them for their service to the Tribunal and wish them well in their future endeavours.

Finally, I would like to take the opportunity to extend my thanks to all the Tribunal's members for their dedication to our work. I look forward to working together in the coming year, and to continuing to extend our professional development opportunities for members.

Virginia Ryan
Deputy President

Executive Officer's report

The past year has seen the Tribunal commence work that will lead to a range of improved processes for the Tribunal's operations.

Information Technology improvements

In the prior reporting period, the Tribunal implemented a new case management system called Resolve. The purpose of this system is to enable better hearings management and secure storage of documentation. After a year using the system, the Tribunal undertook a review process to identify potential areas for improvement. Some of these improvements are implemented by way of configurations to the existing case management system, whereas others are to enable better integration with other stakeholders. For example, the Tribunal is investigating mechanisms to enable Resolve to be integrated with the systems utilised by the Authorised Mental Health Services (AMHS) and the Mental Health Court Registry.

In addition to its case management system, the Tribunal also identified other ways that technology can improve the Tribunal's operations. For example, the Tribunal has members who sit across Queensland and to enable flexibility in sittings scheduling our members make use of remote web conferencing services to dial into hearings in different regions. In the last reporting period, the Tribunal replaced the members' devices to a product that is supported by eHealth. I am pleased to say that members have found these devices to be more reliable and this is very important given these devices are how members receive and access their hearings material.

Continuous Improvement

The Tribunal recognises that it has been through a period of positive change over the past few years and it is my aim that we continue that momentum. There are a range of initiatives that the Tribunal has implemented in this financial year with an eye to continuous improvement. Some of these include:

- The Hearings Coordination Team developed a Centre of Excellence to provide ongoing input and feedback into Tribunal operations and processes. This group have been instrumental in providing feedback to the project team undertaking changes to the Tribunal's case management system, Resolve.
- The Tribunal is committed to staff engagement. For this reason, I strongly encourage all staff to participate in the annual Working for Queensland (WFQ) survey conducted by the Queensland Government. Each year, the Tribunal staff identify one or two areas of focus based on the WFQ survey results.
- The Tribunal identified that there were a range of ways that the Tribunal and the Mental Health Court Registry could work together to streamline their processes. The aim being to ensure that the exchange of information between the Mental Health Court and the Tribunal occurs seamlessly with little room for error. To enable discussion about any such initiatives, the Tribunal and Registry have established regular meetings.

Protecting our own wellbeing

I recognise the hard work that the Tribunal staff put in each day to ensure the smooth running of the Tribunal and assist persons appearing before the Tribunal to receive the information that they need for their hearing in a timely way. While the work we undertake at the Tribunal can be very rewarding, it can also prove, at times, challenging. To assist our staff, this year the Tribunal has had a renewed focus on wellbeing. We have implemented a number of new wellbeing initiatives and have sought expert assistance from Phoenix Australia in the provision of vicarious trauma training for both our staff and members. I am

proud to report that the Tribunal's managers and supervisors have also completed the family and domestic violence training offered by Queensland Health.

Resources

The Tribunal recognises that its purpose is not necessarily well understood by the community, unless they have had an experience with the Tribunal. For that reason, it may be somewhat challenging for a person appearing before the Tribunal for the first time to understand what will happen. To assist all stakeholders better understand the Tribunal, its role and functions, the Tribunal undertook a complete rejuvenation of its website. The aim of the website's design and content is to be as accessible and easy to navigate as possible, bearing in mind its audience is the whole mental health community. Information sheets on the different types of hearings conducted by the Tribunal have been uploaded, together with information of what to expect at a Tribunal hearing. We also recognise that clinicians could benefit from additional information about the Tribunal's expectations for preparation for a hearing and completion of clinical reports. To assist, we have prepared a number of resources for AMHS staff and have made them available on our website. We have also created a dedicated tab for information relevant to legal representatives who appear before the Tribunal. In line with the Tribunal's commitment to continuous improvement, it is our intention to regularly review and update our website content.

I would like to thank the staff of the Tribunal for their efforts over the previous reporting period. I am excited about seeing the initiatives that we have been working so hard on take shape in the coming financial year.

Jade Madden
Acting Executive Officer

Tribunal Overview

The Mental Health Review Tribunal (known as the Tribunal or the MHRT) is an independent decision making body under the *Mental Health Act 2016* (MHA or the Act). The Tribunal is not part of any health service or treating team and its primary purpose is to review the involuntary status of persons with a mental illness and/or intellectual disability. The Tribunal also provides approval for regulated treatment.

In making its decisions, the Tribunal must balance the rights of the patient with the rights of others, including victims of unlawful acts, and the need to protect the community. Further, in exercising its jurisdiction the Tribunal must act independently and is not subject to direction or control by any entity, including any Minister.

The Tribunal consists of a President, Deputy President and its members. There is also an Executive Officer and other staff necessary for the Tribunal to exercise its jurisdiction.

The Tribunal comprises one part of a broader mental health system in Queensland. The Tribunal's decision-making function does not extend to monitoring or intervening in the provision of mental health services, and, except for its role in approving applications to perform regulated treatment, does not involve treatment.

The term 'Review' in the Tribunal's name can be the subject of some confusion. While the Tribunal is certainly reviewing the status of the subject authority or order, it is not conducting a review of a previous decision. For example, when reviewing a treatment authority, the Tribunal is not standing in the shoes of the psychiatrist who made the treatment authority to decide whether or not that was the correct decision at that time. Instead, the Tribunal is reviewing the circumstances that exist at the time of the review to determine whether the treatment authority should be confirmed, taking into the criteria and test in the MHA.

The Tribunal is tasked with two main streams of reviews:

1. treatment authorities which are utilised to improve and maintain the health and wellbeing of persons who have a mental illness who do not have the capacity to consent to be treated; and
2. forensic orders and treatment support orders (forensic jurisdiction) that enable a person to be diverted from the criminal justice system and are, in part, designed to protect the community if persons diverted from the criminal justice system may be at risk of harming others.

Legislated objectives under the Act

In exercising its jurisdiction, the Tribunal's powers and functions are wholly contained within the MHA. The Tribunal must make decisions in accordance with the criteria and tests specified in the MHA.

- The Tribunal has authority to review the following matters:
 - treatment authorities
 - treatment support orders
 - forensic orders
 - the fitness for trial of particular persons
 - the detention of minors in high security units.

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

Government's objectives for the community

The Tribunal recognises it has a role in ensuring an accessible and effective justice system and encouraging safer and inclusive communities. The Tribunal considers that it assists to achieve the Advancing Queensland's Priorities of 'keep Queenslanders healthy' and 'keep communities safe'. The Tribunal is confident that the activity reported on in this Annual Report is contributing to these objectives.

Information systems and recordkeeping

The Tribunal utilises an electronic case management system to maintain all records relating to its jurisdictional activities. The Corporate Services Team, through appropriately skilled staff, maintains all administrative records both digitally and, in certain cases, by paper records. The Tribunal manages its hearings-related records in accordance with the General Retention and Disposal Schedule and Queensland Disposal Authority Number (QDAN) 603, a specific disposal schedule approved for use by the Tribunal. During the reporting period a large body of work has been conducted in conjunction with Queensland State Archives to update QDAN603 and a new version is awaiting finalisation and will likely be utilised in the next reporting period.

The Tribunal maintains a risk register that utilises Queensland Health's risk framework.

As required, the Tribunal sources internal audit services from Queensland Health.

Tribunal Structure

Executive Team

The Tribunal operates with a President, Deputy President and Executive Officer.

President – Ms Annette McMullan

Ms McMullan was appointed as President on 30 June 2018 for a five year term, after serving in this role from 6 April 2017 on a temporary basis. In addition to her legal qualifications, Ms McMullan has broad experience across the public sector practising as a registered nurse and midwife prior to completing her legal studies in 2000. Ms McMullan was the Chief Legal Counsel for Queensland Health from 2010 to 2017 and has held prior legal roles at Crown Law and Metro North Hospital and Health Service.

Deputy President – Ms Virginia Ryan

Ms Ryan commenced as Deputy President on 10 July 2017 and was reappointed for a three-year term commencing 30 June 2018. Admitted as a solicitor in Queensland in 1989, Ms Ryan has expertise in administrative law and tribunal operations. Her experience was gained as a member of this Tribunal and also as a former member of the Queensland Civil and Administrative Tribunal and the Social Security Appeals Tribunal (now the Administrative Appeals Tribunal). She has also been a Registrar of the (now) Federal Circuit Court, a member of an Australian Health Practitioner Regulation Agency Board and an independent reviewer of administrative decisions for the Department of Human Services.

Executive Officer – Ms Jade Madden

Ms Madden commenced acting in the Executive Officer position in April 2017. Currently undertaking a Masters in Health Law, she has previously worked as the Acting Registrar of the Mental Health Court and as a Director in Queensland Health's Office of the Chief Psychiatrist. Having worked in Queensland's mental health system since 2002, Ms Madden brings a wealth of administration and governance knowledge, skills and experience to the Tribunal.

Staff

As at 30 June 2019, there were 27 full time equivalent staff. During the reporting period, there were no Voluntary Early Retirements. All staff that are public servants of Queensland must comply with the Code of Conduct for Queensland Public Service and must complete mandatory training in accordance with the schedule determined by Queensland Health.

Members

The Tribunal operates with three different categories of member: legal members, medical members and community members. To be eligible for appointment as one of these types of members a person must meet criteria set out in the MHA:

- a lawyer of at least five years standing
- a psychiatrist
- is not a lawyer or doctor and has other qualifications and experience the Minister considers relevant to exercising the Tribunal's jurisdiction.

To be appointed as a member, the Minister of Health and Ambulance Services must be satisfied that the person has the competencies developed by the President relating to:

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

All members are appointed to the Tribunal by the Governor in Council, on the recommendation of the Minister. A person may be appointed on a full-time or part-time basis. The Tribunal currently operates with a President and Deputy President who are both full-time, one full-time legal member and the rest part-time, otherwise known as sessional, members.

As at 30 June 2019, there were 98 sessional members, plus the President, Deputy President and one (1) Full-time Member. Further detail of the number of sessional members appears in Table 1.

Table 1 – Breakdown of membership according to category (excluding President, Deputy President, Full-time Member)

Type of Member	Number of Sessional Members
Legal	35
Medical	31
Community	32
Total	98

In the August 2018 recruitment process, 26 new members were added. During the period two members tendered their resignation.

Further detail of Member appointments, retirements and resignations can be found in Appendix 6.

In addition to those members that formally resigned by written notice to Minister, a number of members did not sit or ceased to sit for the Tribunal during the reporting period. Where this has occurred, it has been noted in Appendix 6.

Tribunal member gender equality

In recommending a person for appointment as a member, the Minister must have regard to the need for a balanced gender representation in the membership of the Tribunal.

Table 2 outlines the details of the membership as at 30 June 2019.

Table 2 – Breakdown of membership according to gender (excluding the President, Deputy President and Full-time Member)

Gender	Legal	Medical	Community	Total
Female	25	14	22	61
Male	10	17	10	37
Total	35	31	32	98

Indigenous members

In recommending a person for appointment as a member, the Minister must have regard to the need for the membership of the Tribunal to reflect the social and cultural diversity of the general community. At the conclusion of the reporting period, there were 11 Indigenous Tribunal members, which reflects approximately 11 per cent of the Tribunal's sessional membership.

The Tribunal recognises the importance of trying to establish a membership cohort that is reflective of the community in which the Tribunal operates. When scheduling hearings, the Tribunal is mindful to, where possible, schedule members with knowledge of a person's culture. To make best use of resources, the Tribunal will *cluster* matters together. For example, if an Indigenous Tribunal member is available to travel to Far North Queensland to hear matters, the Tribunal staff will do their best to cluster together for that day persons appearing before the Tribunal who wish to have an Indigenous member on their panel. Cluster days were held across most AMHSs during the reporting period.

Operations of the Tribunal

Structure

The Tribunal office is structured into a Hearings Coordination Team and a Corporate Services Team.

Hearings Coordination

The Hearings Coordination Team consists of a Manager, Senior Hearings Coordinators, Hearings Coordinators, and Administration Officers. The team is responsible for the scheduling and oversight of all Tribunal hearings across the State, in accordance with the requirements of the MHA and the *Forensic Disability Act 2011*. The team ensure practical requirements for conducting Tribunal hearings are met, including the availability of written evidence, appearances of witnesses, interpreter bookings, and video or telephone links between the parties. Due to the high volume and complexity of Tribunal matters, these duties are completed using an electronic case management system. In addition, the Hearings Coordination team liaise with stakeholders such as patients, AMHSs staff, legal representatives, advocates, and other statutory agencies and departments in relation to legislative and administrative matters. This also includes responding to enquiries from patients, carers, and nominated support persons about Tribunal processes and requirements.

Corporate Services

The Corporate Services Team manages the day to day administrative functions of the Tribunal. The team is responsible for the provision of information technology, finance, communication and marketing, human resource, capital and asset management, governance and compliance services.

Additionally, the team provides advisory and business improvement services, managing the delivery of key projects which ensure that Tribunal systems and processes are optimised, enabling the Tribunal to focus on its core business and stakeholders.

Hearings Conduct

Venues

The Tribunal conducts its hearings in a range of venues across the State. Our aim is to make available venues that are accessible to the persons the subject of the hearing to encourage attendance and participation in hearings. These venues are supplied by the AMHSs and may be a meeting room in a hospital or community health centre.

Given the Tribunal conducts hearings at venues supplied by AMHSs, the Tribunal is only in a position to conduct hearings at particular venues on particular days. Unfortunately, it is not as simple as adding another hearing day at a particular venue as needed. The staff at both the Tribunal and the AMHS venue work collaboratively to schedule in the most efficient way possible for Tribunal hearings. Despite best efforts, we recognise that due to the multi-purpose use of the venues, some of those venues may not always meet the preferred facilities for conduct of Tribunal hearings. The Tribunal continues to work with the Office of the Chief Psychiatrist to identify suitable arrangements for the conduct of hearings.

The Tribunal also makes use of video conferencing and teleconferencing facilities to enable hearing attendees to join a hearing even if they are not in a position to attend in person at

the specified venue. This approach allows the Tribunal to be flexible and avoid what may otherwise be unnecessary adjournments.

A list of hearing venues and an explanation of the groups used in the below tables can be found at Appendix 5.

Formality

The Tribunal is required to balance the benefits of a formal and structured hearing with the benefits of a more informal approach. The MHA provides that the Tribunal must act as quickly, and with as little formality and technicality, as is consistent with a fair and proper consideration of the matters before the Tribunal. The Act also provides that the Tribunal's procedures for a proceeding are at the discretion of the Tribunal (subject to the Act), the Tribunal is not bound by the rules of evidence and it may inform itself on a matter in a way it considers appropriate. This must be balanced by the requirements in the Act that the Tribunal must observe the rules of natural justice and must ensure, to the extent practicable, all relevant material is disclosed to the Tribunal to enable it to decide the proceeding with all the relevant facts.

The way a proceeding is conducted may vary slightly depending on the members hearing the matter, but in accordance with the Tribunal's strategic vision, the Tribunal's goal is to operate a Tribunal that produces fair and just outcomes for those receiving involuntary treatment for mental illness or intellectual disability and the community.

Our Strategic Priorities

Our Strategic Priorities	
Our Vision	To operate a Tribunal that produces fair and just outcomes for those receiving involuntary treatment for mental illness or intellectual disability and the community.
Our Mission	<p>To be seen as a Tribunal that:</p> <ul style="list-style-type: none"> • is responsive to the changes in legislation brought about by the <i>Mental Health Act 2016</i> (Qld). • the community views as independent, fair and impartial. • recognises the importance of protecting the rights and dignity of persons receiving mental health treatment and care in Queensland. • acknowledges and applies the principles contained in the <i>Mental Health Act 2016</i> regarding victims of unlawful acts. • protects the community from unacceptable risk and serious risk of harm.
Our Purpose	<p>The Mental Health Review Tribunal is an independent body continued under the <i>Mental Health Act 2016</i> (Qld) 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:</p> <ul style="list-style-type: none"> • observe natural justice and provide quick, fair, informal and private hearings. • ensure the provisions under the Act are appropriately applied and that reviews and applications are heard within statutory timeframes. • encourage and respect the participation of involuntary persons and their representatives in proceedings before the Tribunal. • balance the right of a person to receive treatment and care, in ways that enhance his/her quality of life and are least restrictive, whilst ensuring community safety through appropriate consideration and management of risk. • acknowledge the principles set out in the Act for consideration of victims of unlawful acts.
Our Values	<ul style="list-style-type: none"> • Independence: managing relationships with interested parties and the community in ways that promote the Tribunal's fairness, impartiality and independence. • Integrity: consistent, transparent and accountable processes and decisions. • Professionalism: contributing to the professional development of our Tribunal members and staff and to the body of knowledge that informs Tribunal best practice. • Innovation: working creatively to deliver quality services and promote a culture of excellence.

Legislated objectives – *Mental Health Act 2016*

Data regarding the Tribunal's proceedings are stated from pages 21 to 35 of this Annual Report.

Performance

The President reviews the Tribunal's strategic plan annually. In May 2019, the President reviewed and approved the current strategic plan.

The Tribunal is pleased to provide an update on its progress in achieving the goals identified in its strategic plan. An update on the Tribunal's progress appears in Appendix 1.

Connectivity

A key strategic priority for the Tribunal in the reporting period is connectivity. Some ways that the Tribunal has developed initiatives in pursuance of this goal are:

- Digital connectivity – In identifying improvements in the way the Tribunal uses its case management system, Resolve, the idea of connectivity with other stakeholders in the mental health system was investigated. The Tribunal is pursuing opportunities for digital connectivity with the AMHSs and the Mental Health Court Registry to allow for more efficient and accurate exchange of information, while maintaining strict privacy and confidentiality requirements.
- Stakeholders – The Tribunal has given consideration to the ways in which it communicates with its stakeholders. To improve its outward communication, the Tribunal completed a project to rejuvenate its website and has included content directed to various stakeholders, including persons appearing before the Tribunal, AMHSs, legal representatives and the community.
- Internal – The Tribunal is focused on making the best use of its resources and, in some cases, this means transitioning to a digital environment. To ensure business continuity, the Tribunal upgraded its Business Continuity Plan to ensure ongoing connectivity between the Tribunal and other stakeholders during an emergency.

Tribunal Activity

Hearing activities and outcomes

For the purposes of reporting, a 'sitting' is considered an occasion when the Tribunal attends at the AMHS (either in person or via teleconference facilities). This may be for an entire day or may be as brief as conducting one hearing. A 'matter' is the type of review or application that is to be decided by the Tribunal.

The Tribunal may review a number of matters for a patient at the same time. For example, a forensic order periodic review and a forensic order applicant review. This is recorded as one hearing, however it involves two matters.

Matters

There were a total of 20,220 matters opened during the 2018–19 period, reflecting an increase of approximately 10 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 2019. Table 3 outlines the type of each matter opened.

Table 3 – Snapshot of matter types

Tribunal Matters	Number
Appeal against Administrator's decision	3
Application to perform electroconvulsive therapy (including emergency)	527
Application for approval to transfer into or out of QLD	2
Application for applicant review	544
Application for confidentiality order	53
Application for examination authority	540
Application to perform non-ablative neurosurgery	4
Treatment authority review	16,352
Forensic order review	1,777
Fitness for trial review	31
Treatment support order review	387
TOTAL	20,220

Sittings

The Tribunal held 2,390 sittings relating to 13,592 hearings during the 2018–19 period. This reflects an increase in sittings of approximately 5 per cent and an increase in hearings of

approximately 10 per cent compared to the 2017-18 period. The difference between the increases in sittings and hearings indicates that the Tribunal is now conducting more hearings per sitting. This may be as a result of improved listing practices and the reduction in forensic orders reviews which generally require more hearing time.

Reviews and Outcomes

As listed on pages 12 - 13, the Tribunal has jurisdiction under the MHA to hear a range of matters. This section details matter outcomes for the most common types of matters heard by the Tribunal, being forensic orders, treatment support orders, treatment authorities and fitness for trial reviews.

Forensic matters

The Tribunal is responsible for periodically reviewing forensic orders and treatment support orders. These orders are initially made by the Mental Health Court under the MHA. They are made by the Mental Health Court when a person charged with a criminal offence is referred to the Mental Health Court and the Court determines, in respect of the subject offence, that the person was not fit for trial (permanently), not fit for trial (temporarily) or of unsound mind.

Section 3 of the MHA clearly states that one of its main objects is to protect the community if persons diverted from the criminal justice system may be at risk of harming others. The main objects of the Act are to be achieved in a way that is the least restrictive of the rights and liberties of a person who has a mental illness. The Act also specifies that a way is the least restrictive of those rights and liberties if the way adversely affects the person's rights and liberties only the extent required to protect the persons' safety and welfare or the safety of others. Therefore, the Tribunal must balance the least restrictive way for the person to receive treatment with the need to protect the community. This balance requires members to have a thorough understanding of risk issues and mitigation strategies.

At times, public comment on the role of the Tribunal focuses exclusively on review of treatment authorities and fails to mention that the forensic jurisdiction has separate criteria for consideration by the Tribunal, including the risk to the community and the views of victims. These are significant issues that must be borne in mind by the Tribunal panel members and balanced with the treatment and care needs of the person the subject of the order.

The MHA also established another type of order, a treatment support order. Little guidance is given in the MHA about the distinction between when a forensic order or a treatment support order will be appropriate. Since the implementation of the MHA, the Tribunal has found guidance in the Chief Psychiatrist's policies and guidelines and reasons given by the Mental Health Court.

Forensic Orders

Table 4 shows the outcomes of forensic order reviews.

Table 4 – Forensic order outcomes by **AMHS**

Location	No of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	51	34	3	14
Cairns Network AMHS	103	83	3	17
Central Qld Network AMHS	58	41	4	13
Children's Health Qld AMHS	2	2	0	0
Darling Downs Network AMHS	160	116	2	42
Forensic Disability Service	16	12	0	4
Gold Coast AMHS	105	74	11	20
Logan Beaudesert AMHS	135	88	9	38
Mackay AMHS	48	30	6	12
Princess Alexandra Hospital AMHS	209	148	10	51
Royal Brisbane and Women's Hospital AMHS	126	108	3	15
Redcliffe Caboolture AMHS	88	67	1	20
Sunshine Coast Network AMHS	124	73	6	45
The Park – Centre for Mental Health AMHS	187	165	0	22
Townsville Network AMHS	179	141	4	34
The Prince Charles Hospital AMHS	162	113	5	44
West Moreton AMHS	135	98	9	28
Wide Bay AMHS - North	45	33	2	10

Location	No of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Wide Bay AMHS - South	36	28	2	6
TOTAL	1,969	1,454	80	435

Note: This table does not include applications for applicant reviews. Other outcomes may include, for example, adjournments, where a forensic order has lapsed in accordance with legislation.

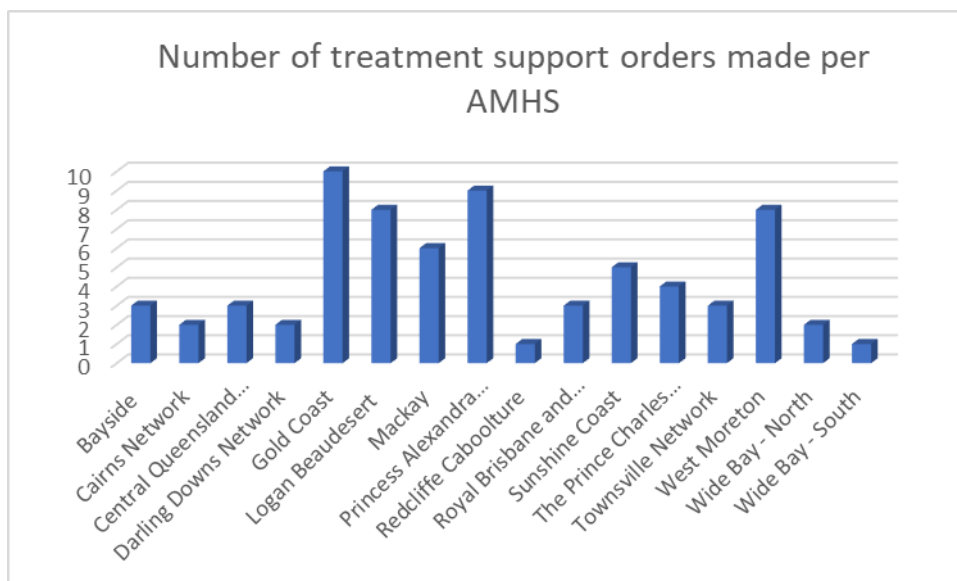
Forensic order reviews decreased by approximately 11 per cent compared to the previous reporting period, however the revocation rate remains similar at around 4 per cent. The decrease in reviews could be accounted for by the change in legislation which provides for the making of treatment support orders which has resulted in more treatment support order reviews and less forensic order reviews.

Treatment Support Orders

The Tribunal made 70 treatment support orders during the reporting period.

Graph 1 shows the number of treatment support orders made according to AMHS.

Graph 1 – Treatment support orders made according to AMHS



The number of treatment support orders made decreased by approximately 35 per cent compared to the previous reporting period. This is somewhat to be expected as many of the forensic orders which met the criteria to be revoked with a treatment support order made had this occur during the first full year operation of the MHA (i.e. 2017-2018). It was therefore expected that the rate of treatment support orders made would decrease.

Table 5 shows the outcomes of treatment support order reviews.

Table 5 – Treatment support order outcomes by AMHS

Location	No of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	9	9	0	0
Cairns Network AMHS	23	19	2	2
Central Qld Network AMHS	8	8	0	0
Darling Downs Network AMHS	30	23	2	5
Gold Coast AMHS	45	33	5	7
Logan Beaudesert AMHS	17	15	1	1
Mackay AMHS	9	9	0	0
Princess Alexandra Hospital AMHS	41	36	1	4
Royal Brisbane and Women's Hospital AMHS	32	31	0	1
Redcliffe Caboolture AMHS	10	10	0	0
Sunshine Coast Network AMHS	18	8	4	6
Townsville Network AMHS	23	14	2	7
The Prince Charles Hospital AMHS	20	16	3	1
West Moreton AMHS	32	28	2	2
Wide Bay AMHS - North	5	5	0	0
Wide Bay AMHS - South	15	10	1	4
TOTAL	337	274	23	40

Note: This table does not include applications for applicant reviews. Other outcomes may include, for example, adjournments.

The number of treatment support order reviews more than doubled compared to the 2017-18 period.

Spotlight on forensic orders and treatment support orders

Treatment support orders were introduced with the commencement of the MHA. A treatment support order may only be made by the Tribunal on revocation of a forensic order. Firstly, the Tribunal must determine whether the forensic order may be revoked by applying the test in section 442 of the MHA, which provides that the Tribunal must confirm the forensic order if the Tribunal considers the order is necessary, because of the person's mental conditions, to protect the safety of the community, including from the risk of serious harm to other persons or property. A treatment support order must be made by the Tribunal where section 450 applies. That section provides that the Tribunal must decide to make a treatment support order for the person if the Tribunal considers a treatment support order, but not a forensic order, is necessary, because of the person's mental conditions, to protect the safety of the community, including from the risk of serious harm to other persons or property.

Section 444(2) tells us that the Tribunal may change the category of the forensic order to community, or confirm the category of the order as community, *only* if the Tribunal is satisfied there is not an unacceptable risk to the safety of the community, because of the other person's mental conditions, including the risk of serious harm to other persons or property. This can be contrasted with section 475 which provides that if the category of a treatment support order is inpatient, the Tribunal *must* change the category of the order to community unless the Tribunal considers that one or more of the following cannot reasonably be met if the category is community:

- the person's treatment and care needs
- the safety and welfare of the person
- the safety of others.

The MHA does not otherwise provide the Tribunal with guidance on the circumstances in which it is appropriate to consider revocation of a forensic order to make a treatment support order. The Chief Psychiatrist has published a policy titled Treatment and Care of Forensic Order, Treatment Support Order and High Risk Patients, which requires minimum levels of oversight and review for persons on forensic orders and treatment support orders. Such policies must be complied with by persons performing functions or exercising powers under the MHA, including authorised doctors, mental health practitioners and administrators of AMHSs (section 305). In deciding whether to revoke a forensic order and make a treatment support order, the Tribunal will have regard to the level of oversight and review mandated by the Chief Psychiatrist's policy.

In 2017, the Mental Health Court decided the matter of *MGL [2017] QMHC 7*. In its reasons, the Court articulated the practical differences between a forensic order and a treatment support order and identified relevant considerations in determining which order should be made. Since that case, there have been a number of matters decided by the Court that provide commentary on additional factors which assists the Tribunal in understanding how the Court weights the items and comes to a decision. Unfortunately, not all of these reasons are published by the Court and thus they are not made publicly available to persons appearing before the Tribunal and their representatives.

In an effort to assist those persons appearing before the Tribunal to better understand the way that the Tribunal approaches decision-making regarding forensic orders and treatment support orders, the Tribunal has published on its website a range of de-identified statements of reasons. A number of these statements of reasons concern hearings where the decision was to revoke a forensic order and make a treatment support order.

Statement of Reasons #12 relates to the hearing of a person we will refer to as Mr A. Mr A was found to be of unsound mind by the Mental Health Court in relation to a number of offences including unlawful stalking, assault, breach of bail and driving without a licence. The Mental Health Court made a forensic order, which was reviewed periodically by the Tribunal. According to the clinical evidence before the Tribunal, Mr A was diagnosed with mental and behavioural disorders. The Tribunal took account of the following in deciding to revoke the forensic order:

- Mr A's stable mental state including illicit substance abstinence and reduced alcohol use, which indicated a reduced risk of relapse and thus reduced risk to the community
- Mr A's stable accommodation and social supports, particularly his mother, were considered to be protective factors
- The unanimous opinion of Mr A's treating team and reports from the Assessment and Risk Management Committee and the Community Forensic Outreach Service that Mr A could be appropriately managed on a treatment support order.

The Tribunal, however, considered that Mr A would require continued monitoring for relapse symptoms. This was particularly the case when the Tribunal considered Mr A's mental illness, lack of medication and the nature of the index offences as evidence of the potential consequences when Mr A became unwell. The Tribunal was satisfied that the safety of the community, including from the risk of serious harm to other persons or property could be properly managed on a treatment support order, and in particular considered that the patient's compliance and risks could be managed by monitoring his mental state on a treatment support order and with the continued management and support of the treating team.

Treatment Authorities

Treatment authorities are made by psychiatrists at AMHSs in circumstances where the criteria under the MHA are met. Unlike forensic orders and treatment support orders, treatment authorities may be revoked by an authorised doctor or the Tribunal. In the reporting period, 6,359 treatment authorities (that had been received by the Tribunal) were revoked by a doctor negating the need for a further Tribunal hearing. However, the Hearings Coordination Team will have often undertaken a degree of work prior to the treatment authority being revoked. Table 6 shows the outcomes of treatment authority reviews.

Table 6 – Treatment authority outcomes by AMHS

Location	No of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Bayside AMHS	275	203	4	68
Belmont Private Hospital	36	25	0	11
Cairns Network AMHS	708	532	11	165
Central Qld Network AMHS	598	440	9	149
Children's Health Qld AMHS	23	18	0	5
Darling Downs Network AMHS	568	414	4	150
Gold Coast AMHS	1,194	844	18	332
Greenslopes Private Hospital AMHS	1	1	0	0
Logan Beaudesert AMHS	759	537	6	216
Mackay AMHS	259	210	9	40
New Farm Clinic AMHS	16	12	0	4
Princess Alexandra Hospital AMHS	1,075	792	12	271
Royal Brisbane and Women's Hospital AMHS	1,263	988	9	266
Redcliffe Caboolture AMHS	481	355	2	124

Location	No of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Sunshine Coast Network AMHS	670	531	6	133
The Park – Centre for Mental Health AMHS	109	88	1	20
Toowong Private Hospital	12	10	0	2
Townsville Network AMHS	603	445	0	158
The Prince Charles Hospital AMHS	738	509	4	225
West Moreton AMHS	426	331	4	91
Wide Bay AMHS - North	153	129	1	23
Wide Bay AMHS - South	144	108	2	34
TOTAL	10,111	7,522	102	2,487

Note: Revoked authorities refer to revocations by the Tribunal at hearing, rather than by an authorised doctor. Other outcomes may include, for example, adjournments.

Treatment authority reviews increased by approximately 8 per cent compared to the previous reporting period.

Fitness for Trial

Table 7 shows the outcomes of fitness for trial reviews during the period.

Table 7 – Fitness for trial review outcomes by AMHS

Location	No of Fitness for Trial Reviews	Not Fit for Trial	Not Fit for Trial and unlikely to be fit in reasonable time	Fit for Trial	Other
Cairns Network AMHS	4	2	0	0	2
Gold Coast AMHS	10	3	0	3	4
Princess Alexandra Hospital AMHS	5	2	0	0	3

Location	No 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
The Park – Centre for Mental Health AMHS	7	3	1	1	2
Townsville Network AMHS	4	0	1	0	3
West Moreton AMHS	5	1	0	1	3
Wide Bay – North AMHS	3	1	0	1	1
TOTAL	38	12	2	6	18

Note: Other outcomes may include, for example, adjournments.

Applications

Regulated treatments

During the 2018–19 period, the Tribunal scheduled 2 applications to perform non-ablative neurosurgical procedures which were both approved.

The Tribunal managed a total of 512 matters relating to applications for approval to perform electroconvulsive therapy (ECT) during the 2018–19 period. This is approximately a 10 per cent decrease compared to the previous reporting period.

Table 8 represents the outcomes for the ECT applications scheduled in the reporting period.

Table 8 – Outcome of applications for ECT scheduled during the period

	Approved	Refused	Withdrawn	Adjourned	TOTAL
ECT	299	27	59	38	423
ECT with an emergency certificate pursuant to section 237	78	3	4	4	89
TOTAL	377	30	63	42	512

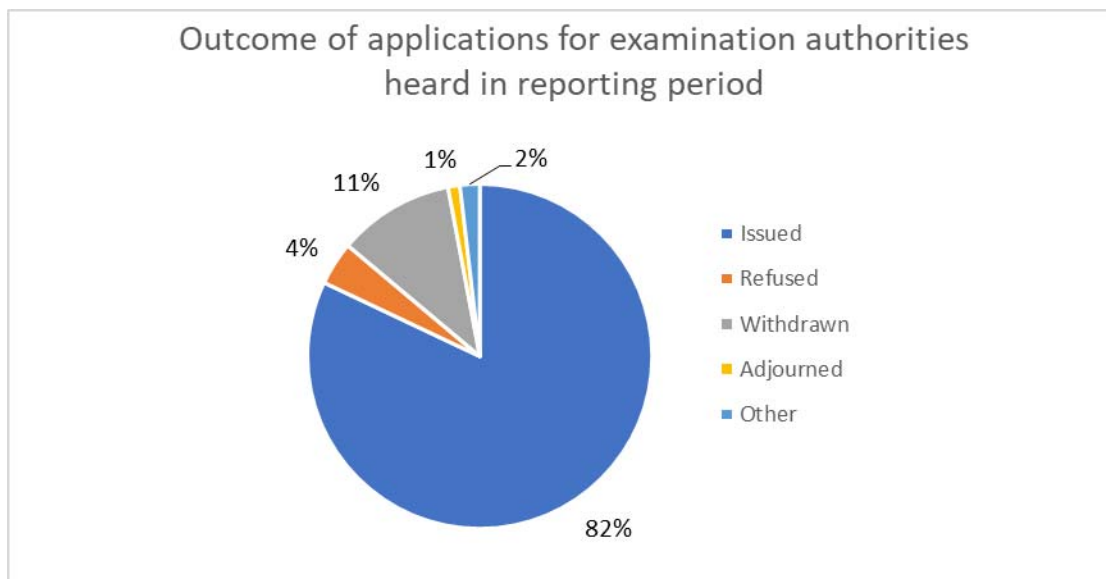
Examination authorities

Similar to the previous reporting period, the Tribunal received a total of 540 applications for examination authorities, during the 2018–19 period. In terms of requests, 63 per cent of applications came from a relative, 19 per cent from an interested person, 13 per cent from an AMHS and 5 per cent from other.

Approximately 95 per cent of applications heard during the period were heard within seven (7) days of receipt. While the Tribunal has procedures in place to list applications for examination authorities in a timely manner, it is important to recognise that examination authorities are not an adequate solution to an emergency situation. The *Public Health Act 2005* provides a mechanism which allows a police officer or ambulance officer to detain and transport a person pursuant to an emergency examination authority in specified circumstances. Unlike the Tribunal, the Queensland Police Service and Queensland Ambulance Service are better equipped and have the legislative power to act in an emergency.

Graph 2 depicts the outcome of those applications for examination authorities heard in the 2018-19 period.

Graph 2 – Outcome of applications for examination authorities heard in reporting period



Note: some of the applications heard during the reporting period may have been received in the prior period. Similarly, some of the applications received during the reporting period may not have been heard in the same period.

The 443 examination authorities made were issued to the AMHSs as listed in Table 9. Whilst there has been some variation in the number issued according to service, the overall number of number of examination authorities issued has remained relatively consistent with the previous reporting period.

Table 9 – Distribution of examination authorities across AMHSs

Location	Number
Bayside AMHS	22
Cairns Network AMHS	12
Central Queensland Network AMHS	10
Darling Downs Network AMHS	37

Location	Number
Gold Coast AMHS	58
Logan Beaudesert AMHS	53
Mackay AMHS	3
Princess Alexandra Hospital AMHS	60
Royal Brisbane and Women's Hospital AMHS	28
Redcliffe Caboolture AMHS	18
Sunshine Coast Network AMHS	18
Townsville Network AMHS	19
The Prince Charles Hospital AMHS	38
West Moreton AMHS	33
Wide Bay AMHS	34
Total	443

Legal Representation

Each person the subject of a hearing before the Tribunal is entitled to representation, either by a lawyer, nominated support person or another person of their choice. The Tribunal may also appoint a lawyer or another person to represent a person if the Tribunal considers it would be in the person's best interests to be represented. In addition, there are certain circumstances when the Tribunal must appoint a representative. These are where the person is a minor, where a review concerns a person's fitness for trial, in hearings in respect of applications for approval to perform electroconvulsive therapy and where the Attorney-General will be represented. As well as representation, each person the subject of a hearing is entitled to be accompanied at the hearing by a member of their support network.

Where the Tribunal is required to appoint a person's legal representative, there is also the need for an arms-length approach in doing so. In this regard, the Tribunal engages Legal Aid Queensland (LAQ) to provide legal representation where required by the Tribunal. This arrangement requires LAQ to choose and allocate appropriate legal representation for persons appearing before the Tribunal, including representatives that are competent and able to adequately perform the role of a legal representative. To assist legal representatives intending to appear in hearings, the Tribunal has collated relevant information on a tab for legal representatives on its website. The Tribunal recognises the challenges involved in appearing in this jurisdiction and thanks all legal representatives and advocates for their ongoing support and dedication to provision of high quality legal representation.

As shown in Table 10, legal representatives were appointed by the Tribunal for 2,494 hearings during the period, 217 of which involved a minor. The number of legal representatives appointed decreased by a relatively minor 2 per cent.

Table 10 – Number of legal representatives by hearing type

Hearing Type	Number of hearings legal representative was appointed for
Forensic Order	1,673
Treatment Support Order	2
Fitness for Trial	19
Forensic Order and Fitness for Trial	18
Electroconvulsive Therapy (including emergency)	495
Matter involving a minor	217
Treatment Authority	17
Confidentiality Order and Forensic Order	33
Confidentiality Order and Treatment Authority	13
Confidentiality Order and Treatment Support Order	1
Application to Transfer out of QLD	4
Non-Ablative Neurosurgery	2
Total	2,494

Indigenous matters

Appendix 4 details hearings related to Indigenous patients.

See page 38 for information on the commencement of a new Consumer Liaison role and the Tribunal Reference Group in the coming financial year which we believe will assist the Tribunal to identify new initiatives for engagement with Indigenous patients and their families and support networks.

Attendance

The Tribunal recognises the value in having persons the subject of hearings attend the proceeding, whether that be in person or by remote conferencing facilities (telephone or video conferencing). Where people are unable to attend or would prefer not to attend, the Tribunal encourages the use of self-reports, either in the template format provided by the Tribunal or simply by written letter or email. Tribunal members find evidence from the person themselves very useful in their decision-making.

It is also important for quality decision-making for other people with relevant information to attend, including senior members of the person's treating team, carers and guardians. The

Tribunal continuously works with AMHSs to try to ensure that the relevant team members are available to attend hearings and provide evidence to the Tribunal.

Details of attendance are set out in Appendix 3.

Victims

Section 6 of the MHA lists principles to apply in administration of that Act which specifically relate to victims. As outlined above, the forensic mental health jurisdiction acts to divert persons who were of unsound mind or are unfit for trial from the criminal justice system. In addition, when considering review of a forensic order or treatment support order, the Tribunal must have regard to any victim impact statement given to the Tribunal or Mental Health Court in respect of the subject offence. The Tribunal has incorporated the importance of consideration of victims into its Purpose and Mission statements.

The Tribunal thanks Queensland Health Victim Support Services and the Office of the Chief Psychiatrist for the work they do in coordinating the flow of appropriate information between victims and the Tribunal.

The Tribunal also recognises the 147 Information Notices (as at 30 June 2019) 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. An information notice enables victims (or their families) to receive specific information about the person the subject of an order. The information that a person holding an information notice is entitled to is contained in Schedule 1 of the MHA.

Adjournments

The Tribunal is authorised to adjourn hearings at its discretion. The Tribunal may need to adjourn a matter to ensure that the person the subject of the hearing receives natural justice, as is required under the MHA. Tribunal members recognise the distress and upset that can sometimes be caused by an adjournment. A person, and perhaps their family and supports, have prepared for the hearing and sometimes travelled a long way to be there. The Tribunal provides ongoing training to members in ways that they can prepare and conduct matters to best try to avoid unnecessary adjournments. Unfortunately, in some cases an adjournment is unavoidable, in particular, where a patient would be denied natural justice if the hearing proceeded.

The adjournment rate for the current reporting period is 22.6 per cent, which is a slight decrease from the previous reporting period of 23.5 per cent. Reasons for adjournments are provided in Table 11 below

Table 11 – Percentages of adjournments by reason type

Reason for adjournment	Percentage of total adjournments
AMHS request	2%
Attendance notice	1%
Lack of evidence	22%
Other	5%

Patient absent without authority	5%
Patient request	12%
Patient transferred	4%
Procedural fairness – non-patient related	1%
Procedural fairness – patient related	11%
Report	36%
Tribunal Ordered Examination	1%

Statements of reasons

Stated persons are permitted to request a written statement of reasons in relation to a decision of the Tribunal. Only persons who were entitled to receive notice of the decision are entitled to request a statement of reasons. The Tribunal is required to provide a statement of reasons within 21 days of receipt of the request. In the 2018-19 period, the total number of requests for statements of reasons was 338, a decrease of 16 per cent from the previous reporting period

During the reporting period, the Tribunal undertook a project to review and update its statement of reasons templates with the aim of making them clearer and easier to read, and also to make the reasons for the decisions more apparent.

To enable participants in this jurisdiction to gain a better understanding of Tribunal decision-making, the Tribunal has also commenced publication of de-identified statements of reasons decisions on its website. We hope that this information allows people to better understand the factors that Tribunal members take into account and how they reach their decision, while still maintaining the strictest confidentiality and privacy standards for persons appearing before the Tribunal. Graph 3 shows the breakdown of statement of reasons by requestor.

Graph 3 – Statement of reasons requested by requestor

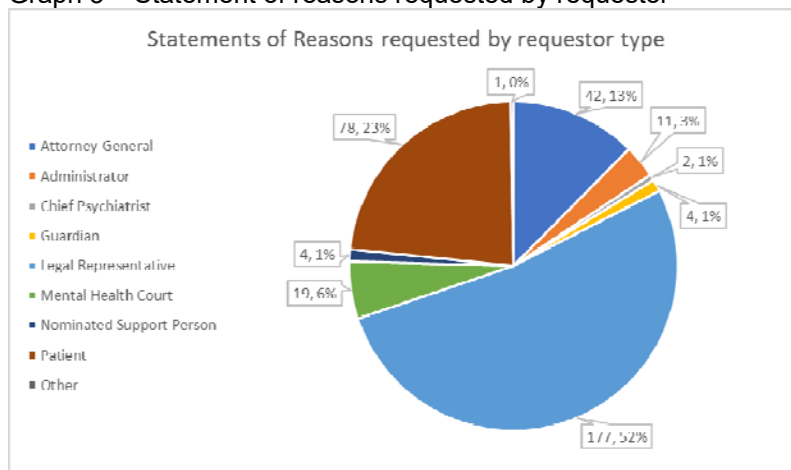


Table 12 shows the number of statements reasons by matter type.

Table 12 – Statement of reasons requested by matter type

Matter type	Percentage
Application to transfer out of Qld	<1%
Application for Examination Authority	<1%
Application to perform ECT (including emergency)	5%
Forensic Order	39%
Treatment Authority	55%
Treatment Support Order	<1%

Appeals

A party to a proceeding before the Tribunal is entitled to appeal most Tribunal decisions to the Mental Health Court. Thirty-five appeals were filed during the 2018–19 period, which is a decrease of approximately 20 per cent from the previous reporting period.

A common misconception is that it is necessary for people to have a transcript of Tribunal proceedings in order to identify whether or not they have grounds to file an appeal. The MHA makes it clear that persons entitled to appeal a decision of the Tribunal to the Mental Health Court may do so as of right, meaning that no error of law or fact need be identified. Additionally, the Mental Health Court hears all appeals de novo, which means that the Court hears the matter afresh, without needing to refer to, or understand, the reasons for the decision made by the Tribunal.

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 expenditure for the 2018-19 financial year. Expenditure during the 2018-19 financial year increased in contrast to the previous financial year due to the partial implementation of the approved Governor in Council member wage increase, the addition of two (2) staff to support the Tribunal office and ongoing projects, including the renewal of the Tribunal's website and upgrade to its case management system, Resolve.

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

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 13 below.

Table 13 – Financial Summary

Budget Appropriation	2018/2019
Budget	\$12,511,254
Additional Allocation	\$5,000,000
Total Budget	\$17,511,254
<hr/>	
Expenditure	
<hr/>	
Labour	\$10,334,040
Non-Labour	\$3,526,712
Depreciation	\$6,403
Total Expenditure	\$13,867,155

Tribunal Member costs

Tribunal members are paid for sittings in accordance with rates approved by the Governor in Council. The rates include amounts for sittings and for additional work time. Additional work time fees include, for example, the payment to members for the preparation of statements of reasons.

Following a significant period of consultation and support from both Queensland Health and the Department of Premier and Cabinet, the remuneration rates were approved by the Governor in Council for implementation on 2 August 2018. The approved rates are set in accordance with the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies*.

The remuneration increase was approved to be implemented gradually over a three-year period to minimise the budgetary impact. Significant labour increases both in expenditure and budget to support this remuneration schedule will conclude in the 2020–21 period.

The Tribunal acknowledges and thanks Queensland Health for its financial oversight and robust consideration of the remuneration increase for members during the reporting period.

The Tribunal President is the Chief Executive Officer, who is remunerated at the rate of a Magistrate with Senior Executive Service terms and conditions of employment. The total remuneration of a Magistrate (other than Chief Magistrate) effective 1 July 2018 is \$361,107.08. The Deputy President is remunerated at 70 per cent of the Tribunal President’s rate with Senior Executive terms and conditions of employment.

Table 14 shows Tribunal member costs for the 2018-19 period.

Table 14 – Tribunal member costs

	Fees	Allowances	Expenditure
Members	\$6,528,402	\$153,371	\$6,737,162

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

Additional annual report disclosures are published on the Queensland Government’s website, available at www.data.qld.gov.au.

Year in preview

The Tribunal has worked through a period of consolidation and is now well on its way to implementing new initiatives aimed at driving its continuous improvement focus. Additional information on the Tribunal's key areas of focus in the coming financial year is set out below.

Case Management System, Resolve

As has been mentioned elsewhere in this report, a large focus for the Tribunal is the implementation of improvements to its case management system, Resolve. The overall aim of these improvements is to leverage new technology available to support the digitisation of manual processes and gain efficiencies across Tribunal operations. Additionally, the project also aims to enhance how necessary data is transferred to and from external parties such as AMHSs and the Mental Health Court.

Forensic Specialisation Course

The Tribunal recognises that decision-making in its forensic jurisdiction can be particularly complex. To support members to acquire additional knowledge and skill in this area, the Tribunal is currently developing a forensic specialisation course. The course will consist of approximately 11 modules of content ranging from technical knowledge about the MHA provisions regarding forensic review, information about the nature of intellectual disability and hearing conduct matters. The Tribunal aims to make the course available to the first group of members in the next financial year.

Electronic Recording

The Tribunal is currently undertaking a project to investigate and evaluate the option of recording its hearings electronically. There are a range of factors to consider including the views of key stakeholders, including persons the subject of the hearings that would be recorded, logistic issues given the venues in which the Tribunal sits and practical considerations such as technology and other resources. The first major component of the project was conducting a survey to canvas stakeholder views. Following on from this, the Tribunal is currently evaluating that feedback and investigating the possible mechanisms by which electronic recording could be implemented.

Complaint Management Policy

The Tribunal is aware of the role it plays within the Queensland mental health system and the need for the Tribunal to have robust processes in place which allow participants to raise concerns. In the coming financial year, the Tribunal will undertake a comprehensive review of its complaints management policy and procedure to ensure they remain relevant for the Tribunal's operations and accessible to all stakeholders.

Consumer Engagement Officer and the Tribunal Reference Group

In the coming year, the Tribunal will focus on implementing new channels by which the Tribunal can source feedback and input from those persons who are the subject of Tribunal hearings or their supports or carers. Two key ways that the Tribunal plans to implement this in the coming year are the engagement of a dedicated Consumer Engagement Officer whose role will include identifying initiatives to encourage participation in hearings and giving of feedback by persons the subject of hearings and the commencement of the Tribunal Reference Group (TRG). In this coming period, it is the Tribunal's aim to identify and appoint suitable TRG members, establish appropriate terms of reference and identify agenda items for the TRG's input. It is anticipated that both of these new channels will provide the Tribunal with new sources of information to generate initiatives aimed at responding to the needs of Indigenous patients, their families and support networks, including increased attendance.

Appendices

Appendix 1 - Progress against Strategic Plan 2017 - 2021

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2018/2019 Period
High performance	Promote a culture of high performing excellence	Identify opportunities for digital innovation across Tribunal operations.	Improved and/or increased use of digital technology by Tribunal staff and members.	<ul style="list-style-type: none"> Identified key changes to case management system, Resolve, designed to create efficiencies in the operations of the Tribunal and streamline the exchange of information with stakeholders (Resolve Project). Project commenced to investigate and evaluate the implementation of electronic recording. Increased utilisation of web conferencing facilities to allow members and parties to proceedings to attend hearings remotely.
	Develop an engaged and productive workforce	Foster a culture that is innovative and collaborative.	Each Tribunal staff member has a career success plan in place and has had an opportunity to discuss their goals with their line manager.	<ul style="list-style-type: none"> All Tribunal staff have a renewed career success plan in place for 30 June 2019.
			Evidence of staff collaboration and member collaboration for continuous improvement projects.	<ul style="list-style-type: none"> Centre of Excellence established for Hearings Coordination Team to have input into the Resolve Project. Member feedback into website design and execution. Member feedback into electronic hearings material delivery options. Each member participated in a mid-term review which allowed for the exchange of feedback. Member Learning and Development Committee provided feedback on the content of the Forensic Specialisation

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2018/2019 Period
			Identified opportunities for Tribunal staff and members to engage in professional development.	<p>Course and the annual masterclass program.</p> <ul style="list-style-type: none"> • Training and staff rotation has allowed a sharing of knowledge across the teams. • Staff have taken opportunities to act in positions of higher duties and to also undertake external training. • Members have had the opportunity to participate in monthly masterclasses and annual workshops.
Accountable management	Promote a culture of accountability and integrity	Ensure budget integrity.	Operations within budget.	<ul style="list-style-type: none"> • Corporate Services Team conducted monthly assessment of budget in conjunction with the President. • 2018-19 saw the Tribunal meet budget targets successfully.
		Recruit Tribunal members in a rigorous manner that takes account of required succession planning.	Appropriate member recruitment.	<ul style="list-style-type: none"> • Twenty-six new members recruited, appointed and inducted. • Mentoring program allowed ongoing initiation into the Tribunal for new members.
		Identify areas for improvement stemming from feedback from the Working for Queensland survey.	Demonstrable plan for implementation of initiatives and/or implementation of initiatives.	<ul style="list-style-type: none"> • Staff of Tribunal reviewed results of Working for Queensland survey and, as a group, identified the areas of focus for 2018. Ongoing reporting at team meetings against these areas of focus.
Positive relationships	Acknowledge cultural diversity	Develop and utilise robust, culturally-appropriate and ethical processes to engage with all interested parties and in the design and conduct of Tribunal hearings.	Identification and/or implementation of opportunities to introduce culturally appropriate processes into Tribunal operations.	<ul style="list-style-type: none"> • Tribunal is investigating options for automated rostering solutions to assist the Tribunal in more readily identifying clustering of hearings and rostering of members with appropriate cultural backgrounds. • Engagement with the Queensland Transcultural Mental Health Centre, including the presentation of a masterclass to members. • Tribunal has sought feedback from members regarding cultural practices

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2018/2019 Period
				and is looking to develop additional resources based on the areas identified from member feedback.
		Identify opportunities for increased involvement of culturally diverse communities.	Trial and/or implementation of identified initiatives to encourage increased participation of persons from culturally diverse communities or their representatives.	<ul style="list-style-type: none"> • Tribunal identified that the Tribunal Reference Group should contain persons from culturally diverse communities to allow that group to act as a conduit for information on how to increase participation in hearings. • During the period, the Indigenous Liaison Offer conducted a program of visits to mental health services across Queensland.
	Promote the positive benefits of engagement with the Tribunal	Ongoing relationship building with key interested parties including Legal Aid Queensland, Authorised Mental Health Services and the Office of the Public Guardian.	<p>Holding of meetings with key interested parties.</p> <p>Identification of strategies on which the Tribunal and key interested parties can work together.</p>	<ul style="list-style-type: none"> • Tribunal instituted quarterly meetings with the Mental Health Court Registry to provide a mechanism for ongoing communication regarding operational matters. • Ongoing communication with eHealth, Queensland Health has led to an improved working relationship. • Tribunal has established communication with other stakeholder bodies including the Queensland Alliance for Mental Health, Queenslanders with Disability Network and Mental Health Commission. • Tribunal's Executive Officer arranged and hosted the inaugural Executive Officers/Registrars Roundtable for participants from mental health tribunals across Australia. • Tribunal's President and Deputy President attended the Heads of Tribunals meeting as part of the Council of Australian Tribunals annual conference.

Key result area	Our goals	Our strategies are to ...	Performance measures	Progress in 2018/2019 Period
Building and sharing knowledge	Achieve a culture of continuous learning and improvement	Develop core competencies for Tribunal members.	Documented core competencies for Tribunal members.	<ul style="list-style-type: none"> Core competencies were utilised as the measure for members' mid-term review. Core competencies were discussed and their importance confirmed at new member induction.
		Develop a Continuing Professional Development (CPD) program for members to allow members to share knowledge and development of expertise.	Development of a CPD program for Tribunal members.	<ul style="list-style-type: none"> The proposed masterclass topics for 2019 were approved by the Tribunal's Members Learning & Development Committee. Monthly masterclasses are ongoing.
		Develop regular opportunities for communication with Tribunal members and staff to allow information sharing.	Evidence of regular information sharing with Tribunal members and staff.	<ul style="list-style-type: none"> Regular, scheduled meeting arrangements set across teams/levels of Tribunal staff to allow for ongoing discussion. Surveys conducted with members on a regular basis to obtain input into Tribunal initiatives. Regular monthly communiques distributed to members and staff.
		Update the Tribunal website to allow effective and efficient information sharing internally and externally.	Enhanced website content and functionality.	<ul style="list-style-type: none"> Successful launch of new website for Tribunal which contains relevant information for persons appearing before the Tribunal, AMHSs, legal representatives and the community. Members-only portal of the website provides a repository of material for members.
	Enhance our record keeping	Maintain and improve our information management strategy for the collection, storage, analysis, interpretation and dissemination of information.	Successful implementation and use of document management system, Resolve.	<ul style="list-style-type: none"> Resolve Project underway. Initiatives to improve the Tribunal's use of Resolve, including efficient information-sharing with key stakeholders. Documentation of procedures by Hearings Coordination Team to ensure consistent and efficient use of Resolve.

		Improvement in corporate knowledge documentation.	Evidence of improved systems for capturing and recording corporate knowledge.	<ul style="list-style-type: none">• Hearings Coordination Team and Corporate Services Team undertook a project to update the documentation of their procedures.• Engagement with Queensland State Archives to revise the Tribunal's approved document disposal authority.
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Appendix 2 – Masterclass Presentations

Presentation Date	Topic	Presenter
July 2018	Ethical issues and decision-making	Virginia Ryan, Deputy President
September 2018	Australian medical cannabis policies 1999 - 2017	Professor Wayne Hall
September 2018	Medical members workshop	Annette McMullan, President and Virginia Ryan, Deputy President
October 2018	Victims matters	Michael Power, Queensland Health Victim Support services and Virginia Ryan, Deputy President
November 2018	Q & A for new members	Virginia Ryan, Deputy President
November 2018	Queensland Fixated Threat Assessment Centre	Dr Darren Neillie, Clinical Director, Community Forensic Outreach Service
December 2018	Forensic Disability	Dr Geetha Kumaravelu, Queensland Forensic Mental Health Service
February 2019	National Disability Insurance Scheme	Fiona Meagher, Full-time Senior Member Administrative Appeals Tribunal
March 2019	Community members workshop	Annette McMullan, President and Virginia Ryan, Deputy President
March 2019	Forensic Mental Health System	Associate Professor Ed Heffernan, Community Forensic Outreach Service
April 2019	Vicarious trauma training	Richard Cash, Phoenix Australia

Presentation Date	Topic	Presenter
May 2019	Queensland Transcultural Mental Health Centre	Elizabeth Truong, A/Manager, QTMHC
May 2019	Update on recent Mental Health Court cases	Virginia Ryan, Deputy President
June 2019	Mental illness in minors	Dr Laura Hamilton, Dr David Ward, Dr Martin Beckmann, Child and Adolescent Psychiatry Specialists

Appendix 3 – Attendance at hearings

Locations	Guardian	Advocate	AG Rep	Case manager/Clinical staff/treating team/FLO	Legal Rep	Nominated Support Person	Patient - Community	Patient - Inpatient	Psychiatrist	Registrar / Other Doctor	Senior Practitioner	Interpreter
Bayside	17	0	48	248	76	24	102	75	88	120	0	9
Belmont Private Hospital	0	0	0	2	19	12	8	23	25	12	0	0
Cairns Network	50	6	96	714	124	37	209	109	205	133	2	7
Central Qld Network	24	3	44	634	78	38	258	54	448	101	2	0
Children's Health Queensland	7	0	2	24	26	7	9	4	16	8	0	3
Darling Downs Network	61	38	115	835	164	75	249	159	229	178	2	5
Forensic Disability Service	10	2	14	18	15	5	2	8	0	1	8	0
Gold Coast	39	0	103	1,017	234	66	363	177	440	226	76	7
Greenslopes Private Hospital	0	0	0	0	0	0	1	0	1	0	0	0
Logan-Beaudesert	31	2	105	733	172	39	305	101	159	199	0	18

Locations	Guardian	Advocate	AG Rep	Case manager/Clinical staff/treating team/FLO	Legal Rep	Nominated Support Person	Patient - Community	Patient - Inpatient	Psychiatrist	Registrar / Other Doctor	Senior Practitioner	Interpreter
Mackay	13	1	42	315	59	30	119	38	216	102	1	3
New Farm Clinic	2	0	0	3	3	3	0	13	4	7	0	0
Princess Alexandra Hospital	53	4	176	1,002	271	44	380	131	310	285	0	48
RBWH	74	3	84	1,031	209	75	424	177	376	374	3	19
Redcliffe-Caboolture	15	0	79	512	112	53	204	105	309	185	1	7
St Andrew's War Memorial Hospital	0	0	0	0	1	0	2	0	2	2	0	0
Sunshine Coast Network	23	7	99	790	175	106	282	130	324	150	0	0
The Park	49	2	198	81	223	29	17	234	269	191	0	11
Toowong Private Hospital	0	0	0	6	6	3	3	8	12	1	0	0
Townsville Network	67	10	152	957	169	59	221	131	262	164	4	0
The Prince Charles Hospital	30	5	145	778	203	50	263	81	267	181	0	17

Locations	Guardian	Advocate	AG Rep	Case manager/Clinical staff/treating team/FLO	Legal Rep	Nominated Support Person	Patient - Community	Patient - Inpatient	Psychiatrist	Registrar / Other Doctor	Senior Practitioner	Interpreter
West Moreton	52	2	114	623	136	44	219	49	151	74	9	7
Wide Bay - North	17	0	41	234	56	32	85	22	162	37	0	3
Wide Bay - South	10	0	24	219	31	19	88	15	127	25	1	1
TOTAL	644	85	1,681	10,776	2,562	850	3,813	1,844	4,402	2,756	109	165

FLO means forensic liaison officer
AG Rep means Attorney-General representative
Legal Rep means legal representative

Appendix 4 – Indigenous related matters

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Indigenous Member attendance
Bayside AMHS	20	5	10	8	0	1	5
Cairns Network AMHS	162	22	132	57	20	5	89
Central Qld Network AMHS	88	19	67	33	9	5	70
Children's Health Queensland AMHS	2	0	2	2	1	1	1
Darling Downs Network AMHS	97	34	61	48	7	1	77
Forensic Disability Service	5	5	0	4	0	2	0
Gold Coast AMHS	32	9	18	10	1	2	16
Logan Beaudesert AMHS	89	13	63	32	2	4	25
Mackay AMHS	33	8	25	20	4	3	6
Princess Alexandra Hospital AMHS	65	14	44	22	0	0	13
Redcliffe Caboolture AMHS	41	5	31	13	4	2	6
Royal Brisbane and Women's Hospital AMHS	70	3	59	18	9	1	19
Sunshine Coast Network AMHS	53	7	44	24	9	6	10

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Indigenous Member attendance
The Park – Centre for Mental Health AMHS	39	23	7	32	6	0	12
Townsville Network AMHS	206	85	113	69	44	8	78
The Prince Charles Hospital AMHS	41	14	24	14	4	4	20
West Moreton AMHS	36	10	24	14	1	6	11
Wide Bay AMHS - North	37	7	29	13	4	2	20
Wide Bay AMHS - South	18	5	12	3	2	0	15
TOTAL	1,134	288	765	436	127	53	493

IMHW means Indigenous mental health worker

Appendix 5 – 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 Health Centre
	Redland Hospital
	Redland Residential Care
	Wisteria Ward – Acquired Brain Injury Unit
Belmont Private Hospital AMHS	Belmont Private Hospital
Cairns Network AMHS	Atherton Primary Health Building
	Aurukun Well Being Centre
	Bamaga Primary Health Care Centre
	Cairns Hospital
	Cooktown Multi-Purpose Health Centre
	Innisfail Community Mental Health Service
	Mareeba Community Mental Health Service
	Pormpuraaw Primary Health Care Centre
	Thursday Island Community Wellness Centre
	Thursday Island Primary Health Care Centre
	Weipa Hospital
Children’s Health Qld AMHS	Chermside Galleria Child & Youth Mental Health Service
	Children’s Health Queensland Day Program North
	Greenslopes Child & Youth Mental Health Service
	Inala Child & Youth Mental Health Service
	Queensland Children’s Hospital
	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
	Yeronga Child & Youth Mental Health Service
Central Qld Network AMHS	Biloela Community Mental Health Service
	Capricorn Coast Community Mental Health Service
	Emerald Hospital
	Gladstone Hospital
	Rockhampton Community Mental Health Service
	Rockhampton Hospital
	Yeppoon Hospital
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, Wacol
	Gold Coast University Hospital
	Palm Beach Community Clinic
	Robina Hospital (Extended Treatment)
	Robina Hospital (Acute Young Adult Unit)
	Southport Health Precinct
Greenslopes Private Hospital AMHS	Greenslopes Private Hospital
Logan Beaudesert AMHS	Beenleigh Adult Mental Health Service
	Browns Plains Adult Mental Health
	Logan Central Adult Mental Health Service
	Logan Hospital
Mackay AMHS	Bowen Community Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Mackay Base Hospital
	Mackay Integrated Adult Mental Health Service
	Whitsunday Mental Health Service
New Farm Clinic AMHS	New Farm Clinic
Princess Alexandra Hospital AMHS	Grevillea Ward
	Inala Adult Mental Health Service
	Princess Alexandra Hospital
	Woolloongabba Community Health Centre
Royal Brisbane and Women's Hospital AMHS	Royal Brisbane and Women's Hospital
	Valley Integrated Adult Mental Health Service
Redcliffe Caboolture AMHS	Caboolture Hospital – Mental Health Facilities Building
	Cooinda House Psychogeriatric Unit
	Caboolture Secure Mental Health Rehabilitation Unit
	Redcliffe Adult Mental Health Service
	Redcliffe Community Care Units
Sunshine Coast Network AMHS	Maroochydore Hub
	Gympie Mental Health Service
	Mountain Creek
	Nambour Hospital
	Sunshine Coast University Hospital
The Park – Centre for Mental Health AMHS	The Park – High Security Program
	The Park – Medium Secure Unit
Toowong Private Hospital AMHS	Toowong Private Hospital
Townsville Network AMHS	Ayr Community Mental Health
	Bowen District Community Mental Health Service
	Cambridge Street Campus
	Charters Towers Rehabilitation and Transitional Unit

Authorised Mental Health Service (AMHS)	Venues
	Ingham Community Mental Health Service
	Mount Isa Integrated Mental Health
	Palm Island Community Mental Health Service
	Townsville Community Care Unit & Acquired Brain Injury Unit
	Townsville Hospital
	Townsville Hospital – Medium Secure Unit
The Prince Charles Hospital AMHS	Chermside Community Mental Health Service
	Nundah Community Mental Health
	Pine Rivers Community Mental Health Service
	The Prince Charles Hospital
West Moreton AMHS	Goodna Community Health Centre
	Ipswich Hospital – Mental Health Unit
	Older Persons Mental Health Unit
	West Moreton Integrated Mental Health Service
Wide Bay AMHS	Bauer Wiles Community Health Building
	Bundaberg Hospital
	Hervey Bay Community Mental Health
	Maryborough Hospital

Appendix 6 – Member appointments

Member category	Name	Appointment period(s)
Legal	Baker, Elizabeth	02/08/2018 – 01/08/2021
	Bishop, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Boulden, Deb	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Bridgman, Roger (Peter)	28/02/2017 – 27/02/2020
	Burrows, Nicola	02/08/2018 – 01/08/2021
	Carter, Hugh	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
	Collins, Joanne	03/09/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	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
	Dalling, Jacqueline	28/02/2017 – 27/02/2020
	Duffy, Julia	02/08/2018 – 01/08/2021
	Garner, Karen	28/02/2017 – 27/02/2020
	Giudes, Raoul	30/01/2003 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017

Member category	Name	Appointment period(s)
		28/02/2017 – 27/02/2020
	Goodman, Pamela (inactive during reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Grau, Michelle	28/02/2017 – 27/02/2020
	Harrison, Lisa	02/08/2018 – 01/08/2021
	Hart, Renea	02/08/2018 – 01/08/2021
	Heelan, Matthew	02/08/2018 – 01/08/2021
	Herriot, Ann (full-time from 28 February 2019)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Johnston, Mark	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Kirkman-Scroope, Patricia	02/08/2018 – 01/08/2021
	Kolbe, David	28/02/2017 – 27/02/2020
	Lee, Carol	02/08/2018 – 01/08/2021
	Lindsay, Kate	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	McCarthy, Michael	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	McMullan, Annette (as President)	06/04/2017 – 29/06/2018 30/06/2018 – 29/06/2023
	Meagher, Fiona (inactive from 3/11/2018)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Milburn, John	28/02/2017 – 27/02/2020
	Mitchell, Deborah (resigned as at 20/11/2018)	02/08/2018 – 01/08/2021
	Neil, Laura	02/08/2018 – 01/08/2021
	Pearce, Louise	28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
	Perren, Katina	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Ryan, Virginia (appointed Deputy President 29/06/2017)	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 28/06/2017 29/06/2017 – 29/06/2018 30/06/2018 – 29/06/2021
	Sayers, Mark	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Smith, Shellee	28/02/2017 – 27/02/2020
	Thomas, Jody-Ann	02/08/2018 – 01/08/2021
	Ulrick-Hunter, Monique	28/02/2017 – 27/02/2020
	Wawryk, Nikki	28/02/2017 – 27/02/2020
	Wood, Michael	29/01/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
Medical	Ah-Hoon, Robert	09/12/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	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
	Barry, Jenny	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
	Beckmann, Martin	02/08/2018 – 01/08/2021
	Bowles, John (inactive during reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Brooker, Sarah	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Campbell, Rosemary	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Colls, Ian	28/02/2008 - 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Davies, John	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Dhingra, Maneesh	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Garrone, Tess	28/02/2002 – 27/02/2005 01/03/2007 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Gill, Neeraj	02/08/2018 – 01/08/2021
	Hamilton, Laura	02/08/2018 – 01/08/2021
	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
	Kolur, Uday	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020

Member category	Name	Appointment period(s)
	Lendering, Tina	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Leong, Geoffrey	28/02/2017 – 27/02/2020
	Loftus, Jo	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Morris, Adrian	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Purushothaman, Subramanian (resigned as at 30 November 2018)	28/02/2014 – 27/02/2017 28/02/2017 – 30/11/2018
	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 – 28/02/2020
	Spelta, Bob	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Stephens, Nicola	30/11/2006 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Stewart, Sandy	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	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

Member category	Name	Appointment period(s)
	Van de Hoef, Pam	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Voita, Angela	03/09/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Walker, Andrea	02/08/2018 – 01/08/2021
	Ward, David	02/08/2018 – 01/08/2021
	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
	Webster, Jefferson	27/11/2014 – 27/02/2017 28/02/2017 – 27/02/2020
Community	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
	Bell, Gary	28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020
	Bond, Rowan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Bradburn, Michael	02/08/2018 – 01/08/2021
	Casey, Julia	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Davies, Corelle	02/08/2018 – 01/08/2021

Member category	Name	Appointment period(s)
	Dolci, Karen	28/02/2017 – 27/02/2020
	Elsworth, Rodney	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Ferguson, Robert	02/08/2018 – 01/08/2021
	Hall, Pat	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Hampton, Ron	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Harris, Jessica	02/08/2018 – 01/08/2021
	Johnston, Elizabeth	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Jose, Trina	28/02/2017 – 27/02/2020
	Lambkin, Kevin (resigned as at 03/09/2019)	02/08/2018 – 03/09/2018
	Macionis, Stan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Malone, Christine	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	May, Christine	28/02/2017 – 27/02/2020
	McDonnell, Judith	02/08/2018 – 01/08/2021
	Millar, Frances (inactive during reporting period)	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Mulvogue, Cristelle	02/08/2018 – 01/08/2021

Member category	Name	Appointment period(s)
	Murray, Gwen (inactive during reporting period)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Nott, Peter	02/08/2018 – 01/08/2021
	O’Gorman, Shannon	02/08/2018 – 01/08/2021
	Promnitz, Jennifer	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Renouf, Allan	02/08/2018 – 01/08/2021
	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
	Schoneveld, Sharon	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Sticher, Gayle	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020
	Till, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Tillett, Ada	04/07/2012 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Webb, Athol	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020
	Zell, Denise	09/12/2009 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020

Compliance Checklist

Summary of requirement	Basis for requirement	Annual report reference
Letter of compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7 3
Accessibility	• Table of contents	ARRs – section 9.1 4
	• Glossary	(glossary not included)
	• Public availability	ARRs – section 9.2 2
	• Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3 2
	• Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4 2
• Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5 2	
General information	• Introductory Information	ARRs – section 10.1 12
	• Machinery of Government changes	ARRs – section 10.2, 31 and 32 N/A
	• Agency role and main functions	ARRs – section 10.2 12
	• Operating environment	ARRs – section 10.3 12, 17
Non-financial performance	• Government's objectives for the community	ARRs – section 11.1 13
	• Other whole-of-government plans / specific initiatives	ARRs – section 11.2 N/A
	• Agency objectives and performance indicators	ARRs – section 11.3 19 - 20
	• Agency service areas and service standards	ARRs – section 11.4 21 - 35
Financial performance	• Summary of financial performance	ARRs – section 12.1 36 - 37
Governance – management and structure	• Organisational structure	ARRs – section 13.1 14 - 15
	• Executive management	ARRs – section 13.2 14
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3 N/A
	• <i>Public Sector Ethics Act 1994</i>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4 14

Summary of requirement	Basis for requirement	Annual report reference
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.5 14
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1 13
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2 N/A
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3 13
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4 N/A
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5 13
Governance – human resources	<ul style="list-style-type: none"> Strategic workforce planning and performance 	ARRs – section 15.1 14
	<ul style="list-style-type: none"> Early retirement, redundancy and retrenchment 	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2 14
Open Data	<ul style="list-style-type: none"> Statement advising publication of information 	ARRs – section 16 37
	<ul style="list-style-type: none"> Consultancies 	ARRs – section 33.1 N/A
	<ul style="list-style-type: none"> Overseas travel 	ARRs – section 33.2 N/A
	<ul style="list-style-type: none"> Queensland Language Services Policy 	ARRs – section 33.3 https://data.qld.gov.au
Financial statements	<ul style="list-style-type: none"> Certification of financial statements 	FAA – section 62 FPMS – sections 42, 43 and 50 ARRs – section 17.1 N/A
	<ul style="list-style-type: none"> Independent Auditor’s Report 	FAA – section 62 FPMS – section 50 ARRs – section 17.2 N/A

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

