

ANNUAL REPORT 2022–23



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

Dear Minister

I am pleased to submit for presentation to the Parliament the Annual Report 2022-2023 for the Mental Health Review Tribunal.

I certify that this Annual Report complies with the:

- detailed requirements set out in the *Annual report requirements for Queensland Government agencies*, and
- legislated objectives within the *Mental Health Act 2016* (section 774).

A checklist outlining the annual reporting requirements is provided in Appendix 8 of this Annual Report.

Yours sincerely



Annette McMullan
President
Mental Health Review Tribunal

31/08/2023

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President's report – a year in review

The hard work of the Mental Health Review Tribunal's (Tribunal) staff and members over the prior three years is showing dividends. The Tribunal has endured those challenging times with an operating model that provides flexibility and adaptability. The Tribunal has continued to utilise technology to conduct remote hearings and allow for the electronic delivery of hearings material internally and externally. We are now starting to realise efficiencies which has allowed us to trial new initiatives and focus on organisational strategies – more detail of which is provided in the Executive Officer's report.

One initiative that I would like to highlight is the Tribunal's scheduling of hearings for first time reviews of treatment authorities. The Tribunal must review a person's treatment authority within its first 28 days. Feedback told us this period is challenging for many people – they may still be quite unwell, they may not yet understand the mental health system they have recently entered, and a Tribunal hearing may feel overwhelming. We therefore feel it is important to provide more time for these hearings to allow the person more time to share their views, wishes and preferences, and for members to provide more information. The Tribunal trialled increased hearing times for these matters at a select number of Authorised Mental Health Services (AMHS) and feedback indicated it was successful. The initiative is now being rolled out to more AMHSs, with the aim of rolling it out across the whole State.

Work also progressed in another area of technological development – the introduction of electronic audio recording for hearings. Legislative change¹ was passed during the reporting period, with an anticipated commencement date in the next financial year. I would like to extend my thanks to the Department of Justice and Attorney-General and the Mental Health Alcohol and Other Drugs Branch, Queensland Health for their continued support of the Tribunal's progress in this space.

During the reporting period, the Tribunal farewelled former Deputy President, Virginia Ryan, who held that role from 2017. I am grateful that following her resignation, Virginia successfully applied for sessional membership commencing in February 2023, so her experience and knowledge remains available to the Tribunal. We welcomed Monique Ulrick-Hunter to the role of Deputy President from 13 February 2023. Monique is an experienced Tribunal member and has quickly settled into the position. The Tribunal also experienced change in its full-time member position. Ann Herriot concluded her time as full-time member in February and I am pleased to report that Ann was also successfully appointed as a sessional member. As part of the Tribunal's review of its workforce planning and stakeholder engagement practices, we identified a need for more connection in regional and remote Queensland. For that reason, two regional full-time members were appointed in February, David Wenitong and Matthew Heelan. Information about the role of the regional full-time members appears later in this report.

Following all of the disruption of the last few years, I was pleased to see the introduction of the *Managing the risk of psychosocial hazards at work Code of Practice* in April 2023. Worker wellbeing is of paramount importance at the Tribunal and I, along with the Deputy President and Executive Officer, will continue to prioritise health and wellbeing in the coming years. With that, I would like to thank the Tribunal's staff and members for their continued dedication to the Tribunal's work and extend that thanks to our external stakeholders for their ongoing support and contribution.

Annette McMullan
President

¹ *Health and Other Legislation Amendment Act 2023*

Deputy President's report

I would like to start by thanking the staff and members of the Tribunal for their support as I have transitioned into the role of Deputy President. With professional learning and development a key priority for the Deputy President position, I am pleased to provide an update on the progress that has been achieved in the reporting period.

The Tribunal continues to utilise a range of sources for knowledge and skill development for its members, including the delivery of regular masterclasses and case study sessions (see Appendix 2). We also launched a new in-house short course for members focussing on factors specific to child and adolescent consumers. Thank you to medical member, Dr Laura Hamilton, for guiding us to relevant content for that course.

As a way of providing members with relevant, personalised content, the Tribunal has commenced a project to collate its own Human Library. Borrowing the concept from the Human Library Organisation in Denmark, the Tribunal's intention is to create and compile a range of short, recorded interviews from persons with a lived experience of matters relevant to Tribunal decision-making. Members will have the opportunity to listen to these recordings when and where suits them, to give them a greater understanding of the jurisdiction in which we operate.

The *Public Sector Act 2022* commenced on 1 March 2023 and brought a renewed focus on matters of diversity and inclusivity to the Tribunal given its provisions relating to reframing the State's relationship with Aboriginal peoples and Torres Strait Islander peoples, promoting equity and diversity in the Tribunal's workforce and promoting and supporting a culture of respect and inclusion. Working groups comprised of members and staff identified areas of improvement for the Tribunal and these suggestions have formed the basis for the Tribunal's Diversity and Inclusion Project. All working groups identified that professional learning and development was an area of focus, and I am pleased to report that the Tribunal has recently finalised its Diversity and Inclusion Professional Learning and Development Framework. This Framework will guide the way in which the Tribunal incorporates topics relevant to diversity and inclusion into the existing staff and member learning and development programs.

The Tribunal's learning and development program for staff was renewed during the reporting period. This involved the documentation of a clear policy for staff learning and development, implementation of an annual review process, and the introduction of a practice to ensure alignment of staff training offered to the Tribunal's Strategic Plan.

Feedback from external stakeholders continues to demonstrate that the role and jurisdiction of the Tribunal can be confusing and the Tribunal is therefore committed to providing information sessions and guidance to stakeholders to incorporate into their own learning and development programs. During the reporting period, Tribunal staff have presented to Blue Card Services within the Department of Justice and Attorney-General, the Office of the Public Guardian, the AMHS Administrator Delegates Forum, and clinical teams at various AMHSs across the State. The Tribunal welcomes the opportunity to engage with other stakeholders to provide education and information on its role in the Queensland mental health system.

Monique Ulrick-Hunter
Deputy President

Executive Officer's report

As the President referenced in her report, during the reporting period, the Tribunal had an opportunity to finalise its outstanding strategic plans and document its associated operational plans for implementation in the coming financial years. These strategic plans focus on areas identified in the Tribunal-wide *Strategic Plan 2021 – 2025*, stakeholder engagement, digital innovation and workforce culture, and are available on the Tribunal's website. Key operational goals from these strategies will be referenced throughout this report.

In November 2022, the Tribunal launched its *Consumer Engagement Strategy 2022 - 2025*, together with three new consumer-orientated videos which appear on its website. I would like to thank all of our stakeholders who were able to attend and support the launch. The three key objectives for this Strategy are:

- organisational commitment to the genuine, respectful and authentic engagement of consumers and their support networks through innovation and influence.
- learning and development opportunities to build confidence in the Tribunal through the application of lived and living experience expertise.
- trauma-informed and recovery-oriented communication and documentation that is respectful, accessible and easily understood.

At the end of 2022, the Tribunal also published its *Digital Strategy 2022 – 2025*. The mission for this Strategy is to embrace digital innovation and data analytics to enhance user experience and operational efficiencies. Key objectives from the Strategy are streamlined, simplified and efficient processes that support high performance, enhanced stakeholder digital experience, and maintenance and optimisation of digital systems and infrastructure.

The Tribunal's most recent strategic publication was made available in May 2023 and details the Tribunal's *Workforce Strategy 2022 – 2025*. Further information about the Tribunal's Workforce Strategy can be found on page 10.

In addition to the focus on these strategic goals through to 2025, the Tribunal also progressed a number of current projects. In particular, the Tribunal continued to work with Queensland Health in relation to the integration of the Tribunal's case management system, Resolve, and the department's mental health records system, Consumer Integrated Mental Health Application (CIMHA). We anticipate that changes to the two systems will be implemented in the next financial year, and once completed, will automate a number of tasks and some exchange of information and documentation between the Tribunal and AMHSs in the hearing preparation process.

Finally, I am pleased to report on the outcome of the health check conducted by the Queensland Health Internal Audit team in late 2021-2022. The outcome report identified the Tribunal had established governance processes with sound controls. While no areas of concern were identified, nor any recommendations made, the report authors identified a number of opportunities for improvement which the Tribunal has accepted, and work has commenced on their implementation.

Jade Madden
Executive Officer

Tribunal Overview

The Tribunal is a body established under the *Mental Health Act 2000* and continued under the *Mental Health Act 2016* (Act). Under the Act, the Tribunal's primary role is to conduct hearings for persons who are subject to involuntary mental health treatment in Queensland by way of treatment authority, forensic order or treatment support order. The Tribunal is also responsible for the regular review of forensic orders made for persons with an intellectual disability, the consideration of applications for approval to perform regulated treatment – electroconvulsive therapy (ECT) and non-ablative neurosurgical procedures and applications for examination authorities. The Tribunal does not have any role in the monitoring or assessment of mental health services, meaning it cannot investigate the actions of health services or clinicians, prescribe the medication or treatment that a person has or enforce the provisions of the Act.

The Tribunal is independent, meaning that it is not a part of any hospital or health service. It is a separate public sector entity for the purposes of the *Public Sector Act 2022*. To undertake its jurisdiction, 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 perform its operations.

Statutory obligations

The Act sets out the Tribunal's powers and functions and provides the framework for the manner in which the Tribunal conducts its hearings. This framework includes the criteria the members must apply when making decisions. In addition to the Act, the Tribunal members must also have regard to the *Forensic Disability Act 2011* and the *Human Rights Act 2019*, as and when relevant.

In terms of its jurisdiction, the Tribunal only has the authority set out in the Act, which includes the following:

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

The manner in which the Tribunal has carried out its statutory obligations during the reporting period will be detailed later in this report, including accounting for the number of hearings held within the above jurisdiction.

Government's objectives for the community

The Tribunal acknowledges its role in promoting the Government's objectives for the community. During the reporting period, the Queensland Government introduced its revised objectives – *Good jobs, Better services, Great lifestyle*. In response, the Tribunal reviewed its Strategic Plan to ensure its strategic alignment to these objectives.

In particular, in respect of the *Good jobs* objective, the Tribunal is supporting the supply of good, secure employment and providing broad-ranging professional learning and development opportunities to all its workers to ensure they have the skills they need to find meaningful jobs and set up pathways for the future. In relation to *Better Services*, the Tribunal's ongoing investigation of digital technology use is assisting to drive economic benefits, improve social outcomes and create greater social inclusion. The Tribunal's ongoing focus on wellbeing for its workers and conduct of fair hearings supports the delivery of world-class frontline services in the health sector and continues to support the safety of Queenslanders. Regarding *Great Lifestyle*, the Tribunal's Diversity and Inclusivity Project aims to identify additional ways for the Tribunal to honour and embrace Queensland's rich and ancient cultural history. Through these practices, the Tribunal is confident that its operations during the 2022-2023 reporting period have contributed to the Government's objectives.

Governance, information systems and recordkeeping

The Tribunal is considered a public service entity for the purposes of the *Public Sector Act 2022*, with the President as its chief executive. It operates in accordance with its documented Governance Framework which outlines the policies and processes utilised by the Tribunal to ensure appropriate governance. In addition, the Tribunal has a documented Hearings Governance Framework which focuses on the provision of lawful hearings and registers for recording documents for use by the Tribunal (an Approved Documents Register and Policies and Procedures Register). The Tribunal complies with Queensland Health's Legislative Management Compliance Framework.

The Tribunal's recordkeeping practices are managed by skilled staff from within the Corporate Services Team. The Corporate Services Team maintains the Tribunal's administrative records ensuring their creation, receipt and storage within appropriate recordkeeping and business systems. Records specifically relating to hearings conducted by the Tribunal are created, receipted and stored by the Hearings Coordination Team using Resolve as an approved recordkeeping system. eHealth Queensland supports the Tribunal to maintain the security and reliability of its recordkeeping systems.

Throughout the reporting period, the Tribunal has continued to review and improve its recordkeeping systems, with new documented policies and procedures developed and submitted to the President for approval. Training on these policies and procedures will be provided to staff in the next financial year to ensure a consistent approach across the Tribunal's operations.

Disposal of the Tribunal's records is permitted by the Health Sector (Corporate Records) Retention and Disposal Schedule and the General Retention and Disposal Schedule – both approved by Queensland State Archives. The Tribunal does not currently utilise a process for the digitisation of hard copy records, and this is currently under investigation to assist the Tribunal to further transition to digital records from paper records.

Queensland Health provides the Tribunal with risk and governance support services in accordance with an agreed Memorandum of Understanding. These services include internal audit services. As referenced in the Executive Officer's report, a health check audit was conducted by Queensland Health in the previous financial year and no areas of concern were identified and no recommendations made. A number of areas of opportunity were identified in respect of the Tribunal's governance practices and the Tribunal's Executive Team accepted all such opportunities for implementation. The majority of these opportunities related to the documentation of existing processes.

Tribunal Structure

Executive team

The Executive Team comprises the President, Deputy President and Executive Officer.

President – Ms Annette McMullan

Ms McMullan has served as President since June 2018 after commencing in the role in April 2017 on a temporary basis. In addition to her legal qualifications, Ms McMullan holds a Bachelor of Nursing, having practised as a nurse and midwife for more than 15 years before her admission to the Supreme Courts of Queensland and the Australian Capital Territory as a solicitor in 2001. Prior to her appointment as President, Ms McMullan was the Chief Legal Counsel of Queensland Health and has held previous legal roles at Metro North Hospital and Health Service and Crown Law. As the President, Ms McMullan is responsible for ensuring the quick and efficient discharge of the Tribunal's business, giving directions about its business, ensuring that members are adequately and appropriately trained, and a number of specific functions outlined in the Act. Ms McMullan has recently been appointed to a second five-year term as President by the Governor in Council following an open, merit-based selection process.

Deputy President – Ms Monique Ulrick-Hunter

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

Executive Officer – Ms Jade Madden

Having worked in Queensland's mental health system for over two decades, Ms Madden has been in the position of Executive Officer since 2017. She has previously held the positions of Registrar of the Mental Health Court and Director of the Legislation Unit in the Office of the Chief Psychiatrist. Graduating from the Australian Institute of Company Directors course in 2022, and possessing a Master of Health Law, Ms Madden is also a member of the Australian and New Zealand Association of Psychiatry, Psychology and Law and the Australian Institute of Judicial Administration. As the Executive Officer, Ms Madden has specific powers under the Act and is primarily responsible for the day to day operations of the Tribunal and its staff.

Strategic workforce planning and performance

As previously mentioned, during the reporting period, the Tribunal finalised and published its *Workforce Strategy 2022 – 2025*. The goal behind the strategy is the development of a high-performing, skilled, diverse and sustainable workforce that is engaged to deliver the Tribunal's purpose, vision and mission. The Strategy contains three key objectives, namely, a workforce culture focussed on achieving excellence in a safe workplace, a workforce that

is fit for purpose and adaptable to future opportunities, and a commitment to a diverse and inclusive workforce.

It is anticipated that the identified strategies will be operationalised via the Tribunal's Diversity and Inclusion Project, particularly in respect of creating culturally safe workplaces, embedding a culture of respect and inclusion, and developing a culturally aware and capable workforce.

Staff

As at 25 June 2023², the Tribunal operated with the full-time equivalent (FTE) staff reported in Table 1 and with a total headcount of 28. Further information about the Tribunal's staffing arrangements appears on page 16. No redundancy, early retirement or retrenchment packages were paid during the period.

Table 1 – FTE staff as at 25 June 2023

	FTE
Total FTE for Tribunal	26.54
	PERCENTAGE OF FTE
Occupation type	
Corporate	42.2%
Frontline	49%
Frontline support	8.8%
Appointment type	
Permanent	85.7%
Temporary	14.3%
Casual	0
Contract	0
Employment status	
Full-time	90.4%
Part-time	9.6%
Casual	0

In respect of the target group data identified by Queensland Government, the Tribunal operated, as at 25 June 2023, as reported in Table 2. Table 2 is prepared using information collected from employees on a voluntary basis. Therefore, the number of employees and associated percentage of total workforce only accounts for those employees who have chosen to disclose this information and may not accurately represent the entire Tribunal workforce.

Table 2 – Target group data as at 25 June 2023

Gender	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Woman	22	78.6%
Man	6	21.4%
Non-binary	0	0

² 25 June 2023 represents the last full pay fortnight for the 2022-2023 financial year.

Diversity groups	Number (Headcount)	Percentage of total workforce (Calculated on headcount)
Women	22	78.6%
Aboriginal Peoples and Torres Strait Islander Peoples	<5	<20%
People with disability	<5	<20%
Culturally and Linguistically Diverse – Speak a language at home other than English^	<5	<20%
	Women (Headcount)	Women as percentage of total leadership cohort (Calculated on headcount)
Senior Officers (Classified and s122 equivalent combined)	<5	100%
Senior Executive Service and Chief Executives (Classified and s122 equivalent combined)	<5	100%^

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

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

^^ The President is a Chief Executive for the purposes of the *Public Sector Act 2022* even though the role is a statutory appointment made by the Governor in Council under the *Mental Health Act 2016*. The Deputy President is also a Governor in Council appointment under the *Mental Health Act 2016* and has been included here as a member of the leadership cohort.

The Tribunal is both a public sector entity and public service entity for the purpose of the *Public Sector Act 2022* and as such, its staff must comply with the *Code of Conduct for Queensland Public Service* (Code of Conduct). The Tribunal has adopted the mandatory training utilised by Queensland Health for its staff, which includes undertaking training on commencement and refresher training at set intervals in topics such as the Code of Conduct, fraud awareness, public interest disclosures and work health and safety. The Tribunal ensures that the administrative procedures and practices under which the Tribunal operates are consistent with the requirements of the *Public Sector Ethics Act 1994*, including the Code of Conduct.

In addition to mandatory training, the Tribunal continues to offer all its staff professional learning and development opportunities – both in terms of external courses or seminars and through an in-house, Tribunal-specific program. The in-house program provides short training sessions on a variety of topics, which are linked to the Tribunal's strategic priorities.

Members

The Act determines the three categories of membership utilised by the Tribunal in conducting its hearings — legal, medical and community. A person is eligible for Tribunal membership only if they meet set criteria (see section 707 of the Act):

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

In addition, the Act also requires that prior to recommending a person for appointment to the Governor in Council, the Minister must be satisfied that the person has the competencies developed by the President relating to:

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

Both the Tribunal President and Deputy President are appointed on a full-time basis. As at 30 June 2023, the Tribunal had two full-time regional members and all other members were part-time, or what is known as, sessional, members. In addition to participating in Tribunal hearings, the full-time members have a role in assisting the Executive Team in implementing the Tribunal's operations across regional areas of Queensland. Key accountabilities include developing relationships and engaging with stakeholders to ensure Tribunal operations are appropriately aligned with the needs of regional areas of Queensland, providing advice and identifying trends and opportunities throughout regional Queensland to enhance Tribunal operations, and assisting in the development and delivery of professional learning and development opportunities for regional Queensland members.

As at 30 June 2023, there were 119 members, plus the President and Deputy President. Further detail of the number of members appears in Table 3.

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

Type of Member	Number of members (excluding the President and Deputy President)
Legal	33
Medical	58
Community	28
Total	119

In addition to recruitment processes for the new Deputy President and two regional full-time members, during the reporting period, the Tribunal also conducted an appointment process for sessional membership resulting in 20 new members to the Tribunal and 54 members being appointed for a further term.

Further detail of member appointments, retirements and resignations can be found in Appendix 7. Members who formally resigned by written notice and members who did not sit or ceased to sit for the Tribunal during all or part of the reporting period are noted.

Tribunal member gender equality

The Act requires the Minister to have regard to the need for a balanced gender representation in the membership of the Tribunal when recommending a person for appointment as a member.

Table 4 outlines the details of the membership as at 30 June 2023.

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

Gender	Legal	Medical	Community	Total
Female	21	24	20	65
Male	12	34	8	54
Total	33	58	28	119

Member diversity

In addition to gender considerations, when recommending a person for appointment as a member, the Minister must also have regard to the need for the membership of the Tribunal to reflect the social and cultural diversity of the general community.

In undertaking its member appointment processes, the Tribunal actively encourages applications from a diverse group of eligible persons by engaging with the following organisations about its recruitment activity:

- legal and advocacy organisations including the Queensland Law Society, Legal Aid Queensland (LAQ), Indigenous Lawyers Association of Queensland Inc, Youth Advocacy Centre, Asian Australian Lawyers Association, African Australian Legal Network, Pasifika Lawyers Association of Queensland, Hellenic Australian Lawyers – Queensland Chapter, Pride in Law.
- other relevant organisations including the Royal Australia and New Zealand College of Psychiatrists, the Australian and New Zealand Association of Psychiatry, Psychology and Law, the Australian Indigenous Doctors' Association, the Australian Indigenous Psychologist Association, Queensland Alliance for Mental Health, Australian Association for Social Workers, Australian College of Nursing, Mental Health Australia, Queensland Centre for Intellectual and Development Disability Clinic.

To inform its recruitment activities, the Tribunal collects diversity information from candidates applying for Tribunal membership. Information about the diversity of the Tribunal's membership as at 30 June 2023 appears in Table 5. Table 5 is prepared using information collected from members on a voluntary basis. Therefore, the number of members and associated percentage of total membership only accounts for those members who have chosen to disclose this information and may not accurately represent the entire Tribunal membership.

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

EEO groups	Number (headcount)	Percentage of total members (calculated on headcount)
Aboriginal Peoples and Torres Strait Islander Peoples	10	8.4%
Australian South Sea Islander Peoples	5	4.2%

People with disability	<5	<4.2%
Culturally and linguistically diverse – born overseas in a mainly English-speaking country	19	16%
Culturally and linguistically diverse – born overseas in a mainly non-English speaking country	23	19.3%
Culturally and linguistically diverse – speak a language at home other than English	18	15.1%
Identifies as LGBTIQ+	9	7.6%

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

Operations of the Tribunal

Structure

The Tribunal operates with staff organised into three teams, a Hearings Coordination Team, a Corporate Services Team and a Legal and Policy Team. The Hearings Coordination Team consists of a Manager, Team Leaders, Hearings Coordinators, and Administration Officers. The team schedules and undertakes the administrative arrangements for the Tribunal's hearings. The Corporate Services Team is responsible for the day-to-day operational functions of the Tribunal, including provision of information technology, finance, human resources, and capital and asset management services. The Legal and Policy Team has oversight of legal, governance and compliance activities, assisting with the development and documentation of policies and procedures, delivers the staff learning and development program and assists the Deputy President with development and implementation of professional learning and development activities for members.

As at 30 June 2023, the Tribunal was allocated 27 full-time Minimum Obligatory Human Resource Information (also known as, MOHRI) and as at that date, there are a total of 27 full-time and part-time staff (on headcount) working for the Tribunal (accounting for 25.54 MOHRI).

Venues

The Tribunal's primary place of operations for staff is its office at 53 Albert Street, Brisbane, with the majority of staff accessing flexible working arrangements. Hearings are conducted in a variety of ways to accommodate room availability at hospital and health services and member scheduling. Members may conduct a hearing in person at a venue supplied by an AMHS, or remotely from the Tribunal's Brisbane office or the members' own home or office. To facilitate remote hearings, the Tribunal makes use of video conferencing and teleconferencing facilities. The Tribunal sat from 48 different venues during the reporting period – either in person or by connecting to the venue from a remote location. A list of total available hearing venues and an explanation of the groups used in the below tables can be found at Appendix 6.

Human rights

The Tribunal recognises its obligations under the *Human Rights Act 2019*. To support Tribunal staff during the reporting period to comply with their obligations under that Act, the Tribunal issued refresher training. For members, the Tribunal provides guidance on new case law, both within Queensland and from other jurisdictions, relevant to the consideration of human rights. New members also receive training on consideration of human rights in their induction program.

The Tribunal received one human rights complaint during the reporting period. The complaint alleged that a Tribunal hearing was conducted in a manner that was not compliant with the subject person's right to a fair hearing. After review, the Tribunal responded to the complainant confirming that, from the documentation available, the panel members did consider the person's human rights when making their decision and the Tribunal considered the hearing was conducted in a manner consistent with the *Human Rights Act 2019*. No further communication was received from the complainant and the Tribunal considers the complaint closed.

Our Strategic Priorities

The Tribunal's *Strategic Plan 2021 – 2025* is available on its website. It was last reviewed and approved as current by the President in May 2023. The Strategic Plan identifies the Tribunal's anticipated challenges and opportunities in achieving the set objectives.

Our Strategic Priorities for the period up to 30 June 2025	
Our Vision	To operate a Tribunal that produces fair outcomes for those receiving involuntary treatment and care for mental illness and/or intellectual disability and the community.
Our Mission	<p>To be seen as a Tribunal that:</p> <ul style="list-style-type: none"> • is viewed as independent, fair and impartial. • recognises the importance of protecting the rights and dignity of persons receiving involuntary 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> 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 are least restrictive, whilst ensuring community safety. • 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 stakeholders 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.

An update on the Tribunal's progress in achieving the performance indicators identified in its Strategic Plan appears in Appendix 1.

Legislated objectives — *Mental Health Act 2016*

The Tribunal has provided data relevant to its proceedings on pages 19 to 32 of this Annual Report.

Tribunal Activity

Hearing activities and outcomes

In this Annual Report, reference to a “sitting” means an occasion when the Tribunal conducts hearings at an AMHS (either in person or via videoconference facilities). This may be for an entire day or may be 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.

During the reporting period, a new private sector AMHS was declared, namely, Mater Misericordiae Limited, South Brisbane, AMHS in relation to its operation of Catherine’s House Inpatient Unit. The Tribunal did not conduct any hearings at, or for patients under the care of, that AMHS during the period.

Matters

The Tribunal opened a total of 21,746 matters during the 2022–2023 period, an increase of approximately 4.5 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 2023. Table 6 outlines the type of each matter opened.

Table 6 – Snapshot of matter types

Tribunal Matters	Number
Appeal against Administrator’s decision	0
Application to perform ECT (including emergency)	541
Application for confidentiality order	66
Application for examination authority	714
Application to perform non-ablative neurosurgery	2
Treatment authority review	18,159
Forensic order review	1,661
Fitness for trial review	21
Treatment support order review	582
Total	21,746

Sittings

The Tribunal held 2,701 sittings relating to 15,424 hearings during the 2022–2023 period. This reflects an increase in sittings of approximately 4 per cent and an increase in hearings of approximately 8 per cent compared to the 2022–2023 period.

Reviews and outcomes

This section of the Annual Report details matter outcomes for the most common types of matters heard by the Tribunal, being forensic orders, treatment support orders, treatment authorities, fitness for trial reviews and applications.

Forensic orders

Table 7 shows the outcomes of forensic order reviews.

Table 7 – Forensic order outcomes by AMHS

Location	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	38	31	2	5
Cairns Network AMHS	159	113	6	40
Central Qld Network AMHS	55	42	1	12
Children's Health Qld AMHS	0	0	0	0
Darling Downs Network AMHS	148	130	4	14
Forensic Disability Service	12	10	0	2
Gold Coast AMHS	86	72	2	12
Logan Beaudesert AMHS	124	97	3	24
Mackay AMHS	39	33	0	6
Princess Alexandra Hospital AMHS	205	145	10	50
Redcliffe Caboolture AMHS	82	68	1	13

Location	Number of Forensic Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Royal Brisbane and Women's Hospital AMHS	75	61	6	8
Sunshine Coast Network AMHS	68	52	2	14
The Park — Centre for Mental Health AMHS	178	162	2	14
The Prince Charles Hospital AMHS	128	99	3	26
Townsville Network AMHS	163	123	5	35
West Moreton AMHS	109	88	2	19
Wide Bay AMHS - North	40	27	5	8
Wide Bay AMHS - South	34	29	3	2
Total	1,743	1,382	57	304

Note: Other outcomes may include, for example, adjournments. Where an Applicant Review or Tribunal-Initiated Review were held at the same time as a periodic review, this is recorded as one review and one outcome.

The numbers in the column titled Order Revoked above represent a forensic order being revoked by the Tribunal. Of the forensic orders revoked by the Tribunal, on one occasion the Tribunal made a treatment authority. In addition, there were a range of circumstances where forensic orders ceased by other means, including the death of the patient or where an order has lapsed or ceased in accordance with the Act. The numbers in the Number of Forensic Order Reviews and Order Revoked columns include instances where the President has revoked an order under section 759 of the Act.

Forensic order reviews increased by approximately 1 per cent compared to the previous reporting period. However, the revocation rate, which is reported as the number of orders revoked compared to the total number of forensic order reviews in the period, decreased to 3.2 per cent.

Treatment support orders

The Tribunal revoked a forensic order and made a treatment support order 44 times during the reporting period. The number of treatment support orders made by the Tribunal decreased by approximately 26 per cent, from 60 to 44, compared to the previous reporting period. Table 8 shows the number of treatment support orders made by the Tribunal according to AMHS.

Table 8 – Treatment support orders made according to AMHS

Location	Number of Treatment Support Orders made
Bayside AMHS	2
Cairns Network AMHS	5
Central Qld Network AMHS	0
Darling Downs Network AMHS	4
Gold Coast AMHS	1
Logan Beaudesert AMHS	3
Mackay AMHS	0
Princess Alexandra Hospital AMHS	9
Redcliffe Caboolture AMHS	0
Royal Brisbane and Women's Hospital AMHS	5
Sunshine Coast Network AMHS	2
The Park — Centre for Mental Health AMHS	2
The Prince Charles Hospital AMHS	2
Townsville Network AMHS	3
West Moreton AMHS	1
Wide Bay AMHS - North	3
Wide Bay AMHS - South	2
Total	44

The treatment support orders made by the Tribunal, together with those made by the Mental Health Court, were reviewed regularly by the Tribunal. Treatment support order reviews increased by approximately 4.2 per cent compared to the previous reporting period. Table 9 shows the outcomes of treatment support order reviews.

Table 9 – Treatment support order outcomes by AMHS

Location	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Bayside AMHS	35	23	6	6
Cairns Network AMHS	31	26	4	1
Central Qld Network AMHS	21	16	2	3
Darling Downs Network AMHS	38	25	3	10
Gold Coast AMHS	40	30	5	5
Logan Beaudesert AMHS	51	33	5	13
Mackay AMHS	21	17	3	1
Princess Alexandra Hospital AMHS	86	71	7	8
Redcliffe Caboolture AMHS	21	13	4	4
Royal Brisbane and Women's Hospital AMHS	69	52	8	9
Sunshine Coast Network AMHS	46	34	6	6
The Park – Centre for Mental Health AMHS	2	2	0	0
The Prince Charles Hospital AMHS	46	39	2	5
Townsville Network AMHS	55	37	7	11
West Moreton AMHS	61	49	2	10
Wide Bay AMHS - North	7	5	1	1

Location	Number of Treatment Support Order Reviews	Order Confirmed	Order Revoked	Other Outcome
Wide Bay AMHS - South	13	8	5	0
Total	643	480	70	93

Note: Other outcomes may include, for example, adjournments. Where an Applicant Review or Tribunal-Initiated Review were held at the same time as a periodic review, this is recorded as one review and one outcome.

The numbers in the column titled Order Revoked above represent a treatment support order being revoked by the Tribunal. Of the treatment support orders revoked by the Tribunal, on 28 occasions, the Tribunal made a treatment authority. In addition, there were a range of circumstances where treatment support orders ceased by other means, including the death of the patient or where an order has lapsed or ceased in accordance with the Act. The numbers in the Number of Treatment Support Order Reviews and Order Revoked columns include instances where the President has revoked an order under section 759 of the Act.

Treatment authorities

In contrast to forensic orders and treatment support orders, treatment authorities are predominantly made by psychiatrists at AMHSs. Treatment authorities do not need Tribunal approval to be revoked and may be revoked by an authorised doctor.

In the reporting period, 6,644 treatment authorities that had been received by the Tribunal were revoked by a doctor. Their revocation negated the need for a further Tribunal review hearing. However, the Hearings Coordination Team will have often undertaken a degree of work prior to the treatment authority being revoked.

Treatment authority reviews increased by approximately 8.4 per cent compared to the previous reporting period.

Table 10 shows the outcomes of treatment authority reviews.

Table 10 – Treatment authority outcomes by AMHS

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Bayside AMHS	307	252	2	53
Belmont Private Hospital AMHS	26	11	0	15
Cairns Network AMHS	998	742	10	246

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Central Qld Network AMHS	653	521	11	121
Children's Health Qld AMHS	30	23	0	7
Darling Downs Network AMHS	588	457	9	122
Gold Coast AMHS	1,348	1,048	24	276
Greenslopes Private Hospital AMHS	1	1	0	0
Logan Beaudesert AMHS	995	749	9	237
Mackay AMHS	349	250	5	94
New Farm Clinic AMHS	6	4	0	2
Princess Alexandra Hospital AMHS	1,114	916	3	195
Redcliffe Caboolture AMHS	523	420	3	100
Royal Brisbane and Women's Hospital AMHS	1,435	1,072	8	355
Sunshine Coast Network AMHS	860	729	13	118
The Park – Centre for Mental Health AMHS	101	93	1	7
The Prince Charles Hospital AMHS	906	687	20	199
Toowong Private Hospital AMHS	4	3	0	1
Townsville Network AMHS	751	545	6	200
West Moreton AMHS	659	520	8	131
Wide Bay AMHS - North	111	100	0	11

Location	Number of Treatment Authority Reviews	Authority Confirmed	Authority Revoked	Other Outcome
Wide Bay AMHS - South	193	172	1	20
Total	11,958	9,315	133	2,510

Note: Revoked authorities refer to revocations by the Tribunal at hearings, rather than by an authorised doctor. Other outcomes may include, for example, adjournments. Where an Applicant Review or Tribunal-Initiated Review were held at the same time as a periodic review, this is recorded as one review and one outcome.

Fitness for Trial

Table 11 shows the outcomes of fitness for trial reviews during the period.

Table 11 – Fitness for trial review outcomes by AMHS

Location	Number of Fitness for Trial Reviews	Not Fit for Trial	Not Fit for Trial and unlikely to be fit in reasonable time	Fit for Trial	Other
Darling Downs Network AMHS	3	1	1	0	1
Logan Beaudesert AMHS	5	0	3	0	2
Princess Alexandra Hospital AMHS	3	0	1	0	2
Redcliffe Caboolture AMHS	3	0	2	0	1
Royal Brisbane and Women's Hospital AMHS	1	1	0	0	0
The Park – Centre for Mental Health AMHS	2	1	1	0	0
The Prince Charles Hospital AMHS	5	3	0	0	2
Wide Bay South AMHS	2	0	2	0	0
Total	24	6	10	0	8

Note: Other outcomes may include, for example, adjournments. This table only lists the locations at which a fitness for trial review was conducted.

Applications

Regulated treatments

Applications for regulated treatment heard by the Tribunal are submitted by doctors depending on their patients' treatment needs.

Applications for approval to perform non-ablative neurosurgical procedures are relatively uncommon. During the 2022–2023 period, the Tribunal did not hear any applications to perform non-ablative neurosurgical procedures.

The Tribunal managed a total of 541 matters relating to applications for approval to perform ECT during the 2022–2023 period. This is a 5.5 per cent decrease compared to the previous reporting period.

Table 12 represents the outcomes for the ECT applications managed in the reporting period.

Table 12 – Outcome of applications for ECT managed during the period

	Approved	Refused	Withdrawn	Adjourned	TOTAL
ECT	326	19	53	19	417
ECT with an emergency certificate pursuant to section 237	112	6	1	5	124
Total	438	25	54	24	541

Examination authorities

The Tribunal received a total of 714 applications for examination authorities, during the 2022–2023 period, which is a 22.5 per cent increase from the previous period. In terms of requests, 44 per cent of applications came from a relative, 27 per cent from an interested person, 21 per cent from an AMHS and approximately 8 per cent from another source.

Table 13 represents the outcome of those applications for examination authorities heard in the 2022–2023 period.

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

Outcome	Percentage
Issued	85
Refused	5.9
Withdrawn	6.4
Adjourned	2.4
Other	<1

Outcome	Percentage
Total	100

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

Table 14 – Distribution of examination authorities across AMHSs

Location	Number
Bayside AMHS	29
Cairns Network AMHS	30
Central Queensland Network AMHS	15
Darling Downs Network AMHS	38
Gold Coast AMHS	63
Logan Beaudesert AMHS	43
Mackay AMHS	9
Princess Alexandra Hospital AMHS	71
Redcliffe Caboolture AMHS	25
Royal Brisbane and Women's Hospital AMHS	61
Sunshine Coast Network AMHS	18
The Prince Charles Hospital AMHS	37
Townsville Network AMHS	18
West Moreton AMHS	38
Wide Bay AMHS	40
Total	535

Legal Representation

All persons who are the subject of a Tribunal hearing are entitled to be represented, either by a lawyer or another person of their choice. They are also entitled to be accompanied at their hearing by a member of their support network. These rights are set out in the Act.

The Act also requires the Tribunal to supply a representative, free of charge, to persons in certain circumstances. Persons will be entitled to a free representative for their hearing if the person is a minor, where a hearing is reviewing the person's fitness for trial, hearings for applications for approval to perform ECT and hearings at which the Attorney-General will be represented (for example, many forensic order reviews).

The Tribunal's contractual arrangement with LAQ continued during the reporting period. This arrangement allows the Tribunal to provide representation in the circumstances outlined above, and in other circumstances when the Tribunal considers it would be in the person's best interests to be legally represented, in a way that is independent. All requests for legal representation are provided to LAQ and it is LAQ who allocates those requests to either an in-house lawyer or an external firm from LAQ's pre-selected panel.

As shown in Table 15, legal representatives were appointed by the Tribunal for 2,728 hearings during the period, 193 of which involved a minor. The number of legal representatives appointed increased by 8.3 per cent compared to the previous period.

Table 15 – Number of legal representatives by hearing type

Hearing Type	Number of hearings legal representative was appointed for
Forensic Order	1,778
Treatment Support Order	26
Fitness for Trial	24
Electroconvulsive Therapy (including emergency)	535
Treatment Authority	301
Confidentiality Order	64
Application to Transfer out of QLD	0
Non-Ablative Neurosurgery	0
Total	2,728

Matters for Aboriginal peoples and Torres Strait Islander peoples

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

The Tribunal is acutely aware of the ongoing challenges for Aboriginal peoples and Torres Strait Islander peoples in accessing and utilising health services in Queensland. The Tribunal continues to seek feedback and investigate initiatives to improve the interactions Aboriginal peoples and Torres Strait Islander peoples have with the Tribunal. A number of suggestions from the Tribunal's working groups of the Diversity and Inclusion Project have been identified for further investigation over the coming financial years. One initiative that

has recommenced with the return to in person sittings is the attendance of a culturally appropriate member on Tribunal panels at venues where possible.

Attendance

Details of attendance are set out in Appendix 4.

While a person's attendance at their hearing is not mandatory, the Tribunal encourages people to attend to share their views, wishes and preferences wherever possible. Attendance can be in person at a hearing venue (whether or not members attend in person), via telephone or via video conferencing facilities. Where attendance is not possible, the Tribunal encourages the completion of documented self-reports to allow the person to still make their views, wishes and preferences known to the Tribunal in their own words. The Tribunal continues to work closely with AMHSs to facilitate clinical staff to attend hearings and provide evidence to assist in Tribunal decision-making.

Victims

The Act recognises the victims of unlawful acts that are the subject of forensic orders or treatment support orders in a number of ways. One is to allow victims of unlawful acts, close relatives of the victim, and other specified persons to apply to the Chief Psychiatrist for an Information Notice. An Information Notice entitles the holder to receive nominated information (outlined in Schedule 1 of the Act) about the person who committed the unlawful act, including when treatment in the community is increased for the person. The Tribunal recognises the 121 Information Notices (as at 30 June 2023) authorised by the Chief Psychiatrist and provides information to the Office of the Chief Psychiatrist for distribution to notice holders in accordance with the Act.

Adjournments

Tribunal panels may decide to adjourn a hearing for a range of reasons. Adjourned hearings must be rescheduled within 28 days, except if the adjournment occurred due to:

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

While there are circumstances where an adjournment is unavoidable, and must occur, for example, to provide the subject person with natural justice, the Tribunal recognises the benefits of minimising adjournments. Adjournments can be frustrating and distressing for the people involved, delay review decisions being made and cause increased cost to AMHSs. Increased adjournment numbers also mean that more matters need to be scheduled during a given month, providing less opportunity to increase hearing times. The Tribunal continues to investigate ways to reduce avoidable adjournments, including consultation with AMHSs, internal data review and information sessions with Tribunal members.

The average adjournment rate for the reporting period was approximately 19.1 per cent, which represents an increase of approximately 3.1 per cent compared to the last reporting period. Reasons for adjournments are provided in Table 16 below.

Table 16 – Percentages of adjournments by reason type

Reason for adjournment	Percentage of total adjournments
AMHS request	1.1

Attendance notice	< 1
COVID related	< 1
Lack of evidence	20.6
Legal Representative unable to receive instructions	< 1
Other	3.2
Patient absent without authority	8
Patient request	13.7
Patient transferred	< 1
Procedural fairness – non-patient related	2
Procedural fairness – patient related	14.6
Report	34.5
Tribunal Ordered Examination	< 1
Total	100

Statements of reasons

The Act allows nominated persons to request a statement of reasons in relation to a Tribunal decision (section 756) under the Act. The Tribunal is obliged to provide a requested statement of reasons within 21 days. In the 2022–2023 period, the number of requests for statements of reasons was 338, a decrease of approximately 24.6 per cent from the previous reporting period.

Table 17 shows the breakdown of statements of reasons by requestor.

Table 17– Statement of reasons requested by requestor

Requestor	Percentage
Attorney-General	7.7
Administrator	5
Chief Psychiatrist	0
Legal Representative	37.6
Mental Health Court	8.3
Patient	36.7

Requestor	Percentage
Person on behalf of the patient (which includes a nominated support person or guardian)	4.7
Total	100

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

Table 18 – Statement of reasons requested by matter type

Matter type	Percentage
Forensic order	29.6
Treatment authority	55
Fitness for Trial	0
ECT	7.4
Examination Authority	0.6
Treatment Support Order	7.4
Total	100

Appeals

The Act states who can appeal a Tribunal's decision. Forty-two appeals were filed during the 2022–2023 period. Further information regarding appeals is contained within the Mental Health Court Annual Report.

Financial

The table below provides a summary of the Tribunal's funding allocation and costs for the 2022–2023 financial year.

As it had in the previous financial year, when forecasting for the 2022–2023 financial year, the Tribunal identified that it would likely incur additional spend in two key areas: member labour costs and costs to provide legal representatives to those appearing before the Tribunal. The overspend against its approved budget for 2022-2023 in relation to those costs was approximately \$1.128 million. Both costs represent non-discretionary spend for the Tribunal and are dependent on the number of hearings that occur during the period. Member costs are set by the Governor in Council with regard to the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies*. The cost of legal representation is in accordance with the contract between the Tribunal and LAQ.

In recognition of its forecasted amounts, the Tribunal identified savings in other areas of its budget in the 2022-2023 financial year, including staff wages, Tribunal operating costs and reimbursement to members for travel costs. The Tribunal can report \$0.710 million in savings in these other areas.

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 19 below.

Table 19 – Financial Summary

	Actual	Budget	Budget Variance**
Labour			
Staff	\$3,610,360	\$4,045,464	\$435,104
Members	\$12,549,021	\$11,457,949	-\$1,091,072
Non-Labour*			
Staff	\$1,445,113	\$1,720,073	\$274,960
Members	\$281,127	\$213,447	-\$67,680
LAQ	\$3,089,695	\$2,964,728	-\$124,967
Depreciation	\$11,230	\$11,230	-
TOTAL	\$20,986,546	\$20,412,891	-\$573,655

*Note: Non-labour costs include costs other than wages/salaries.

**Note: There may be some differences in the Budget Variance figure when calculated using the Actual and Budget figures provided due to rounding of figures to the nearest whole dollar.

Tribunal member costs

According to the Act, the Governor in Council decides the remuneration, allowances and other terms and conditions of office for Tribunal members. The current rates set by the Governor in Council are commensurate with the *Remuneration Procedures for Part-Time Chairs and Members of Queensland Government Bodies*. The rates include amounts for sittings and additional work time. Additional work time fees include, for example, the payment to members for the preparation of statements of reasons. In addition, members are reimbursed for mileage and parking fees.

The President is a Chief Executive of a public service entity for the purposes of the *Public Sector Act 2022*, who is remunerated with a superannuable salary aligned with that of a Magistrate as determined by the *Judicial Remuneration Act 2007*, with other terms and conditions equivalent to those prescribed to officers classified at the Senior Executive Service Level 2 appointed under the *Public Sector Act 2022*. The total remuneration of a Magistrate (other than Chief Magistrate) is published at https://www.courts.qld.gov.au/__data/assets/pdf_file/0010/93943/judicial-remuneration.pdf) and was \$378,468.30 for the period.

The Deputy President is remunerated at 70 per cent of a Magistrate's salary, at \$264,927.81 with other terms and conditions equivalent to those prescribed to officers classified at the Senior Executive Service Level 2 appointed under the *Public Sector Act 2022*.

Table 20 shows Tribunal member costs for the 2022–2023 period.

Table 20 – Tribunal member costs

	Fees	Allowances	Total
Members	\$12,549,021	\$281,127	\$12,830,148

Note: Expenditure includes additional costs associated with member activities, for example travel to and from hearings outside the use of a members' personal vehicle. This might include a flight to a hearing and/or accommodation as required.

Open data

The Tribunal did not engage any consultancies or undertake any overseas travel during the reporting period. Data in relation to the Queensland Language Services Policy is available at www.data.qld.gov.au.

Year in preview

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

Digital innovation

The Tribunal anticipates that a number of key digital projects will reach implementation stage in the next financial year.

As foreshadowed in the Tribunal's 2021-2022 annual report, the integration of Resolve with CIMHA is scheduled to 'go live' in the 2023-2024 period. The benefits expected to be realised with such integration include:

- an increase in automated processes within Resolve to reduce manual tasks performed by Hearings Coordinators.
- an ability for CIMHA to exchange data with Resolve which will eliminate the effort and errors associated with manually entering data.
- providing the Tribunal with the most up-to-date data for persons who are the subject of Tribunal hearings in near real-time.

The Tribunal also anticipates commencing the electronic audio recording of Tribunal hearings in the 2023-2024 period. During this financial year, the Tribunal undertook preparations for its implementation including the development of policies and procedures, drafting communications to stakeholders, distribution of the required equipment and preparation of training materials.

An area in which the Tribunal is hoping to leverage technology to create efficiencies is hearing scheduling. To create a monthly hearing schedule, members of the Hearings Coordination Team need to allocate particular matters to sitting days at numerous venues across the State and allocate an appropriate panel of members. There is a long list of factors to take into account when preparing the schedule which means, when prepared manually, each schedule can take many days each month. During the next financial year, the Tribunal intends to investigate the development of a scheduling system which assists to reduce the human resources required in the process.

Consumer engagement

In response to feedback from stakeholders, the Tribunal is undertaking a review of the primary documentation that it uses to communicate with people coming before the Tribunal for a hearing. This review will include a redesign of correspondence and templates (including self-reports and hearing notices) to better align with the Tribunal's consumer engagement strategy.

Human Library

As referenced in the Deputy President's report, the Tribunal has commenced a project known as the 'Human Library' as a way of providing its members with relevant, personalised content. The recorded interviews forming part of the library will be available for members to access, or 'borrow', on demand. The intention is that they are not training materials per se but instead give members a more holistic understanding of the views and perspectives of various participants in the Queensland mental health system.

Appendices

Appendix 1 – Progress against Strategic Plan for the period 2022-2023

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
Fair hearings	Critically reflect on governance systems and frameworks to ensure accountable and high-quality Tribunal operations	Appropriate governance frameworks to support fair hearings	<p>Active budget management and reporting to management, including identification of savings where possible</p> <p>Review of provision of legal representatives by the Tribunal</p> <p>Review of outcomes from Internal Audit health check</p> <p>The Tribunal member appointment procedure and templates to be updated</p>	<ul style="list-style-type: none"> Regular budget briefings to President. Active budget management identified savings in travel and labour costs. Forecasting processes incorporated funding for new initiatives and successful bids for project funding achieved. Budget overspend reported and limited to non-discretionary spend. Meetings held with stakeholders in Queensland Health regarding representation and support options for consumers following outcomes from <i>Inquiry into the opportunities to improve mental health outcomes for Queenslanders</i>. The Tribunal offered to continue to consult with Queensland Health throughout their project in this area during 2023-2024. Improvement opportunities identified from Internal Audit health check report and allocated to a Tribunal staff member for progress. Completed a number of initiatives, some in progress and some still to commence. Outstanding items relate to the documentation of existing processes which will occur in the next financial year. Lessons learned meetings held and improvements identified.

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
			having regard to lessons learned from finalised processes	Documentation to be updated in the next financial year ahead of the next appointment process.
			Consideration of how the Tribunal's jurisdiction described and whether the Tribunal should operate administratively with distinct streams (e.g. civil and forensic)	<ul style="list-style-type: none"> Project considered in the context of the operationalisation of the Workforce Strategy. Executive Officer liaised with NSW Mental Health Review Tribunal who operates in that manner. Executive Officer to prepare a recommendation to the Executive.
	Analyse training and professional development needs of members to target offerings and opportunities	Integration of an understanding of social diversity and human rights in the delivery of Tribunal hearings	Evaluation of Professional Learning and development (PL&D) Program	<ul style="list-style-type: none"> PL&D Program review undertaken by Deputy President and approved by President. Additional tools added to mentoring program and new PL&D initiative identified. Diversity and Inclusivity PL&D Framework developed.
	Improved consumer engagement through increased communication channels and analysis of feedback		Ongoing delivery of suitable PL&D offerings	<ul style="list-style-type: none"> PL&D activities delivered (masterclasses and case study sessions).
			Delivery and evaluation of Member Conference	<ul style="list-style-type: none"> Member Conference originally postponed due to COVID-19 impacts. Decision made to postpone indefinitely given budget constraints and competing priorities.
			Investigation of podcast delivery method of PL&D content	<ul style="list-style-type: none"> Deputy President investigated the concept of pre-recorded interview library, rather than audio podcast. Project to commence in 2023-2024 financial year.
	Investigation into victims' issues in Tribunal decision-making	Analysis of victims' considerations and how they are factored into decision-making	Effective liaison/consultation with relevant stakeholders regarding victims' issues relevant to the Tribunal	<ul style="list-style-type: none"> The Tribunal is involved in victims' system review with other key stakeholders. Issues and possible solutions/initiatives identified and circulated. Regular stakeholder meetings established for system review of

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
				victim supports at Executive and Operational level.
			Provision of ongoing support and training to members in relation to victims' issues in decision-making	<ul style="list-style-type: none"> Existing resources remain available on demand for members. Updates will be made following outcomes from systems review meetings.
Data and digital innovation	Leverage and embrace data and information to create insights and drive improvements Design and adopt digital solutions to assist in the efficient and effective operation of the Tribunal	Additional reporting utilising data analytics and trend analysis to inform operational decision-making and improve accountability	Scoping activities/projects to operationalise the Tribunal's Digital Strategy	<ul style="list-style-type: none"> Operational plan developed for Digital Strategy. Projects prioritised with input from Leadership Team.
			Implementation and evaluation of monthly leadership metrics report	<ul style="list-style-type: none"> Manager, Hearings Coordination Team developed template report for delivery of key hearings data with feedback provided by the Leadership Team. Now provided at Operational Meeting on a monthly basis.
			Review of the Tribunal's public quarterly reporting	<ul style="list-style-type: none"> Preliminary assessment identified need for consultation with stakeholders regarding existing reporting. Plans in place to seek input from AMHSs.
			Use of surveys to obtain member feedback for continuous improvement	<ul style="list-style-type: none"> Survey's successfully utilised to obtain feedback from members on PL&D activities, administrative processes regarding statement of reasons and trial for extension of time scheduled for first reviews of treatment authorities.
			Review data/information captured from hearings (e.g. via Record of Proceedings documents)	<ul style="list-style-type: none"> Identified a number of projects which will influence the information to be captured from the record of proceeding document, including member feedback for administrative case management, electronic recording and feedback from AMHSs regarding public reporting data. Record of proceeding document will be updated in response to outcomes from those projects.

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
		Increased efficiencies as a result of digital innovation and An increase in connectivity through the use of digital solutions	Scoping of activities/projects to operationalise the Tribunal's Digital Strategy	<ul style="list-style-type: none"> Transition to use of Microsoft Teams for professional learning and development activities successful, including the use of additional functionality – polls, breakout groups. Number of projects identified within scope of Digital Strategy. Steps taken to prioritise and commence planning of resources required.
			Ongoing work on Phase 2 of Resolve Project: CIMHA integration	<ul style="list-style-type: none"> Development phase of CIMHA integration part of Resolve project (Phase 2) commenced. Factors outside of the Tribunal's control have resulted in delays which have extended the project timeline.
			Analysis/evaluation of the feedback provided on Phase 1 of the Resolve Project	<ul style="list-style-type: none"> Feedback sought from members and staff regarding the implementation of Phase 1 of the Resolve project. Additional improvements identified for next round of changes and these have been communicated to members.
			Implementation of revised members' website content/functionality	<ul style="list-style-type: none"> Website developer briefed and functionality changes performed. All content uploaded to suit new functionality. Delays experienced in testing phase due to challenges in integrating new functionality into existing site, but are now complete.
			Investigation of the use of digital interview platform for member appointment process	<ul style="list-style-type: none"> Digital interview platform procured and utilised for member application process. Review of platform incorporated into lessons learned review.
Workforce culture	Attract, select, retain and empower the right people to create a diverse, inclusive and engaged workforce encompassing staff and members	A workforce that feels engaged and connected to Queensland's health system	Development of workforce strategy	<ul style="list-style-type: none"> Workforce Strategy developed by Executive Officer and Principal Business Coordinator in consultation with the Leadership Team. Finalised Workforce Strategy published.

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
	Focus on creating safe workplaces that are rewarding, enhance wellbeing and adequately equip the workforce to perform at the highest level	Provision of venues and equipment that are safe and effective to aid preparation for, and delivery of, Tribunal hearings	Scoping of desired Tribunal action plans	<ul style="list-style-type: none"> Identified a list of potential options for Tribunal-specific action plans and clarified existing plans within Queensland Government and Queensland Health. Consideration of appropriate plans and initiatives now incorporated into the Tribunal's Diversity and Inclusion Project.
			The Tribunal's member appointment procedure and templates updated having regard to lessons learned	<ul style="list-style-type: none"> Lessons learned meetings held and improvements identified. Documentation to be updated in the next financial year ahead of the next appointment process.
			Annual review of Member Competencies Framework	<ul style="list-style-type: none"> Member Competencies Framework updated and approved for the 2022-2023 financial year.
			Review of opportunities to collate diversity data regarding membership cohort	<ul style="list-style-type: none"> Opportunity to collect consistent diversity data of members included in template member application form.
			Culture temperature check of Tribunal's workforce	<ul style="list-style-type: none"> 2022 Working for Queensland survey completed with results circulated and discussed by Leadership Team. Staff identified items of note and suggestions for areas of focus. Identified area of focus was clarity in feedback and career progression. Template guide developed for use by staff in their one-on-one discussions with their managers.
			Investigation of ongoing utilisation of in-person hearing venues	<ul style="list-style-type: none"> In-person hearings increased on a graduated basis from September 2022. Site venues were conducted in SEQ to identify opportunities for in-person attendance. Regional venues identified for in-person attendance based on cluster of matters, commencing July 2023.

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
			Review of quality of hearings from a members' perspective	<ul style="list-style-type: none"> Working groups participating in the Diversity and Inclusion Project identified suggestions for initiatives to improve quality of hearings from a members' perspective. These will be reviewed as part of this project moving forward.
	Identify and develop development opportunities to enable staff and members to continue to demonstrate excellence	Provision of development opportunities to both staff and members responsive to the needs of the respective groups	Ongoing delivery of staff-led L&D program	<ul style="list-style-type: none"> A Staff L&D Policy has been finalised and staff L&D spreadsheet has been developed to track training provided, scheduled training and ideas for future sessions. Spreadsheet links training to strategic objectives.
			All staff will have an up-to-date CSP	<ul style="list-style-type: none"> Staff have ongoing career development discussions during their one-on-one meetings with their manager. Staff will transition to using the system hosted by Queensland Health for career success planning by the end of 2022-2023.
Stakeholder engagement	Actively engage with key stakeholders to open channels for feedback to the Tribunal	Identification and promotion of appropriate channels of communication with key stakeholders for the collation of feedback on Tribunal operations	Release of Consumer Engagement Strategy and Framework	<ul style="list-style-type: none"> The Tribunal's Consumer Engagement Strategy was documented and published online. Launch of Strategy undertaken in November 2022. Operationalisation of the Strategy documented in an operational plan.
			Identification of opportunities for consumer feedback on hearings processes	<ul style="list-style-type: none"> Initiatives identified in response to feedback incorporated into operational plan. Feedback register created to record and track feedback and associated responses.

Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
			Ongoing use of the Tribunal Reference Group (TRG)	<ul style="list-style-type: none"> • TRG terms of reference and code of conduct updated and endorsed. • TRG provided feedback on consumer videos and template forms utilised by the Tribunal.
	Be responsive to the needs of key stakeholders while maintaining legislative and regulatory compliance	Integration of dynamic change in Tribunal operations brought about from key stakeholder engagement	Scoping/planning of actions/initiatives from Consumer Engagement Strategy	<ul style="list-style-type: none"> • Operationalisation of the Strategy documented in an operational plan.
			Publication of videos for consumers on website	<ul style="list-style-type: none"> • Videos published to the Tribunal's website with written communications sent to stakeholders. • Videos were promoted at the Consumer Engagement Strategy launch.
			Continue to provide members with information regarding appropriate practices for hearings purposes, having regard to diversity	<ul style="list-style-type: none"> • Masterclass presentations offered to members on areas of cultural capability and trauma-informed care. • Diversity and Inclusivity PL&D Framework finalised, and additional PL&D resources will be developed in the coming financial years.
	Strengthen relationships with key stakeholders to embed the Tribunal as a connected part of the Queensland mental health system	Clarity in the role and purpose of the Tribunal within the Queensland mental health system	Continue ongoing regular engagement with stakeholders	<ul style="list-style-type: none"> • Regular participation from the Tribunal in meetings with stakeholders, including the Office of the Chief Psychiatrist, the Office of the Public Guardian, LAQ, Queensland Health Victim Support Service, the Mental Health Court Registry. • Introduction of quarterly newsletter for AMHSs to share relevant information in a consistent manner.
			Identification of opportunities to provide information about the Tribunal's role in the mental health system	<ul style="list-style-type: none"> • Provision of information sessions to external agencies/organisations, including Blue Card Services, Office of the Public Guardian, Administrator Delegations Forum, various AMHS clinical teams.

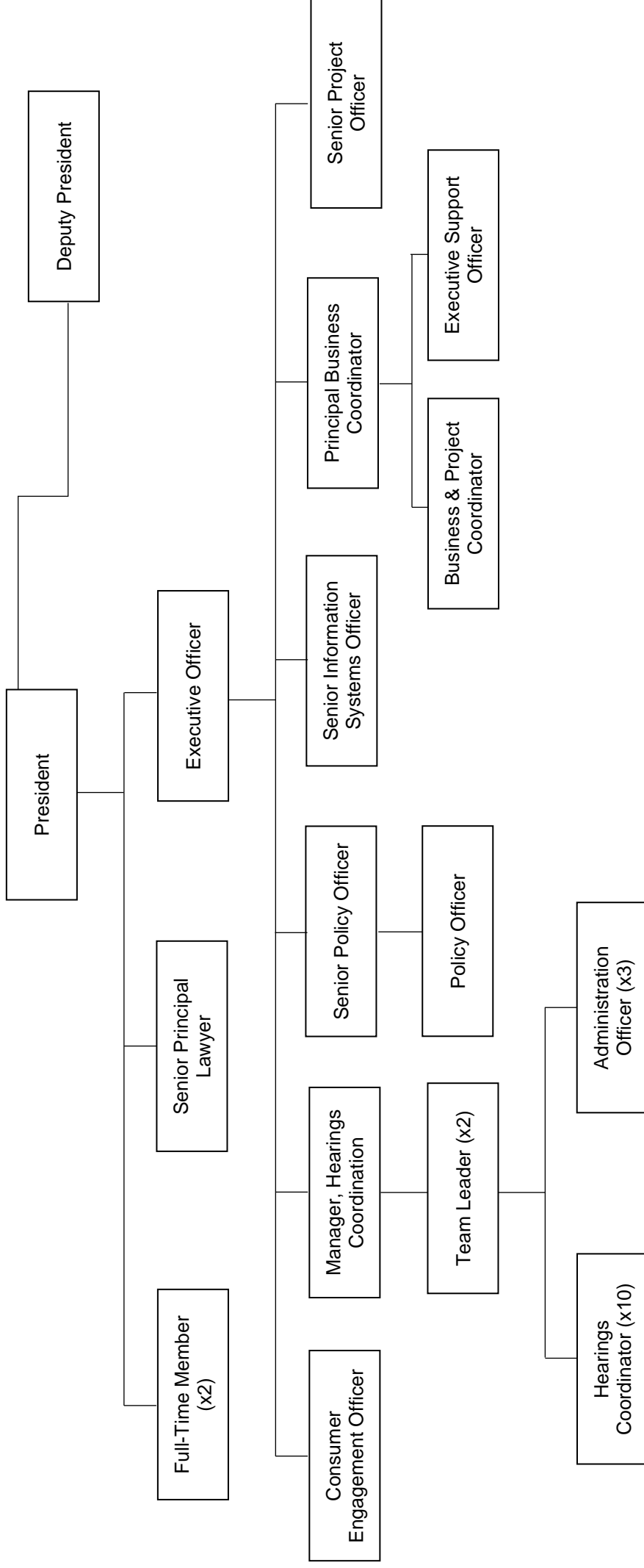
Objectives	Strategies	Performance indicators	Goals	Progress in 2022–2023
				<ul style="list-style-type: none"> Consumer Engagement Officer and Full-time Members travel to areas within South-East Queensland and regionally to engage with AMHS stakeholders.

Appendix 2 – Masterclass presentations and case study sessions

Format	Date	Topic	Presenter/Facilitator
Case study session	July 2022	Assessing risk	Virginia Ryan, Deputy President
Masterclass	August 2022	COAT Conference summaries	Members: Kim Forrester, Kelvin Defranciscis, Nikki Wawryk
Masterclass	August 2022	Queensland Forensic Mental Health Services	Elissa Waterson, Operations Director, Queensland Forensic Mental Health Service
Masterclass	September 2022	Vicarious trauma	Tere Vaka, Penny Gordon & Associates
Masterclass	October 2022	Cultural considerations	Member: Avelina Tarago
Case study session	October 2022	Questioning techniques (for legal members)	Members: Shellee Smith, Matthew Heelan
Case study session	October 2022	Forensic orders and treatment support orders (for community members)	Members: Leith Henry, Shannon O’Gorman
Masterclass	November 2022	Trauma informed care framework	Dragos Ileana and Michelle White, Metro South Hospital and Health Service
Case study session	November 2022	ECT decisions post 1 July 2022	Members: Dr Curtis Gray, Dr Sandra Thomson
Masterclass	December 2022	Intersection with mental health: <ul style="list-style-type: none"> • Queensland Parole Board • Family law jurisdiction 	Members: Monique Ulrick-Hunter, Clare Dart
Masterclass	February 2023	Office of the Public Guardian	Bronwyn Green and Tim Brown, Office of the Public Guardian

Format	Date	Topic	Presenter/Facilitator
Masterclass	March 2023	Independent Patient Rights Advisors, including in particular their role with patients who are minors	Scott James, Statewide IPRA Coordinator, Queensland Health and Julie Wilson, IPRA, Children's Health Queensland
Case study session	March 2023	Confidentiality orders	Monique Ulrick-Hunter, Deputy President
Masterclass	March 2023	The LGBTI Legal Service	Sheetal Deo and Renee Shike
Masterclass	April 2023	Questions of diagnosis	Monique Ulrick-Hunter, Deputy President and Matthew Heelan, Regional Full-time Member
Masterclass	April 2023 (2 sessions)	Avoiding unnecessary adjournments	Monique Ulrick-Hunter, Deputy President
Masterclass (for new members)	May 2023	Hearing preparation tips	Member: Kelvin Defranciscis
Masterclass	May 2023	Child and Youth Mental Health / Older Persons Mental Health	Members: Dr Kristina McLennan and Dr Megan Nitz
Case study session	May 2023	Questions of diagnosis	Monique Ulrick-Hunter, Deputy President, Matthew Heelan, Regional Full-time Member
Case study session	May 2023	Avoiding unnecessary adjournments	Monique Ulrick-Hunter, Deputy President
Masterclass	June 2023	Unconscious bias	Cognicity
Case study session	June 2023	Absent without authority (AWA) procedures	Monique Ulrick-Hunter, Deputy President

Appendix 3 – Tribunal organisational structure as at 30 June 2023



Appendix 4 – 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	Interpreter
Bayside AMHS	2	0	37	286	58	6	129	80	101	131	6
Belmont Private Hospital AMHS	2	0	0	11	22	8	6	15	29	10	0
Cairns Network AMHS	23	6	159	1,228	201	46	327	94	336	171	19
Central Qld Network AMHS	6	0	55	713	90	33	252	54	421	201	3
Children's Health Queensland AMHS	4	1	0	21	27	12	15	6	21	13	1
Darling Downs Network AMHS	27	16	147	767	175	30	208	157	341	204	7
Forensic Disability Service	8	0	13	15	13	2	0	7	0	0	0
Gold Coast AMHS	14	0	85	1,094	199	55	379	252	390	509	20
Greenslopes Private Hospital AMHS	0	0	0	0	0	0	1	0	1	0	0
Logan-Beaudesert AMHS	9	0	132	1,010	191	46	408	121	216	243	29
Mackay AMHS	2	0	39	456	62	35	143	30	186	118	1

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	Interpreter
Mater Misericordiae Limited, South Brisbane AMHS	0	0	0	0	0	0	0	0	0	0	0
New Farm Clinic AMHS	0	0	0	4	3	1	0	7	8	5	0
Princess Alexandra Hospital AMHS	26	0	202	1,204	309	47	423	184	264	372	57
Royal Brisbane and Women's Hospital AMHS	21	3	74	1,126	227	60	400	161	376	400	35
Redcliffe-Caboolture AMHS	14	0	86	533	131	69	179	90	310	144	4
St Andrew's War Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0
Sunshine Coast Network AMHS	20	0	73	974	147	107	341	116	251	208	5
The Park AMHS including the High Security Program AMHS	24	1	178	92	214	36	36	180	271	152	7
Toowong Private Hospital AMHS	0	0	0	4	3	0	0	2	8	0	0
Townsville Network AMHS	23	0	164	1,031	209	25	270	118	316	183	5

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	Interpreter
The Prince Charles Hospital AMHS	29	4	137	873	181	41	353	107	311	247	6
West Moreton AMHS	19	2	106	811	130	39	286	60	186	117	12
Wide Bay AMHS - North	5	0	42	182	45	14	78	25	122	56	2
Wide Bay AMHS - South	7	0	36	243	43	33	108	20	189	94	2
TOTAL	285	33	1,765	12,678	2,680	745	4,342	1,886	4,654	3,578	221

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

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

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Culturally appropriate Member attendance
Bayside AMHS	45	9	36	15	0	0	11
Cairns Network AMHS	636	92	544	159	3	35	173
Central Qld Network AMHS	266	33	233	82	1	12	104
Children's Health Queensland AMHS	4	0	4	2	0	0	3
Darling Downs Network AMHS	250	61	189	79	5	0	128
Forensic Disability Service	1	1	0	0	0	0	1
Gold Coast AMHS	140	20	120	35	1	1	43
Logan Beaudesert AMHS	193	32	161	70	2	1	39
Mackay AMHS	115	23	92	41	5	7	35
Princess Alexandra Hospital AMHS	157	39	118	40	0	2	25
Redcliffe Caboolture AMHS	109	17	92	24	2	1	25
Royal Brisbane and Women's Hospital AMHS	248	10	238	57	2	3	42
Sunshine Coast Network AMHS	119	10	109	31	4	9	26
The Park — Centre for Mental Health AMHS	72	46	26	50	0	2	44
Townsville Network AMHS	516	135	381	165	101	5	341
The Prince Charles Hospital AMHS	182	26	156	50	5	2	42

Location	Number of hearings	Number of FO or TSO reviews	Number of TA reviews	Patient attendance	IMHW attendance	Cultural Support attendance	Culturally appropriate Member attendance
West Moreton AMHS	146	22	124	43	0	1	35
Wide Bay AMHS - North	47	6	41	17	2	3	7
Wide Bay AMHS - South	66	10	56	23	3	1	14
TOTAL	3,312	592	2,720	983	136	85	1,138

Note: FO, TSO and TA reviews do not include matters where the outcome was adjourned. Where an applicant review or tribunal review were listed at the same time as a periodic review, this is only recorded as one review.

IMHW means Indigenous mental health worker

FO means forensic order

TSO means treatment support order

TA mean treatment authority

Appendix 6 – List of hearing venues

This list of venues represents all venues available for hearings conducted by the Tribunal. The Tribunal did not necessarily sit at each venue during the reporting period.

Authorised Mental Health Service (AMHS)	Venues
Bayside AMHS	Bayside Community Mental Health Service
	Redland Hospital
	Redland Residential Care Facility
	Wisteria Ward – Acquired Brain Injury Unit
Belmont Private Hospital AMHS	Belmont Private Hospital
Cairns Network AMHS	Atherton Community Mental Health Service
	Aurukun Well Being Centre
	Bamaga Primary Health Care Centre
	Cairns Community Mental Health Service
	Cairns Hospital
	Cairns Integrated Mental Health Service, Bunda Street
	Coen Primary Health Care Centre
	Cooktown Multi-Purpose Health Centre
	Gurriny Yealamucka Health Service
	Herberton Hospital
	Hopevale Primary Health Care Centre
	Innisfail Community Mental Health Service
	Kowanyama Primary Health Care Centre
	Mapoon Primary Health Care Centre
	Lockhart River Primary Health Care Centre
	Mareeba Community Mental Health Service
	Mossman Community Mental Health
	Napranum Primary Health Care Centre
	Northern Peninsula Area Community Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Pormpuraaw Primary Health Care Centre
	Tablelands Community Mental Health Service
	Thursday Island Mental Health Alcohol and other Drugs Service
	Torres Community Mental Health Service
	Tully Community Mental Health Service
	Weipa Integrated Health Service
	Weipa Hospital
Central Qld Network AMHS	Biloela Community Mental Health Service
	Capricorn Coast Community Mental Health Service
	Central Highlands Community Mental Health Service
	Gladstone Community Mental Health Service
	Longreach Community Mental Health Service
	Rockhampton Community Mental Health Service
	Rockhampton Hospital
Children's Health Qld AMHS	Assertive Mobile Youth Outreach Service
	Child and Youth Mental Health Service Eating Disorders Program, Chermside
	Eating Disorders Greenslopes – Greenslopes Child and Youth Mental Health Service
	Evolve (North) Therapeutic Services
	Evolve (South) Therapeutic Services
	Inala Child & Youth Mental Health Service
	Jacaranda Place Adolescent Extended Treatment Centre, Chermside
	Jacaranda Place Day Program, Chermside
	Mt Gravatt Child & Youth Mental Health Service
	North-West Child & Youth Mental Health Service
	Nundah Child & Youth Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Pine Rivers Child & Youth Mental Health Service
	Queensland Children's Hospital
	Yeronga Child & Youth Mental Health Service
	Zero to Four Child and Youth Mental Health Service
Darling Downs Network AMHS	Baillie Henderson Hospital
	Cherbourg Hospital
	Kingaroy Community Mental Health Service
	Stanthorpe Community Mental Health Service
	Toowoomba Hospital
	Warwick Community Health Building
Forensic Disability Service	Forensic Disability Service
Gold Coast AMHS	Gold Coast University Hospital
	Palm Beach Community Mental Health Service
	Robina Hospital
	Southport Health Precinct
Greenslopes Private Hospital AMHS	Greenslopes Private Hospital
Logan Beaudesert AMHS	Beenleigh Community Mental Health Service
	Browns Plains Community Mental Health Service
	Logan Central Community Mental Health Service
	Logan Hospital
Mackay AMHS	Bowen Community Mental Health Service
	Mackay Base Hospital
	Mackay Community Mental Health Service
	Moranbah Community Mental Health Service
	Whitsunday Community Mental Health Service
Mater Misericordiae Limited, South Brisbane AMHS	Catherine's House Inpatient Unit

Authorised Mental Health Service (AMHS)	Venues
Mental Health Review Tribunal (not an AMHS)	Mental Health Review Tribunal Office
New Farm Clinic AMHS	Ramsay Clinic New Farm
Pine Rivers Private Hospital AMHS	Pine Rivers Private Hospital
Princess Alexandra Hospital AMHS	Grevillea Ward, Princess Alexandra Hospital
	Inala Community Mental Health Service
	Princess Alexandra Hospital
	Woolloongabba Community Mental Health Service
Redcliffe Caboolture AMHS	Caboolture Hospital – Mental Health Facilities Building
	Caboolture Adult Mental Health Service
	Caboolture Youth Step-Up Step-Down Service
	Cooinda House Psychogeriatric Unit
	Redcliffe-Caboolture Child and Youth Mental Health Service
	Redcliffe Adult Mental Health Service
	Redcliffe Community Care Units
Royal Brisbane and Women's Hospital AMHS	Royal Brisbane and Women's Hospital
	Valley Integrated Adult Mental Health Service
St Andrews War Memorial Hospital	St Andrew's War Memorial Hospital
Sunshine Coast Network AMHS	Centenary Square
	Gympie Community Mental Health Service
	Maroochydore Community Hub
	Nambour Hospital
	Sunshine Coast Mental Health Service, Mountain Creek
	Sunshine Coast University Hospital
The Park – Centre for Mental Health AMHS	The Park – High Security Program
	The Park – Medium Secure Unit
The Prince Charles Hospital AMHS	Chermside Community Mental Health Service
	Nundah Community Mental Health Service

Authorised Mental Health Service (AMHS)	Venues
	Pine Rivers Community Mental Health Service
	The Prince Charles Hospital
Toowong Private Hospital AMHS	Toowong Private Hospital
Townsville Network AMHS	Ayr Community Mental Health
	Cambridge Street Community Mental Health Service
	Charters Towers Community Mental Health Service
	Charters Towers Rehabilitation & Transitional Unit
	Ingham Community Mental Health Service
	Mount Isa Integrated Mental Health
	Palm Island Primary Health Service
	Townsville Community Care Unit & Acquired Brain Injury Unit
	Townsville Hospital
	Townsville Hospital – Medium Secure Unit
West Moreton AMHS	Goodna Community Health
	Ipswich Health Plaza
	Ipswich Hospital – Mental Health Unit
	Ipswich Hospital - Older Persons Mental Health Unit
Wide Bay AMHS	Maryborough Community Health
	Bundaberg Community Mental Health Service
	Bundaberg Mental Health Inpatient Unit
	Childers Hospital
	Gayndah Hospital
	Gin Gin Hospital
	Hervey Bay Community Mental Health
	Maryborough Mental Health Inpatient Unit
	Monto Hospital

Appendix 7 – Member appointments

Member category	Name	Appointment period(s)
Legal	Benn, Melia	28/02/2023 – 27/02/2026
	Bishop, Jane (inactive from 11/10/2022)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Blond, Danielle	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Boulden, Deborah	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Bridgman, Roger (Peter)	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Brown, Simon	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Burrows, Nicola (Nikki)	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Colvin, Alison	28/02/2002 – 27/02/2005 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Coyne, Benedict	02/08/2021 – 01/08/2024
	Dalling, Jacqueline	28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Dart, Clare	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Defranciscis, Kelvin	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
		28/02/2023 – 27/02/2026
	Dixon, Brent	28/02/2023 – 27/02/2026
	Dixon, Mark	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Forrester, Kim	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	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 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Grau, Michelle	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Harrison, Lisa	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Hart, Renea	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Heelan, Matthew (full-time from 28/02/2023)	02/08/2018 – 01/08/2021 02/08/2021 – 27/02/2023 28/02/2023 – 27/02/2026
	Herriot, Ann (full-time from 28/02/2019 – 28/02/2023)	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2019 28/02/2019 – 27/02/2022 28/02/2022 – 27/02/2023 28/02/2023 – 27/02/2026
	Kirkman-Scroope, Patricia	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Kolbe, David	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 27/02/2023 – 27/02/2026

Member category	Name	Appointment period(s)
	Maruna, Crystal	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	McCarthy, Michael (inactive during the reporting period)	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	McMullan, Annette (as President)	06/04/2017 – 29/06/2018 30/06/2018 – 29/06/2023 30/06/2023 – 29/06/2028
	Moon, Scott	02/08/2021 – 01/08/2024
	O'Connor, Clare (inactive during the reporting period)	28/02/2020 – 27/02/2023
	Ryan, Virginia (appointed Deputy President 29/06/2017, resigned effective 09/09/2022, appointed as sessional member 28/02/2023)	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 – 28/06/2021 29/06/2021 – 09/09/2022 28/02/2023 – 27/02/2026
	Smith, Shellee	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Stuckey, Jane	02/08/2021 – 01/08/2024
	Tarrago, Avelina	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Thomas, Jody-Ann	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ulrick-Hunter, Monique (appointed Deputy President 13/02/2023)	28/02/2017 – 27/02/2020 28/02/2020 – 12/02/2023 13/02/2023 – 12/02/2026
	Wallace, Alexis	02/08/2021 – 01/08/2024
	Walsh, James (Jim)	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
		28/02/2023 – 27/02/2026
	Warner, Lisa	28/02/2020 – 27/02/2023
	Wawryk, Nikki	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Wells, Bruce	28/02/2020 – 27/02/2023
	Wenitong, David (full-time)	28/02/2023 – 27/02/2026
	West, Christopher	28/02/2023 – 27/02/2026
	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 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
Medical	Astill, Richard	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Ayres, Alice	31/05/2022 – 01/08/2024
	Bansod, Aniket	28/02/2023 – 27/02/2026
	Barnes, Mark	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Beckmann, Martin	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Brooker, Sarah	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026

Member category	Name	Appointment period(s)
	Chen, Renee	28/02/2023 – 27/02/2026
	De Souza-Gomes, Janice (commenced sitting 21/09/2021)	28/02/2020 – 27/02/2023
	Dhingra, Maneesh	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Dodemaide, Julian	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Emmerson, Brett	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Garrone, Teresa (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 28/02/2020 – 27/02/2023
	Gill, Neeraj	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ghoneim, Ahmed	28/02/2023 – 27/02/2026
	Goel, Vikram	28/02/2023 – 27/02/2026
	Gray, Curtis	02/08/2021 – 01/08/2024
	Hamilton, Laura	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Hargovan, Hethal	02/08/2021 – 01/08/2024
	Henderson, Paul	31/05/2022 – 01/08/2024
	Hirst, Christina	28/02/2020 – 27/02/2023
	Hollingsworth, Trevor	28/02/2023 – 27/02/2026
	Hopkins, Gordon	28/02/2023 – 27/02/2026
	Johnson, Vanessa	28/02/2020 – 27/02/2023

Member category	Name	Appointment period(s)
		28/02/2023 – 27/02/2026
	Kamavarapu, Yeshwant	02/08/2021 – 01/08/2024
	Kelly, Angela	05/08/2010 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Kisely, Stephen	31/05/2022 – 01/08/2024
	Kolur, Uday	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Kovacevic, Velimir	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Kumaravelu, Geetha	28/02/2023 – 27/02/2026
	Leong, Geoffrey	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Linnane, John	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Loftus, Joanna (Jo)	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	McColl, Alison	02/08/2021 – 01/08/2024
	McLennan, Kristina	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Mead, Laura	31/05/2022 – 01/08/2024

Member category	Name	Appointment period(s)
	Motamarri, Balaji	02/08/2021 – 01/08/2024
	Nitz, Megan	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Oelrichs, Catherine	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Pant, Milind	02/08/2021 – 01/08/2024
	Pavey, Susan	28/02/2023 – 27/02/2026
	Relan, Pankaj	02/08/2021 – 01/08/2024
	Roberts, Caroline	31/05/2022 – 01/08/2024
	Rohde, Tania	31/05/2022 – 01/08/2024
	Sehgal, Tarun	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Siebuhr, Liza	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Singh, Dhananjay	02/08/2021 – 01/08/2024
	Smith, Gabrielle	18/11/2004 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Soni, Nayan	28/02/2023 – 27/02/2026
	Stewart, Robert (Sandy)	05/05/2016 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Taylor, Amanda	02/08/2021 – 01/08/2024
	Thomson, Sandra	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011

Member category	Name	Appointment period(s)
		28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Touma, Emile	31/05/2022 – 01/08/2024
	Van de Belt, Chrystal	31/05/2022 – 01/08/2024
	Van de Hoef, Pamela	28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Vayalirakkathu, Geevarghese (Alexander, Agnew)	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Walker, Andrea	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ward, David	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ward, Warren	28/02/2023 – 27/02/2026
	Waugh, Arnold	01/03/2007 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Webster, Jefferson	27/11/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Woochit, Vichal	28/02/2023 – 27/02/2026
Community	Barty, Tracey	28/02/2002 – 27/02/2005

Member category	Name	Appointment period(s)
		28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Bell, Garry	28/02/2011 – 27/02/2014 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Bell, Vanessa	02/08/2021 – 01/08/2024
	Bond, Rowan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Bradburn, Michael	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Casey, Julia (resigned effective from 20/07/2022)	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Davies, Corelle	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Dolci, Karen (Kaz)	28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Fawcett, Lisa	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Ferguson, Robert	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Gillies, Jacinta	28/02/2023 – 27/02/2026
	Hall, Patricia (Pat)	28/02/2002 – 27/02/2005

Member category	Name	Appointment period(s)
		28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Harris, Jessica	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Harte, Jane	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Henry, Leith	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Herbert, Noel	28/02/2023 – 27/02/2026
	Hyde, Sandra	02/08/2021 – 01/08/2024
	Jenkins, Anne	28/02/2023 – 27/02/2026
	Johnson, Sarah	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Lamb, Kim	28/02/2023 – 27/02/2026
	Macionis, Stan	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Malone, Christine	04/07/2013 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Mangeya, Tasara	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	McDonnell, Judith	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Mulvogue, Cristelle	02/08/2018 – 01/08/2021

Member category	Name	Appointment period(s)
		02/08/2021 – 01/08/2024
	O’Gorman, Shannon (resigned effective from 02/06/2023)	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	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 28/02/2020 – 27/02/2023
	Quadrio, Noela	28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Renouf, Allan	02/08/2018 – 01/08/2021 02/08/2021 – 01/08/2024
	Ridley, Helen	28/02/2002 – 27/02/2005 28/02/2005 – 27/02/2008 28/02/2008 – 27/02/2011 28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023 28/02/2023 – 27/02/2026
	Schoneveld, Sharon	28/02/2011 – 27/02/2014 28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 01/08/2021 02/08/2021 – 01/08/2024
	Till, Jane	28/02/2014 – 27/02/2017 28/02/2017 – 27/02/2020 28/02/2020 – 27/02/2023
	Walker, Natalie	28/02/2023 – 27/02/2026

Appendix 8 – Compliance checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 7	3
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 9.1	4 70
	<ul style="list-style-type: none"> Public availability 	ARRs – section 9.2	2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 9.4	2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 9.5	2
General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 10	5-9
Non-financial performance	<ul style="list-style-type: none"> Government's objectives for the community and whole-of-government plans/specific initiatives 	ARRs – section 11.1	8-9
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 11.2	17
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 11.3	19-32
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 12.1	33-34
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 13.1	16, 46
	<ul style="list-style-type: none"> Executive management 	ARRs – section 13.2	10
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 13.3	Not applicable
	<ul style="list-style-type: none"> Public Sector Ethics 	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	12
	<ul style="list-style-type: none"> Human Rights 	<i>Human Rights Act 2019</i> ARRs – section 13.5	16
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 13.6	12
Governance – risk management and accountability	<ul style="list-style-type: none"> Risk management 	ARRs – section 14.1	9
	<ul style="list-style-type: none"> Audit committee 	ARRs – section 14.2	Not applicable
	<ul style="list-style-type: none"> Internal audit 	ARRs – section 14.3	9
	<ul style="list-style-type: none"> External scrutiny 	ARRs – section 14.4	Not applicable
	<ul style="list-style-type: none"> Information systems and recordkeeping 	ARRs – section 14.5	9
	<ul style="list-style-type: none"> Information Security attestation 	ARRs – section 14.6	Not applicable

Summary of requirement		Basis for requirement	Annual report reference
Governance – human resources	• Strategic workforce planning and performance	ARRs – section 15.1	10
	• Early retirement, redundancy and retrenchment	Directive No.04/18 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 15.2	11
Open Data	• Statement advising publication of information	ARRs – section 16	34
	• Consultancies	ARRs – section 31.1	https://data.qld.gov.au
	• Overseas travel	ARRs – section 31.2	https://data.qld.gov.au
	• Queensland Language Services Policy	ARRs – section 31.3	https://data.qld.gov.au
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Not applicable
	• Independent Auditor's Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Not applicable

FAA *Financial Accountability Act 2009*

FPMS *Financial and Performance Management Standard 2019*

ARRs *Annual report requirements for Queensland Government agencies*

Appendix 9 – Glossary

Act	<i>Mental Health Act 2016 (Qld)</i>
AG Rep	Attorney-General representative
AMHS	authorised mental health service
CIMHA	Consumer Integrated Mental Health Application
Code of Conduct	Code of Conduct for the Queensland Public Service
ECT	electroconvulsive therapy
EEO groups	equal employment opportunity groups as identified by the Queensland Government
FLO	forensic liaison officer
FO	forensic order
FTE	full-time equivalent
IMHW	Indigenous mental health worker
LAQ	Legal Aid Queensland
Legal Rep	legal representative
MHRT	Mental Health Review Tribunal
MOHRI	minimum obligatory human resource information
Resolve	the electronic case management system utilised by the Mental Health Review Tribunal
TA	treatment authority
TRG	Tribunal Reference Group
TSO	treatment support order
Tribunal	The Mental Health Review Tribunal

