

# 06-07

annual report  
of the Director of Mental Health



## Communication objective

This annual report aims to:

- Describe our performance – by communicating our achievements and performance for 2006–07.
- Be accountable and transparent – by enabling our Minister and Parliament to assess our efficiency and effectiveness.
- Inform and listen to our clients and stakeholders – by providing an opportunity for members of the public to review our performance and recognise our future priorities.

**Annual Report 2006–07  
of the Director of Mental Health**  
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The Honourable Stephen Robertson MP  
Minister for Health  
Member for Stretton  
GPO Box 48  
BRISBANE QLD 4001

Dear Minister

It is with much pleasure that I present the Annual Report of the Director of Mental Health for 2006–07.

The report is provided in accordance with section 494 of the *Mental Health Act 2000*.

Yours sincerely



Dr Aaron Groves  
Director of Mental Health



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# the year in review

A review of our strategic  
directions and milestones  
in 2006–07

## Message from the Director of Mental Health

I am very pleased to provide the sixth Annual Report, my second as Queensland's Director of Mental Health.

The report covers a period characterised by significant challenges and changes in the mental health system, particularly in the forensic mental health system. It provides an overview of legislative processes and their application during 2006–07.

Perhaps the most notable developments relate to the review the *Mental Health Act 2000* ('the Act'). On 23 May 2006, the Honourable Stephen Robertson, Minister for Health, announced that the Government would review certain aspects of the Act and associated administrative arrangements, following media coverage that highlighted concerns about the rights and interests of victims of crime where an offender has a mental illness. On 14 June 2006, the Government announced the appointment of Brendan Butler AM SC to head the Review, which commenced in July 2006.

On 11 December 2006, Government released Mr Butler's report, *Promoting balance in the forensic mental health system – Final Report – Review of the Mental Health Act 2000* ('the Final Report'), which contained recommendations to reform the forensic mental health system. The Government response to this report will be provided following the 2007–08 Budget.

Thirty-nine of the recommendations relating to the Act are being implemented through the *Health and Other Legislation Amendment Act 2007* and the *Mental Health and Other Legislation Amendment Bill 2007*, which is scheduled for introduction in Parliament in late 2007.

On 30 May 2007, the Government announced the allocation of \$53.48 million in the 2007–08 State Budget to implement all of the Review recommendations over four years to reform the forensic mental health system and to ensure the

needs and interests of victims and their families are better addressed. System innovations include a statewide Victim Support Service and victim registers that will greatly improve victim support and access to information.

These initiatives will be complemented by \$12.22 million over four years for a specialist Mental Health Chambers in the Office of the Director of Public Prosecutions to support work in the Mental Health Court and Mental Health Review Tribunal hearings. In addition, funding will enable a 50 per cent increase in Mental Health Court sittings to enhance management of the waiting list for matters.

Queensland Health is spending \$28.62 million on implementing risk management strategies including 35 additional forensic mental health clinicians and a clinician risk training program. Queensland Health is also investing \$800,000 over four years on information resources for the general community, Indigenous people and media professionals to enhance understanding of the forensic mental health system.

A Review Implementation Unit in the Mental Health Branch, Queensland Health, has been liaising with key stakeholders to manage implementation of recommendations and will complete its work by June 2008.

The main achievements outlined in this year's report illustrate the Mental Health Branch's and mental health services' strong commitment to improving practices and systems to achieve better outcomes for patients, carers, victims, their families and the general community.

Achievements that have supported implementation of the Butler Review recommendations and other quality activities in 2006–07 include:

- Submissions from the Director of Mental Health, Mental Health Branch staff and Authorised Mental Health Services to the Butler Review.
- Release of policies on Authorised Mental Health Practitioners (AMHP) and Authorised Doctors, including the first annual review and renewal of AMHP approvals.
- Introduction of an additional online training module on the return provisions in the Act.
- Implementation of major enhancements to the Mental Health Act Information System to better reflect the requirements of the Act, including changes to administrative forms and improved clinical delegations data.
- The passing of the initial round of amendments relating to victim entitlements under the *Health and Other Legislative Amendment Act 2007* which commenced on 1 July 2007.
- The inclusion of \$53.48 million in the 2007–08 State Budget to implement the Butler Review recommendations. The funding will establish, among other things, a new statewide Victim Support Service, and an additional 35 forensic mental health staff to provide services to patients who have committed crimes and have been either temporarily or permanently diverted to the mental health system.

In 2007–08, we will continue to develop our knowledge, skill and systems to build on these achievements. I look forward to working together with patients, victims and other stakeholders to create an improved mental health system.

Finally, I want to sincerely thank all staff who have demonstrated professionalism, commitment and enthusiasm in contributing to the many changes that are improving mental health services in Queensland.



**Dr Aaron Groves**  
Director of Mental Health

# our highlights 2006–07

Our top achievements for 2006–07

July 2006	August 2006	September 2006	November 2006
<p>Director of Mental Health and Mental Health Branch staff commenced a series of meetings with Brendan Butler AM SC, head of the Review of the <i>Mental Health Act 2000</i>, which commenced in July 2006.</p>	<p>Release of policy and procedures on authorised mental health practitioners and authorised doctor policies.</p> <p>Release of online training module on return provisions in the <i>Mental Health Act 2000</i> as part of the Online Training System.</p>	<p>First annual review and renewal of authorised mental health practitioners’ approval to undertake statutory responsibilities.</p>	<p>Director of Mental Health submission to the review of the <i>Mental Health Act 2000</i>.</p>

December 2006	February 2007	May 2007	June 2007
<p>Major enhancements to Mental Health Act Information System rolled out. A large number of opportunities for improvement to the system had been identified by users. The enhancements resulted in a more comprehensive system that amongst other things better reflected the processes under the <i>Mental Health Act 2000</i>, generated new and improved forms, and created a new method of recording clinician delegations.</p> <p>On 11 December 2006, the Government released <i>Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000</i> and announced that one of the first bills in 2007 would amend the <i>Mental Health Act 2000</i> to create a clearer focus on victims.</p>	<p>A tender evaluation process identified a developer to create a product that would enhance and integrate the three existing mental health information systems and establish a single statewide mental health database.</p> <p>Re-gazettal of Bundaberg District and Area Network Authorised Mental Health Service following an increase in medical staffing numbers.</p>	<p>Changes made to <i>Mental Health Act 2000</i> forms and introduction of new <i>Request for transfer</i> (forensic order and classified patients) form.</p> <p>Initial round of amendments relating to victim entitlements under the <i>Mental Health Act 2000</i> passed in the <i>Health and Other Legislation Amendment Act 2007</i>, which commenced on 1 July 2007.</p> <p>Work commenced on the Mental Health and Other Legislation Amendment Bill 2007 scheduled for introduction in Parliament in late 2007.</p>	<p>On 30 May 2007, the then Premier, the then Deputy Premier and Treasurer, and the Minister for Health announced State Budget funding for a range of mental health improvements over the next four years including \$53.48 million to implement the Butler Review recommendations. This funding is to be spent on, among other things, a new statewide Victim Support Service to be established in 2007–08, and an additional 35 forensic mental health staff specialising in supporting and treating patients who have committed crimes and have been either temporarily or permanently diverted to the mental health system.</p>

# about us

Our role and statutory obligations including reporting on our statutory responsibilities

## Our statutory roles and facilities

### About the *Mental Health Act 2000*

Queensland Health through the Mental Health Branch administers the *Mental Health Act 2000* ('the Act').

The Act contains provisions for initiating involuntary assessment, authorising involuntary treatment, independent review of involuntary treatment and patient rights. It provides processes for admission of mentally ill offenders from court or custody and decisions about criminal responsibility where the person has a mental illness or intellectual disability. It also introduces notification orders and non-contact provisions for persons such as family members and victims of crime, as well as other provisions addressing community safety.

Under the *Mental Health Act 2000*, decision-making processes have been designed to ensure transparency and accountability. It has been drafted to reflect contemporary clinical practice, international, national and state policy directions and broad community expectations.

## The Director of Mental Health

### Appointment

On 22 September 2005, Her Excellency the Governor approved the appointment of Dr Aaron Groves MBBS FRANZCP as Director of Mental Health under the *Mental Health Act 2000* ('the Act').

### Powers and functions

The Act establishes broad monitoring and oversight functions for the Director including:

- ensuring the protection of rights of involuntary patients
- ensuring that involuntary admission, assessment and treatment of persons complies with the Act
- facilitating the proper and efficient administration of the Act
- promoting community awareness and understanding of the administration of the Act
- advising and reporting to the Minister on any matter relating to the administration of the Act.

More specific powers and functions relating to the administration of the Act include:

- declaring authorised mental health services (AMHSs) and High Security Units to provide treatment and care of people with mental illness
- declaring Administrators of AMHSs and High Security Units
- appointing authorised mental health practitioners (AMHPs)
- appointing approved officers to conduct investigations under the Act
- developing a Statement of Rights for distribution to involuntary patients and their allied persons
- approving forms used under the Act, excluding those required by the Mental Health Court or the Mental Health Review Tribunal.

The Director also has powers and functions in relation to people with mental illness who are, or have been, subject to criminal justice system processes. These include:

- receiving expert psychiatric reports in relation to involuntary patients charged with an offence and referring these matters to the Attorney-General or Mental Health Court for determination
- ordering the transfer of classified patients (patients admitted to a health service from a court or place of custody) and forensic patients (patients found to be of unsound mind or not fit for trial in relation to a criminal offence)
- facilitating return to court or custody for classified patients who no longer need to be detained for treatment of mental illness
- approving limited community treatment for classified patients.

### Authorised mental health services

Authorised mental health services (AMHSs) are health services authorised under the Act to provide involuntary examination, assessment and treatment to persons with mental illness. They include both public and private sector health services.

In authorising AMHSs, the Director takes account of the professional expertise required in the assessment and treatment of persons with mental illness as well as the need to ensure appropriate access to services across the State. In most instances, AMHSs comprise inpatient and community components. Inpatient facilities are generally based in metropolitan and regional centres, while community components are established in rural and remote locations as well as major centres. In addition, section 15 of the Act provides that all public hospitals are AMHSs for the purpose of providing involuntary examination and assessment.

## Authorised mental health services administering ECT

A small number of private sector health services have been established as AMHSs for the specific purpose of administering electroconvulsive therapy (ECT) to patients who have given informed consent. This ensures that private sector patients continue to have appropriate access to this treatment. The private sector facilities established for this purpose are licensed under the *Private Health Facilities Act 1999* and have demonstrated that their practices accord with legislative requirements.

## High security units

High Security Units are AMHSs that provide the highest level of security and containment. The Act applies special requirements to these Units to protect the rights of patients and the interests of the wider community. This includes, for example, additional requirements relating to the admission and discharge of patients and the security of the facility.

## Administrators of authorised mental health services and high security units

### Powers and functions

The Administrator of an AMHS is responsible for a range of administrative responsibilities relating to involuntary patients under the Act. The position plays a critical role in coordinating and overseeing the operation of the Act at the service delivery level.

Powers and functions of the Administrator include:

- giving notice to patients and other parties (eg the patient's allied person, the Mental Health Review Tribunal) of various matters relating to the patient's involuntary status and changes to involuntary status
- ensuring that patients receive treatment in accordance with their treatment plan, including regular assessment by an authorised psychiatrist
- choosing an allied person for patients who do not have capacity to choose their own allied person
- ensuring the Statement of Rights is prominently displayed at the AMHS or High Security Unit and provided to involuntary patients and their allied persons
- giving notice of various matters to the Director of Mental Health in relation to an involuntary patient charged with an offence
- refusing a visitor's access to a patient if the Administrator is satisfied that such a visit would adversely affect the patient's treatment
- giving agreement to the admission of a person who is in custody or before a court
- assuming responsibility for the legal custody of classified patients (patients admitted from court or custody) and forensic patients (patients found of unsound mind in relation to an offence or not fit for trial)
- appointing Authorised Doctors for the AMHS or High Security Unit
- maintaining records and registers and providing information on involuntary patients to the Director of Mental Health.

In practice, many of these functions are delegated to staff at the AMHS, however, the Administrator remains the accountable officer.

## Authorised doctors

### Powers and functions

Under the Act, certain decisions relating to involuntary patients must be made by an Authorised Doctor. The functions and powers of the Authorised Doctor include:

- assessing a patient to determine whether the involuntary treatment criteria apply and, if so, making an involuntary treatment order
- determining whether a patient subject to an involuntary treatment order is to receive treatment in an inpatient facility or in the community
- ensuring a treatment plan is prepared for an involuntary patient
- requiring a patient to be taken to an AMHS when the patient is receiving treatment in the community and has not complied with the requirements of the involuntary treatment order
- authorising limited community treatment for an involuntary patient receiving treatment in an inpatient facility
- requiring the return of a patient who is absent without permission
- revoking a patient's involuntary treatment order, if the doctor is satisfied that the treatment criteria no longer apply.

The Act also requires that an Authorised Doctor who is a psychiatrist (an authorised psychiatrist) undertakes certain functions. For example, involuntary treatment orders must be made or confirmed by an authorised psychiatrist and all involuntary patients are required to be examined by an authorised psychiatrist at regular intervals as specified in the patient's treatment plan.

## Authorised mental health practitioners

### Powers and functions

Authorised mental health practitioners play an important role in initiating involuntary assessment. The practitioner can, if satisfied that the assessment criteria apply to a person, make a recommendation for assessment. This document, together with a request for assessment, authorises the taking of the person to an AMHS for assessment.



## Reporting on our statutory responsibilities

### Delegation of Director's powers

The Director of Mental Health ("the Director") may delegate the Director's powers under the Act to an appropriately qualified public service or health service employee. This delegation includes all the Director's powers except those relating to the declaration of AMHSs, High Security Units and Administrators.

During the 2006–07 the Director was assisted by a number of psychiatrists who performed the duties as delegate. A list of delegations for the Director's powers and functions during the reporting period is set out in Table 1.

Dr Cassandra Griffin and Dr Ness McVie performed the majority of these delegations.

The Director has also delegated very limited functions to specified senior clinical positions

(see Table 2). These functions relate to approving a patient's temporary absence to receive medical care (section 186(2)(a)) or to appear before a court, tribunal or other body (section 186(2)(b)).

*Table 1 Delegates for the Director's powers and functions 2006–07*

Delegate	Dates of Delegation	Delegated by
Dr Ness McVie	1 May 2006 to current	Dr Aaron Groves
Associate Professor Brett Emmerson	30 June 2006 to current	Dr Aaron Groves
Dr Terry Stedman	26 May to current	Dr Aaron Groves
Dr Cassandra Griffin	14 February 2004 to current	Dr Arnold Waugh

*Table 2 Delegates for the Director's powers and functions with limited functions 2006–07*

Delegate	Power delegated	In relation to patients at	Date of delegation	Delegated by
Director, Queensland Forensic Mental Health Service, Central and Southern Zones	186(2)(a) 186(2)(b)	The Park – Centre for Mental Health AMHS and The Park High Security Program: Central and Southern Zones	29 November 2005 to current	Dr Aaron Groves
Psychiatrist on call, The Park – Centre for Mental Health	186(2)(a)	The Park – Centre for Mental Health AMHS and The Park High Security Program: Central and Southern Zones	29 November 2005 to current	Dr Aaron Groves
Director of Clinical Services, The Park – Centre for Mental Health	186(2)(a) 186(2)(b)	The Park – Centre for Mental Health AMHS and The Park High Security Program: Central and Southern Zones	29 November 2005 to current	Dr Aaron Groves
Director, Townsville Integrated Mental Health Service	186(2)(a) 186(2)(b)	Townsville High Security Program: Northern Zone	29 November 2005 to 2 March 2007	Dr Aaron Groves
Clinical Director, High Security Program	186(2)(a) 186(2)(b)	Townsville High Security Program: Northern Zone	29 November 2005 to 2 March 2007	Dr Aaron Groves
Psychiatrist on call, Townsville Integrated Mental Health Service	186(2)(a)	Townsville High Security Program: Northern Zone	29 November 2005 to 2 March 2007	Dr Aaron Groves

## Declaration of administrators

The Act provides that the Director may, by gazette notice, declare a person or the holder of a stated office to be the Administrator of an AMHS or High Security Unit.

The following changes were made to the Schedule of Administrators of AMHSs during 2006–07:

- On 20 October 2006, the position of Executive Director of Mental Health Services was declared Administrator for West Moreton District AMHS, The Park – Centre for Mental Health AMHS and The Park High Security Program: Central and Southern Areas.
- On 16 March 2007, three changes were made to positions declared to be Administrators:
  - The position of Service Manager was declared to be the Administrator for Mackay District and Area Network Authorised Mental Health Service.
  - The position of Executive Director, Royal Brisbane Hospital and Royal Women's Hospital Mental Health was declared to be the Administrator for Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service.
  - The position of Executive Director was declared to be the Administrator for Sunshine Coast and Gympie Districts Authorised Mental Health Service.

Section 498 of the Act allows the Administrator to delegate his or her functions to an appropriately qualified person. Each AMHS determines and documents their appropriate delegations at the local level.

The office holders declared by the Director are identified in Appendix 1 (for AMHSs) and Appendix 3 (for High Security Units).

## Authorised doctors

Authorised Doctors (ADs) are appointed by the Administrator of the AMHS. In appointing an AD, the Administrator must believe that the doctor has the experience and expertise needed to undertake this specialist role. Most ADs are psychiatrists or psychiatric registrars.

The functions performed by an AD require a good understanding of the provisions of the Act. To assist services in streamlining procedures, the *Policy for appointment, renewal and cessation as an authorised doctor* was approved on 29 August 2006 and released to services for implementation. The policy outlines the importance of standardised appointment processes and sets out the skill set and training required to undertake statutory responsibilities under the Act.

In an effort to guide services and simplify procedures the policy introduced two forms to ensure accountable procedures were implemented. These included an appointment form and a renewal and cessation form.

*Table 3 Number of authorised doctors (including authorised psychiatrists) appointed to each authorised mental health service as at 30 June 2007\**

Authorised mental health service <sup>#</sup>	Authorised psychiatrist	Other authorised doctor	Total
Bayside	8	46	54
Bundaberg	6	5	11
Belmont	30	0	30
Cairns	14	22	36
Fraser Coast	4	3	7
Gold Coast	20	28	48
Greenslopes	5	0	5
Logan	16	21	37
Mater	11	7	18
Mackay	3	12	15
New Farm	34	2	36
PA Hospital	33	46	79
Prince Charles	19	24	43
The Park	22	15	37
The Park – High Security	22	15	37
RBWH	32	47	79
Redcliffe-Caboolture	7	38	45
Royal Children's	2	0	2
Rockhampton	3	6	9
Sunshine Coast	15	13	28
Toowoomba	24	22	46
Townsville	16	22	38
Toowong	24	2	26
West Moreton	8	25	33
<b>Total</b>	<b>378</b>	<b>421</b>	<b>799</b>

\* Doctors may be appointed as an AD at more than one AMHS

<sup>#</sup> See Appendix 4 for full AMHS title

## Authorised mental health practitioners

Authorised Mental Health Practitioners (AMHPs) are appointed by the Director. Nominations are made by the Administrator of the relevant AMHS. On 29 August 2006, the Director released the *Policy for appointment, renewal, transfer and cessation as an Authorised Mental Health Practitioner*. The policy was developed for use within Queensland AMHSs to regulate procedures across Queensland. It requires AMHPs to possess the necessary competence to fulfil their statutory responsibilities over time. It outlines the minimum requirements necessary to be appointed as an AMHP including:

- being a health practitioner, as defined under the Act
- being a health service employee of an AMHS or another officer or employee of Queensland Health
- having the requisite knowledge of the Act and ability to communicate this knowledge to others. Demonstration of knowledge includes, among other things, completion of the following Online Training System modules:
  - LMO-2018 – Classified Patients and the MHA-2000
  - LMO-2019 – The Forensic Provisions of the MHA2000
  - LMO-2027 – Involuntary Assessment and Treatment Provisions of the MHA2000
  - LMO-2029 – The Return Provisions of the MHA2000.

- a minimum of two years' experience working in mental health service provision including training and expertise required to assess persons suspected of having a mental illness
- participating in regular clinical supervision
- an awareness of potential conflicts of interest and the importance of not exercising powers in circumstances where such conflicts exist (for example a practitioner who, under an administrator delegation, agrees to the assessment of a person as a classified patient, should not complete the recommendation for assessment for that person).

The policy also states AMHPs may, subject to administrator approval, transfer between services thus speeding up the transition process and relieving pressure on administrative practices. In addition, the requirement to renew appointments annually is formalised. The AMHP renewal process is intended to promote practitioners' maintenance of up-to-date knowledge of legislative changes and associated policies and procedures.

*Table 4 Number of authorised mental health practitioners at each authorised mental health service\* as at 30 June 2007*

Authorised mental health service*	Total authorised mental health practitioners
Bayside	34
Bundaberg	12
Belmont	12
Cairns	53
Fraser Coast	15
Gold Coast	37
Greenslopes	8
Logan	39
Mater	28
Mackay	22
New Farm	6
PA Hospital	56
Prince Charles	53
The Park	7
RBWH	81
Redcliffe-Caboolture	51
Royal Children's	12
Rockhampton	27
Sunshine Coast	83
Toowoomba	46
Townsville	35
Toowong	10
West Moreton	33
<b>Total</b>	<b>760</b>

\*See Appendix 4 for full AMHS title.

## Authorised mental health services

The Act provides for the Director to declare approval of AMHSs and High Security Units by way of gazette notice (Appendix 3).

The following changes were made to the Schedule of AMHSs during 2006–07:

- On 16 February 2007, Bundaberg District and Area Network AMHS was re-declared to be an AMHS. On 16 August 2005, Bundaberg District and Area Network AMHS was removed from the Schedule of AMHSs and community components of the service were added as components to the Sunshine Coast and Gympie District AMHS. The Sunshine Coast and Gympie Districts AMHS support and effort during the time that Bundaberg Integrated Mental Health Service was not an AMHS, is greatly appreciated.
- On 16 March 2007, 'Mayne Health' was removed from the title of Belmont Private Hospital AMHS.

From February 2007, the Director liaised with AMHSs and Health Service Districts (HSDs) regarding changes required to the AMHS Schedule as a result of the consolidation of HSDs.

The changes will be covered in next year's annual report.

Appendix 1 identifies AMHSs as at 30 June 2007. AMHSs established as High Security Units are presented separately.

## High security units

High Security Units are AMHSs that are established to be High Security Units. As of 30 June 2007, there is only one AMHS declared as a High Security Unit.

On 20 October 2006, the word 'zones' was removed from the name of the two High Security AMHSs and replaced with 'areas'.

On 2 March 2007, the Townsville High Security Program was de-gazetted as a High Security Unit due to difficulties in recruiting staff. Since de-gazetted, beds in this Unit have been used as medium secure beds.

## Facilities established as AMHSs for the purpose of administering ECT

The following changes were made to the Schedule of AMHSs established for administering electroconvulsive therapy (ECT) during 2005–06:

- On 20 October 2006, Wesley Hospital was removed from the Schedule of AMHSs declared to be AMHSs specifically for the purposes of administering ECT.

Appendix 2 identifies facilities that are established as AMHSs for the purpose of administering ECT as at 30 June 2007.

## Statewide information and liaison service

Mental Health Act Liaison Officers in the Mental Health Branch provide information on the Act and patient rights. This service is used by consumers, carers, service providers, non-government and government organisations and members of the public.

The Mental Health Act Liaison Officers are available during standard business hours on (07) 3234 0417 or free call 1800 989 451 and via email on the MHA2000 website, [www.health.qld.gov.au/mha2000](http://www.health.qld.gov.au/mha2000).

### Mental Health Act 2000 forms

On 9 October 2006, changes to the following four Act-related forms were approved by the Director of Mental Health to reflect amendments to the *Police Powers and Responsibilities Act 2000*:

- dmh 028,32(1),32(2) – *Justices examination order*
- dmh 025,30,117,119,163,168,507,541 – *Request for police assistance*
- dmh 513,514 – *Warrant for apprehension of patient (Warrant form completed on issue of special warrant)*
- dmh 507,508 – *Authority to return patient to authorised mental health service.*

The revised dmh 028,32(1),32(2) – *Justices examination order* form was gazetted on 27 October 2006.

On 27 April 2007, a new form was approved to improve processes relating to requests to the Director from AMHSs and to approve the transfer of a forensic patient or classified patient from one AMHS to another AMHS (dmh 166 *Request for transfer*).

On 27 April 2007, minor changes to existing forms were also approved to reflect the following developments:

- amendments to the Act made in both the *Health Legislation Amendment Act 2006* and the *Health Legislation Act 2005* (dmh 058, 70 *Court assessment order*; dmh 065(1), 70 *Custodian's assessment authority*; and dmh 070(2)&(3) *Detention in AMHS as classified patient*)
- advice from the Legal Unit recommending changes to forms to ensure practitioners address criteria individually (the dmh 016(b), 49(a), *Recommendation for assessment*; and dmh 108, 112 *Involuntary treatment order*)
- an identified need to improve clarity and provision of information provided on certain forms (dmh 118(1), 121 and 122 *Revocation of involuntary treatment order*; and dmh 108, 112 *involuntary treatment order*).

The *Custodian's assessment authority*, *Recommendation for assessment* and *Involuntary treatment order* forms are approved forms under the Act and therefore the revised versions were gazetted on 4 May 2007.

# our performance

## Review of the *Mental Health Act 2000*

### Government response to the Review

On 23 May 2006, the Honourable Stephen Robertson, Minister for Health, announced the Government would conduct a review of the *Mental Health Act 2000* ('the Act'), following media coverage which raised issues about the rights of victims of crime in matters where an offender has a mental illness.

Brendan Butler AM SC was appointed to examine the efficacy of legislative provisions and administrative arrangements relating to victims and whether these provisions needed to be amended to further enable victim involvement in the decision making process. The Review was also charged with considering whether the Act and associated arrangements achieve an appropriate balance between the responsibility of the State to strengthen the safety and protection of the community with the provision of rehabilitation opportunities for patients under a forensic order.

On 8 December 2006, Mr Butler provided Government with his report, *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000* ('the Review Report'), which can be accessed at [www.reviewmha.com.au](http://www.reviewmha.com.au).

On 11 December 2006, an interim Government response to the Review Report noted that a number of Review recommendations required further consideration in the 2007–08 Budget process, particularly in light of their financial implications. Taking account of the many departments affected by the recommendations, an undertaking was given to provide a whole-of-government response to the Review Report after the Budget had been determined.

Immediate support was given to a number of initiatives including:

- amending the Act's purpose to require community protection and the needs of victims to be taken into account in relation to forensic patients
- amending the title of 'non-party submission' (made to the Mental Health Court or the Mental Health Review Tribunal) in the Act
- requiring the Director of Public Prosecutions to be the decision-maker in the administrative determination of charges
- clarifying that the role of the Attorney-General's representative in the Mental Health Review Tribunal is to represent the public interest
- requiring the Office of the Director of Public Prosecutions and the Queensland Police Service to provide more timely information to Queensland Health regarding offences and whether victims are involved
- providing a clear statement of purpose for statements by a victim or interested person
- enabling the Mental Health Court Registry to provide a copy of the statement by a victim or interested person to the authorised mental health service and Mental Health Review Tribunal.

## State Budget 2007–08 outcomes

On 30 May 2007, the then Premier, the then Deputy Premier and Treasurer, and the Minister for Health announced, as part of record State Budget funding that \$53.48 million would be spent over the next four years implementing all 106 of the Review recommendations.

The funding will be expended on initiatives including:

- **\$10.24 million** to establish a statewide Victim Support Service and victim information register system, and to implement a range of other initiatives to support victims.
- **\$13.26 million** to improve the forensic legal processes related to the Mental Health Court and the Mental Health Review Tribunal.
- **\$0.8 million** to improve community and stakeholder understanding of the forensic mental health system.
- **\$29.18 million** to establish 35 additional positions to improve specialist and district based forensic mental health services, to provide risk management training, and enhance systems to monitor compliance with forensic mental health policy and legislation.

More specifically, the funding increase means that in 2007–08, Queensland Health will spend \$9.2 million on the following changes:

- establishing the statewide Victim Support Service
- employing nine staff for the Victim Support Service
- developing a register system to provide information to victims
- establishing and maintaining a register of information
- increasing resources for more Mental Health Court sittings
- developing monitoring systems in the Office of the Director of Mental Health
- establishing a statewide statutory audit process
- employing 35 additional forensic mental health clinicians
- funding three positions to design and deliver risk management training as part of a statewide structured risk management program
- developing and implementing statewide policies and procedures relating to forensic patients
- funding the development and distribution of information and educational resources on the forensic mental health system
- funding the Mental Health Review Tribunal to update publications, form extended specialist panels in ‘significant’ forensic matters and obtain independent psychiatric examinations.

In July 2007, a Review Implementation Unit was established in the Mental Health Branch to oversee Queensland Health’s implementation of recommendations relating to victims, forensic legal processes, risk management and community awareness. The Unit will complete this task by June 2008.

## Legislative amendments

The Government implemented 10 Review recommendations relating to victim entitlements in an initial round of legislative amendments in the *Health and Other Legislation Amendment Act 2007* (HOLAA). The HOLAA was assented to on 28 May 2007 and commenced on 1 July 2007. A copy of the Bill may be accessed at [www.legislation.qld.gov.au/Bill\\_Pages/Bill\\_52\\_07.htm](http://www.legislation.qld.gov.au/Bill_Pages/Bill_52_07.htm).

The amendments in the HOLAA:

- clarify the purpose of the *Mental Health Act 2000* and how it is to be achieved
- replace references to ‘non-party’ material with ‘victim or interested person’ material
- set out the purpose of submitting this material to the Mental Health Court and the Mental Health Review Tribunal, and the material that may be included in a submission
- require the Mental Health Court to give reasons for taking the material into account or not taking the material into account
- require the Mental Health Court Registry to provide a copy of the victim or interested person statement to the authorised mental health service and the Mental Health Review Tribunal, unless the Court orders otherwise
- provide that the role of the Attorney-General in the Mental Health Review Tribunal is to represent the public interest.

The amendments also make provision for the appointment of one or more additional Supreme

Court judges to the Mental Health Court. This change was requested by the Chief Justice to help address the rising workload of the Court. These amendments will commence by proclamation upon the appointment of an additional judge. At the time of writing this report, the remaining 39 amendments are contained in the Mental Health and Other Legislation Amendment Bill 2007, scheduled for tabling in Parliament in late 2007. The Bill includes all remaining amendments relating to victims including those relating to establishment of the victim information register system, as well as amendments that address forensic legal processes and risk management requirements.

## Other legislative amendments

During the reporting period, significant work has also been undertaken on legislative policy relating to classified patients, in particular, the application of the classified patient provisions to persons detained under the *Migration Act 1958* (Cth). The resulting amendments to the classified provisions in the *Mental Health Act 2000* were passed in the *Health Legislation Amendment Act 2006*. Specifically, changes were made to section 64 to enable the classified patient provisions to be applied to persons who are lawfully held or detained in custody, without charge, under an Act of the State or Commonwealth (prescribed under a regulation). Consultation included the Commonwealth Department of Immigration and Citizenship regarding prescribing the *Migration Act 1958* under a regulation for the purposes of section 64. This process will be finalised in 2007–08.

# our performance

## Reporting against the *Mental Health Act 2000*

The majority of people who have a mental illness are able to make decisions about their own treatment. There are, however, times when the nature of mental illness may render a person unable to make such decisions, and involuntary treatment may be warranted. The *Mental Health Act 2000* ('the Act') contains mechanisms for the provision of involuntary assessment, treatment and protection of people with a mental illness, while safeguarding their rights and freedoms, and balancing such rights with the rights of others.

A person's liberty and rights are adversely affected only if there is no less restrictive way to protect their health and safety, or to protect others. The involuntary provisions may be applied if a person, due to their mental condition, is believed to represent a risk to their own safety, or to the safety of others.

This chapter details the involuntary provisions and related legislative processes that were applied between 1 July 2006 and 30 June 2007. Data on these activities is recorded in the Mental Health Act Information System (MHAIS). Data from MHAIS, together with records maintained by the Director have been used to inform this Report.

## Involuntary assessment

The Act provides access to involuntary assessment for mental illness. Two forms must be completed to initiate involuntary assessment. Together these forms are known as the ‘assessment documents’.

The first of the assessment documents is a *request for assessment*. A *request for assessment* may be completed by an adult (usually a family member, friend or health professional) who, having observed the person in the preceding three days, believes the person requires involuntary assessment. The second document is a *recommendation for assessment*. This document is completed by either a doctor or Authorised Mental Health Practitioner who believes, after having examined the person in the preceding three days, the assessment criteria (section 13) apply to the person. A *recommendation for assessment* remains in force for seven days after it is made.

Together these documents authorise a health practitioner or ambulance officer to take the person to an Authorised Mental Health Service (AMHS). For the purposes of assessment, a public hospital may be considered an AMHS where no other AMHS is readily available. Upon arrival at the AMHS, the person becomes an involuntary patient. The patient may be detained at the AMHS for an initial period of 24 hours. This period may be extended by 24 hours to facilitate assessment, however, the total assessment period must not exceed 72 hours. During the assessment period an Authorised Doctor will assess the patient to determine whether the treatment criteria apply. The Authorised Doctor, if satisfied that the treatment criteria apply, may then make an *involuntary treatment order* for the patient.

Table 5 sets out involuntary assessment activity at each AMHS in 2006–07 for the standard assessment process (where a person is assessed on two assessment documents alone).

Column 2 details the number of occasions that assessment occurred on the assessment documents alone (5,939 occasions). This figure does not include assessments conducted under a *justices examination order* or an *emergency examination order*. Data relating to assessments conducted under such orders is discussed in the following section.

Column 3 shows the number of *involuntary treatment orders* that resulted from assessment documents alone. Sixty-five per cent (3,856) of the 5,939 involuntary assessments resulted in an *involuntary treatment order*.

Column 4 indicates 34 per cent (2,039) of the 5,939 involuntary assessments did not result in an *involuntary treatment order*. An *involuntary treatment order* cannot be made for a person who does not meet all of the treatment criteria (section 14).

Column 5 relates to the number of occasions where a patient who was involuntary assessed, was already subject to the involuntary provisions of the Act. This situation may occur where the person is receiving treatment through one AMHS, but is subject to involuntary assessment at another AMHS.

The figures contained in Table 5 represent a slight increase from 2005–06 in the number of assessments conducted, and a slight decrease in the number of *involuntary treatment orders* resulting from those assessments.

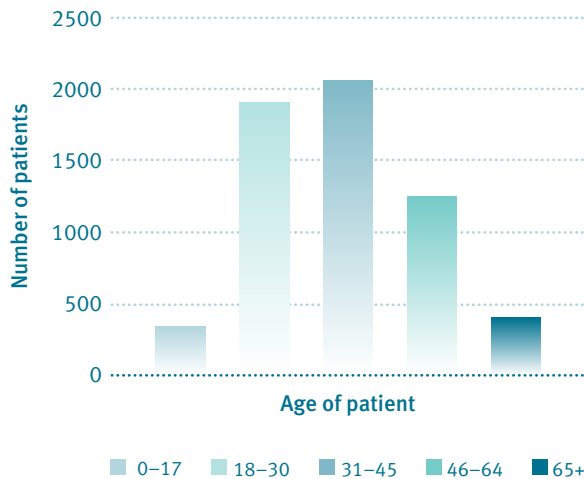
*Table 5 Involuntary assessment – involuntary processes commenced with assessment documents\*\* 2006–07*

Authorised mental health service*	Assessed on assessment documents only**	ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Pre-existing involuntary status	
Bayside	170	117	69%	53	31%	0	0%
Bundaberg	23	19	83%	4	17%	0	0%
Belmont	72	68	94%	4	6%	0	0%
Cairns	338	208	62%	126	37%	4	1%
Fraser Coast	132	85	64%	47	36%	0	0%
Gold Coast	752	513	68%	237	32%	2	0%
Greenslopes	5	5	100%	0	0%	0	0%
Logan	495	324	65%	171	35%	0	0%
Mater	27	16	59%	11	41%	0	0%
Mackay	122	79	65%	43	35%	0	0%
New Farm	33	32	97%	1	3%	0	0%
PA Hospital	696	488	70%	202	29%	6	1%
Prince Charles	334	210	63%	124	37%	0	0%
The Park	10	4	40%	6	60%	0	0%
The Park – High Security	3	3	100%	0	0%	0	0%
RBWH	1,136	657	58%	457	40%	22	2%
Redcliffe-Caboolture	199	126	63%	73	37%	0	0%
Rockhampton	188	111	59%	77	41%	0	0%
Sunshine Coast	354	256	72%	96	27%	2	1%
Toowoomba	369	216	59%	150	41%	3	1%
Townsville	238	159	67%	79	33%	0	0%
Toowong	30	20	67%	10	33%	0	0%
West Moreton	213	140	66%	68	32%	5	2%
<b>Total</b>	<b>5,939</b>	<b>3,856</b>	<b>65%</b>	<b>2,039</b>	<b>34%</b>	<b>44</b>	<b>1%</b>

\* See Appendix 4 for full AMHS title.

\*\* This data does not include instances where involuntary assessment was preceded by another process such as an emergency examination order or justices examination order. Data relating to involuntary assessment following an emergency examination order or justices examination order is provided in the next section of the report – Processes leading to involuntary assessment.

**Figure 1** Age of patients assessed under assessment documents only 2006–07



## Processes leading to involuntary assessment

There are times when it is appropriate not to use the standard involuntary assessment process discussed in the preceding section. For example, a person may not be known to the AMHS. In these circumstances, consideration may be given to initiating assessment through a *justices examination order* or *emergency examination order*.

### Justices examination orders

A member of the community who believes a person requires involuntary assessment may apply for a *justices examination order* to be made. The application must detail the grounds for seeking the order and be officially sworn. A magistrate or Justice of the Peace (JP) may make the order if they are satisfied that the person subject to the application, has a mental illness and the order is necessary to ensure the person is properly examined. Once made, a *justices examination order* is valid for seven days and is issued to the Administrator of the relevant AMHS.

Upon receiving the order, the Administrator must arrange for a doctor or Authorised Mental Health

Practitioner (AMHP) to examine the person. The examiner will attend either the person’s residence, or another place nominated in the order to examine the person and determine whether involuntary assessment is warranted. The assessment, if warranted, will be conducted at the AMHS.

Table 6 indicates that, in keeping with previous years, the vast majority (97 per cent) of *justices examination orders* made during the reporting period were authorised by a JP. Most Magistrates Courts will have one or more staff members who are qualified as a JP. It is worth noting that an unrecorded percentage of applicants who attend a Magistrates Court for the purposes of having a *justices examination order* approved, will ultimately have the order signed by a JP employed by the Court.

Table 7 shows that a total of 787 *justices examination orders* were made during the reporting period. This figure is slightly lower than in the previous reporting period (841 in 2005–06). Of these orders, 57 per cent ended with no assessment documents being made. Assessment documents will not be made if the doctor or AMHP considers that any one of the six criteria for involuntary assessment are not satisfied (section 13).

Column 4 shows that 216, or 27 per cent of *justices examination orders* resulted in an *involuntary treatment order*. Thirty-two or four per cent of *justices examination orders* did not result in an *involuntary treatment orders* (column 5).

Column 6 indicates that 10 per cent of all *justices examination orders* ended prior to an examination being conducted. This outcome may occur where the person is unable to be found, or if they voluntarily attend an AMHS within the seven day life of the order.

In a small number of cases (two per cent – see Column 7) a *justices examination order* was made for a person who was already subject to the involuntary provisions of the Act. This may happen where a patient is assessed at an AMHS, other than the one at which they were already receiving treatment.

Table 6 Justices examination orders made by designation 2006–07

Authorised mental health service*	Total	Justice of the Peace	Magistrate
Bayside	33	33	0
Bundaberg	7	7	0
Cairns	45	33	12
Fraser Coast	33	33	0
Gold Coast	55	53	2
Logan	71	69	2
Mater	1	0	1
Mackay	48	47	1
PA Hospital	98	96	2
Prince Charles	49	49	0
RBWH	20	19	1
Redcliffe-Caboolture	44	44	0
Royal Children's	4	3	1
Rockhampton	50	49	1
Sunshine Coast	30	30	0
Toowoomba	91	89	2
Townsville	46	46	0
West Moreton	62	61	1
<b>Total</b>	<b>787</b>	<b>761</b>	<b>26</b>

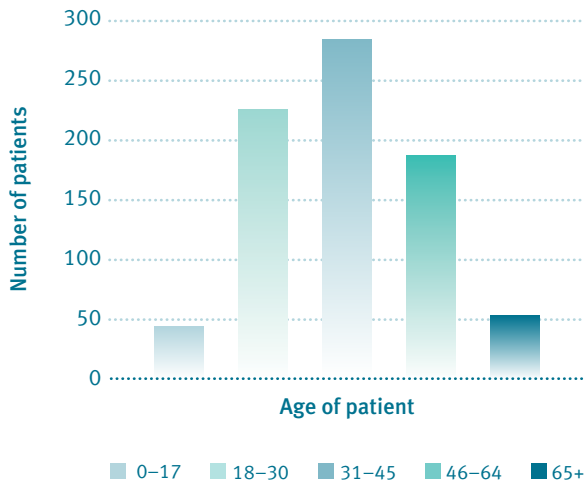
\* See Appendix 4 for full AMHS title.

Table 7 Justices examination orders and outcomes 2006–07

Authorised mental health service*	Total	Assessment documents not made	Assessment documents made				JEO ended before examination		Pre-existing involuntary status		
			ITO made as a result of involuntary assessment	ITO not made as a result of involuntary assessment							
Bayside	33	17	52%	12	36%	1	3%	3	9%	0	0%
Bundaberg	7	5	71%	0	0%	0	0%	1	14%	1	14%
Cairns	45	29	64%	10	22%	1	2%	5	11%	0	0%
Fraser Coast	33	17	52%	8	24%	2	6%	5	15%	1	3%
Gold Coast	55	27	49%	21	38%	2	4%	3	5%	2	4%
Logan	71	29	41%	18	25%	4	6%	18	25%	2	3%
Mater	1	1	100%	0	0%	0	0%	0	0%	0	0%
Mackay	48	35	73%	8	17%	1	2%	4	8%	0	0%
PA Hospital	98	45	46%	42	43%	2	2%	8	8%	1	1%
Prince Charles	49	30	61%	16	33%	1	2%	1	2%	1	2%
RBWH	20	9	45%	7	35%	3	15%	1	5%	0	0%
Redcliffe-Caboolture	44	30	68%	10	23%	2	5%	2	5%	0	0%
Royal Children's	4	4	100%	0	0%	0	0%	0	0%	0	0%
Rockhampton	50	29	58%	12	24%	1	2%	6	12%	2	4%
Sunshine Coast	30	21	70%	3	10%	1	3%	4	13%	1	3%
Toowoomba	91	56	62%	22	24%	7	8%	5	5%	1	1%
Townsville	46	32	70%	12	26%	0	0%	2	4%	0	0%
West Moreton	62	34	55%	15	24%	4	6%	9	15%	0	0%
<b>Total</b>	<b>787</b>	<b>450</b>	<b>57%</b>	<b>216</b>	<b>27%</b>	<b>32</b>	<b>4%</b>	<b>77</b>	<b>10%</b>	<b>12</b>	<b>2%</b>

\* See Appendix 4 for full AMHS title.

**Figure 2** Age of patients assessed under justices examination orders 2006–07



## Emergency examination orders

When a police officer, ambulance officer, or psychiatrist believes that a person represents an imminent risk of significant physical harm to either themselves or another person, the officer or psychiatrist may make an *emergency examination order*.

A police officer, ambulance officer, or psychiatrist may take the person named in the *emergency examination order* to an AMHS for examination. The person may, upon arriving at the AMHS, be detained for up to six hours for the purpose of being examined by a doctor or Authorised Mental Health Practitioner (AMHP). The doctor or AMHP will examine the person with the purpose of determining whether the person meets the criteria for involuntary assessment.

In the reporting period, 4,017 *emergency examination orders* were made (see Table 8). This figure represents 37 per cent of all involuntary examination and assessment activity in the period, which is only a one per cent increase from the previous reporting period. Of these orders, 79 per cent, or 3,154 were made by a police officer.

## Case study – family concerned about son

Bill phoned the Mental Health Branch and spoke with a Liaison Officer regarding his concerns about his son John, who he thought needed treatment for mental illness. Bill said John believed he had recovered from his illness and didn’t need to keep taking his medication. John was spending more time alone in his room, however, he was still talking with his parents at mealtimes and Bill thought the situation did not require urgent action.

The Liaison Officer talked to Bill about a number of ways his concerns might be addressed. Given the situation did not seem to warrant urgent intervention through an emergency examination order, other assessment options were explored. These options included assessment by his General Practitioner, a mental health worker assessing John at home, and Bill accompanying John to the local mental health service. The Liaison Officer suggested that if John’s condition continued to deteriorate and he was not willing to be assessed voluntarily, then an application for a justices examination order might be completed. If an order was made, a doctor or authorised mental health practitioner could examine John to decide whether a recommendation for assessment should be made.

Knowing someone who will not accept treatment for a mental illness can be stressful for carers and families. This is not a unique situation, and there are a number of approaches that can be taken to ensure that a person with a mental illness receives timely, appropriate assessment and treatment.

Ambulance officers have increasingly been involved in the making of *emergency examination orders*. In 2004–05, 14 per cent orders were made by ambulance officers, compared to 17 per cent in 2005–06, and 21 per cent in 2006–07.

Less than one per cent of orders were made by psychiatrists in 2006–07.

An *emergency examination order* may result in several different outcomes (see Table 9).

Nearly half (2,001) of the 4,019 *emergency examination orders* made in the period ended without a recommendation for assessment being made. This data indicates that in almost half of the cases the treatment criteria were not satisfied. In these cases, the doctor or AMHP may have believed the person would consent to treatment, or there were less restrictive ways of ensuring the person received treatment for the mental illness.

During the reporting period, 1,707 *emergency examination orders* resulted in the assessment documents being made for the person. Of these, 952 (or 24 per cent) resulted in an *involuntary treatment order* being made, and 755 (19 per cent) resulting in an *involuntary treatment order* being made.

A small proportion (four per cent) ended before a doctor or AMHP was able to examine the person (see Column 6). As previously noted, the order expires six hours after the patient arrives at the AMHS. The recurrence of orders ending before examination highlights the need for services to continue to review their responses to patients under an *emergency examination order*.

In three per cent of cases the patient was already subject to the involuntary provisions of the Act (see Column 7). This event may occur when a patient is taken to an AMHS that is not the AMHS from which they are receiving treatment.

Table 8 *Emergency examination orders made 2006–07*

AMHS*	Total	Ambulance Officer	Police Officer	Psychiatrist			
Bayside	204	53	26%	151	74%	0	0%
Bundaberg	39	5	13%	34	87%	0	0%
Cairns	206	58	28%	148	72%	0	0%
Fraser Coast	61	14	23%	47	77%	0	0%
Gold Coast	341	84	25%	256	75%	1	0%
Logan	297	112	38%	183	62%	2	1%
Mater	54	0	0%	54	100%	0	0%
Mackay	107	9	8%	98	92%	0	0%
PA Hospital	420	65	15%	354	84%	1	0%
Prince Charles	191	11	6%	179	94%	1	1%
RBWH	557	134	24%	420	75%	3	1%
Redcliffe-Caboolture	188	61	32%	127	68%	0	0%
Royal Children's	1	0	0%	0	0%	1	100%
Rockhampton	240	16	7%	222	93%	2	1%
Sunshine Coast	289	50	17%	238	82%	1	0%
Toowoomba	279	47	17%	230	82%	2	1%
Townsville	295	70	24%	225	76%	0	0%
West Moreton	248	59	24%	188	76%	1	0%
<b>Total</b>	<b>4,017</b>	<b>848</b>	<b>21%</b>	<b>3,154</b>	<b>79%</b>	<b>15</b>	<b>0%</b>

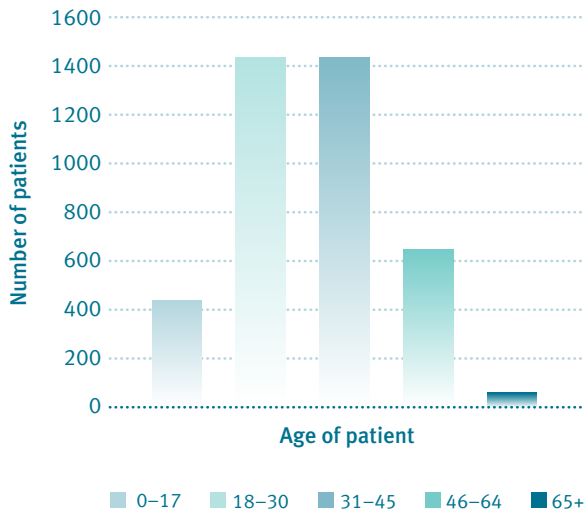
\* See Appendix 4 for full AMHS title.

Table 9 Emergency examination orders and outcomes 2006–07

Authorised mental health service*	Total	Assessment documents not made		Assessment documents made				EEO ended before examination		Pre-existing involuntary status	
				ITO made as result of involuntary assessment		ITO not made as a result of involuntary assessment					
Bayside	204	125	61%	26	13%	38	19%	11	5%	4	2%
Bundaberg	39	32	82%	6	15%	0	0%	0	0%	1	3%
Cairns	206	81	39%	62	30%	49	24%	9	4%	5	2%
Fraser Coast	61	24	39%	13	21%	21	34%	1	2%	2	3%
Gold Coast	342	115	34%	124	36%	91	27%	7	2%	5	1%
Logan	297	147	49%	64	22%	51	17%	24	8%	11	4%
Mater	54	44	81%	5	9%	5	9%	0	0%	0	0%
Mackay	107	44	41%	26	24%	35	33%	0	0%	2	2%
PA Hospital	421	229	54%	98	23%	52	12%	26	6%	16	4%
Prince Charles	191	70	37%	52	27%	58	30%	0	0%	11	6%
RBWH	557	134	24%	169	30%	175	31%	59	11%	20	4%
Redcliffe–Caboolture	188	100	53%	53	28%	20	11%	5	3%	10	5%
Royal Children's	1	0	0%	1	100%	0	0%	0	0%	0	0%
Rockhampton	240	154	64%	42	18%	40	17%	1	0%	3	1%
Sunshine Coast	289	183	63%	54	19%	22	8%	9	3%	21	7%
Toowoomba	279	163	58%	59	21%	48	17%	1	0%	8	3%
Townsville	295	195	66%	46	16%	30	10%	21	7%	3	1%
West Moreton	248	161	65%	52	21%	20	8%	6	2%	9	4%
<b>Total</b>	<b>4,019</b>	<b>2,001</b>	<b>50%</b>	<b>952</b>	<b>24%</b>	<b>755</b>	<b>19%</b>	<b>180</b>	<b>4%</b>	<b>131</b>	<b>3%</b>

\* See Appendix 4 for full AMHS title.

**Figure 3** Age of patients assessed under emergency examination orders 2006–07



## Classified patient admissions

The Act contains provisions to permit involuntary assessment of a person detained in custody, or appearing before a court. If a person is brought to an AMHS from a court or custody, they become a ‘classified patient’. The classified patient provisions provide for secure management of the person while he or she receives assessment and/or treatment. Three documents must be completed to allow a classified patient to be admitted to an AMHS:

- a recommendation for assessment;
- an agreement for assessment; and
- either a court assessment order or a custodian’s assessment authority.

An Authorised Doctor must assess the classified patient within three days of the patient being under that category. The person may be treated voluntarily if they consent to treatment, or they may be treated under an *involuntary treatment order* if the treatment criteria are satisfied. Factors that may terminate a person’s classified status include the patient’s treatment needs change, charges are finalised, or custodial requirements cease.

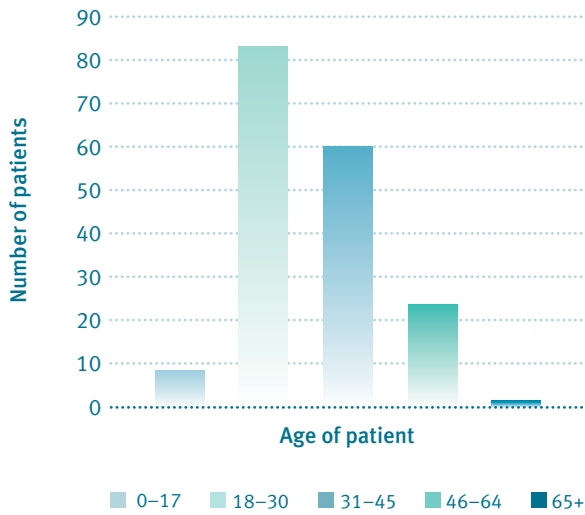
During the reporting period, 171 classified patients were admitted to an AMHS (see Table 10). Of these, 151 were transferred from a correctional centre or watch house, and 20 were transferred from court. These figures represent an overall increase of 24 classified patients compared to the previous period.

**Table 10** Classified patient admissions 2006–07

Authorised mental health service*	Court	Watch-house	Queensland correctional centres	Total
Bayside	0	0	3	3
Cairns	3	12	4	19
Fraser Coast	0	4	7	11
Gold Coast	3	7	11	21
Logan	1	3	2	6
Mackay	1	3	0	4
PA Hospital	3	3	13	19
Prince Charles	2	1	8	11
The Park	0	0	4	4
The Park – High Security	2	1	12	15
RBWH	2	4	1	7
Rockhampton	1	1	1	3
Sunshine Coast	0	2	6	8
Toowoomba	1	4	11	16
Townsville	1	4	9	14
West Moreton	0	3	7	10
<b>Total</b>	<b>20</b>	<b>52</b>	<b>99</b>	<b>171</b>

\* See Appendix 4 for full AMHS title.

**Figure 4** Age of patients placed under the classified provisions of the Act 2006–07



## Overview of examination and assessment activity

The preceding sections have identified the four ways in which the involuntary examination and assessment process can commence under the Act. The processes are:

- the assessment documents alone (*request for assessment and recommendation for assessment*)
- *Justices examination orders* preceding the assessment documents
- *Emergency examination orders* preceding the assessment documents
- the classified patient process, for patients in custody or before a court.

A proportional comparison of this activity is displayed in Figure 5. There is negligible change from the previous reporting period.

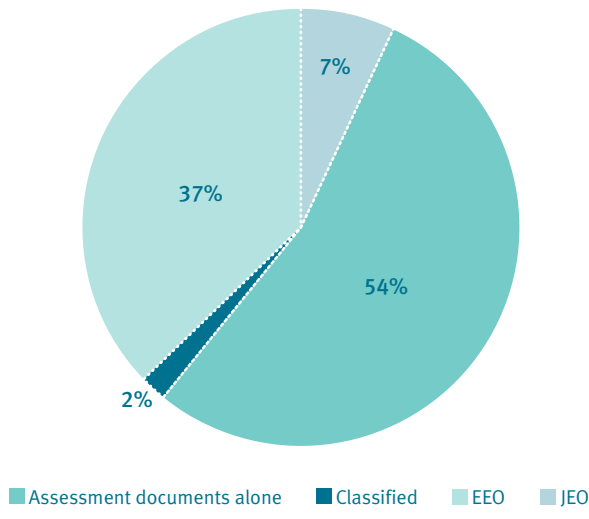
## Case study – classified patient admission

While serving a sentence for armed robbery, Greg was observed to be displaying peculiar behaviour, and making strange statements. Peter, a custodial officer, contacted the Mental Health Branch and spoke with a Liaison Officer.

The Liaison Officer informed Peter that the classified provisions of the Act allow a person serving a term of imprisonment, or appearing before a court, to access mental health treatment in a secure environment. Peter was told that if Prison Mental Health Service staff assessed Greg as needing inpatient assessment and treatment, then after the relevant paperwork was completed Greg could be transported to an authorised mental health service (AMHS) where he must be assessed within three days. Greg was assessed as needing inpatient treatment and was transferred to The Park – High Security Unit where he received treatment for three weeks before returning to prison. The Director of Mental Health was informed when Greg was made a classified patient and he approved his transfer back to the prison.

It is not uncommon for people serving a term of imprisonment, or appearing before a criminal court, to require assessment and/or treatment for a mental illness. The classified provisions of the Act provide for appropriate assessment and treatment to be provided in a secure environment.

**Figure 5 Breakdown of involuntary examination and assessment processes 2006–07**



### Involuntary treatment orders

An *involuntary treatment order* authorises treatment of a person’s mental illness without the person’s consent. The patient may receive treatment under an *involuntary treatment order* as an inpatient or in the community.

The Act allows an Authorised Doctor to make an *involuntary treatment order* for a patient who is subject to involuntary assessment, or for a classified patient. The Authorised Doctor, in making an *involuntary treatment order*, must be satisfied that all six treatment criteria in section 14 are met.

A second examination by a psychiatrist is required if the Authorised Doctor making the *involuntary treatment order* is not a psychiatrist, or if the initial examination was conducted by audiovisual link. If a second examination is required, it must be conducted within three days of the first examination. At the second examination, the psychiatrist must

either confirm or revoke the *involuntary treatment order*, depending on whether the psychiatrist believes that each of the six treatment criteria apply to the patient.

A psychiatrist must regularly review the patient to assess whether the criteria continue to apply. If any of the criteria no longer apply, the *involuntary treatment order* must be revoked.

Patients subject to an *involuntary treatment order* must be regularly reviewed by the Mental Health Review Tribunal (MHRT). A patient must be reviewed within the first six weeks of the making of the order and thereafter at intervals of no more than six months. Patients may also apply for review by the MHRT within these statutory review time frames. When reviewing a patient’s *involuntary treatment order*, the MHRT must consider whether the treatment criteria continue to apply, and confirm or revoke the order accordingly.

Other ways in which an *involuntary treatment order* may be revoked include statutory revocation upon the patient not receiving treatment for six months, or on making of a *forensic order*.

The total number of *involuntary treatment orders* made in the reporting period, and the way in which they were made (initial category and number of examinations), is set out in Table 11.

The number of *involuntary treatment orders* made in 2005–06 (5,248) was less than 2004–05 (5,541), and this trend has continued in the current period (5,093). Ninety-nine per cent of initial orders were inpatient category (as opposed to community category). This percentage remains essentially unchanged from the previous reporting period.

Seventy-six per cent, (3,888) of all *involuntary treatment orders* required a second examination, and of those, a further 76 per cent (2,955) were confirmed, and 933 were revoked. These percentages also remain essentially unchanged in comparison to the previous reporting period.

The number of *involuntary treatment orders* ending in the reporting period, and the way in which they ended, is detailed in Table 12. A total of 4,809 *involuntary treatment orders* ended in the period, representing a decrease of 271 from the previous period. Eighty-eight per cent (4,247) of all *involuntary treatment orders* ended were revoked (either by an Authorised Doctor, the MHRT or through Appeal to the Mental Health Court).

In 2006–07, changes were made to the way in which certain outcomes were recorded. An additional outcome, *ITO is not revoked or confirmed at the end of the 72 hours after it is made*, was recorded. In Table 12 the two similar outcomes of, *ITO is not revoked or confirmed at the end of the 72 hours after it is made*, and *lapsed timeframe before second examination*, have been combined under the title *ITO neither revoked or confirmed within the assessment period*.

Due to this recording change, there has been a large decrease (from the previous period) in the number of *ITO ceased to have effect*, and a large increase in the category previously titled *second examination timeframe lapsed*.

During the reporting period, 346 patients (seven per cent of all *involuntary treatment orders* made) either did not receive a required second examination, or their *involuntary treatment order* was neither confirmed nor revoked within the maximum 72 hours allowed for examination and assessment.

Eighty-three *involuntary treatment orders*, or two per cent, ended because the patient did not receive treatment within a six month period, resulting in the order automatically ceasing. Such an outcome would generally result from a patient being absent without permission for an extended period.

Fifty-eight *involuntary treatment orders* were superseded by a forensic order, resulting in the initial *involuntary treatment order* being revoked. Thirty-three patients were already under an *involuntary treatment order* when a subsequent order was made. This outcome may result from a patient's use of an alias, or being treated at multiple AMHSs.

Forty-two *involuntary treatment order* patients died during the period. Their deaths may have borne little or no relationship to their mental illness. All such events are reviewed in accordance with the policies of Queensland Health and the Director of Mental Health.

*In 2006–07, changes were made to the way in which certain outcomes were recorded.*

Table 11 Involuntary treatment orders made 2006–07

Authorised mental health service*	Total ITOs made**	Category of initial order				Second examination details					
		Inpatient		Community		Second examination required		ITO confirmed		ITO not confirmed	
Bayside	156	153	98%	3	2%	135	87%	94	70%	41	30%
Bundaberg	22	22	100%	0	0%	9	41%	7	78%	2	22%
Belmont	70	70	100%	0	0%	1	1%	1	100%	0	0%
Cairns	282	277	98%	5	2%	232	82%	201	87%	31	13%
Fraser Coast	118	117	99%	1	1%	67	57%	57	85%	10	15%
Gold Coast	663	657	99%	6	1%	451	68%	334	74%	117	26%
Greenslopes	5	5	0%	0	0%	0	0%	0	0%	0	0%
Logan	412	409	99%	3	1%	307	75%	233	76%	74	24%
Mater	22	22	100%	0	0%	15	68%	9	60%	6	40%
Mackay	114	112	98%	2	2%	108	95%	76	70%	32	30%
New Farm	35	34	97%	1	3%	3	9%	2	67%	1	33%
PA Hospital	637	619	97%	18	3%	542	85%	394	73%	148	27%
Prince Charles	286	286	100%	0	0%	252	88%	188	75%	64	25%
The Park	6	6	100%	0	0%	4	67%	4	100%	0	0%
The Park – High Security	11	11	100%	0	0%	8	73%	8	100%	0	0%
RBWH	835	832	99%	3	1%	686	82%	529	77%	157	23%
Redcliffe–Caboolture	188	187	99%	1	1%	149	79%	99	66%	50	34%
Royal Children's	1	1	100%	0	0%	1	100%	1	100%	0	0%
Rockhampton	166	163	98%	3	2%	162	98%	134	83%	28	17%
Sunshine Coast	307	294	96%	13	4%	260	85%	192	74%	68	26%
Toowoomba	303	299	99%	4	1%	220	73%	184	84%	36	16%
Townsville	226	217	96%	9	4%	127	56%	106	83%	21	17%
Toowong	20	20	100%	0	0%	1	5%	1	100%	0	0%
West Moreton	208	204	98%	4	2%	148	71%	101	68%	47	32%
<b>Total</b>	<b>5,093</b>	<b>5,017</b>	<b>99%</b>	<b>76</b>	<b>1%</b>	<b>3,888</b>	<b>76%</b>	<b>2,955</b>	<b>76%</b>	<b>933</b>	<b>24%</b>

\* See Appendix 4 for full AMHS title.

\*\* This figure is the number of involuntary treatment orders made, not the number of patients subject to an involuntary treatment order for the period. That is, more than one involuntary treatment order may have been made for the same patient during the reporting period. It is anticipated that this distinction will be able to be made in future reporting periods.

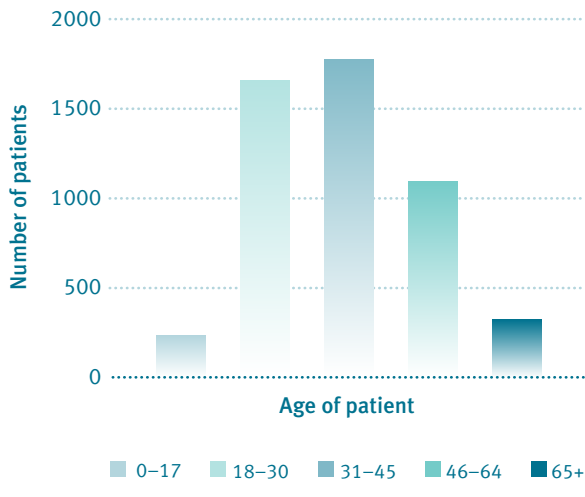
Table 12 Involuntary treatment orders ended 2006–07

AMHS*	Total	ITO revoked by authorised doctor, MHRT or MHC** appeal		ITO ceased to have effect		Forensic order made	ITO already exists	Patient deceased	ITO neither revoked or confirmed within the assessment period	
Bayside	138	112	81%	0	0%	3	0	2	21	15%
Bundaberg	18	18	100%	0	0%	0	0	0	0	0%
Belmont	74	74	100%	0	0%	0	0	0	0	0%
Cairns	281	264	94%	4	1%	2	0	5	6	2%
Fraser Coast	105	103	98%	0	0%	1	0	1	0	0%
Gold Coast	629	544	86%	27	4%	10	0	1	47	7%
Greenslopes	5	5	100%	0	0%	0	0	0	0	0%
Logan	397	346	87%	11	3%	0	0	3	37	9%
Mater	20	16	80%	4	20%	0	0	0	0	0%
Mackay	105	100	95%	2	2%	1	0	1	1	1%
New Farm	33	32	97%	1	3%	0	0	0	0	0%
PA Hospital	620	515	83%	4	1%	6	10	6	79	13%
Prince Charles	284	260	92%	3	1%	4	0	5	12	4%
The Park	11	8	73%	0	0%	1	0	2	0	0%
The Park – High Security	11	2	18%	0	0%	9	0	0	0	0%
RBWH	725	622	86%	9	1%	5	15	6	68	9%
Redcliffe-Caboolture	185	174	94%	3	2%	1	0	2	5	3%
Royal Children's	1	0	0%	0	0%	0	0	1	0	0%
Rockhampton	163	157	96%	3	2%	2	0	0	1	1%
Sunshine Coast	281	249	89%	5	2%	3	4	2	18	6%
Toowoomba	300	262	87%	3	1%	4	0	3	28	9%
Townsville	197	186	94%	1	1%	3	0	2	5	3%
Townsville – High Security	1	0	0%	0	0%	1	0	0	0	0%
Toowong	27	26	96%	0	0%	0	0	0	1	4%
West Moreton	198	172	87%	3	2%	2	4	0	17	9%
<b>Total</b>	<b>4,809</b>	<b>4247</b>	<b>88%</b>	<b>83</b>	<b>2%</b>	<b>58</b>	<b>33</b>	<b>42</b>	<b>346</b>	<b>7%</b>

\* See Appendix 4 for full AMHS title.

\*\*MHRT – Mental Health Review Tribunal; MHC – Mental Health Court

**Figure 6** Age of patients placed under involuntary assessment and involuntary treatment order provisions 2006–07



### Forensic orders

Under the Act, when an involuntary patient is charged with an indictable offence and referred to the Mental Health Court (MHC), the MHC has the

responsibility to determine whether the patient was of unsound mind at the time of the offence and if they are fit for trial. When the MHC finds that a person is not criminally responsible for the offence committed, the patient may be placed on a *forensic order*.

Table 13 highlights activity under the forensic provisions for the reporting period. Activity has remained relatively stable over the past 12 months with the number of *forensic orders* made remaining steady at 110 and the number ending, six less than the previous reporting period. Column 3 shows the number of patients with *forensic orders* as at 30 June 2007 to be 470. That is approximately a nine per cent increase from the previous year. The number of *Persons of Special Notification* has also slightly increased with eight more patients with this status.

*Persons of Special Notification* are an administrative category of forensic patient found of unsound mind or unfit for trial in relation to murder, manslaughter, attempted murder, rape, assault with intent to rape and dangerous driving causing death.

### Case study – involuntary treatment order

Mary was very unwell and couldn't understand why she had been placed under an involuntary treatment order (ITO) in the local mental health inpatient unit. She phoned the Mental Health Branch seeking an explanation about why she had to take medication and remain in hospital. The Liaison Officer said that while he was happy to talk about ITOs with Mary, he also encouraged her to discuss these concerns with her treating team.

The Liaison Officer advised Mary that the ITO would remain in place if the six criteria as set out in the Act are satisfied. However, the Officer also explained that, whilst on an ITO, in hospital, Mary's treating psychiatrist could approve limited community treatment when she was well enough to allow her to have graduated leave from the ward as part of a treatment plan to support her recovery and rehabilitation. Mary was told that she could apply to the Mental Health Review Tribunal at any time for a review of her involuntary status. The Liaison Officer also talked with Mary about other avenues of support and assistance including an allied person and the Community Visitor Program.

It may be difficult for patients who have a mental illness to understand why they need to receive involuntary treatment. An ITO ensures that patients receive necessary treatment for their mental illness, and minimises the risk they may pose to themselves and to others.

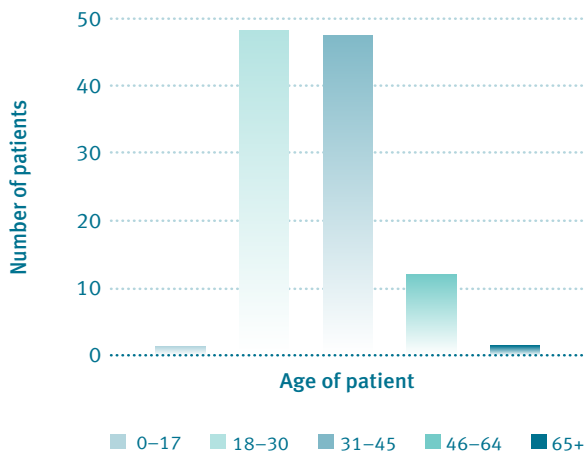
*Table 13 Forensic orders made and ended in 2006–07 and number of forensic orders and persons of special notification as at 30 June 2007*

Authorised mental health service*	Forensic orders made	Forensic order ended	Total number of patients with forensic orders as at 30 June 2007	Number of open persons of special notification as at 30 June 2007**
Bayside	4	1	15	4
Bundaberg	3	2	7	0
Cairns	4	4	17	3
Fraser Coast	2	1	7	0
Gold Coast	14	8	37	6
Logan	5	4	27	5
Mackay	2	2	10	3
New Farm	0	1	0	0
PA Hospital	15	10	46	8
Prince Charles	8	4	30	10
The Park	4	2	33	5
The Park – High Security	12	4	46	31
RBWH	7	5	35	4
Redcliffe-Caboolture	1	2	13	1
Rockhampton	3	1	10	1
Sunshine Coast	4	2	14	1
Toowoomba	8	2	50	7
Townsville	6	4	48	8
Townsville – High Security	2	0	0	0
Toowong	1	1	1	0
West Moreton	5	4	24	3
<b>Total</b>	<b>110</b>	<b>64</b>	<b>470</b>	<b>100</b>

\* See Appendix 4 for full AMHS title.

\*\* Patients represented in this column are also represented in column 4, 'total number of patients with forensic orders as at 30 June 2007'

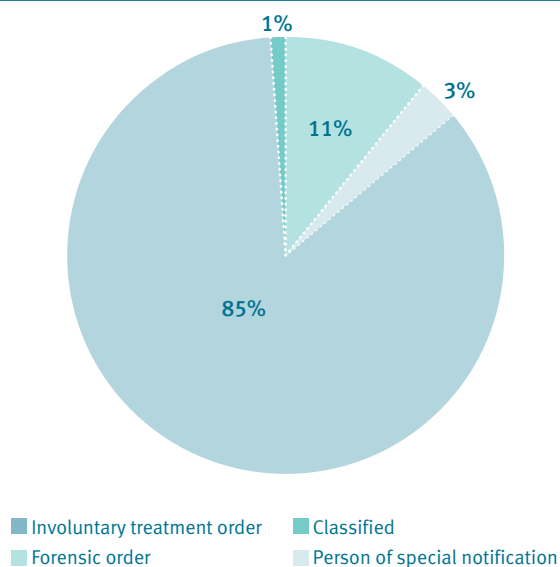
Figure 7 Age of patients under forensic orders 2006-07



### Overview of involuntary status

Figure 8 is a summary of involuntary treatment as at 30 June 2007. In comparison to the previous reporting period, the forensic patient population has increased slightly.

Figure 8 Breakdown of involuntary status as at 30 June 2007



### Case study – forensic order

Kevin was an involuntary patient who had been charged with a number of serious offences. His lawyer told Kevin that he may be placed under a forensic order, so Kevin wrote to the Director of Mental Health to find out what was going to happen to him. A letter of response to Kevin explained the process that lay ahead and encouraged him to discuss it further with his treating team.

The letter indicated that the Act requires the Director of Mental Health to request a report from his treating psychiatrist, which comments on the relationship between his mental condition and the offending behaviour. It was explained that the Director would then make a decision about whether to refer the charges to the Mental Health Court (MHC) to determine if Kevin was criminally responsible for his offending behaviour, or whether he was entitled to a defence and should be placed on a forensic order.

A reference was made to the MHC and the judge decided that Kevin was of unsound mind (i.e. not criminally responsible) at the time he committed the offences and a forensic order was made. The judge then approved limited community treatment, based on his treatment needs and low level of assessed risk.

The forensic order was reviewed by the Mental Health Review Tribunal (MHRT) every six months, until such time as it was determined that Kevin no longer needed to be subject to it and could receive mental health services on a voluntary basis.

For patients who have committed offences, being informed can make the experience a little less daunting.

Table 14 Number of patients under involuntary streams as at 30 June 2007

Authorised mental health service*	Involuntary treatment orders	Classified patients	Forensic orders – not including persons of special notification	Forensic orders – including persons of special notification	Total
Bayside	72	0	11	4	87
Belmont	24	0	0	0	24
Bundaberg	57	0	7	0	64
Cairns	213	2	14	3	232
Fraser Coast	58	1	7	0	66
Gold Coast	309	1	31	6	347
Greenslopes	2	0	0	0	2
Logan	173	0	22	5	200
Mater	2	0	7	3	12
Mackay	66	0	0	0	66
New Farm	13	0	0	0	13
PA Hospital	264	1	38	8	311
Prince Charles	205	0	20	10	235
The Park	58	0	28	5	91
The Park – High Security	17	4	15	31	67
RBWH	377	1	31	4	413
Redcliffe-Caboolture	143	0	12	1	156
Royal Children's	1	0	0	0	1
Rockhampton	106	1	9	1	117
Sunshine Coast	145	1	13	1	160
Toowoomba	209	1	43	7	260
Townsville	194	3	40	8	245
Toowong	46	0	1	0	47
West Moreton	166	0	21	3	190
<b>Total</b>	<b>2,920</b>	<b>16</b>	<b>370</b>	<b>100</b>	<b>3,406</b>

\* See Appendix 4 for full AMHS title.

## Patients charged with an offence

Chapter 7 Part 2 of the Act, *Procedures for particular involuntary patients charged with an offence*, is applied to patients that are subject to an *involuntary treatment order* or *forensic order*. These provisions ensure that if a patient under the Act is charged with an offence, due consideration is given to establishing culpability. To help make a decision in this regard, the Act provides that a patient must undergo examination by a psychiatrist who is required to prepare a report. The report is referred to as a 'section 238 report'.

The Attorney-General can decide to either continue or discontinue the legal proceedings or, refer the matter to the Mental Health Court. The Mental Health Court must ascertain whether the patient is not of sound mind and/or unfit for trial.

Table 15 identifies activity under Chapter 7 Part 2 of the Act for the reporting period. It shows that the provisions applied to 620 patients. This figure represents approximately an 11 per cent increase from the previous reporting period. The third column indicates Chapter 7 Part 2 was applied 785 times (a number of patients came under these provisions more than once).

Table 16 shows that throughout the year there were 609 references made; 364 to the Attorney-General and 245 to the Mental Health Court.

Statutory timeframes apply to certain provisions in the Act. In situations where Chapter 7 Part 2 applies to a patient, the Director of Mental Health gives notice to the relevant AMHS requesting a section 238 report. An AMHS has 21 days to provide it. As highlighted in the Butler Review, there are problems relating to the timeliness of these reports from some AMHSs. Consequently, matters cannot be referred to the Attorney-General or the Mental Health Court until the report is completed and, to the standard required under the Act.

However, it is not always possible for the 21 day timeframe to be met. For example, a patient may be absent without permission for extended periods, may not be attending scheduled appointments, or other material required to complete the report may not be available.

The average number of days from the report being requested, to the report being received by the Director is shown in Table 17. On average, it is taking 79 days for reports to be provided to the Director of Mental Health.

Once the report is received by the Director, the matter must be referred to the Mental Health Court or the Attorney-General within 14 days (unless the Director elects to defer the reference on the grounds that the patient is temporarily unfit for trial). The 14 day deadline is not always reached due to problems such as delays in receiving material from other agencies.

Table 18 indicates that it is taking on average 27 days for matters to be referred to the Attorney-General, and 20 days on average for matters to be referred to the Mental Health Court. These figures are outside the statutory 14 day timeframe, but the provision of incomplete reports, or the need for more documentation can result in extra time been required to complete the referral process.

A new reporting and monitoring program has been introduced to increase awareness of the issues and to address delays in providing reports and making references.

**Table 15** Activity under Chapter 7, Part 2 (patients charged with an offence) 2006–07

Authorised mental health service*	Number of patients where Chapter 7 provisions were commenced	Number of commencements of Chapter 7 provisions**
Bayside	10	11
Bundaberg	8	9
Cairns	39	49
Fraser Coast	17	31
Gold Coast	44	48
Logan	50	66
Mackay	19	25
PA Hospital	63	81
Prince Charles	50	66
The Park	14	15
The Park – High Security	10	11
RBWH	80	92
Redcliffe – Caboolture	32	42
Rockhampton	23	27
Sunshine Coast	41	54
Toowoomba	44	59
Townsville	46	58
West Moreton	30	41
<b>Total</b>	<b>620</b>	<b>785</b>

\* See Appendix 4 for full AMHS title.

\*\* This column provides data for each time the Chapter 7 provisions commenced in relation to a patient.

**Table 16** Total reference activity for Chapter 7, Part 2 (patients charged with an offence) 2006–07

Authorised mental health service*	Number of Chapter 7 referrals to the Attorney-General	Number of Chapter 7 referrals to the Mental Health Court	Total number of referrals made by the Director of Mental Health
Bayside	4	3	7
Bundaberg	2	2	4
Cairns	23	18	41
Fraser Coast	18	10	28
Gold Coast	28	14	42
Logan	25	10	35
Mackay	20	8	28
PA Hospital	34	16	50
Prince Charles	32	19	51
The Park	6	9	15
The Park – High Security	3	7	10
RBWH	51	33	84
Redcliffe-Caboolture	19	14	33
Rockhampton	12	14	26
Sunshine Coast	35	15	50
Toowoomba	27	17	44
Townsville	13	21	34
Townsville – High Security	0	1	1
Toowong	0	1	1
West Moreton	12	13	25
<b>Total</b>	<b>364</b>	<b>245</b>	<b>609</b>

\* See Appendix 4 for full AMHS title.

**Table 17** Timeframes for receipt of section 238 Reports 2006–07

Average length in days for all reports received	79
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**Table 18** Reference timeframes for section 238 Reports received by the Director of Mental Health 2006–07

Referenced to	Average length in days
Attorney-General	27
Mental Health Court	20
<b>Total</b>	<b>23.5</b>

## Patients absent without permission

Part of a patient’s treatment can include the authorisation of leave from an AMHS. For example, the patient may have limited community treatment (LCT) approved as part of the treatment plan or temporary absences for compassionate reasons, for example to attend the funeral of a family member.

If a patient is absent without appropriate approval, the Act authorises his/her return to the AMHS to resume treatment and care. In this instance, an Authorised Doctor issues an *authority to return*. Where appropriate, police may provide assistance with returning the patient.

## Case study – chapter 7 part 2

Sally believed that her neighbour, with whom she normally got on well, had started insulting her behind her back. One day, Sally reacted impulsively and threw a garden rake at her neighbour. Sally was charged with assault. However, she was already on an involuntary treatment order for her mental illness, but had stopped taking her medication.

Upon becoming aware of the situation, Sally’s treating team at the local Authorised Mental Health Service informed the Mental Health Branch about the charge. The Director of Mental Health then requested a section 238 report from Sally’s treating psychiatrist. The psychiatrist reviewed the relevant police material and clinical file before preparing the report providing his opinion about whether Sally was of unsound mind at the time of the offence and if not, whether she was, at the time of writing the report, fit for trial.

The report was sent to the Director of Mental Health where it was reviewed, together with police material, by a Liaison Officer and the Director’s Delegate. The offence was an indictable offence, requiring consideration of whether the matter should be referred to the Attorney-General (simple and less serious indictable offences) or to the Mental Health Court (more serious indictable offences).

Sally’s neighbour had not been hurt and after apologising, Sally’s friendship with her neighbour was restored. Taking account of these factors, along with Sally’s compliance with treatment, the Director of Mental Health referred the matter to the Attorney-General. The Attorney-General considered the psychiatrist’s report and the police material, and decided to discontinue the charges. Sally was not held criminally responsible for her behaviour, but remained under the involuntary treatment order.

The insanity defence has long been a component of Western criminal justice systems. It ensures that people are not unfairly held responsible for actions over which they had no control.

A patient's absence without approval may result from a number of circumstances including:

- a patient who leaves an inpatient facility of an AMHS without the required authority
- a patient who is authorised to be in the community (on limited community treatment or on a community category of an *involuntary treatment order*) but who is required to return to the inpatient facility because of their mental health needs
- a patient who is authorised to be in the community (on limited community treatment) and fails to return to an inpatient facility at the conclusion of the authorised absence.

Table 19 sets out the number of patients absent without permission (AWOP) and the number of *authorities to return* issued at each AMHS for the reporting period. In summary, AWOP activity has remained relatively stable with 2,531 authorities to return issued to a total of 1,470 patients. This is comparable to last year's figures. The average length of time an *authority to return* was in force was approximately eight days, representing a slight increase from the previous reporting period.

Table 19 Authority to return activity 2006–07

Authorised mental health service*	Patients	Number of authorities to return issued	Average length of time authority to return in force (days)
Bayside	43	74	8
Bundaberg	13	16	19
Belmont	1	3	3
Cairns	92	139	10
Fraser Coast	26	35	6
Gold Coast	143	215	13
Logan	121	210	7
Mackay	39	71	4
New Farm	4	4	0
PA Hospital	168	300	9
Prince Charles	128	204	6
The Park	35	104	7
The Park – High Security	3	3	9
RBWH	225	428	12
Redcliffe-Caboolture	56	94	5
Rockhampton	63	97	8
Sunshine Coast	72	124	15
Toowoomba	70	95	13
Toowong	2	2	39
Townsville	82	131	9
West Moreton	84	182	11
<b>Total</b>	<b>1,470</b>	<b>2,531</b>	<b>10</b>

\* See Appendix 4 for full AMHS title.

### Case study – patient absent without permission

Stephen was on a forensic order and the Mental Health Review Tribunal had approved limited community treatment subject to a condition that he live with his sister, Beth, in south-west Queensland. Beth woke one morning to find that Stephen was not in his room so she phoned the Mental Health Branch to find out what she should do.

The Liaison Officer informed her that provisions in the Act would enable Stephen to be returned to his treating Authorised Mental Health Service (AMHS). The Liaison Officer contacted the AMHS and advised that they should complete the necessary paperwork.

Upon completing the Authority to return form, the AMHS faxed it to the police. Six days later police located Stephen in a nearby park and returned him to the AMHS for a comprehensive mental health assessment.

The return provisions in the Act permit appropriate action to be taken to promote patients' compliance with their treatment plan, and ongoing recovery.



## Seclusion and mechanical restraint

Reducing the use of, and where possible eliminating, restraint and seclusion is one of the four priority areas of the *National safety priorities in mental health: a national plan for reducing harm*. With this objective in mind, the Mental Health Branch auspiced a two-day training forum on seclusion and restraint in February 2007.

It is anticipated that seclusion and mechanical restraint data will be incorporated into the *Director of Mental Health's 2007–08 Annual Report* to assist mental health staff to better evaluate clinical outcomes and the Act's operation.

At present, there is no capacity to register episodes of mechanical restraint on MHAIS. Therefore, the Director has provided a template to standardise collection of mechanical restraint data.

In addition to the basic seclusion data collated from MHAIS, the Director has issued the following guidelines for recording seclusion data:

- when recording timeframes under section 153(2) of the Act, an episode of seclusion can be no longer than 12 hours
- times for each 'release' and 'return' to seclusion within that 12 hour timeframe must be recorded on the seclusion order and in MHAIS – release and return requirements
- a release from seclusion occurs when a patient no longer requires seclusion
- a release from seclusion does not include components of meeting a patient's reasonable needs, for example, access to food, drink and toilet facilities (section 158)
- a return to seclusion should only be recorded if it is still within the 12 hour timeframe – otherwise a new seclusion order must be authorised
- a seclusion order can only be authorised when relevant statutory criteria are met (section 151)
- a seclusion order cannot be made in advance.

It is envisaged that a detailed data validation process for seclusion will be developed to improve data quality in the longer term. Reports will be provided to services to help clarify date and time irregularities.

## Investigations

The Director's powers under the Act permit appointment of an approved officer to investigate concerns about the detention, examination, admission, assessment and treatment of patients in an AMHS.

Section 500 of the Act permits the Director to appoint a health practitioner, lawyer or other person to be an approved officer. The powers of an approved officer are set out in sections 532 and 533.

In some instances, the approved officer may assist Queensland Health Ethical Standards Unit officers with investigations where there are concerns about compliance with the Act.

The approved officer may examine relevant material including clinical records and administrative files,

as well as interviewing staff in AMHSs. An assessment is made as to whether there is any evidence of non-compliance with the Act. The investigation report sets out details of the concerns or complaint, findings and recommendations. Recommendations may relate to changes in local or statewide policy, clinical practice and system development. The Director requests that AMHSs respond to the report, and provide an action plan on how recommendations will be implemented. In addition, the Director writes to the complainant to inform him or her about the outcome of the investigation.

A register of investigation data is maintained by the Director. In 2006–07 approved officers commenced two investigations.

*It is envisaged that a detailed data validation process for seclusion will be developed to improve data quality in the longer term.*

# engaging our partners

## Interstate agreements

The Act provides for the establishment of agreements with other states and territories for the admission, transfer, apprehension and return of involuntary patients.

Interstate agreements are being developed along three lines:

- Forensic Apprehension and Return Agreements
- Civil Agreements
- Forensic Transfer Agreements.

The establishment of comprehensive interstate agreements has proved to be complex and subject to delays owing to complex legal, operational and resource issues between jurisdictions.

As at 30 June 2006, Queensland has developed Forensic Apprehension and Return Agreements with:

- New South Wales (NSW)
- Victoria
- Australian Capital Territory (ACT)

Queensland has a Civil Agreement with the ACT. The Agreement allows for:

- the transfer of persons between health facilities in Queensland and the ACT (includes persons who are not covered by the Forensic Apprehension and Return Agreement, but does not include those detained under the Queensland act on assessment documents only)
- apprehension and return of interstate persons who abscond from the ACT to Queensland and from Queensland to the ACT.

Significant work has been undertaken between NSW and Queensland regarding the development of a civil agreement. This agreement is not currently operational and Queensland is liaising with NSW regarding matters that require attention to finalise it.

This agreement will vary slightly from other agreements in place, because it will involve cross-border treatment in the community and cross-border admission for the purposes of assessment in circumstances where the person is close to the Queensland/NSW border.

Negotiations relating to a civil agreement with Victoria continue and should be finalised over the next year. This agreement will be similar to the Queensland/ACT Civil Agreement.

Amendments to the Queensland Act are required to enable the transfer of forensic patients to and from Queensland. Once the amendments are made, work will commence on developing forensic transfer agreements.

Ongoing discussions will occur with Tasmania, Western Australia, the Northern Territory and South Australia regarding the current status and legislative capacity to develop interstate agreements with Queensland.

*The Act makes provisions for the establishment of agreements with other states and territories for the admission, transfer, apprehension and return of involuntary patients.*

# knowledge and skill development

What we do to develop our  
organisation and our people

## Training framework

In August 2006, the *Mental Health Act 2000* Training and Education Framework ('the Framework') was released. The Framework provides a structure for the planning and delivery of training and education on the Act. It is intended that it be read in conjunction with the *Policy for appointment, renewal, transfer and cessation of appointment as an Authorised Mental Health Practitioner* and the *Policy for appointment, renewal and cessation of appointment as an Authorised Doctor*.

The Framework focuses on promoting improved performance of statutory responsibilities under the Act, with a particular emphasis on training and education for health agencies. However, it is also a useful reference point for other individuals and agencies that have responsibilities under the Act. Importantly, it leaves open the possibility of Act-related training to become more closely integrated with other mental health training initiatives.

The Framework provides health service districts with a structure for planning training and assessment for staff. As a result of training, key staff are expected to demonstrate an understanding of up to 12 major areas. The expected learning outcomes vary for key staff depending on their functions as specified in or delegated under the Act.

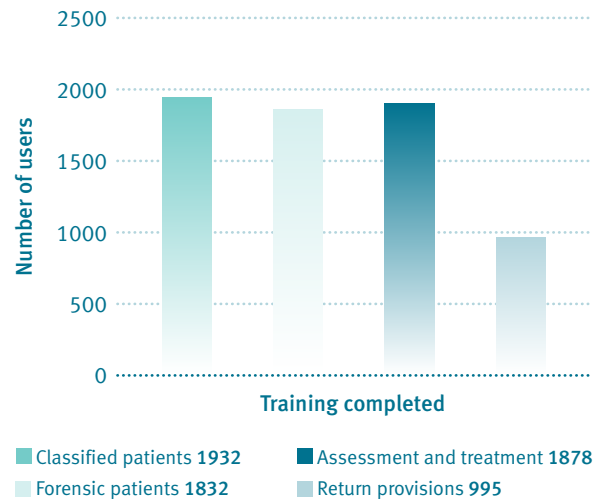
The 12 key areas include:

1. Purpose, principles and definitions of the Act
2. Key personnel and facilities of an authorised mental health service
3. Involuntary assessment provisions
4. Involuntary treatment provisions
5. Patient rights provisions
6. Classified patient provisions
7. Forensic provisions
8. Moving and transfer provisions
9. Limited community treatment and temporary absence provisions
10. Non-compliance and return of patients provisions
11. Entry to places, application and issue of warrant provisions
12. Security of authorised mental health services provisions.

## Training data

The AMHP annual renewal period is 1 September to 31 October. The first statewide appointment renewal was completed in 2006. The renewal identified AMHPs who no longer required appointment or who had not completed the requisite training. The 2006 renewal process resulted in the number of AMHPs being reduced by approximately one third.

**Figure 9** Total number of training participants for each training module to date



\* The Return provisions module was released in June 2006. The other three modules were released approximately one year earlier.

*The Framework focuses on promoting improved performance of statutory responsibilities under the Act, with a particular emphasis on training and education for health agencies.*

# building systems for quality

What we do to better manage our information

## Information management

*Information management is the means by which an organisation maximises the efficiency with which it plans, collects, organises, uses, controls, disseminates and disposes of information and through which it ensures the value of information is identified and exploited to the fullest extent*

*(Queensland Government Information Standard 24).*

One of the key responsibilities of the Legislation Unit of the Mental Health Branch is management of information relating to involuntary patients. A key objective is to develop, enhance and manage the systems supporting the administration of the Act. The following platforms are used to achieve this objective:

- Mental Health Act Information System (MHAIS) and reporting tools
- *Mental Health Act 2000* Online Training System
- Website publishing – QHEPS intranet and Queensland Health internet site.

## Integrated information system development

During 2006–07 the Mental Health Branch commenced development of a statewide integrated mental health information system that will replace the Client Event Services Application (CESA), the Outcomes Information System (OIS) and MHAIS.

Following funding approval by the Queensland Health Information System Investment Board in April 2007, the software development company Dialog was contracted to develop this critical application.

The new system is expected to realise real benefits for the safety of mental health consumers and the delivery of quality mental health services including:

- addressing recommendations from the *Achieving Balance: Report of Queensland's Review of Fatal Mental Health Sentinel Events* and coronial inquests that have recommended integration of mental health information systems to ensure timely access to accurate clinical information
- supporting continuity of care as consumers move between and across inpatient and community settings or between districts
- improving the quality and accountability of mental health service delivery by ensuring that key clinical activities are supported by a standardised framework
- promoting patient and community safety by improving the speed, efficiency, and accuracy of the recording of clinical and Act-related data
- providing staffing efficiencies and minimising data inconsistencies by removing the need to replicate data entry in multiple systems.

Development of the application is expected to be completed in 2008, followed by a period of comprehensive user acceptance testing. The statewide implementation together with an extensive training strategy targeting all mental health system users is expected to commence in early 2009.

## Information system enhancements

During 2006–07, one major and two minor enhancements were made to MHAIS to improve the quality and usefulness of the system and information collected.

The major enhancement was a 12-month project that identified key improvements to the system, allowing for greater data collation capacity and efficiency of use. In late 2006, an upgrade was deployed and subject to user testing. On 20 December 2006, the enhancements were loaded into production for everyday use. One of the greatest enhancements was a change in recording user (clinician) information to allow for easier transition into the new statewide system being developed, as further discussed below. Other enhancements to MHAIS included:

- addition of *Read Only and Administration Officer* access levels
- the ability to merge patient records
- an appeals section co-located in the Mental Health Court screen
- alert added if the same doctor is entered for completing the assessment documents and an *involuntary treatment order*
- inclusion of electroconvulsive therapy (ECT) detail in the MHRT screen
- ECT tab added to the 'Reg TX/Seclusion' area for the recording of emergency ECT
- excluded visitors added to the contact list
- *notification order* tab added to the MHRT screen
- users' register added to incorporate detail surrounding administrative practices within AMHSs, including but not limited to AMHPs, AD registers, associated AMHSs, photos and delegations.

A minor upgrade was also completed in March 2007.

## Data validation program

The information collected in MHAIS is regularly collated and used to assist in a wide range of decision making processes. Data is regularly validated to ensure information integrity. In March 2007, a statewide project was undertaken to review and cleanse MHAIS data. With the assistance of administrators, administrator delegates and Mental Health Act Information Managers from each AMHS, data relating to the following subjects was reviewed:

- inaccurate dates of birth
- missing date and data fields
- duplicate users
- Mental Health Review Tribunal hearing sites and assessing treating facility updates
- overdue section 238 reports per AMHS
- *emergency examination orders* and *justices examination orders* recorded over statutory timeframe
- verification of patient's status.

A number of empty fields were removed. Some inaccurate data targeted during the validation process resulted from data entry errors or incomplete information available at the time of entry.

## Website indicators

The Mental Health Branch intranet and internet sites promote ready access to information on the Act and include:

- the internet site [www.health.qld.gov.au/mha2000](http://www.health.qld.gov.au/mha2000), which is used to communicate relevant information to the public, ensuring accurate and informative detail is available on processes under the Act
- the intranet site <http://qhps.health.qld.gov.au/mhalu>, the Queensland Health site which contains Act-related policies, forms and resources required by clinicians and AMHS Administrators.

Figure 10 Comparison of public internet usage for reporting periods 2005-06 and 2006-07

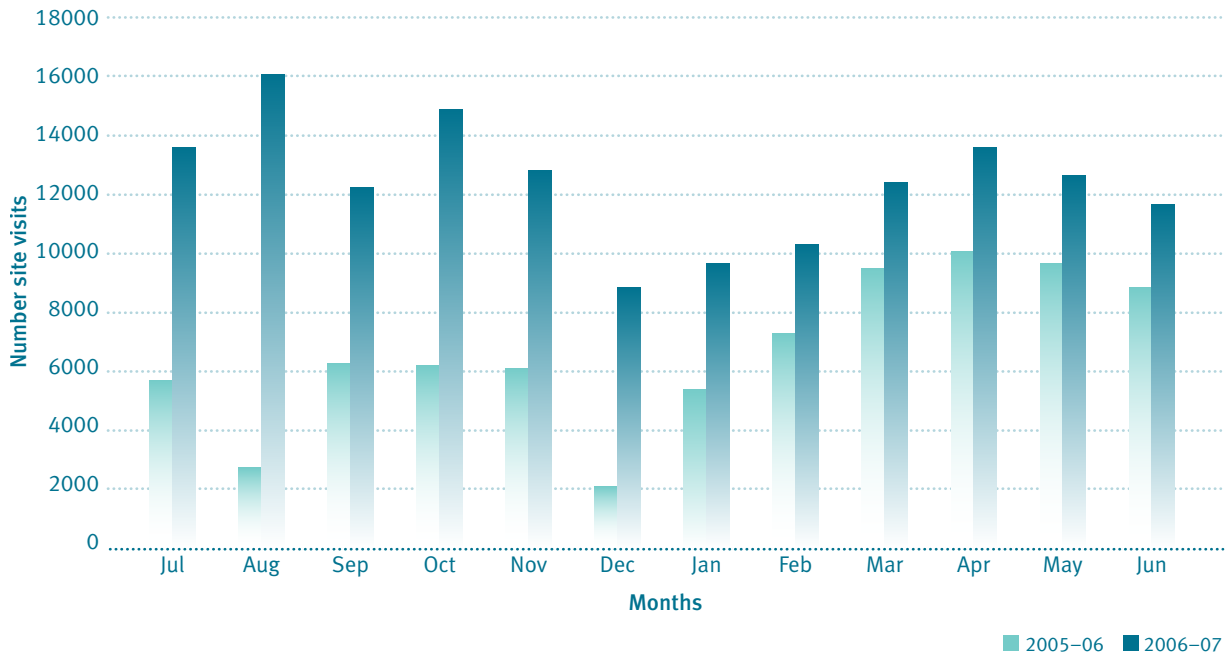
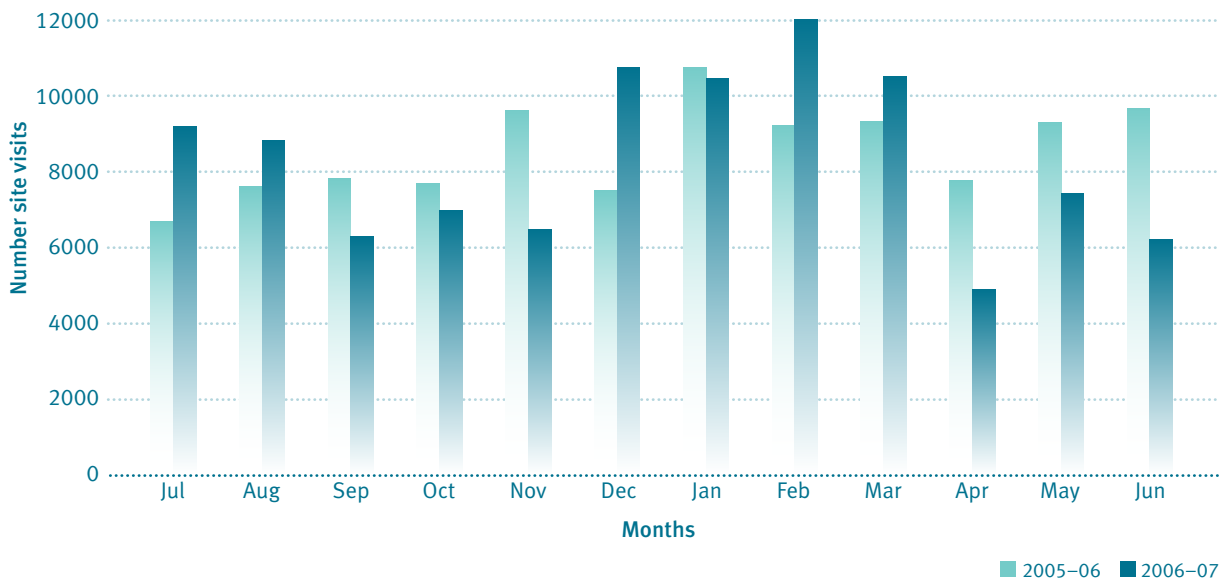


Figure 11 Legislation unit intranet site (on QHEPS)



# appendices

## **Appendix 1**

Authorised Mental Health Services as at 30 June 2007

## **Appendix 2**

Facilities established as authorised mental health services for the purposes of administering electroconvulsive therapy as at 30 June 2007

## **Appendix 3**

High security units as at 30 June 2007

## **Appendix 4**

Authorised mental health service abbreviations

## **Appendix 5**

List of tables

## **Appendix 6**

List of figures

## Appendix 1 Authorised Mental Health Services as at 30 June 2007

**Authorised Mental Health Service:** Bayside District Authorised Mental Health

**Administrator:** Executive Director of Health and Disability Services

### Component facilities

**Redland Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Weippin Street, Cleveland Q 4163

**Daintree Psychogeriatric Unit**  
New Lindum Road, Wynnum West Q 4178

**Wynnum Continuing Care**  
New Lindum Road, Wynnum West Q 4178

**Redlands Continuing Care**  
Weippin Street, Cleveland Q 4163

**Bayside District Child and Youth Mental Health Service**  
Weippin Street, Cleveland Q 4163

**Acquired Brain Injury Unit Extended Care**  
New Lindum Road, Wynnum West Q 4178

**Authorised Mental Health Service:** Bundaberg District and Area Network Authorised Mental Health Service

**Administrator:** Service Director

### Component facilities

**Bundaberg Hospital in-patient and specialist health units**  
excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Bourbong Street, Bundaberg Q 4670

**Bundaberg Adult Community Mental Health Service**  
Bourbong Street, Bundaberg Q 4670

**Bundaberg Child and Youth Mental Health Service**  
Bourbong Street, Bundaberg Q 4670

**North Burnett Mental Health Service**  
69 Warton Street, Gayndah Q 4625

**Authorised Mental Health Service:** Belmont Private Hospital Authorised Mental Health Service

**Administrator:** Director, Belmont Private Hospital

### Component facilities

**Belmont Private Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
1220 Creek Road, Carina Q 4152

**Authorised Mental Health Service:** Cairns District and Area Network Authorised Mental Health Service

**Administrator:** Executive Director of Mental Health

#### Component facilities

**Cairns Base Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)

The Esplanade, Cairns Q 4870

**Smithfield Adult Mental Health Service**

Smithfield Community Health Centre  
16 Danbullan Street, Smithfield Q 4878

**Adult Community Mental Health Service**

165 Sheridan Street, North Cairns Q 4878

**Child and Youth Mental Health Service**

165 Sheridan Street, North Cairns Q 4878

**Edmonton Adult Mental Health Service**

Edmonton Community Health Centre  
10-12 Robert Road, Edmonton Q 4869

**Mobile Intensive Treatment Service**

165 Sheridan Street, North Cairns Q 4878

**Innisfail District Community Mental Health Service – Innisfail**

Innisfail Community Health Centre, Innisfail Q 4860

**Innisfail District Community Mental Health Service – Tully**  
Tully Community Health Centre, Tully Q 4860

**Cape York Health Service District Mental Health Service**  
Corner of Northern and Central Avenue, Weipa Q 4874

**Tablelands District Mental Health Service – Atherton**  
Atherton Health Centre

Louise Street, Atherton Q 4883

**Tablelands District Mental Health Service – Mareeba**  
Lloyd Street, Mareeba Q 4880

**Torres Strait / Northern Peninsula Area Community Mental Health Service**

Thursday Island Community Health Centre  
Thursday Island Q 4875

**Torres Strait / Northern Peninsula Area Community Mental Health Service**

Bamaga Health Centre, Bamaga Q 4876

**Cooktown Multi Purpose Health Service**  
Hope Street, Cooktown Q 4871

**Authorised Mental Health Service:** Fraser Coast District Authorised Mental Health Service

**Administrator:** Manager, Fraser Coast Integrated Mental Health Service

#### Component facilities

**Hervey Bay Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)

Corner Nissan and Urraween Roads, Hervey Bay Q 4655

**Maryborough Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)

185 Walker Street, Maryborough Q 4650

**Fraser Coast Integrated Mental Health Service Village Community**

Mental Health Service

34 Torquay Road, Pialba Q 4655

**Fraser Coast Integrated Mental Health Service Bauer Wiles**  
Community Health Centre

167 Neptune Street, Maryborough Q 4650

**Authorised Mental Health Service:** Gold Coast District and Area Network Authorised Mental Health Service

**Administrator:** Director of Psychiatry

**Component facilities**

**Gold Coast Hospital, Southport Campus in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Nerang Street, Southport Q 4215

**Gold Coast Hospital, Robina Campus in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
2 Bayberry Lane, Robina Q 4226

**Burleigh Child and Youth Mental Health Service**

18 Park Avenue, Burleigh Heads Q 4220

**Palm Beach Community Clinic**

9/5th Avenue, Palm Beach Q 4221

**Southport Adult Mental Health Service**

60 High Street, Southport Q 4215

**Southport Child and Youth Mental Health Service**

60 High Street, Southport Q 4215

**Authorised Mental Health Service:** Greenslopes Private Hospital Authorised Mental Health Service

**Administrator:** Director of Psychiatric Services

**Component facilities**

**Greenslopes Private Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Newdegate Street, Greenslopes Q 4120

**Authorised Mental Health Service:** Logan Beaudesert District Authorised Mental Health Service

**Administrator:** Director of Mental Health Services

**Component facilities**

**Logan Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Corner Armstrong and Loganlea Roads,  
Meadowbrook Q 4131

**Beenleigh Adult Mental Health Service**

10-18 Mount Warren Boulevard, Mt Warren Park Q 4207

**Beenleigh Child and Youth Mental Health Service**

10-18 Mount Warren Boulevard, Mt Warren Park Q 4207

**Logan Central Adult Mental Health Service**

Corner Wembley and Ewing Roads, Logan Central Q 4114

**Child and Youth Mental Health Service**

91 Wembley Road, Logan Central Q 4114

**Child and Youth Mental Health Service**

39a Wembley Road, Logan Central Q 4114

**Child and Youth Mental Health Service**

39b Wembley Road, Logan Central Q 4114

**Beaudesert Hospital – Community Mental Health Service**

Beaudesert Hospital  
Tina Street, Beaudesert Q 4285

**Authorised Mental Health Service:** Mackay District and Area Network Authorised Mental Health Service

**Administrator:** Service Manager

#### Component facilities

**Mackay Base Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Bridge Road, Mackay Q 4740

**Mackay Integrated Adult Mental Health Service**

12-14 Nelson Street, Mackay Q 4870

**Mackay Child and Youth Mental Health Service**

12-14 Nelson Street, Mackay Q 4870

**Whitsunday Community Health Centre**

12 Altmann Avenue, Cannonvale Q 4802

**Moranbah District Mental Health Service**

Moranbah Community Health Centre

142 Mills Avenue, Moranbah Q 4744

**Authorised Mental Health Service:** Mater Health Services Child and Youth Authorised Mental Health Service

**Administrator:** Director of South Brisbane Child and Youth Mental Health Services

#### Component facilities

**Mater Children's Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Raymond Terrace, South Brisbane Q 4101

**Mater Child and Youth Mental Health Service**

Raymond Terrace, South Brisbane Q 4101

**Greenslopes Clinic – Mater Child & Youth Mental Health Service**

34 Curd Street, Greenslopes Q 4120

**Inala Clinic – Mater Child and Youth Mental Health Service**

7 Kittyhawk Avenue, Inala Q 4077

**Yeronga Clinic – Mater Child and Youth Mental Health Service**

51 Park Road, Yeronga Q 4104

**Authorised Mental Health Service:** New Farm Clinic Authorised Mental Health Service

**Administrator:** Chief Executive Officer

#### Component facilities

**New Farm Clinic in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
22 Sargent Street, New Farm Q 4005

**Authorised Mental Health Service:** Princess Alexandra Hospital and District Authorised Mental Health Service

**Administrator:** Clinical Director

#### Component facilities

**Princess Alexandra Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Ipswich Road, Woolloongabba Q 4102

**Inala Adult Mental Health Service**

64 Wirraway Parade, Inala Q 4077

**Annerley Mental Health Services**

360 Ipswich Road, Annerley Q 4103

**West End Adult Mental Health Services**

175 Melbourne Street, West End Q 4101

**Mater Misericordiae Hospital (Adult and Mothers) in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Raymond Terrace, South Brisbane Q 4101

**Queen Elizabeth 11 Jubilee Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Kessels Road, Coopers Plains Q 4108

**Authorised Mental Health Service:** Redcliffe Caboolture District Authorised Mental Health Service

**Administrator:** Clinical Director

**Component facilities**

**Caboolture Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
McKean Street, Caboolture Q 4510

**Redcliffe Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Anzac Avenue, Redcliffe Q 4020

**Caboolture Adult Mental Health Service**  
6/69 King Street, Caboolture Q 4051

**Redcliffe Adult Mental Health Service**  
181 Anzac Avenue, Kippa Ring Q 4020

**Redcliffe-Caboolture Child and Youth Mental Health Service**

181 Anzac Avenue, Kippa Ring Q 4020

**Redcliffe-Caboolture Child and Youth Mental Health Service**

80 King Street, Caboolture Q 4051

**Redcliffe-Caboolture Crisis Assessment and Treatment Service**

5/69 King Street, Caboolture Q 4051

**Cooinda House Psychogeriatric Unit**  
Recreation Street, Redcliffe Q 4020

**Authorised Mental Health Service:** Rockhampton District and Area Network Authorised Mental Health Service

**Administrator:** Service Manager

**Component facilities**

**Rockhampton Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Canning Street, Rockhampton Q 4700

**Community Mental Health Service**  
Quarry Street, Rockhampton Q 4700

**Child and Youth Mental Health Service**  
Corberry Street, Rockhampton Q 4700

**Psychogeriatric beds within Eventide Home**  
North and Campbell Street, Rockhampton Q 4700

**Capricorn Coast Community Mental Health Service**  
Arthur Street, Yeppoon Q 4703

**Gladstone Community Adult Mental Health Service**  
162-170 Goondoon Street, Gladstone Q 4680

**Gladstone Child and Youth Mental Health Service**  
162-170 Goondoon Street, Gladstone Q 4680

**Gladstone Hospital Emergency Department**  
Kent Street, Gladstone Q 4680

**Biloela Community Mental Health Service**  
Outpatients Department, Biloela Hospital  
2 Hospital Road, Biloela Q 4715

**Central Highlands Mental Health Service, Emerald**  
1 Brief Street, Emerald Q 4720

**Authorised Mental Health Service:**

Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service

**Administrator:** Executive Director, Royal Brisbane Hospital and Royal Women's Mental Health

**Component facilities**

**Royal Brisbane Hospital and Royal Women's Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Herston Road, Herston Q 4029

**Valley Integrated Adult Mental Health Service**  
162 Alfred Street  
Fortitude Valley Q 4006

**Authorised Mental Health Service:** The Royal Children's Hospital and District Authorised Mental Health Service

**Administrator:** Executive Manager

#### Component facilities

**Royal Children's Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Bramston Terrace, Herston Q 4029

**The Royal Children's Hospital and Health Service District Child and Youth Mental Health Service**

Corner Rogers and Waters Streets, Spring Hill Q 4000

**Enoggera Child and Youth Mental Health Clinic**

289 Wardell Street, Enoggera Q 4051

**Nundah Child and Youth Mental Health Clinic**

31-33 Robinson Road, Nundah Q 4012

**Pine Rivers Child and Youth Mental Health Clinic Pine Rivers**

Community Health Centre  
568 Gympie Road, Strathpine Q 4500

**Authorised Mental Health Service:** Sunshine Coast and Gympie Districts Authorised Mental Health Service

**Administrator:** Executive Director

#### Component facilities

**Nambour Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Hospital Road, Nambour Q 4560

**Older Persons Mental Health Unit**

Hibiscus House, C Wing, Nambour Hospital  
Hospital Road, Nambour Q 4560

**Gympie Mental Health Service**

20 Alfred Street, Gympie Q 4570

**Hinterland Mental Health Service**

Ground Floor, Centenary Square  
Nambour Q 4560

**Coastal Mental Health Service**

100 Sixth Avenue, Maroochydore Q 4558

**Child and Youth Mental Health Service**

15 Beach Road, Maroochydore Q 4558

**Mobile Intensive Treatment Service**

2 Lady Musgrave Drive, Mountain Creek Q 4557

**Authorised Mental Health Service:** The Prince Charles Hospital and District Authorised Mental Health Service

**Administrator:** Executive Manager

#### Component facilities

**The Prince Charles Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Rode Road, Chermside Q 4032

**Aspley Community Mental Health Service**

Cnr Zillmere and Brickfield Road, Aspley Q 4034

**Sandgate Community Mental Health Service**

Eventide  
Beaconsfield Terrace, Brighton Q 4017

**Pine Rivers Community Mental Health Service**

586 Gympie Road, Strathpine Q 4500

**Chermside Community Mental Health Service**

The Prince Charles Hospital  
Rode Road, Chermside Q 4032

**The Prince Charles Hospital Acquired Brain Injury/Mental Health Unit**

Eventide  
Beaconsfield Terrace, Brighton Q 4017

**16 Psychogeriatric beds within Flinders House Eventide Nursing Home**

Eventide  
Beaconsfield Terrace  
Brighton Q 4017

**Authorised Mental Health Service:** Toowong Private Hospital Authorised Mental Health Service

**Administrator:** Chief Executive Officer

**Component facilities**

**Toowong Private Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
496 Milton Road, Toowong Q 4066

**Authorised Mental Health Service:** Toowoomba District and Area Network Authorised Mental Health Service

**Administrator:** Executive Director of Mental Health Services

**Component facilities**

**Toowoomba Hospital in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)  
Pechey Street, Toowoomba Q 4350

**Baillie Henderson Hospital in-patient and specialist health units**

(excluding the intellectual disability beds, the grounds of the hospital and non-treatment facilities on the hospital campus)  
Hogg Street, Toowoomba Q 4350

**Adult Community Mental Health Service**

21 Russell Street, Toowoomba Q 4350

**Child and Youth Mental Health Service**

Unara Health Village, Toowoomba Hospital  
Pechey Street, Toowoomba Q 4350

**Older Person's Mental Health Service**

Armstrong Clinic, Toowoomba Hospital  
Pechey Street, Toowoomba Q 4350

**Roma Community Mental Health Service**

197 – 234 McDowall Street, Roma Q 4455

**Southern Downs District Community Mental Health Service**

56 Locke Street, Warwick Q 4370

**Stanthorpe Community Mental Health Service**

McGregor Terrace, Stanthorpe Q 4380

**Inglewood Community Mental Health Service**

Inglewood Community Health  
Cunningham Highway, Inglewood Q 4387

**Charleville District Community Mental Health Service**

2 Eyre Street, Charleville Q 4470

**Chinchilla Health Service**

Slessar Street, Chinchilla Q 4413

**Northern Downs District Mental Health Service**

Hospital Road, Dalby Q 4405

**South Burnett Health Service District Community Mental Health Service**

166 Youngman Street, Kingaroy Q 4610

**Gatton Community Mental Health Service**

97-103 William Street, Gatton Q 4343

**Authorised Mental Health Service:** Townsville District and Area Network Authorised Mental Health Service

**Administrator:** Director of Mental Health Services

#### Component facilities

**Townsville Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)

100 Angus Smith Drive, Douglas Q 4814

**Kirwan Rehabilitation Unit and Acquired Brain Injury Unit**

Thuringowa Drive, Kirwan Q 4817

**Palm Island Community Mental Health Service**

Joyce Palmer Hospital, Palm Island Q 4816

**Ingham Community Mental Health Service**

Ingham Community Health

Mcllwraith Street, Ingham Q 4850

**Charters Towers Community Mental Health Service**

Gill Street, Charters Towers Q 4820

**Charters Towers Rehabilitation and Transitional Unit**  
Gladstone Road, Charters Towers Q 4820

**Pandanas Special Care Unit**

Eventide Nursing Home, Charters Towers Q 4820

**Townsville Community Mental Health Service**

138 Thuringowa Drive, Kirwan Q 4817

**Parklands Residential Aged Care Facility – Pandora Unit**

138 Thuringowa Drive, Kirwan Q 4817

**Townsville Community Mental Health Service**

33 Gregory Street, North Ward Q 4810

**Mount Isa Integrated Mental Health Service**

26-28 Camooweal Street, Mt Isa Q 4825

**Authorised Mental Health Service:** The Park – Centre for Mental Health Authorised Mental Health Service

**Administrator:** Executive Director of Mental Health Services

#### Component facilities

**The Park – Centre for Mental Health in-patient and specialist health units**

(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)

Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076

**The Park Centre for Mental Health Treatment, Education and Research**

Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076

**Disability Services Queensland Residential Facility**

Unit 4 and 5, Cnr Aveyron Road and Jambaroo Avenue  
Wacol Q 4076

**Authorised Mental Health Service:** The Park High Security Program: Central and Southern Areas

**Administrator:** Executive Director of Mental Health Services

#### Component facilities

**The Park High Security Program**

The Park Centre for Mental Health Treatment Education and Research

Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076

**Authorised Mental Health Service:** West Moreton District Authorised Mental Health Service

**Administrator:** Executive Director of Mental Health Services

#### Component facilities

**Ipswich Hospital in-patient and specialist health units**  
(excluding the grounds of the hospital and non-treatment facilities on the hospital campus)

Chelmsford Street, Ipswich Q 4305

**West Moreton Integrated Mental Health Service**

Bell Street, Ipswich Q 4305

## Appendix 2 Facilities established as authorised mental health services for the purposes of administering electroconvulsive therapy as at 30 June 2007

**Authorised Mental Health Service:** Sunshine Coast Private Hospital Authorised Mental Health Services

**Address**

**Sunshine Coast Private Hospital**  
Syd Lingard Drive, Buderim Q 4556

**Authorised Mental Health Service:** St Andrew's Hospital Toowoomba Authorised Mental Health Service

**Address**

**St Andrew's Hospital**  
280-288 North Street, Toowoomba Q 4350

**Authorised Mental Health Service:** Pine Rivers Private Hospital Authorised Mental Health Service

**Address**

**Pine Rivers Private Hospital**  
Dixon Street, Strathpine Q 4500

**Authorised Mental Health Service:** The Palm Beach Currumbin Clinic Authorised Mental Health Service

**Address**

**The Palm Beach Currumbin Clinic**  
37 Bilinga Street, Currumbin Q 4213

## Appendix 3 High security units as at 30 June 2007

**Authorised Mental Health Service:** The Park High Security Program: Central and Southern Areas

**Administrator:** Executive Director of Mental Health Services

### Address

**The Park Centre for Mental Health Treatment, Education and Research**

Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076

## Appendix 4 Authorised mental health service abbreviations

Authorised Mental Health Service	
<b>Bayside</b>	Bayside District Authorised Mental Health Service
<b>Bundaberg</b>	Bundaberg District and Area Network Authorised Mental Health Service
<b>Belmont</b>	Mayne Health Belmont Private Hospital Authorised Mental Health Service
<b>Cairns</b>	Cairns District and Area Network Authorised Mental Health Service
<b>Fraser Coast</b>	Fraser Coast District Authorised Mental Health Service
<b>Gold Coast</b>	Gold Coast District and Area Network Authorised Mental Health Service
<b>Greenslopes</b>	Greenslopes Private Hospital Authorised Mental Health Service
<b>Logan</b>	Logan-Beaudesert District Authorised Mental Health Service
<b>Mater</b>	Mater Children's Hospital & Area Network Authorised Mental Health Service
<b>Mackay</b>	Mackay District and Area Network Authorised Mental Health Service
<b>New Farm</b>	New Farm Clinic Authorised Mental Health Service
<b>PA Hospital</b>	Princess Alexandra Hospital and District Authorised Mental Health Service
<b>Prince Charles</b>	The Prince Charles Hospital and District Authorised Mental Health Service
<b>The Park</b>	The Park – Centre for Mental Health Authorised Mental Health Service
<b>The Park – High Security</b>	The Park High Security Program: Central and Southern Area Authorised Mental Health Service
<b>RBWH</b>	Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service
<b>Redcliffe-Caboolture</b>	Redcliffe-Caboolture District Authorised Mental Health Service
<b>Rockhampton</b>	Rockhampton District and Area Network Authorised Mental Health Service
<b>Royal Children's</b>	The Royal Children's Hospital and District Authorised Mental Health Service
<b>Sunshine Coast</b>	Sunshine Coast and Gympie Districts Authorised Mental Health Service
<b>Toowoomba</b>	Toowoomba District and Area Network Authorised Mental Health Service
<b>Townsville</b>	Townsville District and Area Network Authorised Mental Health Service
<b>Townsville – High Security</b>	Townsville High Security Program: Northern Area
<b>Toowong</b>	Toowong Private Hospital Authorised Mental Health Service
<b>West Moreton</b>	West Moreton District Authorised Mental Health Service

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## Feedback form

Please fill out this form and return it via:

**Fax to:** 07 3234 1492

**Email to:** mha2000@health.qld.gov.au

**Post to:** Legislation Unit, Mental Health Branch  
Queensland Health, GPO Box 48, Brisbane Q 4001

**1. Overall how effectively do you think our annual report communicates our activities?**

- Very effectively
- Effectively
- Average
- Poorly
- Very poorly

**2. Please rate the following elements of the annual report according to the rating scale below:**

1 = Very poor, 2 = Poor, 3 = Average, 4 = Good, 5 = Excellent

- Information/content
- Layout of information
- Ease of finding information
- Readability
- Ease of comprehension

**3. Which version of the annual report did you find most useful? (If more than one, please indicate.)**

- Printed version
- PDF on website
- HTML on website
- Electronic word version

**4. For what purpose did you read or refer to the annual report?**

- Background information on public mental health services in Queensland
- Information on our performance in 2006–07
- Other

**5. Do you have any comments you would like to make about the annual report?**

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**6. In your opinion, how could our next annual report be improved?**

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**7. Please indicate the group that best describes you.**

- Consumer or carer
- Non-government organisation
- Private sector
- Private individual
- Professional association
- Queensland Health staff member
- Queensland Government employee
- Other government employee
- Other (please specify)

**Please note:** Personal details will not be added to a mailing list or stored, nor will Queensland Health disclose these details to third parties without your consent or unless it is required by law.

## Your feedback is welcomed

We welcome your feedback on this annual report. We have included a survey form on page 69 for you to complete and return to us.

### Obtaining copies of the report

This report is available both on our website and in limited hardcopy.

To obtain a hard copy contact the Statutory Administration and Policy Unit in the Mental Health Branch by:

**Phone**

1800 989 451

**Email to**

[mha2000@health.qld.gov.au](mailto:mha2000@health.qld.gov.au)

**Post to**

Statutory Administration and Policy Unit  
Mental Health Branch  
Queensland Health  
GPO Box 48, Brisbane Q 4001

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