

# Queensland Government Response

to the Final Report – Review of the  
*Queensland Mental Health Act 2000*

October 2007



Queensland  
Government



**Robert Bowly**  
*The Valley*  
Acrylic on board  
39 x 29 cm

Artwork kindly provided by the Queensland Centre for Mental Health Research *Art Collection*. This piece is part of a large collection that the Queensland Centre for Mental Health Research has purchased either directly from artists or from the Schizophrenia Fellowship of South Queensland Annual Art Exhibition over the last 15 years.

**Queensland Government Response  
to the Final Report – Review of the Queensland *Mental Health Act 2000***  
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## Message from the Queensland Government

On 8 December 2006, Mr Brendan Butler AM SC submitted *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000* to the Government. An interim response on 11 December 2006 committed the Government to taking immediate steps to better support victims of violent offences and their families in a reformed forensic mental health system.

This commitment was evidenced by legislative amendments in the first half of 2007 to create a clearer focus on victims in the *Mental Health Act 2000*.

Many Review recommendations required further consideration in the 2007-08 Budget process. In May 2007, the Queensland Government demonstrated support for all 106 recommendations of the Review with a massive funding increase for mental health in the 2007-08 State Budget.

A total of \$53.484 million has been allocated for implementation of the recommendations over four years from 2007-08 to reform the forensic mental health system and to ensure the needs and interests of victims and their families are addressed. System innovations include a state-wide Victim Support Service and victim registers that will greatly improve victim support and access to information.

There are many other important changes planned. This document details the Queensland Government's final response to the Review Report and builds on the interim commitments made in December 2006. It provides an overview of the key changes that will be made to fully implement the Review recommendations.

The Queensland Government thanks Brendan Butler for his report and looks forward to working together with victims, patients and other stakeholders to create an improved forensic mental health system.

### Government support of the Review Report recommendations will achieve:

- better safeguards to assist victims and their families involved in Mental Health Court and Mental Health Review Tribunal proceedings
- enhanced legislative provisions and administrative arrangements to improve communication and consultation with victims and their families
- increased capacity of the Mental Health Court to facilitate legal processes and promote community safety
- a strengthened role of the Tribunal to promote forensic patient care and community safety
- improved arrangements for administrative determinations of less serious offences
- standardised policies and clinician competence in relation to risk assessment and risk management
- expanded resources aimed at increasing community awareness and understanding of forensic mental health issues and the forensic mental health system.

Anna Bligh MP  
Premier of Queensland

Stephen Robertson MP  
Minister for Health



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## 1. Establishment of the Review

On Tuesday 23 May 2006, the Honourable Stephen Robertson, Minister for Health, announced the Government would review the *Mental Health Act 2000* ('the Act'), following adverse media coverage which raised issues about the rights of victims of crime in matters where an offender has a mental illness. On 14 June 2006, the Government announced the appointment of Brendan Butler AM SC to conduct the Review, which commenced in July 2006.

The Review was established in the wake of publicity about the alleged sighting on the Gold Coast of a high profile mental health patient. Attention focused on the question of whether certain mental health patients should be allowed to return to the community on limited community treatment (a form of leave). Concerns were raised about whether the needs and interests of victims and their families were being given sufficient consideration in decisions about the approval of limited community treatment for forensic patients.

Questions were also raised about the adequacy of information and support provided to victims and their families, and what is needed to build community confidence in the forensic mental health system.

The Review Terms of Reference involved two important aspects. It was charged with examining the efficacy of current 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. It was also required to consider 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, and the provision of rehabilitation opportunities for patients under a forensic order.

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

After extensive consultations with a broad range of stakeholders, the Report concluded that further reform is required to serve the legitimate needs of victims of crime and to enhance public confidence in the system dealing with forensic patients.<sup>1</sup> The Report contains 106 recommendations directed at legislative and administrative reforms to promote greater balance in the forensic mental health system.

<sup>1</sup> Brendan Butler AM SC, *Promoting balance in the forensic mental health system* (2006) 3.

## 2. Review findings and recommendations

The Review Report acknowledges that the *Mental Health Act 2000* ('the Act') is a sound legislative framework, which is based on international human rights principles and national model mental health legislation guidelines. Prioritisation of mental health by the Queensland Government was noted with funding injections to specialist forensic mental health services, including court liaison and prison mental health care, as well as building capacity in community mental health services and the non-government sector to support patients' recovery and rehabilitation.

In addition, the Report recognises the gains made by implementation of recommendations resulting from the *Review of Queensland Forensic Mental Health Services*.<sup>2</sup> For example, it notes the added safeguards incorporated in Queensland Health's Persons of Special Notification Policy and the valuable contribution made by the state-wide Queensland Health Victim Support Coordinator position. However, the Review concludes that while much has been achieved, fundamental reforms are required to better address the needs and interests of victims, their families, patients, carers and the broader community.

The Report highlights serious issues relating to existing legislative provisions and service systems for victims. Lack of service integration and inadequate provision of information and support to victims at all stages is evident in its findings. The tenor of the Report as it relates to victim issues is succinctly conveyed through its statement that 'these victims of very disturbing and violent crimes felt unacknowledged, unsupported, uninformed and unable to meaningfully contribute to the process'.<sup>3</sup>

In terms of forensic mental health legal processes, the Report identifies that a 'major problem for victims is the delay in matters coming before the Mental Health Court'.<sup>4</sup> To remedy this problem, the Report advocates for the allocation of additional court resources, legislative reforms and administrative changes in key agencies including Queensland Health, the Office of the Director of Public Prosecutions, the Mental Health Review Tribunal and the Queensland Police Service.


Building on the recommendations relating to victims, the Report addresses issues of community safety, and in particular, matters relating to the management of forensic patients. The Review emphasises the community's entitlement to expect that 'the system will take the necessary steps to ensure treatment of the person has full regard to the need for public safety in managing the risk of re-offending'.<sup>5</sup> In its evaluation of existing risk assessment and management systems for forensic patients, the Review concluded that significant legislative and service reforms are needed to address deficiencies in this area.

2 Paul Mullen and Karlyn Chettleburgh, *Review of Queensland Forensic Mental Health Services* (2003) <http://www.health.qld.gov.au/publications/corporate/mullenreview/>

3 Brendan Butler AM SC, *Promoting balance in the forensic mental health system* (2006) 42.

4 *Ibid* 5.

5 *Ibid* 5.



The Review emphasises that despite safeguards put in place by Queensland Health to manage forensic patients' care, more needs to be done to improve the management of risk and to build public confidence in the mental health system.

It argued more could be done to improve outcomes by:

- effectively implementing clinical policies relating to forensic patients
- standardising approaches to risk assessment and risk management of patients
- monitoring compliance with legislative and policy requirements.

In addition, the Review acknowledges that barriers are created by a lack of available information about the forensic mental health system. It recommends resource materials be developed to ensure the general community is better informed about how the system works and what assistance is available.

### **3. Reforming the forensic mental health system**

#### **Government support**

On 11 December 2006, the then Premier and the Minister for Health made an interim Government response to the Review Report. The response included a commitment to immediately take steps to better support victims of violent offences and their families by reforming the forensic mental health system. The Government delivered on this promise in the first half of 2007 through legislative amendments to the *Mental Health Act 2000* that increase the focus on the rights and interests of victims.

However, a number of the Review recommendations required further consideration in the 2007-08 Budget process, particularly in light of their financial implications. Additionally, the recommendations affect a number of government departments and further work was required to develop a whole-of-government response.

The Government welcomes the Review Report and has demonstrated support for all 106 recommendations as part of a massive funding increase for mental health in the 2007-08 State Budget. Building on existing system strengths, this additional funding will be spent on legislative reform and the forensic mental health system to produce a more compassionate and coherent response for victims, patients, families and carers.

## Record funding boost

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, \$53.484 million will be spent over the next four years to implement the Review recommendations.

2007-08	2008-09	2009-10	2010-11
\$13.015 million	\$12.948 million	\$13.573 million	\$13.948 million

The response details major changes to:


- promote more balance in legislation
- provide better support and information for victims
- enhance the forensic mental health system
- build mental health services' risk management capability
- increase community awareness of the forensic mental health system.

## A snapshot of key initiatives

In 2007-08, more than \$13 million will be spent on improving the mental health system in accordance with the recommendations of the Review.

In 2007-08, Queensland Health will spend \$9.2 million on:

- establishing a state-wide Victim Support Service
- employing nine staff for the Victim Support Service
- developing a register system to provide information to victims
- establishing and maintaining registers of information
- resources for increased Mental Health Court sittings
- developing monitoring systems in the Office of the Director of Mental Health
- establishing a state-wide statutory audit process
- employing 35 additional forensic mental health clinicians
- funding three positions to design and deliver risk management training
- developing and implementing a state-wide structured risk management program
- developing and implementing state-wide policy and practice guidelines
- 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.



At the same time, the Department of Justice and Attorney-General will invest \$3.7 million:

- establishing a Mental Health Chambers with 19 additional legal and administrative staff in Brisbane and north Queensland to support the Director of Public Prosecutions' role in the Mental Health Court and the Mental Health Review Tribunal
- funding for Legal Aid Queensland to employ an additional 2.5 staff to support increased Mental Health Court sittings.

## 4. Promoting greater balance in legislation

### Legislative foundations

The Review reports the *Mental Health Act 2000* ('the Act') is widely regarded as the most progressive and innovative framework for the delivery of mental health services to involuntary patients in Australia. It also finds the general thrust of the Act as it relates to protecting the rights of people with mental illness must be maintained.


In 2002, the Act introduced processes to improve victim access to information and their ability to contribute to Mental Health Court and Mental Health Review Tribunal processes. Nevertheless these improvements fall short of the access available to victims in the broader criminal justice system. The Review recommendations seek to redress this situation through legislative reform.

### Legislative changes

Ten recommendations have already been progressed through the *Health and Other Legislation Amendment Act 2007* with amendments commencing on 1 July 2007.

The amendments improve the focus on victims by:

- amending the Act's purpose to require consideration of community protection and the needs of victims when making decisions about forensic patients
- taking a more sensitive and relevant approach to victims, with the replacement of the term 'non party submission' with 'victim or concerned person submission'
- providing detail of the purpose and nature of such submissions to the Mental Health Review Tribunal and the Mental Health Court
- requiring the Mental Health Court to give reasons for taking or refusing to take into account submissions by victims
- stating that the role of the Attorney-General in the Mental Health Review Tribunal is to represent the public interest.



The remaining 29 recommendations with a legislative component will be implemented in the Mental Health and Other Legislation Amendment Bill 2007, which is scheduled for introduction in Parliament in late 2007. The Bill will provide for:

- establishment of information orders for classified and forensic patients
- establishment of a legislative sub-category of forensic order entitled ‘special notification forensic order’ for patients charged with more serious offences, to replace the existing administrative classification of ‘Persons of Special Notification’
- changes to the administrative decision-making system for patients charged with less serious offences
- a requirement for the Director of Mental Health to provide policy and practice guidelines for forensic patients and special notification forensic patients, and to monitor statutory compliance.

Further amendments to the *Mental Health Act 2000* may be made to implement recommendation 5.1 of the Review Report. These amendments would focus on forensic provisions as they relate to people with an intellectual disability, as part of any reform to provide purpose-designed secure care for people with an intellectual or cognitive disability.

## 5. Better support and information for victims

It is widely recognised that access to timely information and support is critical to a victim’s wellbeing and recovery. In the case of violent offences, victims face the challenge of understanding and negotiating a complex criminal justice system at a time of overwhelming trauma and loss. These challenges are often exacerbated when the alleged offender is diverted to the forensic mental health system.

It is also important to recognise that an alleged offender who is diverted to the forensic mental health system becomes a patient and, as a result, is entitled to have information relating to their health care status treated confidentially.


While acknowledging a balance must be struck between competing interests, the Review concludes further reform is necessary to ensure victim access to appropriate information, that victim concerns are heard, and the system is responsive to their needs.<sup>6</sup>

### Queensland Health Victim Support Service

The Review recommends the establishment of a state-wide Victim Support Service. This service will significantly expand the role of Queensland Health’s existing specialist Victim Support Coordinator position.

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<sup>6</sup> Ibid 28.



A total of \$905,712 has been allocated to Queensland Health in 2007-08 to establish and operate the new Victim Support Service. The service will build on the achievements of the existing Victim Support Coordinator with an additional nine staff, which will include experienced forensic mental health professionals and administrative staff working across the two offices in Brisbane and north Queensland.

The Victim Support Service will assist victims in a number of ways, including:

- providing information to victims who are registered to receive information about an individual (classified or forensic) patient
- assisting victims to understand the forensic mental health system and its processes
- providing victims with practical assistance in negotiating the forensic mental health system and accessing their entitlements (for example, making applications and submissions)
- raising awareness and understanding of the needs of victims with staff of authorised mental health services and the Mental Health Review Tribunal
- collaborating with Indigenous health organisations and workers in the provision of information and support to Aboriginal and Torres Strait Islander victims
- promoting coordination of the provision of services to victims.

### **Information registers**

The Review recommends the establishment of a register system to manage the provision of information to victims across the State.


In 2007-08 Queensland Health will invest \$290,475 in establishing and operating the victim information registers.

The registers, which will be managed by the Victim Support Service, relate to two distinct patient groups:

- classified patients (patients admitted to an inpatient mental health service from court or custody)
- forensic patients (patients for whom a forensic order is made after being found of unsound mind or unfit for trial by the Mental Health Court).

The register system will enable victims to receive information about relevant processes and changes to the patient's status. For example, the date of a Mental Health Review Tribunal review or when a patient is authorised to have limited community treatment or is transferred to another mental health service.

The forensic patient register will replace the existing notification order system. The Tribunal will continue to determine applications, however the criteria that apply to its decision will change. In particular, the Tribunal will not be required to consider whether a victim has 'sufficient personal interest'.



There is no existing system for information relating to classified patients to be disclosed to a victim. New processes will be established for the classified patient register. The Director of Mental Health will determine applications for the register.

### **Victim services provided through the Office of the Director of Public Prosecutions**

In addition to the establishment of the Victim Support Service, the Review emphasises the need to enhance services provided to victims in Mental Health Court and Mental Health Review Tribunal processes. This work is primarily undertaken by the Office of the Director of Public Prosecutions (DPP) as a party to court proceedings and as the Attorney-General's representative in Tribunal matters.

The Report highlights problems faced by the Office of the DPP when meeting its responsibilities to victims involved in Mental Health Court matters, citing funding as a key issue. Senior DPP officers will commence preparation much earlier and undertake more intensive work including early intervention and engagement of the Queensland Police Service and victims, much more intensive contact with victims and providing assistance with written submissions.

Further, the Review recommendations require the Attorney-General to be represented by experienced advocates who are available to meet with victims prior to the hearing and assist with the preparation of victims' statements to the Tribunal.

A major funding injection will enable the Office of the DPP to establish a Mental Health Chambers with legal officers and victim liaison staff. This innovation will ensure victims are appropriately informed and involved in Mental Health Court and Tribunal proceedings. Details of the new Chambers are discussed in the following section.

## **6. Enhancing the forensic mental health legal system**

The Review acknowledges efforts to improve the effectiveness of Mental Health Court and Mental Health Review Tribunal processes relating to victims and community safety.

For example, attempts have been made to address Mental Health Court delays. Measures include establishment of the Director of Mental Health's existing reporting system for tracking statutory timeframes for clinical reports.

Other improvements noted by the Review include the contribution of Queensland Police Mental Health Intervention Coordinators to build positive relationships with mental health services. Prioritisation by the Court Registry of matters involving young people has helped reduce negative outcomes for defendants and victims.

Strategies to increase Indigenous representation on Tribunal review panels and clustering Indigenous hearings have also contributed to more effective processes. In addition, Tribunal guidelines on forensic order reviews have introduced more consistency in panel decision making.

## Reducing Mental Health Court delays

The Review recommends that consideration be given to the allocation of additional court time as a matter of urgency. Funding will enable a 50% increase in the number of court sittings to enhance the management of the existing volume of cases and allow matters on the waiting list to be addressed.

Enhancement to resources includes:

- funding for increased court time
- additional Mental Health Court Registry staff and assisting psychiatrist time
- more staff for Legal Aid Queensland, the Office of the Director of Mental Health and the Office of the DPP.

The Review recommends Court and Tribunal processes relating to victims and community safety be improved. Funding implications arise primarily for two agencies – the Office of the DPP and the Tribunal.

## Expanding the Office of the Director of Public Prosecutions

A total of \$12.22 million over four years will fund a specialist Mental Health Chambers in the Office of the DPP. This critical development will allow the DPP to more fully participate in Mental Health Court proceedings and represent the Attorney-General in Tribunal hearings throughout the State.

The Mental Health Chambers is based in Brisbane with an additional Senior Crown Prosecutor in each of three DPP regional offices. The Brisbane office will cover regional offices in the south-east of the State, as required.

The Mental Health Chambers includes the following positions:

- two Consultant Crown Prosecutors – representing the DPP and the Attorney-General
- one Principal Crown Prosecutor – managing the dedicated Mental Health Chambers and representing the DPP and the Attorney-General
- three Senior Crown Prosecutors – representing the DPP and the Attorney-General
- three Senior Crown Prosecutors – based in Townsville, Cairns and Toowoomba representing the DPP and the Attorney-General in regional areas; all prosecutors will provide support to, and engage victims at an early stage, and Brisbane based prosecutors will also cover the south Queensland region
- two Senior Case Lawyers and two Case Lawyers – to prepare material for the Court and the Tribunal to support the prosecutors
- one Managing Legal Support Officer and three Legal Support Officers – to provide administrative support services
- two Victim Liaison Officers to provide information and assistance to victims.



## Extending Mental Health Review Tribunal processes

In response to the Review recommendations about forensic order reviews, a total of \$544,000 has been allocated to the Tribunal to form extended, specialist panels in 'significant' forensic matters. The emphasis will be on the inclusion of members with specialist forensic expertise and broader community backgrounds.

## 7. Building risk management capability

A range of measures to better manage risks in relation to forensic patients have been introduced in recent years. In 2002, following the *Review of Queensland Forensic Mental Health Services* conducted by Professor Paul Mullen and Ms Karlyn Chettleburgh, Queensland Health established the administrative category of Persons of Special Notification to identify forensic patients that have committed certain serious offences. The Review considered that this classification adds value by supplementing other risk assessment conducted with all forensic patients. The benefits of a state-wide clinical policy on Persons of Special Notification are noted by the Review.

Complementing this development, the establishment of 16 Forensic Liaison Officers in district health services has boosted expertise in what is unquestionably a complex and difficult area of service delivery.

Despite these achievements, the Review considered more needs to be done to better manage risk relating to the care and treatment of forensic patients.

### Enhancing clinical services

Over the next four years, Queensland Health will spend \$28.62 million on implementing risk management strategies.

Funding will increase specialist forensic services including:

- three forensic psychiatrists
- twenty-eight specialist forensic clinicians
- four Indigenous mental health workers.

An increase in Indigenous mental health workers will increase service sector capacity to provide culturally appropriate services, particularly in the Northern Area Health Service where up to 80% of the offender population is Indigenous.

## Sound clinical practice

The Review recommends a range of legislative and service reforms to standardise systems and processes and improve monitoring systems. In 2007-08 Queensland Health will:

- develop and implement state-wide policy and practice guidelines relating to forensic patients, including those relating to limited community treatment
- define and implement standardised structures and processes relating to Limited Community Treatment Review Committees
- define and implement standardised forensic patient documentation and related information system enhancements
- develop and implement a framework for a structured program for risk management.

## Risk management training

The Review also reports a lack of understanding and inconsistent implementation of existing policies relating to forensic patients.

A sustainable education and training program is an essential component of the implementation of a state-wide risk management program and to ensure ongoing awareness of state-wide policies. The Queensland Centre for Mental Health Learning will be engaged to design, develop and deliver an ongoing risk management training program for specialist and mainstream mental health clinicians.

## Better compliance and monitoring

The Review recommends legislative amendments requiring the Director of Mental Health to provide policies and practice guidelines relating to forensic patients, and an obligation by mental health services to implement them. In conjunction with these reforms, it recommends establishment of a system to monitor and audit compliance with the *Mental Health Act 2000*, in particular with respect to forensic patients.

In addition, the Review identifies concerns about compliance with statutory timeframes relating to certain clinical reports. The Review recommendations highlight the need for more effective systems to improve compliance. The Director of Mental Health is identified as having a key role in improving performance in this area.

Two positions will be established in the Office of the Director of Mental Health to:

- determine, implement, monitor and report on compliance with statutory timeframes relating to reports
- design and implement a state-wide audit process to monitor compliance with legislative and policy requirements relating to forensic patients.

In addition, an educational resource will be developed to facilitate doctors' understanding of, and compliance with, statutory requirements relating to clinical reports.



## Independent psychiatrist examination

As a measure to strengthen risk management at key decision points, the Review recommends the Mental Health Review Tribunal obtain an independent psychiatrist report prior to revoking a forensic order for a Person of Special Notification. If the proposed amendments in the Mental Health and Other Legislation Amendment Bill 2007 are passed, the Person of Special Notification administrative category will be replaced by a legislative classification of Special Notification Forensic Patient.

The Tribunal will receive \$560,000 over four years to implement this recommendation.

## 8. Increasing community awareness

While the Review acknowledges much is being done by non-government organisations, volunteers and families to support and educate the community about mental health, it considers a more strategic, sustained approach is needed to improve community understanding of mental health issues.<sup>7</sup>

Over four years from 2007-08, Queensland Health will spend \$800,000 on information resources to enhance community understanding of the forensic mental health system. The Queensland Centre for Mental Health Learning will work in partnership with stakeholders to develop these resources for the general community, Indigenous people and media professionals.

## 9. Better outcomes for victims and patients


Progress in implementing Review recommendations will be monitored by Queensland Health through a number of mechanisms. An annual report on developments will be provided to the Mental Health Interdepartmental Steering Committee, which is overseeing whole-of-government mental health initiatives.

In addition, information relating to a significant number of Review recommendations will be contained in the Director of Mental Health's Annual Report, commencing this year.

Under the *Mental Health Act 2000*, the Director is required to provide an annual report to the Minister on administration of the Act. The report is tabled in Parliament and is a transparent and accountable source of information on many of the reforms recommended by the Review.

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<sup>7</sup> Ibid 127.



The Office of the DPP will be introducing a number of evaluation and performance measurement tools to monitor the effectiveness of the newly established Mental Health Chambers. Performance areas that will be measured include:

- number of matters completed
- timeliness
- Victim Liaison Officer activity
- prosecutor meetings with victims
- Mental Health Review Tribunal and Mental Health Court outcomes.

The Office of the DPP will include these measures in its annual report submitted to Parliament as directed under the *Director of Public Prosecutions Act 1984*.

## APPENDIX A

### Achievements to date

#### 1. Promoting more balance in legislation

##### Victims' rights, needs and interests

*Recommendations 3.1, 3.18, 3.19, 3.20, 3.22, 3.23, 3.41, 3.42, 3.43 and 4.22* – An initial round of amendments to the *Mental Health Act 2000* were progressed through the *Health and Other Legislation Amendment Act 2007*, which commenced on 1 July 2007. Specifically, the changes include:

- amending the Act's purpose to require consideration of community protection and the needs of victims when making decisions about forensic patients
- taking a more sensitive and relevant approach to victims, with the replacement of the term 'non party submission' with 'victim or concerned person submission'
- detailing of the purpose and nature of such submissions to the Mental Health Review Tribunal and the Mental Health Court
- requiring the Mental Health Court to give reasons for taking or refusing to take into account submissions by victims
- stating that the role of the Attorney-General in the Tribunal is to represent the public interest.

#### 2. Better support & information for victims

##### Support for victims in Mental Health Court and Mental Health Review Tribunal proceedings

*Recommendations 3.27-3.31, 4.14, 4.23 and 4.24* – Funding for 19 additional positions in the Office of the Director of Public Prosecutions has enabled establishment of a Mental Health Chambers. The additional positions will enable timely, adequate and appropriate information and assistance to be provided to the victim in preparing for the Mental Health Court hearing. They will also enable the Attorney-General's representative to take a more assertive and proactive role in representing the interests of the community, including victims, in Mental Health Review Tribunal hearings.

##### Counselling for victims

*Recommendation 3.51* – The Department of Communities allocates funding to Relationships Australia to provide counselling and support to victims of crime. Relationships Australia has appointed a specialist mental health position to focus on victims in cases where the offender is diverted to the mental health system. The position will provide a reference point for counsellors in the service and a contact point for the Queensland Health Victim Support Service.

*Recommendation 3.52* – Relationships Australia has conducted the first round of forensic mental health system training for its counsellors and helpline staff.

### 3. Enhancing the forensic mental health legal system

#### Compliance with statutory time frames for clinical reports

*Recommendations 4.1-4.2* – Queensland Health has established an accountability process to ensure compliance with section 238 report timeframes. The Director of Mental Health has established a monitoring and reporting system which includes:

- monthly communication with Authorised Mental Health Service Administrators requesting their response regarding overdue reports
- quarterly reports to the Director-General, Area General Managers and Administrators providing state-wide comparison of service compliance.

#### 50% increase in Mental Health Court sittings

*Recommendations 4.11-4.12* – Achievements to support a 50% increase in Mental Health Court sittings in 2007-08 include:

- establishment of a Mental Health Chambers within the Office of the Director of Public Prosecutions
- Legal Aid Queensland's commencement of recruitment to an additional 2.5 positions
- Queensland Health's commencement of recruitment for new positions in the Office of the Director of Mental Health (three positions) and Mental Health Court Registry (two positions).

#### Completion of Psychiatrists' Remuneration Reviews

*Recommendations 4.13 and 4.21* – Queensland Health has completed reviews of assisting psychiatrists' remuneration in the Mental Health Court and psychiatrist members of the Mental Health Review Tribunal. The remuneration recommendations are being considered by the Government.

#### Proceedings in the Mental Health Review Tribunal

*Recommendation 4.18* – The selection criteria for Tribunal members have been amended so that membership will include a broader range of community backgrounds. In particular, the criteria require demonstrated sound understanding of community expectations in relation to risk management, with the ability to effectively balance the needs of victims with the needs of forensic patients.

*Recommendation 4.19* – The Tribunal is continuing efforts to attract and retain Indigenous members (especially in north Queensland), building on its existing appointees.

*Recommendation 4.20* – Enlarged panels in significant forensic matters have commenced subject to the President's availability.

## 4. Building risk management capability

### Strengthening policy and practice

*Recommendation 6.7* – The President of the Mental Health Review Tribunal has issued a directive to all Tribunal members requiring them to consider obtaining an independent assessment when revocation of a forensic order is being considered by the Tribunal.

### Risk Management Systems

*Recommendation 6.17* – Queensland Health continues to implement the Sentinel Events Review recommendations relating to core state-wide standardised processes for mental health assessment, risk assessment and treatment, including specific reference to forensic mental health issues and information.

*Recommendation 6.18* – Queensland Health prioritised development of a state-wide mental health database to ensure easy access to forensic patient information across health service districts. System development commenced in June 2007.

## 5. Increasing community awareness

*Recommendations 7.1-7.2* – A total of \$4.97 million in the 2007-08 State Budget will fund a state-wide mental health promotion, prevention and early intervention centre. Planning is underway for the centre to increase community understanding of mental illness and reduce the incidence and impact of mental health problems.

*Recommendations 7.3, 7.6 and 7.7* – Queensland Health has commenced funding agreement discussions with the Queensland Centre for Mental Health Learning regarding development and distribution of forensic mental health literacy resources during 2007-08.

*Recommendation 7.5* – The Queensland Police Service continues to establish regional and district mental health coordinator positions to assist operational officers with guidance, information and support in relation to the mental health system. These officers may also provide information to witnesses, where appropriate.

## GLOSSARY OF TERMS

**authorised mental health service** means a mental health service declared by the Director of Mental Health. It may be a high secure unit, an inpatient unit or a community based service.

**classified patient** means a person who is transferred from court or custody to an authorised mental health service under the *Mental Health Act 2000*.

**Director of Mental Health** means the statutory officer appointed by the Governor-in-Council, responsible on a state-wide basis for ensuring that assessment and treatment complies with the *Mental Health Act 2000*.

**forensic order** means an order which the Mental Health Court may make if it decides a person was of unsound mind at the time of the offence, or that the person is unfit for trial. The order authorises the person's detention in an authorised mental health service.

**forensic patient** means a person who is subject to a forensic order.

**limited community treatment** for a forensic patient means undertaking some treatment or rehabilitation in the community.

**Mental Health Court** means the Mental Health Court established under the *Mental Health Act 2000*.

**Mental Health Review Tribunal** means the Mental Health Review Tribunal established under the *Mental Health Act 2000*.

**Person of Special Notification** is a forensic patient who has been found of unsound mind or unfit for trial in relation to one of the following offences:

- murder
- manslaughter
- attempted murder
- rape or assault with intent to rape and/or
- dangerous driving causing death.

**unsound mind** means the state of mental disease or natural mental infirmity described in Section 27 of the Criminal Code, but does not include a state of mind resulting from intentional intoxication or stupefaction alone or in combination with some other agent at or about the time of the offence.

**victim** in this document includes a person who has been harmed directly or indirectly by an act that resulted in a person being charged with an indictable offence and diverted to the mental health system.

