

Mental Health Act 2000

# Annual Report

of The Director of Mental Health

30 June 2005



**Queensland** Government  
Queensland **Health**

The Honourable Stephen Robertson MP  
Minister for Health  
19th Floor  
147-163 Charlotte Street  
Brisbane Qld 4000

Dear Minister

It is with much pleasure that I present the Annual Report of the Director of Mental Health for the financial year ended 30 June 2005.

The Report is provided in accordance with section 494 of the *Mental Health Act 2000* (Qld).

Yours sincerely  
Dr William Kingswell  
Director of Mental Health

## Foreword

This is the fourth annual report of the Director of Mental Health submitted to the Parliament. The report represents *Mental Health Act 2000* (Qld) ('the Act') activity for the financial year ending 30 June 2005, and covers the third full year of the Act's operation. It provides an overview of key legislative processes and their application over 2004–05, as well as identifying highlights and key areas of activity for the year. Major achievements for this reporting period include amendments to the Act and the release of a series of information booklets aimed at improving the uptake of the allied person provisions. Other developments include the establishment of better reporting systems to monitor compliance with the legislation by mental health services and the Director of Mental Health's office. These improvements will contribute to better outcomes for individuals subject to involuntary assessment and treatment.

The former Director, Dr Peggy Brown, resigned from her position on 3 October 2004 and a number of temporary appointments were made to the position of the Director of Mental Health during the reporting period, pending a permanent appointment. I am currently relieving in the position whilst the permanent recruitment process is being finalised. I was appointed by Governor-in-Council as Director of Mental Health on 16 June 2005 to 31 December 2005 inclusive. I hold the position of Director, Integrated Forensic Mental Health Service, Central and Southern Zones. I would like to thank Drs Arnold Waugh, Jacinta Powell, Brett Emmerson, Terry Stedman, David Crompton and John Allan for their contribution to the Director's position during the 2004–2005 financial year.

I would also like to thank all those who have provided assistance and direct support in maintaining the Director of Mental Health's functions especially Dr Cassandra Griffin, Acting Principal Adviser in Psychiatry, the Quality and Legislation Team and mental health service staff who have continued to contribute to the Act's effective administration during a period of some uncertainty.

Dr William Kingswell  
Director of Mental Health

## Table of Contents

<b>Introduction</b> .....	<b>4</b>
<b>Administration of the Act</b> .....	<b>5</b>
The Director of Mental Health.....	5
Appointment.....	5
Powers and Functions.....	5
Delegation of Powers.....	6
Authorised Mental Health Services and High Security Units.....	6
Authorised Mental Health Services.....	6
Authorised Mental Health Services established for administering electroconvulsive therapy.....	6
High Security Units.....	7
Administrators of Authorised Mental Health Services and High Security Units.....	7
Authorised Doctors.....	7
Authorised Mental Health Practitioners.....	8
<b>Mental Health Act 2000 Processes</b> .....	<b>9</b>
Information Management Program.....	9
Involuntary Assessment.....	9
Other Processes Leading to Involuntary Assessment.....	12
Emergency Examination Orders.....	15
Classified Patient Admissions.....	18
Court Assessment Orders.....	18
Custodian's Assessment Authority.....	18
Involuntary Treatment Orders.....	21
Forensic Orders.....	27
Patients Charged with an Offence.....	30
Reference by the Director of Mental Health.....	30
<b>Patient Rights Issues</b> .....	<b>32</b>
Allied Persons.....	32
<b>Other Key Legislative Issues</b> .....	<b>33</b>
Interstate Agreements.....	33
Limited community treatment.....	33
<i>Mental Health Act 2000</i> Risk Management.....	33
Patients Absent Without Permission.....	34
Review of Operation of the Act.....	36
Legislative Amendments.....	36
Information and Training.....	37
<i>Mental Health Act 2000</i> Online Training System.....	38
<i>Mental Health Act 2000</i> Website/Queensland Health Intranet Site.....	38
State-wide Information Services.....	39
<b>Appendices</b> .....	<b>40</b>
Appendix 1 Authorised Mental Health Services as at 30 June 2005.....	41
Appendix 2 Facilities Established as AMHSs for the Purposes of Administering Electroconvulsive Therapy.....	55
Appendix 3 High Security Units As At 30 June 2005.....	56
Appendix 4 Number of Authorised Doctors (including Authorised Psychiatrists) appointed to each AMHS as at 30 June 2005.....	57
Appendix 5 Number of Authorised Mental Health Practitioners at each AMHS as at June 2005.....	58
Appendix 6 Number of Authorised Mental Health Practitioners by AMHS Appointed: 1 July 2004 to 30 June 2005.....	59
Appendix 7 AMHS ID Codes.....	60

## List of Tables and Charts

### Tables

Table 1 Assessments Conducted using 'Assessment Documents only': 1 July 2004 to 30 June 2005 .....	11
Table 1.1 Number of occasions where a person was detained on assessment documents over the last 3 financial years.....	12
Table 2 Justices Examination Orders Conducted and the Associated Reason for Ending: 1 July 2004 to 30 June 2005 .....	13
Table 3 Justices Examination Orders Made by Designation: 1 July 2004 to 30 June 2005 .....	14
Table 3.1 Number of Justices Examination Orders made for the last three financial years .....	14
Table 4 Emergency Examination Orders Conducted and the Associated Reason for Ending: 1 July 2004 to 30 June 2005 ..	16
Table 5 Emergency Examination Orders Made by 1 July 2004 to 30 June 2005 .....	17
Table 5.1 Numbers of Emergency Examination Orders made for the last three years .....	18
Table 6 Number of Classified Episodes and Their Origin 1 July 2004 to 30 June 2005 .....	19
Table 6.1 Number of Classified Episodes over the last three financial years.....	19
Table 7 Involuntary Treatment Orders made in the year: 1 July 2004 to 30 June 2005 .....	22
Table 7.1 Number of involuntary Treatment Orders made and ending during the last three financial years.....	26
Table 8 Involuntary Treatment Orders that ended in the year: 1 July 2004 to 30 June 2005 .....	23
Table 9 Forensic Orders Made and Ended and number of Forensic Patients: 1 July 2004 to 30 June 2005 .....	28
Table 9.1 Number of Forensic Orders and PSNs over the last three financial years.....	28
Table 10 Referral Timeframes for s 238 Reports Received .....	30
Table 11 Forensic Provisions Summary Activity: 1 July 2004 to 30 June 2005.....	31
Table 12 Authority to Return Activity .....	35

### Charts

Chart 1 Custodian Assessment Authorities and Court Assessment Orders Made 1 July 2003 to 30 June 2005.....	20
Chart 2 Breakdown of Assessment Activity 1 July 2004 to 30 June 2005 .....	20
Chart 3 Involuntary Treatment Orders made 1 July 2002 – 30 June 2005 .....	24
Chart 4 Gender of Persons under Assessment and Involuntary Treatment Provisions from 1 July 2002 to 30 June 2005 ....	24
Chart 5 Gender of persons related to Mental Health Act 2000 Activity under Classified and Forensic Provisions from 1 July 2002 to 30 June 2005 .....	25
Chart 6 Age of Persons under Assessment and Involuntary Treatment Provisions from 1 July 2002 to 30 June 2005.....	25
Chart 7 Age of Persons under the Classified and Forensic Provisions from 1 July 2002 to 30 June 2005 .....	26
Chart 8 Number of Open Forensic Orders by Quarter since Commencement of the Mental Health Act 2000.....	29
Chart 9 Breakdown of Type Of Involuntary Treatment Status as at 30 June 2005 .....	29
Chart 10 Number of Visits for Quality and Legislation Intranet website .....	38

## Introduction

The Director of Mental Health's functions and powers are set out in Chapter 13 of the Act and include protection of the rights of involuntary patients and promoting community awareness and understanding of the Act. During this reporting period a number of publications, which are relevant to these functions have been released. In September 2004, a fact sheet on justices examination order provisions was launched. The information was developed to assist anyone wishing to apply to have a person they are concerned about examined by mental health service staff. The fact sheet is available on the Internet at [http://www.health.qld.gov.au/mha2000/docs/JEO\\_printforms.pdf](http://www.health.qld.gov.au/mha2000/docs/JEO_printforms.pdf).

In November 2004, a series of information booklets aimed at educating patients, carers, and health service staff about the role of the allied person provisions was released. This material should assist more patients to effectively use the provisions and encourage services to actively promote the role. The booklets can be accessed on the Internet at <http://www.health.qld.gov.au/mha2000/patient.asp>.

The Director's role in informing health services about compliance and the administration of the *Mental Health Act 2000* has been evident in the release of a number of Act-related policy documents throughout the year. A standardised information tool (flipchart) was developed for use by health services across Queensland to promote compliance with reporting requirements for patients who are subject to the Act and absent from a service. The flipchart was released and distributed to authorised mental health services across Queensland in February 2005.

Amendments to the Act came into operation in January and April 2005. They included amendments to establish the Mental Health Court's authority to issue an Offender Reporting Order under the *Child Protection Offender Reporting Act 2005*, and to correct a small number of minor problems with the day-to-day operation of the Act.

The Quality and Legislation Team have developed more sophisticated reporting tools to assist with monitoring compliance with the Act. This enhanced capacity has allowed a greater range of provisions to be reported on and steps taken to address compliance issues. In summary, there were some 914 justices examination orders made this year, representing an increase of 14% from the previous year reporting period. Thirty-two per cent of justice examination orders resulted in an involuntary treatment order being made. Some 3,787 emergency examination orders were issued, which is an eight per cent increase from the last reporting period. Twenty-eight per cent of examinations resulted in an involuntary treatment order being made. There were 5,578 persons detained for involuntary assessment under assessment documents, representing a two per cent increase and in 72% of cases an involuntary treatment order was made. In the reporting period there were 148 classified patients admitted to mental health services from court or custody for assessment and treatment. There were 5,541 involuntary treatment orders made in the period. This figure is relatively unchanged from the previous year. One hundred and fourteen forensic orders were made. As of 30 June 2005, there were 391 forensic ordered patients under the Act; this represents an increase of five per cent since last year.

A comparative summary of the last three years' data has also been provided in this year's report, where possible. Abbreviations for each authorised mental health service (AMHS) have been used in the tables. For a full list of titles of each AMHS please see **Appendix 7 AMHS ID Codes**.

# Administration of the Act

## The Director of Mental Health

### Appointment

Dr Peggy Brown, Director of Mental Health under the Act, departed Australia in March 2003 for a temporary appointment in the United Kingdom. Dr Brown's leave was extended to 3 October 2004.

On 18 March 2004, Her Excellency the Governor approved the appointment of Dr Jacinta Powell, MBBS FRANZCP, as Director of Mental Health, for a period commencing 29 March 2004 to 3 October 2004. Dr Powell's previous position was Acting Principal Adviser in Psychiatry, Mental Health Unit, Queensland Health. Dr Powell continued in the position until her resignation on 4 April 2005. During this period, Dr Powell was assisted by a number of psychiatrists who performed the duties of Delegate Director of Mental Health. On 5 April 2005, Associate Professor David Crompton OAM was appointed as Director of Mental Health and following his resignation, I was appointed as Director of Mental Health on 16 June 2005.

Below is a list of those persons appointed as the Director in the last financial year.

Director of Mental Health	Date of Appointment	Date of Resignation
Dr Peggy Brown	28 February 2002	3 October 2004
Dr Arnold Waugh	30 January 2003	28 March 2004
Dr Jacinta Powell	18 March 2004	4 April 2005
Associate Professor David Crompton OAM	5 April 2005	5 June 2005
Dr William Kingswell	16 June 2005	31 December 2005 (current)

### Powers and Functions

The Act sets out the following broad functions for the Director of Mental Health:

- ensuring the protection of rights of involuntary patients under the Act, to the extent that is reasonably practicable;
- ensuring that involuntary admission, assessment and treatment of persons complies with the Act, to the extent that is reasonably practicable;
- 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 specifically, the Director's powers and functions under the Act include:

- declaring AMHSs and High Security Units;

- declaring Administrators of AMHSs and High Security Units;
- appointing AMHPs;
- 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;
- functions related to the management of mentally ill persons charged with an offence including referring 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), and approval of limited community treatment for classified patients.

## Delegation of Powers

The Director of Mental Health may delegate the Director's powers under the Act to an appropriately qualified public service officer or health service employee. The delegations encompass all of the Director's powers excluding those relating to the declaration of AMHSs, High Security Units and Administrators.

Below is a list of delegates for the Director's powers and functions during the reporting period.

Delegate Director of Mental Health	Dates of Delegation	Delegated by
Dr Cassandra Griffin	14 February 2004 to current	Dr Arnold Waugh
Dr William Kingswell	6 June 2005 to 31 July 2005	Associate Professor David Crompton OAM
Dr Jacinta Powell	26 May 2005 to 7 June 2005	Associate Professor David Crompton OAM
Associate Professor WB Emmerson	26 May 2005 to 7 June 2005	Associate Professor David Crompton OAM
Associate Professor David Crompton OAM	3 January 2005 to 4 April 2005	Dr Jacinta Powell
Dr John Allan	6 December 2004 to 24 December 2004	Dr Jacinta Powell
Dr Terry Stedman	1 November 2004 to 5 December 2004	Dr Jacinta Powell
Associate Professor WB Emmerson	4 October 2004 to 31 October 2004 25 December 2004 to 2 January 2005	Dr Jacinta Powell
Dr Arnold Waugh	4 October 2004 to 31 October 2004	Dr Jacinta Powell

## Authorised Mental Health Services and High Security Units

The Act provides for the establishment of AMHSs and High Security Units. AMHSs and High Security Units are declared by the Director of Mental Health by way of gazette notice.

### 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.

When authorising AMHSs, the Director takes account of the high level of professional expertise required in the assessment and treatment of 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 the major centres. In addition, the Act provides that all public hospitals are AMHSs for the purpose of providing involuntary examination and assessment.

A change was made to the schedule of AMHSs during 2004-05. The schedule includes AMHSs, High Security Units, and Administrator positions of AMHSs.

On 23 June 2004, the Director of Mental Health approved an amendment to the declaration of the Rockhampton District and Area Network Authorised Mental Health Service, which clarified the status of the Gladstone Hospital Emergency Department as a component facility of the AMHS.

Appendix 1 identifies AMHSs as at 30 June 2005. AMHSs that are also established as High Security Units (discussed below) are presented separately.

### Authorised Mental Health Services established for administering electroconvulsive therapy

A small number of private sector health services have been established as AMHSs for the specific purpose of administering electroconvulsive therapy 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 the legislative requirements of the Act.

Appendix 2 identifies facilities that are AMHSs for the purpose of administering electroconvulsive therapy as at 30 June 2005. There were no changes made to the schedule in the reporting period.

## 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.

**Appendix 3** identifies AMHSs that are established as High Security Units as at 30 June 2005. There were no changes made to the schedule in the reporting period.

## Administrators of Authorised Mental Health Services and High Security Units

The Act provides that the Director of Mental Health 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 Administrator of an AMHS or High Security Unit is accountable for a range of administrative responsibilities relating to involuntary patients under the Act. In general terms, 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 Service or Unit and providing the statement 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 not fit for trial or not criminally responsible in relation to an offence);
- appointing authorised doctors for the Service or Unit;
- maintenance of records and registers and providing information about 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.

The office holders declared by the Director are identified in **Appendix 1** (for AMHSs) and **Appendix 3** (for High Security Units). There were no changes made to the schedule in the reporting period.

## Authorised Doctors

The Act requires that certain decisions relating to involuntary patients must be made by authorised doctors, who are appointed by the Administrator of the AMHS.

In appointing an authorised doctor, the Administrator must be of the opinion that the doctor has the experience and expertise needed to undertake this specialist role. Most authorised doctors are psychiatrists or psychiatric registrars.

The functions 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 who is subject to an involuntary treatment order will 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;
- revoking a patient's involuntary treatment order.

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 each patient's treatment plan.

**Appendix 4** identifies the number of authorised doctors (including authorised psychiatrists) appointed to each AMHS as at 30 June 2005. Doctors may be appointed as an authorised doctor at more than one AMHS.

## Authorised Mental Health Practitioners

AMHPs are appointed by the Director of Mental Health. They play an important role in initiating the involuntary assessment process.

The Administrators of AMHSs nominate staff for appointment as AMHPs. Nominees are required to demonstrate they have the necessary mental health experience and expertise for appointment. All appointees have qualifications or training in the field of mental health, a minimum of three years clinical experience, have undertaken training on the Act and have appropriate arrangements for ongoing professional supervision. In line with the draft *State-wide Training and Education Framework*, the appointment processes for authorised doctors and AMHPs are being revised to ensure that persons appointed to these statutory positions have the necessary expertise and understanding of the legislation prior to undertaking statutory responsibilities. It is anticipated that this process will be operational in late 2005.

Under s 503 of the Act, the Director of Mental Health must approve identity cards for AMHPs. The Practitioner must, to the extent that is reasonable and practical, identify himself or herself to the person who is being assessed under the Act.

**Appendix 5** provides the number of AMHPs at each AMHS as at June 2005. **Appendix 6** identifies the number of AMHPs at each AMHS appointed during the year 2004-2005.

## Mental Health Act 2000 Processes

The Act contains mechanisms for providing involuntary assessment and treatment to people with a mental illness. The large majority of people who have a mental illness can and do make their own decisions about treatment. However, due to the nature of mental illness, there may be times when people are unable to make these decisions. In circumstances where the person's condition represents a risk to their own health or safety or the safety of others, the involuntary provisions of the Act may be applied to ensure that the person receives appropriate treatment and care. The involuntary processes should apply only where there is no less restrictive way of safely meeting the person's assessment or treatment needs.

This section of the Report provides a summary of the involuntary provisions and related legislative processes that were applied between 1 July 2004 and 30 June 2005. The information provided has been extracted from the *Mental Health Act 2000 Information System (MHAIS)* and records maintained by the Director of Mental Health.

### Information Management Program

The Information Management Program within the Quality and Legislation Team oversees the administration of the MHAIS and aims to develop information-based tools that assist with administration of the Act. During the reporting period, the MHAIS was upgraded to provide more detailed reports on Act-related processes. As a result, the Director of Mental Health now has the capacity to report on areas of the legislation that have not previously been monitored. Enhancements to MHAIS include a new area for clinicians to enter Mental Health Review Tribunal Reports, which has created efficiencies in workload management.

The Information Management Program has also released the Decision Support System (DSS), a new data analysis tool, which was developed in the 2003–2004 year. This system is a significant development, which allows

the Director of Mental Health and AMHSs to quickly and effectively extract and collate information from the MHAIS. In general it has:

- improved the Director's capacity to administer the Act
- improved local administration of the Act by AMHSs
- improved reporting capabilities and monitoring of compliance with the Act.

To date, 64 corporate and AMHS staff, representing every Queensland Health AMHS have been trained in the use of DSS.

### Involuntary Assessment

Involuntary assessment is initiated by two documents – a request for assessment and a recommendation for assessment. These documents are referred to as the 'assessment documents'.

A request for assessment can be completed by any adult who has seen the person within the preceding three days and believes that he/she requires involuntary assessment. A recommendation for assessment can be completed by a doctor or AMHP who has examined the person within the preceding three days and believes that the assessment criteria provided for in the Act, apply. A request for assessment is usually completed by a family member, friend or health professional.

The assessment documents authorise taking the person to an AMHS. For the purposes of assessment, an AMHS is an AMHS other than a High Security Unit. The person may be detained at the Service for a period of up to 24 hours. During this time, an assessment is made by an authorised doctor who determines the need for an involuntary treatment order. The authorised doctor may extend the assessment by periods of 24 hours, however, the total assessment period cannot exceed 72 hours.

Appendix 7 identifies the abbreviations used in the following tables for each AMHS.

Table 1 gives a breakdown of activity under the *Mental Health Act 2000* where assessment documents were used to assess the person and the outcomes of their detention under assessment documents.

Column 1 identifies the number of occasions the involuntary assessment process was commenced using assessment documents only between 1 July 2004 and 30 June 2005. Column 2 identifies the total number of involuntary treatment orders made as a result of this involuntary assessment process. Column 3 identifies the number of occasions where an involuntary treatment order was not made as a result of the involuntary assessment.

There may be a number of reasons why an involuntary treatment order does not result from the assessment, including the person's willingness to engage in treatment, or the person was assessed as not meeting the treatment criteria.

In summary, there were 5,578 occasions where a person was detained for assessment under 'assessment documents'. Of these 5,578 assessments, 3,935 (71%) episodes led to the person being placed on an involuntary treatment order. On 1,509 (27%) occasions an involuntary treatment order was not made as a result of the involuntary assessment process.

Of the 5,578 occasions where a person was detained on assessment documents, 11% of involuntary assessments were ceased before the end of the assessment period. This means the assessment period was ceased and the patient became a voluntary patient before the 24-72 hour assessment period ended.

Table 1 indicates there were five occasions where assessment documents were used to detain a person under assessment documents in a high security unit. This situation is likely to have occurred as a result of classified patients being placed on involuntary treatment orders after the initial assessment period (3 days), or where a forensic order patient was placed on an involuntary treatment order prior to being reviewed by the Mental Health Review Tribunal with the intention of revoking the forensic order.

This information highlights the need for the Director of Mental Health to provide clarity regarding the use of assessment documents in high security units, because the Act does not provide for a person to be detained under assessment documents in these settings.

Table 1 Assessments Conducted using 'Assessment Documents only': 1 July 2004 to 30 June 2005

AMHS	Number of Assessments based on "Assessment Documents Only"	ITO Made as a result of Involuntary Assessment		ITO Not Made as a result of Involuntary Assessment	
BAY	145	124	86%	21	14%
BDB	50	38	76%	12	24%
BEL	96	96	100%		
CNS	342	261	76%	81	24%
FC	61	32	52%	29	48%
GC	570	465	82%	105	18%
GSL	6	6	100%		
LOG	417	304	73%	113	27%
MAT	16	11	69%	5	31%
MI	5	3	60%	2	40%
MKY	99	52	53%	47	47%
NFARM	23	23	100%		
PAH	615	505	82%	110	18%
PCH	289	215	74%	74	26%
PK	26	19	73%	7	27%
PKHSP	2	2	100%		
RBWH	1087	590	54%	497	46%
RC	235	165	70%	70	30%
ROK	228	192	84%	36	16%
SC	364	314	86%	50	14%
TOO	353	277	78%	76	22%
TSV	278	162	58%	116	42%
TSVHSP	3	3	100%		
TWNG	36	32	89%	4	11%
WM	232	178	77%	54	23%
<b>Total</b>	<b>5578</b>	<b>3935</b>	<b>71%</b>	<b>1509</b>	<b>27%</b>

Where possible, a comparative table and graph have been provided for the last three financial years. Table 1.1 summarises the number of occasions where a person was detained on assessment documents over the last 3 financial years.

**Table 1.1** Number of occasions where a person was detained on assessment documents over the last 3 financial years

Reporting Period	Number of involuntary assessments based on assessment documents only
2002-2003	4,921
2003-2004	5,364
2004-2005	5,578

Table 1.1 indicates there has been a slight increase in the number of assessments being done using assessment documents over the three year period. The significance of the increase in involuntary assessments is difficult to determine given population growth in Queensland over the last three years.

## Other Processes Leading to Involuntary Assessment

In some circumstances, the involuntary assessment provisions cannot be applied because the person cannot be examined by a doctor or AMHP. The Act contains provisions to enable an examination by a doctor or AMHP to be made. This examination can be brought about by a justices examination order or an emergency examination order.

## Justices Examination Orders

A justices examination order is made by a Magistrate or Justice of the Peace (JP). Any concerned member of the community may seek a justices examination order in relation to a person they believe requires examination. The application is sworn and sets out the grounds for seeking the order. The Magistrate or JP may make an order if he or she believes that the person has a mental illness and the order is required to ensure that the person is properly examined by a doctor or AMHP. The order is valid for seven days.

The order is sent to the Administrator of the relevant AMHS who makes arrangements for a doctor or AMHP to examine the person. The doctor or Practitioner will usually go to the person's place of residence or other place nominated in the order to conduct the examination.

Assessment documents are not made if the doctor or AMHP determines that the person does not meet the criteria for involuntary assessment. For example, the

doctor or AMHP may consider that the person does not have a mental illness. In a small number of instances, the person cannot be located in the seven day timeframe, or the person presents voluntarily at an AMHS before any action is taken on the order.

This year it has been possible to provide two reports in relation to justices examination orders:

- a breakdown of the number of justices examination orders and the associated reasons for ending the orders (Table 2)
- the number of justices examination orders made by a Magistrate or JP (Table 3).

Table 2 column 1 indicates 914 justices examination orders made in the reporting period. Column 2 identifies the number of occasions when assessment documents were not made following an examination. Overall, 54% of examinations resulted in no further assessment being made under the Act. In these circumstances the person may have accepted further assessment and treatment as a voluntary patient.

Column 3 identifies the number of occasions when an involuntary treatment order was made following the examination, and associated assessment. At this stage, it is not possible to provide more detailed data on the examination process or the number of patients who did or did not become subject to an involuntary treatment order.

Column 4 identifies the number of occasions where the justices examination order ended before the examination

was able to be conducted. This situation is likely to have occurred where the person is unable to be located by mental health services before the order expired i.e. 7 days.

Column 5 indicates the number of occasions where an involuntary treatment order was not made as a result of involuntary assessment. This data indicates that the assessment documents were made for the patient as a result of the justices examination order, but that the assessment period ended and an involuntary treatment order was not made.

Column 6 indicates the number of persons who were subject to a justices examination order and upon examination were identified as already being under an involuntary treatment order or forensic order. This situation may occur in circumstances where a member of the public has concerns about an individual, and obtains an order to alert health services about them, without being aware that the person is already subject to the Act.

**Table 2 Justices Examination Orders Conducted and the Associated Reason for Ending: 1 July 2004 to 30 June 2005**

AMHS	Total	Recommendation for Assessment not made		ITO Made		JEO ended before examination		ITO not made as a Result of Involuntary Assessment		Pre-existing involuntary status	
BAY	51	24	47%	17	33%	7	14%	2	4%	1	2%
BDB	37	25	68%	9	24%	1	3%	2	5%		
BEL											
CNS	72	37	51%	23	32%	9	13%	3	4%		
FC	25	13	52%	3	12%	2	8%	7	28%		
GC	96	44	46%	31	32%	17	18%	1	1%	3	3%
GSL											
LOG	56	25	45%	20	36%	7	13%	4	7%		
MAT	2	2	100%								
MI	1	1	100%								
MKY	44	33	75%	5	11%	2	5%	4	9%		
PAH	89	37	42%	38	43%	10	11%	3	3%	1	1%
PCH	72	35	49%	32	44%	2	3%	1	1%	2	3%
RBWH	54	23	43%	28	52%	3	6%				
RC	65	43	66%	16	25%	2	3%	4	6%		
ROK	33	16	48%	10	30%	4	12%	3	9%		
SC	36	21	58%	12	33%	3	8%				
TOO	66	42	64%	15	23%	7	11%	2	3%		
TSV	54	28	52%	16	30%	7	13%	3	6%		
WM	61	42	69%	13	21%	5	8%			1	2%
	<b>914</b>	<b>491</b>	<b>54%</b>	<b>288</b>	<b>32%</b>	<b>88</b>	<b>10%</b>	<b>39</b>	<b>4%</b>	<b>8</b>	<b>1%</b>

Table 3 gives a breakdown of the class of persons who made the justices examination order and the service that attended to the order. The majority of orders are made by JPs in the community.

**Table 3 Justices Examination Orders Made by Designation: 1 July 2004 to 30 June 2005**

AMHS	Total	Justice of the Peace	Magistrate
BAY	51	51	
BDB	37	37	
CNS	72	42	30
FC	25	25	
GC	96	95	1
LOG	56	56	
MAT	2	2	
MI	1	1	
MKY	44	40	4
PAH	89	88	1
PCH	72	72	
RBWH	54	54	
RC	65	65	
ROK	33	33	
SC	36	36	
TOO	66	66	
TSV	54	54	
WM	61	60	1
<b>Total</b>	<b>914</b>	<b>877</b>	<b>37</b>

A comparison of the total number of justices examination orders made for the last three years is listed (Table 3.1). There appears to be a rise in the number of justices examination orders made over the period. Again, the significance of this given population growth is difficult to determine.

**Table 3.1 Number of Justices Examination Orders made for the last 3 financial years**

Reporting Period	Number of justice's examination orders made
2002-2003	736
2003-2004	796
2004-2005	914

## Emergency Examination Orders

An emergency examination order may be made by a police officer, ambulance officer or psychiatrist.

The person making the emergency examination order must be of the opinion that the person represents an imminent risk of significant physical harm (either to himself, herself or someone else) as a result of mental illness.

The emergency examination order authorises a police officer, ambulance officer or psychiatrist to immediately take the person to an AMHS for examination. Once the person arrives at the service, the person may be detained for a maximum period of six hours to enable examination by a doctor or AMHP.

Assessment documents are not made if the doctor or AMHP determines that the person does not meet the criteria for involuntary assessment. For example, the doctor or AMHP may consider that the person does not have a mental illness.

**Table 4** identifies the number of emergency examination orders made for the period and the associated reason for ending.

Column 1 indicates the total number of orders made and the service which processed the order. Column 2 indicates the number of occasions where a recommendation for assessment was not completed as a result of the examination. There were 3,787 orders made for the period, 50% of which resulted in involuntary assessment not being commenced. Of those, column 3 indicates the number of occasions where an involuntary treatment order was made following an examination under an emergency examination order. This occurred in 28% of cases.

Column 4 identifies the number of cases where an involuntary treatment order was not made as a result of involuntary assessment. This occurred in 16% of cases. A person may not need to be detained as a result of an examination and it is ended. In these instances, the person may remain a voluntary patient for further examination, assessment and/or treatment.

Column 5 indicates the number of instances where the emergency examination order ended before the end of the examination period. This situation occurred in two per cent of cases. The service's ability to further examine the person could only occur on a voluntary basis. This figure indicates a need for health services to assess the reasons for examinations not being conducted within the statutory timeframe and to develop strategies to address them. There are a number of reasons why the examination time expired before the person was examined, including the person leaving the service before the examination was completed or errors in the way the data was recorded.

Column 6 identifies the number of persons brought to an AMHS under an emergency examination order, who were found to be already under an involuntary treatment order or forensic order. This occurred in 4% of emergency examination orders.

Table 4 Emergency Examination Orders Conducted and the Associated Reason for Ending: 1 July 2004 to 30 June 2005

AMHS	Total	Recommendation for Assessment not made		ITO Made		ITO Not Made as a result of Involuntary Assessment		EEO ended before examination		Pre-existing involuntary status	
BAY	150	92	61%	35	23%	14	9%	4	3%	5	3%
BDB	69	46	67%	13	19%	7	10%			3	4%
BEL											
CNS	189	85	45%	58	31%	36	19%	2	1%	8	4%
FC	46	16	35%	9	20%	19	41%			2	4%
GC	493	219	44%	166	34%	60	12%	17	3%	31	6%
GSL	2			2	100%						
LOG	260	154	59%	62	24%	20	8%	10	4%	14	5%
MAT	18	13	72%	2	11%					3	17%
MI	61	55	90%	4	7%	1	2%	1	2%		
MKY	94	42	45%	16	17%	32	34%	2	2%	2	2%
PAH	432	247	57%	106	25%	46	11%	10	2%	23	5%
PCH	203	87	43%	66	33%	44	22%	1	0.5%	5	2%
RBWH	585	267	46%	139	24%	154	26%	4	1%	21	4%
RC	130	66	51%	44	34%	15	12%	3	2%	2	2%
ROK	160	79	49%	49	31%	27	17%			5	3%
SC	284	123	43%	124	44%	10	4%	11	4%	16	6%
TOO	191	86	45%	62	32%	30	16%	2	1%	11	6%
TSV	205	111	54%	44	21%	49	24%	1	0.5%		
WM	215	118	55%	68	32%	23	11%			6	3%
<b>Total</b>	<b>3787</b>	<b>1906</b>	<b>50%</b>	<b>1069</b>	<b>28%</b>	<b>587</b>	<b>16%</b>	<b>68</b>	<b>2%</b>	<b>157</b>	<b>4%</b>

Table 5 identifies the number of emergency examination orders made for the reporting period, the class of persons making the order and the service that conducted the examination. Of the 3,787 orders made during the period, 14% were made by Ambulance Officers and 85% were made by Police Officers. Police remain in the forefront of dealing with emergency situations where mental illness is suspected. I would hope in future years that the

Ambulance Service will become the primary agency in dealing with mental health emergencies and transferring persons to authorised mental health services from the community. This development would be in keeping with responses to other health emergencies. The Mental Health Unit and Queensland Police are continuing to work in partnership to improve responses to emergency situations through a Memorandum of Understanding.

Table 5 Emergency Examination Orders Made by 1 July 2004 to 30 June 2005

AMHS	Total	Ambulance officer		Police officer		Psychiatrist	
BAY	150	13	9%	135	90%	2	1%
BDB	69	7	10%	62	90%		
BEL							
CNS	189	36	19%	153	81%		
FC	46	2	4%	44	96%		
GC	493	135	27%	356	72%	2	0.4%
GSL	2			2	100%		
LOG	260	79	30%	181	70%		
MAT	18			17	94%	1	6%
MI	61	4	7%	57	93%		
MKY	94	13	14%	81	86%		
NFARM							
PAH	432	33	8%	398	92%	1	0.2%
PCH	203	2	1%	197	97%	4	2%
RBWH	585	72	12%	512	88%	1	0.2%
RC	130	16	12%	114	88%		
ROK	160	3	2%	157	98%		
SC	284	33	12%	247	87%	4	1%
TOO	191	29	15%	162	85%		
TSV	205	43	21%	162	79%		
TWNG							
WM	215	20	9%	195	91%		
<b>Total</b>	<b>3787</b>	<b>540</b>	<b>14%</b>	<b>3232</b>	<b>85%</b>	<b>15</b>	<b>0.4%</b>

A comparison table (Table 5.1) is provided below detailing the numbers of emergency examination orders made for the last three years. The reasons for the slight rise in numbers of orders issued are not clear.

**Table 5.1 Numbers of emergency examination orders made for the last three years**

Reporting Period	Number of emergency examination orders made
2002-2003	2519
2003-2004	3499
2004-2005	3787

## Classified Patient Admissions

The Act enables a person appearing before a court or detained in a place of custody to be admitted to an AMHS for assessment of mental illness. A person admitted from a court or custody is referred to as a 'classified patient'.

### Court Assessment Orders

A court may require a person's admission to an AMHS by making a court assessment order. The court assessment order must be based on a recommendation for assessment (made by a doctor or AMHP) and an agreement for assessment (given by the Administrator of an AMHS or the Director of Mental Health).

The court assessment order authorises the patient's detention in an AMHS. Regular assessments are conducted by an authorised doctor to determine whether the patient needs to remain at the service and whether an involuntary treatment order is required. The Act also provides mechanisms for the person's return to court where his or her detention in an AMHS is no longer necessary.

### Custodian's Assessment Authority

A custodian's assessment authority authorises a person's removal to an AMHS from a place of custody (such as a correctional facility, watch house or youth detention centre). The process may be applied to a person who is in custody having been charged with an offence or a person who has been convicted and is serving a sentence of imprisonment.

The custodian may make a custodian's assessment authority on the basis of a recommendation for assessment (made by a doctor or AMHP) and an agreement for assessment (given by the Administrator of an AMHS or the Director of Mental Health).

The process following admission is the same as that which applies under a court assessment authority. That is, the person is regularly assessed by an authorised doctor to determine the need for an involuntary treatment order and ongoing detention at the service. The person may be returned to a court or place of custody when detention at the service is no longer required.

Improvements in reporting mechanisms have allowed greater detail to be provided this year.

Table 6 identifies the number of classified patients detained for assessment brought from either court or custody. Due to the small numbers of classified patients being admitted state-wide, the data has been combined in one table which identifies where patients were admitted from e.g. a court, or particular type of correctional facility and the service at which the patient was assessed.

There were a total of 148 classified patients admitted to services during the period.

A comparison table (Table 5.1) is provided below detailing the numbers of emergency examination orders made for the last three years. The reasons for the slight rise in numbers of orders issued are not clear.

**Table 5.1 Numbers of emergency examination orders made for the last three years**

Reporting Period	Number of emergency examination orders made
2002-2003	2519
2003-2004	3499
2004-2005	3787

## Classified Patient Admissions

The Act enables a person appearing before a court or detained in a place of custody to be admitted to an AMHS for assessment of mental illness. A person admitted from a court or custody is referred to as a 'classified patient'.

### Court Assessment Orders

A court may require a person's admission to an AMHS by making a court assessment order. The court assessment order must be based on a recommendation for assessment (made by a doctor or AMHP) and an agreement for assessment (given by the Administrator of an AMHS or the Director of Mental Health).

The court assessment order authorises the patient's detention in an AMHS. Regular assessments are conducted by an authorised doctor to determine whether the patient needs to remain at the service and whether an involuntary treatment order is required. The Act also provides mechanisms for the person's return to court where his or her detention in an AMHS is no longer necessary.

### Custodian's Assessment Authority

A custodian's assessment authority authorises a person's removal to an AMHS from a place of custody (such as a correctional facility, watch house or youth detention centre). The process may be applied to a person who is in custody having been charged with an offence or a person who has been convicted and is serving a sentence of imprisonment.

The custodian may make a custodian's assessment authority on the basis of a recommendation for assessment (made by a doctor or AMHP) and an agreement for assessment (given by the Administrator of an AMHS or the Director of Mental Health).

The process following admission is the same as that which applies under a court assessment authority. That is, the person is regularly assessed by an authorised doctor to determine the need for an involuntary treatment order and ongoing detention at the service. The person may be returned to a court or place of custody when detention at the service is no longer required.

Improvements in reporting mechanisms have allowed greater detail to be provided this year.

Table 6 identifies the number of classified patients detained for assessment brought from either court or custody. Due to the small numbers of classified patients being admitted state-wide, the data has been combined in one table which identifies where patients were admitted from e.g. a court, or particular type of correctional facility and the service at which the patient was assessed.

There were a total of 148 classified patients admitted to services during the period.

**Table 6 Number of Classified Episodes and Their Origin 1 July 2004 to 30 June 2005**

AMHS	Total	Courts	Watchhouses	Brisbane Women's Correctional Centre	Brisbane Youth Detention Centre	Corrective Services	*Private Custodial Facilities
BAY	3		1				2
BDB	2					2	
CNS	10	3	4			3	
FC	6					5	1
GC	13		6	1		1	5
LOG	3	1	1	1			
MI	1					1	
MKY	5	2	3				
PAH	12	2	1	1			8
PCH	6	1	1	2			2
PKHSP	25	3	3	3		8	8
RBWH	15	8	2		1	2	2
RC	2						2
ROK	2	1	1				
SC	8			2		3	3
TOO	12	3	2	2	1	1	3
TSV	15		4	1		10	
TSVHSP	7		2			5	
WM	1		1				
<b>Total</b>	<b>148</b>	<b>24</b>	<b>32</b>	<b>13</b>	<b>2</b>	<b>41</b>	<b>36</b>

\* Private Correctional facilities include Borallon Correctional Centre and Arthur Gorrie Correctional Centre

Table 6.1 and Chart 1 below identifies the number of classified episodes over the last three years; indications are that these figures are relatively stable.

**Table 6.1 Number of classified episodes over the last three financial years**

Reporting Period	Number of Classified Episodes
2002-2003	140
2003-2004	136
2004-2005	148

Chart 1 Custodian Assessment Authorities and Court Assessment Orders Made 1 July 2003 to 30 June 2005

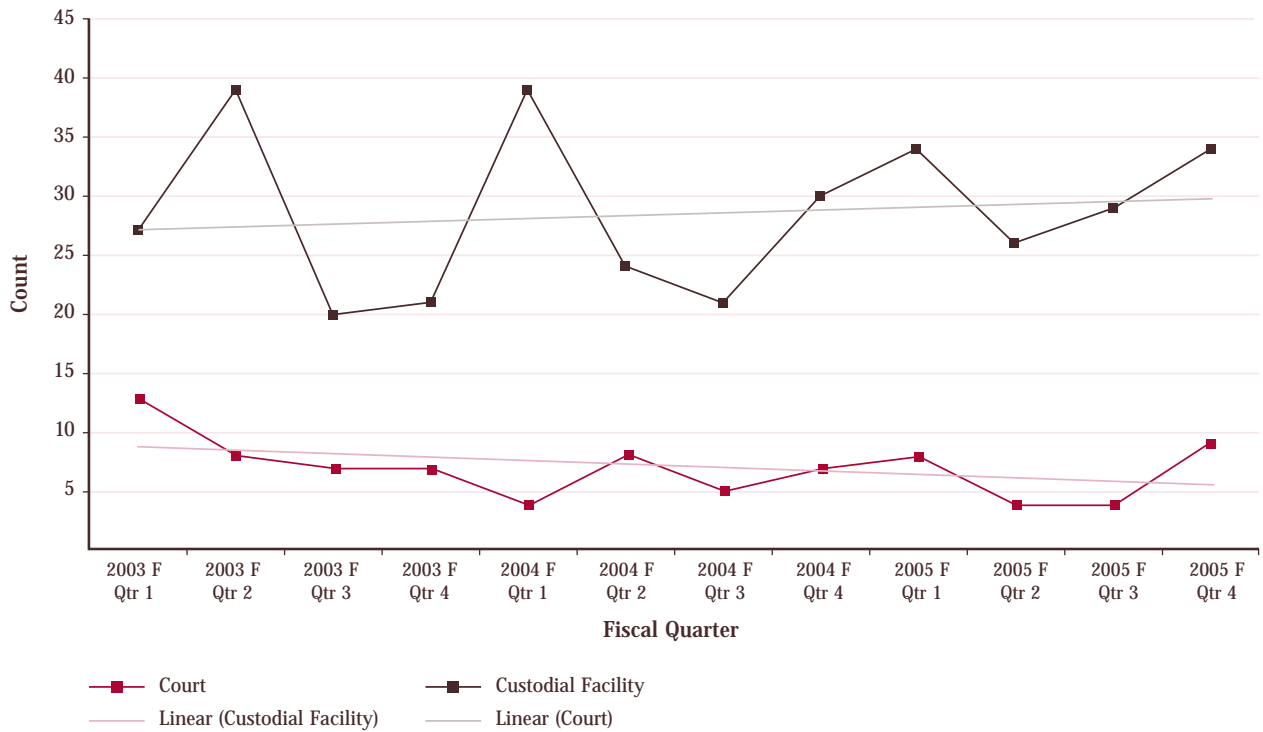
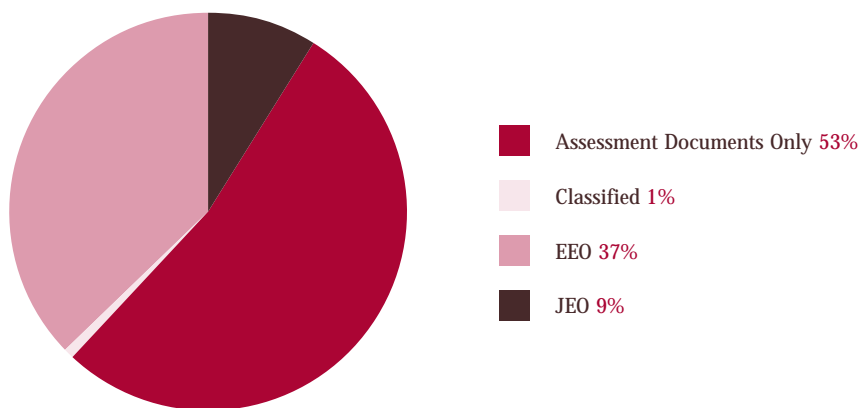


Chart 2 Breakdown of Assessment Activity 1 July to 30 June 2005



## Involuntary Treatment Orders

An authorised doctor may make an involuntary treatment order for a classified patient or a patient admitted for involuntary assessment. The authorised doctor must be satisfied that the treatment criteria specified in the Act apply to the patient. If the authorised doctor is not a psychiatrist, the order must be confirmed by a psychiatrist within three days.

The involuntary treatment order authorises the giving of treatment without the patient's consent. The patient may receive treatment as an inpatient or in the community.

Patients who are treated under an involuntary treatment order are reviewed by the Mental Health Review Tribunal within 6 weeks of the order being made and thereafter at six monthly intervals. Patients are also able to apply to the Tribunal for a review. The Tribunal considers whether the treatment criteria apply to the patient and confirms or revokes the order accordingly.

An involuntary treatment order may also be revoked by an authorised doctor. Patients are required to be examined at regular intervals by an authorised psychiatrist who must consider whether the treatment criteria continue to apply to the patient.

An involuntary treatment order may also be ceased in other circumstances. For example, the order ceases if the patient does not receive treatment under the order for a period of six months or if a forensic order is made for the patient.

**Table 7** identifies the number of involuntary treatment orders made by each AMHS for the reporting period. The table also identifies the initial category of the involuntary treatment order, which can either be inpatient or community category. The majority of involuntary treatment orders are still made in an inpatient setting with only 2% made in the community.

**Table 7** identifies circumstances where an involuntary treatment order was commenced by an authorised doctor who is not a psychiatrist and the person is required to have a second examination by an authorised psychiatrist. The purpose of this examination is to either confirm (continue) or not confirm (discontinue) the order. There were 5,541 orders made in the reporting period, of which 98% were commenced in an inpatient setting. Of those orders made, 4,367 (79%) required a second examination. Of the 4,367 orders requiring a second examination, 76% were confirmed and the order was continued. The order in 24% of cases was not confirmed and discontinued.

Table 7 Involuntary Treatment Orders made in the year: 1 July 2004 to 30 June 2005

	Total ITOs Made	Category of Initial Order				Second Examination Details					
		Inpatient		Community		Second Examination Required		ITO Confirmed		ITO Not Confirmed	
BAY	177	172	97%	5	3%	164	93%	104	63%	60	37%
BDB	64	62	97%	2	3%	24	38%	22	92%	2	8%
BEL	96	96	100%			7	7%	7	100%		
CNS	343	326	95%	17	5%	267	78%	242	91%	25	9%
FC	51	51	100%			26	51%	19	73%	7	27%
GC	666	639	96%	27	4%	515	77%	392	76%	106	21%
GSL	8	8	100%								
LOG	401	391	98%	10	2%	326	81%	253	78%	73	22%
MAT	16	16	100%			12	75%	7	58%	5	42%
MI	8	7	88%	1	13%	5	63%	1	20%	4	80%
MKY	75	75	100%			62	83%	45	73%	17	27%
NFARM	33	33	100%								
PAH	660	618	94%	42	6%	566	86%	398	70%	168	30%
PCH	318	314	99%	4	1%	264	83%	198	75%	65	25%
PK	19	19	100%			12	63%	9	75%	3	25%
PKHSP	17	17	100%			14	82%	14	100%		
RBWH	755	749	99%	6	1%	587	78%	465	79%	122	21%
RC	221	220	99.5%	1	0.5%	173	78%	120	69%	53	31%
RCH	1	1	100%			1	100%	1	100%		
ROK	249	244	98%	5	2%	231	93%	188	81%	43	19%
SC	458	455	99%	3	1%	410	90%	271	66%	139	34%
TOO	365	364	100%	1		304	83%	259	85%	45	15%
TSV	231	224	97%	7	3%	176	76%	153	87%	23	13%
TSVHSP	7	7	100%			2	29%	2	100%		
TWNG	43	42	98%	1	2%	14	33%	13	93%	1	7%
WM	259	259	100%	2	1%	205	79%	136	66%	69	34%
<b>Total</b>	<b>5541</b>	<b>5409</b>	<b>98%</b>	<b>134</b>	<b>2%</b>	<b>4367</b>	<b>79%</b>	<b>3319</b>	<b>76%</b>	<b>1030</b>	<b>24%</b>

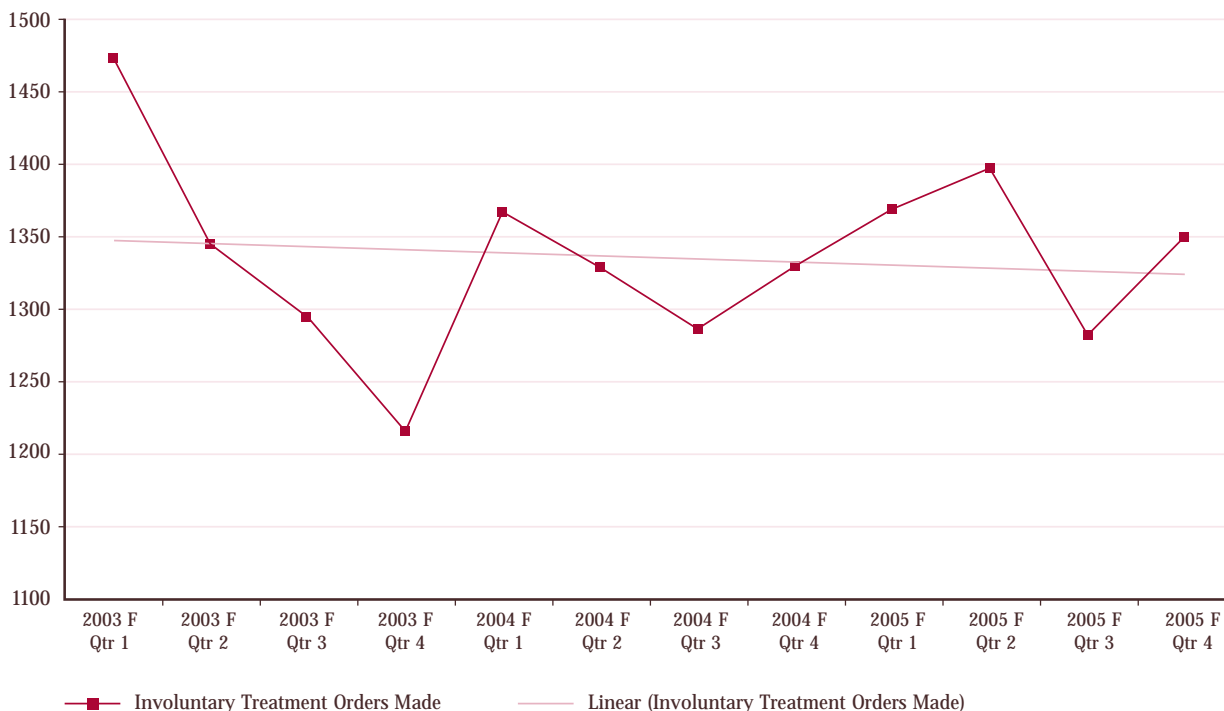
**Table 8 Involuntary Treatment Orders that ended in the year: 1 July 2004 to 30 June 2005~**

AMHS*	Total	ITO Revoked		ITO Ceased To Have Effect		Forensic Order Made	ITO Already exists	Patient Deceased	Timeframe lapsed before second examination
BAY	186	152	82%	31	17%	2		1	
BDB	66	65	98%			1			
BEL	76	76	100%						
CNS	322	298	93%	16	5%	4		2	2
FC	40	39	98%	1	3%				
GC	603	521	86%	69	11%	7	1	2	3
GSL	8	7	88%					1	
JOMH	1	1	100%						
LOG	379	319	84%	57	15%	1		1	1
MAT	14	10	71%	4	29%				
MI	12	11	92%	1	8%				
MKY	66	65	98%			1			
NFARM	35	34	97%	1	3%				
PAH	638	492	77%	28	4%	7	3	4	104
PCH	328	302	92%	18	5%	3		2	3
PK	18	17	94%					1	
PKHSP	14	7	50%			7			
RBH	82	68	83%	6	7%	5		3	
RBWH	617	547	89%	61	10%	2	1	4	2
RC	195	152	78%	34	17%	2		1	6
ROK	210	205	98%	3	1%			2	
SC	446	422	95%	4	1%			4	16
TOO	355	337	95%	11	3%	5		2	
TSV	220	210	95%	3	1%	4		1	2
TSVHSP	2	1	50%	1	50%				
TWNG	51	50	98%				1		
WM	258	234	91%	5	2%	5	5	3	6
WPH	5	4	80%					1	
<b>Total</b>	<b>5247</b>	<b>4646</b>	<b>89%</b>	<b>354</b>	<b>7%</b>	<b>56</b>	<b>11</b>	<b>35</b>	<b>145</b>

\* AMHS is where the ITO commenced

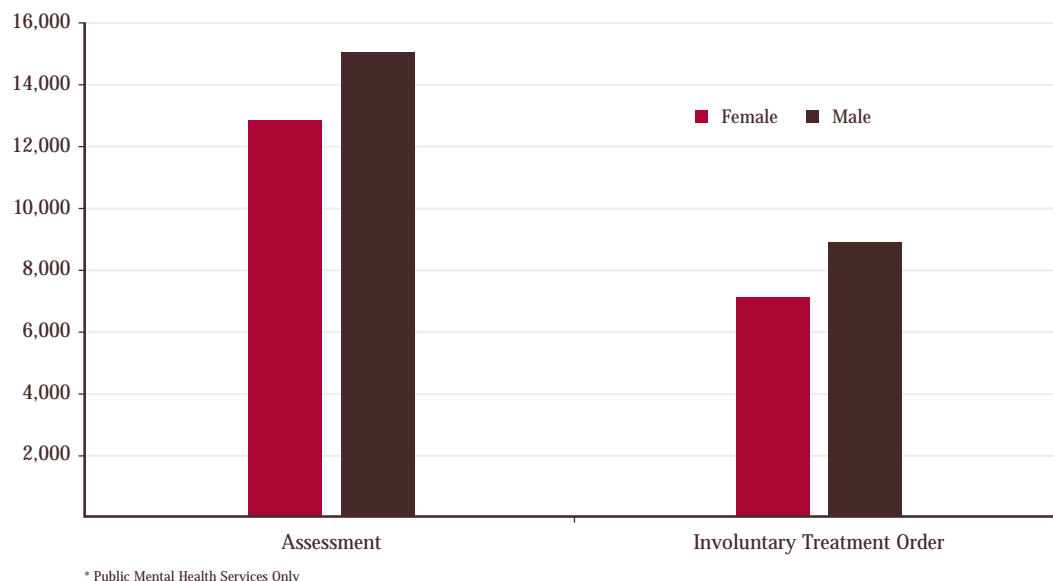
~ This data relates to orders that ended during the fiscal year

Chart 3 Involuntary Treatment Orders made 1 July 2002 – 30 June 2005



Also included in the report this year are four charts identifying the breakdown of patients by age and gender under involuntary treatment and assessment provisions and classified and forensic order provisions since 1 July 2002. Chart 4 indicates that more male persons have been subject to both assessment and involuntary treatment provisions than female persons. Chart 5 indicates that significantly more male persons than female persons have been subject to the classified and forensic provisions since 1 July 2002.

Chart 4 Gender of Persons under Assessment and Involuntary Treatment Provisions from 1 July 2002 to 30 June 2005



**Chart 5 Gender of persons related to Mental Health Act 2000 Activity under Classified and Forensic Provisions from 1 July 2002 to 30 June 2005**

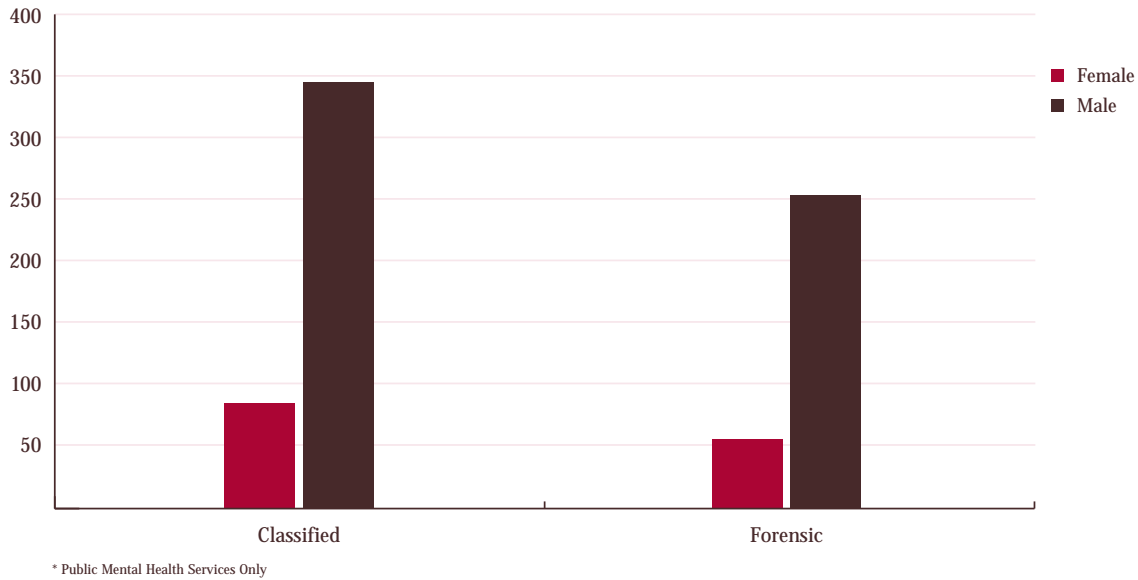


Chart 6 and Chart 7 identifies the age breakdown of persons subject to the assessment and involuntary treatment provisions and classified and forensic provisions.

**Chart 6 Age of Persons under Assessment and Involuntary Treatment Provisions from 1 July 2002 to 30 June 2005**

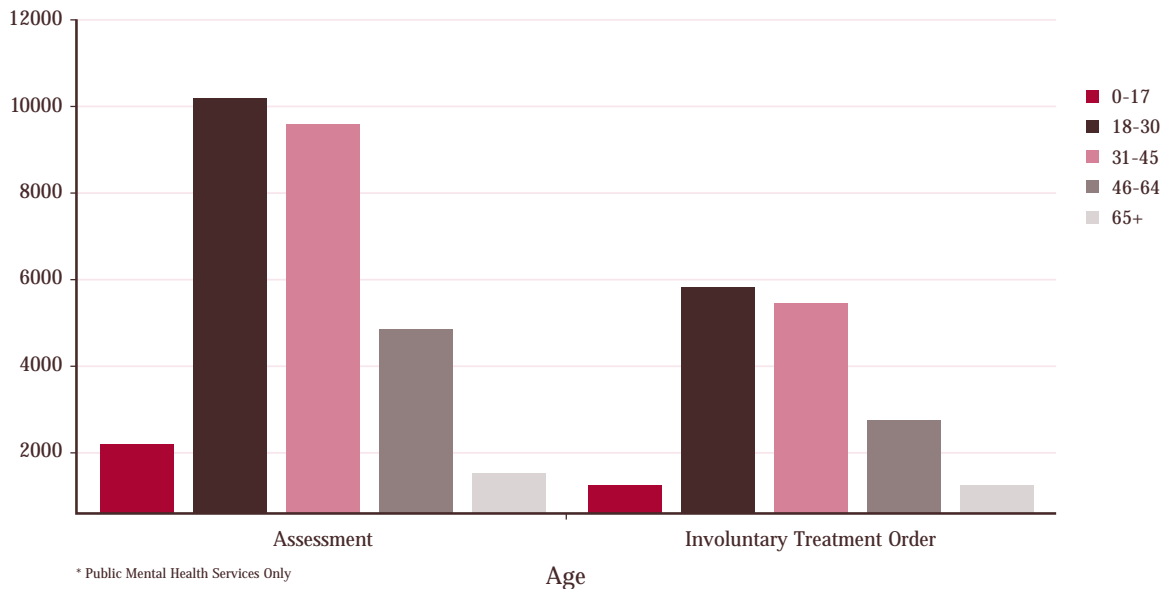


Chart 7 Age of Persons under the Classified and Forensic Provisions from 1 July 2002 to 30 June 2005

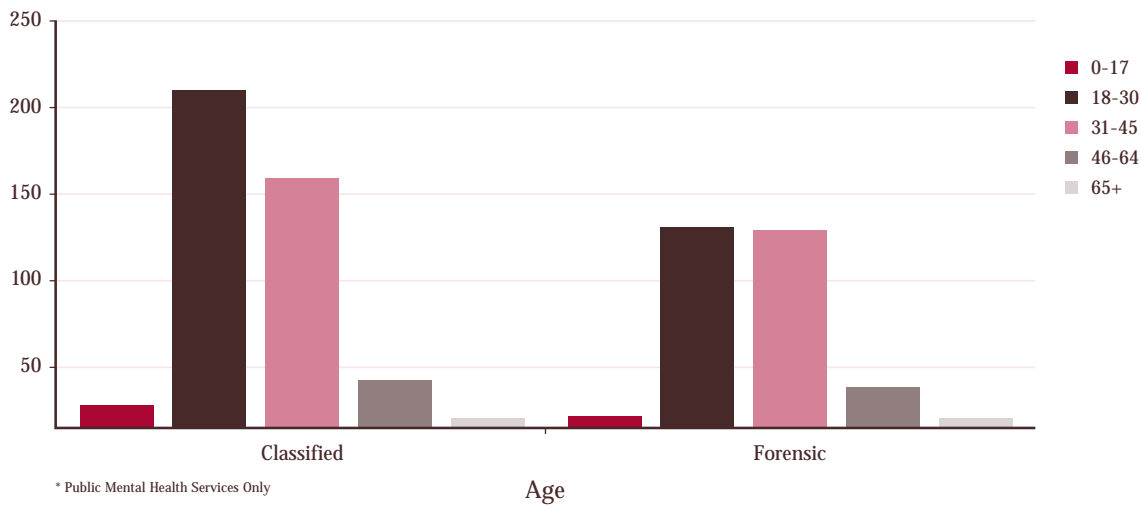


Table 8 identifies the number of involuntary treatment orders that ended in the reporting period and the associated reason. There were 5,247 orders that ended for the period, 89% of which were revoked by mental health services. In circumstances where the patient has not received treatment under the order for six months, the order is ceased by the administrator of the AMHS. This occurred in 7% of cases, which is a relatively small number of instances.

Under s 290 of the Act, an involuntary treatment order ends if the patient is placed under a forensic order. This occurred on 56 occasions. In eleven cases the involuntary treatment order was ceased because it was found that the person was already under an involuntary treatment order. This situation is likely to occur when a patient presents at a service other than their usual treating service, or uses an alias name at a health service.

On 35 occasions the order ended because the patient died, however, this event might have had limited or no connection with their involuntary treatment status. Data relating to causes of death in this timeframe is not currently available. On 145 occasions the time on the treatment order lapsed (72hours) and the order ended. This situation arises when a second examination to confirm the involuntary treatment order in the first 72 hours does not occur, and the order automatically expires.

Chart 3 gives a graphical account of the number of involuntary treatment orders made over the last three financial years. Table 7.1 provides a summary of the number of involuntary treatment orders made and ending during the last three financial years.

Table 7.1 Number of involuntary treatment orders made and ending during the last three financial years

Reporting Period	Number of orders Made	Number of involuntary treatment orders ended
2002-2003	5442	4175
2003-2004	5439	4455
2004-2005	5541	5247

## Forensic Orders

Forensic orders apply to people found to be of unsound mind (not criminally responsible) in relation to an offence and people found to be not fit for trial. Determinations about unsoundness of mind and fitness for trial are made by the Mental Health Court. If the Court makes such a finding, it may also determine that the person will be subject to a forensic order.

Determinations about unsoundness of mind and fitness for trial may also be made by a jury at trial. However, in most cases, these matters are referred to the specialist Mental Health Court for determination.

Special safeguards apply to patients under a forensic order. In particular, the patient's return to the community (on limited community treatment) can only be approved by the Mental Health Review Tribunal or the Mental Health Court. Also, a forensic order can only be revoked by the Tribunal or by the Mental Health Court on an appeal against a Tribunal decision when certain conditions apply.

## Persons of Special Notification

A person on a forensic order under the Act is also identified as a Person of Special Notification (PSN) if they were found of unsound mind or unfit for trial in relation to certain serious offences. A PSN status can be applied after an offence is finalised in the Mental Health Court and a forensic order has been made in relation to the offences of murder, manslaughter, attempted murder, rape or assault with intent to rape and dangerous driving causing death. AMHSs have identified patients who meet the definition of a PSN. Patients who meet the definition are advised of their PSN status.

**Table 9** indicates there were a total of 114 forensic orders made during the period, 82 orders ended as at 30 June 2005, there were 391 patients detained under forensic orders. As at 30 June 2005, there were 95 individuals with a PSN status.

**Table 9 Forensic Orders Made and Ended and number of Forensic Patients: 1 July 2004 to 30 June 2005**

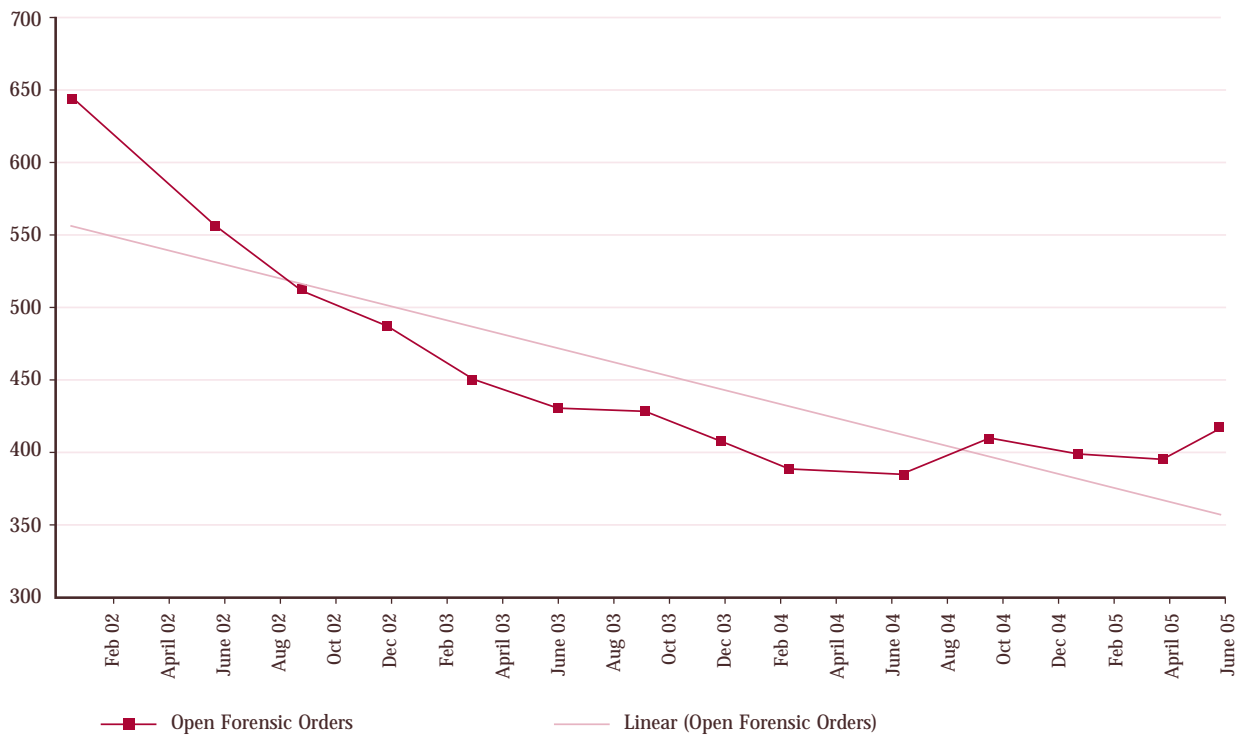
AMHS	Forensic Orders Made	Forensic Orders Ended	Total Number of Patients with Forensic Orders for as at 30 June 2005	Number of open PSN's as at 30 June 2005
BAY	5	2	8	2
BDB			1	
CNS	3	5	17	2
FC	1	1	5	
GC	12	12	36	8
LOG	5	7	26	7
MI	1	1	1	
MKY	4	2	8	2
PAH	11	13	31	6
PCH	8	4	27	9
PK	5	4	29	3
PKHSP	20	6	50	27
RBWH	5	4	34	4
RC	3	1	10	1
ROK		1	5	1
SC	2	1	11	2
TOO	14	10	35	7
TSV	9	5	32	10
TSVHSP	2		3	1
TWNG			1	
WM	4	3	21	3
<b>Total</b>	<b>114</b>	<b>82</b>	<b>391</b>	<b>95</b>

Table 9.1 below gives an indication of the number of forensic ordered patients detained in Queensland in the last three years. Chart 8 provides the number of open forensic orders by quarter since commencement of the Act. Although the number of forensic patients has increased slightly during the reporting period, the overall trend appears to be downward. The limited data makes it difficult to determine any long term trend.

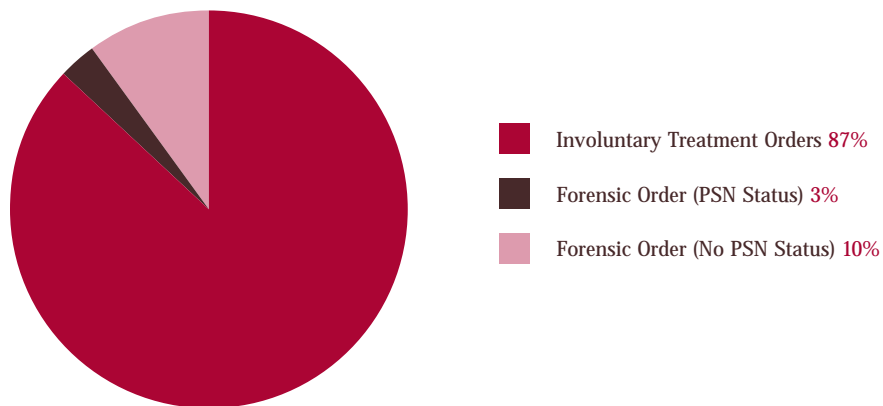
**Table 9.1 Number of Forensic Orders and PSNs over the last three financial years**

Reporting Period	Number of Forensic Patients	Number of PSNs
2002-2003	419	85
2003-2004	371	85
2004-2005	391	95

**Chart 8** Number of Open Forensic Orders by Quarter since Commencement of the Mental Health Act 2000



**Chart 9** Breakdown of type of involuntary treatment status as at 30 June 2005



## Patients Charged with an Offence

The Act established a scheme under Chapter 7, Part 2 to ensure mental health issues receive appropriate consideration if a patient receiving involuntary treatment is charged with an offence. In particular, these provisions apply to patients who are subject to an involuntary treatment order or a forensic order.

## Reference by the Director of Mental Health

On receiving the psychiatrist's report under s 238 of the Act, the Director of Mental Health may refer the matter to either the Attorney-General or Mental Health Court. The Director must, under s 240(2), make the reference within 14 days after receiving the report. Offences of a less serious nature are referred to the Attorney-General. The Attorney-General and Mental Health Court are empowered to make determinations that result in the legal proceedings against the patient being continued or discontinued. If they are discontinued by the Mental Health Court, the person may become subject to a forensic order and be required to undergo supervision of their treatment and care by mental health services.

The ability to monitor compliance with the timeframes set down in the legislation has only been developed recently. This development will allow my office to regularly monitor compliance in this area. Table 10 illustrates summary data in relation to the timeframe for references to be made to either the Attorney-General or the Mental Health Court.

The average timeframe has been noted to be 15 days to refer the patient to the Attorney-General and 25 days to refer a matter to the Mental Health Court. Delays can be experienced in obtaining an appropriate level of information from services, courts and prosecuting authorities which leads to delays in referring matters. Changes in the administrative systems dealing with these matters and increased monitoring are expected to result in improvements in this area.

**Table 10 Referral Timeframes for s 238 Reports Received**

		Total
AG	Average length in days	15
MHC	Average length in days	25
Total	Average length in days	20

Table 11 identifies the activity data under Chapter 7 of the *Mental Health Act 2000*. Column 1 indicates there were 485 patients who came under Chapter 7 of the Act during the reporting period. Column 2 identifies the number of occasions where the forensic provisions under Chapter 7 of the Act were applied. The Director of Mental Health's office received 473 section 238 reports in relation to these matters. Based on the reports received, 853 offences were referred to the Attorney-General and 540 offences were referred to the Mental Health Court.

Improvements in monitoring timeframes relating to compliance with statutory timeframes have shown that 77% of the 473 reports were received outside the statutory timeframe of 21 days.

In early December 2004, reporting systems were developed by the Quality and Legislation Team using Crystal Reports to monitor this area. The Team provides monthly reports on the status of s238 reports that have been requested, and liaise with mental health services to ensure that any difficulties in providing a report can be addressed promptly. There has been a 50% improvement in the number of reports being provided within the timeframe. My office will continue to monitor this trend and more detailed data will be available in future reports.

Table 11 Forensic Provisions Summary Activity: 1 July 2004 to 30 June 2005

AMHS	Count of Patients where Ch7 of the MHA 2000 Applied	Number of episodes where Ch7 Pt2 was applied to an Offence Confirmed by the Director of Mental Health	Reports Received by Director of Mental Health under s238	Number of Offences Referred to the Attorney-General	Number of Offences Referred to the Mental Health Court	Total number of Offences Referred by the Director of Mental Health
BAY	12	14	10	5	21	26
BDB	10	11	10	14	9	23
CNS	43	50	40	82	53	135
FC	15	15	8	24		24
GC	51	63	41	72	42	114
LOG	21	27	21	36	17	53
MI	2	3	3	2	3	5
MKY	14	16	14	19	26	45
PAH	58	69	59	132	33	165
PCH	26	29	29	37	34	71
PK	7	9	10	3	8	11
PKHSP	19	22	21	30	73	103
RBWH	64	79	55	97	39	136
RC	11	13	9	47	3	50
ROK	24	29	29	63	20	83
SC	18	20	18	31		31
TOO	44	57	44	102	57	159
TSV	22	33	31	45	44	89
TSVHSP	9	10	9	4	33	37
WM	15	16	12	8	25	33
<b>Total</b>	<b>485</b>	<b>585</b>	<b>473</b>	<b>853</b>	<b>540</b>	<b>1393</b>

## Patient Rights Issues

### Allied Persons

An Allied Person is a person chosen by an involuntary patient to help the patient to represent his or her views and wishes about detention and treatment. A patient may choose not to have an Allied Person.

Where the patient does not have capacity to make decisions about his or her Allied Person and the patient has not indicated his or her choice in an advance health care directive, the Administrator of the AMHS must nominate the patient's Allied Person. The Act provides guidelines for the Administrator in determining who to nominate as an Allied Person. The Administrator's nomination applies until such time as the patient is able to make his or her own decision about an Allied Person.

The Act requires that the person nominated (by either the patient or the Administrator) to be the Allied Person must be capable, readily available and willing to do this role. In practice, establishing a person's willingness to be the patient's Allied Person has been difficult in many cases, and there continues to be concerns about the level of understanding of their role.

As foreshadowed in last year's report, a series of information booklets was released in November 2004, which aimed to educate patients, carers, and health service staff about the role of the allied person provisions. It is anticipated that this material will assist more patients to effectively use the provisions and services to actively promote the role. The booklets can also be accessed on the Internet at <http://www.health.qld.gov.au/mha2000/patient.asp>.

The booklets include:

- Allied Persons Factsheet for Patients
- Allied Person Factsheet for the Allied Person
- Information package for Allied Persons
- Information Package on Allied Persons for Service Providers

## Other Key Legislative Issues

### Interstate Agreements

The Act makes provision 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 and Forensic Transfer Agreements.

As at 30 June 2005, agreements for the apprehension and return of patients on forensic orders or classified patients have been signed with Victoria (Vic), New South Wales (NSW) and the Australian Capital Territory (ACT). Queensland also has a 'Civil' Interstate Agreement with the ACT. The civil agreement permits the transfer of involuntary patients between the ACT and Queensland and allows the apprehension for assessment of involuntary patients who are absent without permission.

Work in this area has continued to progress through the last financial year. A 'Civil Agreement' is being finalised with NSW, which will permit the transfer of involuntary patients between NSW and Queensland, allow the apprehension for assessment of involuntary patients who are absent without permission and the cross-border treatment of involuntary patients in the community. During the year, the Queensland Minister for Health signed this agreement and it is envisaged that NSW will counter-sign the agreement in the near future.

During the 2004-2005 reporting period, Queensland employed the Forensic Apprehension and Return Interstate Agreement with NSW once for a Queensland patient who was absent in that state. This resulted in the execution of the Interstate Apprehension Order to return the patient concerned. The return of this patient took place in a planned and measured manner resulting in the successful return to the appropriate Queensland service. Queensland is aware of a further three patients who are in care in NSW and Victoria. When these patients are well and fit they will be returned to Queensland under the auspices of the interstate agreements.

The Director of Mental Health wishes to commend the staff of the NSW and Queensland mental health services who managed the execution of the Interstate Apprehension Order. All staff and management of these services have worked cooperatively to return the patient to Queensland. In addition, Queensland's experience in liaising with the NSW Centre for Mental Health and NSW Justice Health in arranging the return of patients has been extremely positive.

### Limited community treatment

The Act makes provision for patients who are subject to a forensic order to have limited community treatment. These provisions support the patient's ongoing rehabilitation and allow a gradual re-integration to the community. Limited community treatment operates at many levels from staff-escorted community access to a complete return to living in the community. Not all patients progress through the staged process of return to the community, due to the nature of their mental illness. Decisions on community treatment are based on a range of factors related to the risk that the patient represents to himself or herself and the wider community.

Limited community treatment for forensic patients must be ordered or approved by the Mental Health Court at the time a forensic order is made, or approved by the Mental Health Review Tribunal. Limited community treatment must then be authorised by an authorised doctor, before a forensic patient can go out into the community from hospital.

### Mental Health Act 2000 Risk Management

The position of Risk Management Coordinator is now well established in the Quality and Legislation Team. The position reviews and improves state-wide systems and processes for the assessment and management of risk associated with patients under the Act.

One of the key functions of the Risk Management Coordinator is to monitor the progress and effectiveness of the Limited Community Treatment Review Committees. A review of processes relating to limited community treatment commenced in April 2005 to review:

- processes and protocols for proposing, ordering, approving and providing limited community treatment for patients on forensic orders

- processes for monitoring limited community treatment conditions, and services' capacity to undertake a monitoring role and implement consequences for non-compliance
- structures, processes and protocols to achieve improved functioning of Limited Community Treatment Review Committees.

The project is expected to be finalised in January 2006 and the outcomes will be reported in next year's annual report.

## Patients Absent Without Permission

The Act contains a number of provisions to authorise a patient's absence from an AMHS. These include mechanisms for a patient to have limited community treatment as part of their rehabilitation 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 their return to the AMHS to resume treatment and care. Police may provide assistance for the return of absent patients, if required.

The Risk Management Coordinator and the Manager, Offender Management at the Queensland Police Service regularly liaise to ensure coordinated management of patients who are absent without permission. This liaison ensures the Queensland Health and Queensland Police Service databases on patients absent without permission are reconciled and procedures and processes reviewed.

Improvements in systems in relation to patients absent without permission have been strengthened with the release of a standardised information tool (flipchart). The flipchart was released and distributed to AMHSs across Queensland in February 2005. The tool is being used by health services across Queensland to ensure adherence to reporting requirements for different categories of patients who are absent from a service. For example, if a person of special notification is absent without permission, the police must be notified without delay.

More detailed data has been provided this year relating to the processes used in returning a patient who is absent without permission from an AMHS. Table 12 identifies the number of involuntary patients for whom an authority to return was issued. An authority to return is issued when an involuntary patient has left the health service without permission or in circumstances where an involuntary patient in the community needs to be brought to the health service in urgent circumstances. In the reporting period, there were 2,500 authorities to return issued for 1,453 patients. The average length of time from the date of issue until the patient was returned to a health service was 9.74 days.

Table 12 Authority to Return Activity

	Distinct Count of Patients	Number of Authority to Returns Issued	Average Length of time Authority to Return in Force (days)
BAY	33	56	5.21
BDB	21	33	17.27
BEL	2	2	2
CNS	79	129	14.18
FC	17	32	4.72
GC	158	248	17.19
GSL	1	1	2
LOG	109	202	5.85
MAT	2	9	3
MI	2	5	1.2
MKY	26	39	8.77
NFARM	10	14	24.21
PAH	223	414	12.8
PCH	110	205	8.37
PK	40	122	2.6
PKHSP	6	9	19
RBWH	179	268	13.31
RC	61	89	4.51
ROK	66	101	10.22
SC	57	81	21.09
TOO	92	132	12.2
TSV	77	158	4.63
TWNG	2	2	<1
WM	80	149	9.83
<b>Total</b>	<b>1453</b>	<b>2500</b>	<b>9.74</b>

## Review of Operation of the Act

Queensland Health made a commitment to review the implementation of the Act once it had been in place for at least 12 months. To fulfil this commitment a project was established in August 2004 to review the implementation process, investigate models for monitoring compliance by authorised mental health services and to report by August 2005.

Extensive consultations were conducted with all relevant stakeholders via site visits, interviews and surveys involving AMHS, Queensland Police Service and Queensland Ambulance Service.

Preliminary results show that most stakeholders are satisfied with the implementation process. Collaboration between authorised mental health services, Mental Health Unit, Queensland Police Service and Queensland Ambulance Service is viewed as positive. Major issues that were identified were:

- additional recurrent costs incurred by authorised mental health services in meeting the requirements of the Act;
- the need for ongoing training and education about the Act;
- resourcing and other issues in transporting involuntary patients, especially long distance transport.

A review instrument for monitoring compliance with the Act was developed and successfully trialled in a number of AMHSs. Issues raised during the project are being addressed through a range of mechanisms. Initiatives include the development and launch in July 2005 of the *Mental Health Act 2000* Online Training System (OTS). OTS modules must be completed by all staff prior to being approved as AMHPs or authorised doctors under the Act. Draft *Guidelines for the Emergency Transport of People with a Mental Illness from Rural and Remote Areas* are being finalised.

## Legislative Amendments

As reported in last year's report, the Quality and Legislation Team embarked on a process of identifying policy issues relating to the administration of the Act. As part of this process, a number of legislative issues were identified by the Mental Health Unit in consultation with key stakeholders. These issues were approved for amendment to the Act and incorporated into the Health Legislation Amendment Bill 2004. The Bill was passed on 4 April 2005 as the *Health Legislation Amendment Act 2005*.

The amendments commenced operation on 29 April 2005 and address minor operational matters and correct cross-references. Specifically, the amendments:

- ensure the appropriate authorities are notified when a person with active criminal charges is returned from a mental health facility to a corrective services facility;
- increase the timeframe within which the Mental Health Review Tribunal is required to provide a written statement of reasons for a decision to 21 days and increase the timeframe within which a patient may make an appeal to 60 days;
- enable an observer to attend a Tribunal hearing for the purpose of training or performance review of Tribunal members;
- increase the period that the Tribunal may adjourn a hearing from 28 to 60 days, where this is for the purpose of obtaining an examination of a patient;
- clarify that the Tribunal must give its reasons for taking or not taking into account material submitted by a non-party separate from its decision on a patient review;
- clarify that people such as volunteers and contractors working in the Tribunal are also subject to confidentiality requirements;

- clarify the commencement of statutory timeframes for involuntary treatment of interstate mental health patients apprehended and taken to a Queensland Health service.

The amendments can be accessed through the Office of the Queensland Parliamentary Counsel website at <http://www.legislation.qld.gov.au/LEGISLTN/ACTS/2005/05AC010.pdf>.

Explanatory notes are also available at <http://www.legislation.qld.gov.au/Bills/51PDF/2004/HealthLegAmdB04Exp.pdf>.

Consequential amendments were also made to the Act by the *Child Protection Offender Reporting Act 2004*, which commenced operation on 1 January 2005. The *Child Protection Offender Reporting Act 2004* is part of a National Child Protection Offender Registration Scheme. The *Child Protection Offender Reporting Act 2004* makes provision for the Mental Health Court to make an offender reporting order for a person who is placed on a forensic order in relation to an offence. Under s 290A of the *Mental Health Act 2000* the court can only make the order if it is satisfied that the person poses a risk to the lives or sexual safety of one or more children, or of children generally.

## Information and Training

When the Act commenced operation Dr Peggy Brown, the former Director of Mental Health made a commitment to review its implementation to ensure major policy and reform objectives were achieved. It was recognised that ongoing training and education on the Act would be required by relevant government agencies and other organisations.

In November 2003, a project plan and business case was developed to review education and training requirements relating to the Act. Consultation with services, external government agencies and non-government organisations was undertaken to assist in developing the Framework. The objectives of the project were to:

- provide advice and guide the development of the *Mental Health Act 2000 Training and Education Framework*, including:
  - training and education needs and priorities of stakeholders
  - relevant stakeholders
  - training methods and materials
  - key elements of an effective long-term training strategy
- collaborate with key stakeholders to ensure that relevant training and resource needs are identified and incorporated into the training framework
- identify and make recommendations about emerging issues and future mechanisms needed to support the ongoing training requirements of the Act.

The project was completed in April 2005, with the following achievements:

- the draft *Mental Health Act 2000 Training and Education Framework*
- redevelopment of established training resources
- linking of an Online Training System with paper based initiatives
- redevelopment of the process for appointment as an AMHP or Authorised Doctor.

The outcomes of this project will be implemented in the second half of 2005.

## Mental Health Act 2000 Online Training System

The Quality and Legislation Team, in conjunction with the Acting Principal Adviser in Psychiatry and an external vendor have developed *Mental Health Act 2000* on-line training system (OTS). The system modules are broken down into 15 minute workshops designed to allow clinicians to briefly access and complete workshops during their work day. The system tracks a user's progression through the modules so they can return to the same point at any time.

The *Mental Health Act 2000* online learning modules will provide in depth Mental Health Act education on the following areas:

- Classified Patients and the *Mental Health Act 2000*
- Forensic Provisions of the *Mental Health Act 2000*
- Involuntary Assessment and Treatment Provisions of the *Mental Health Act 2000*.

Development of this system is being finalised and it is expected to be launched in early July 2005.

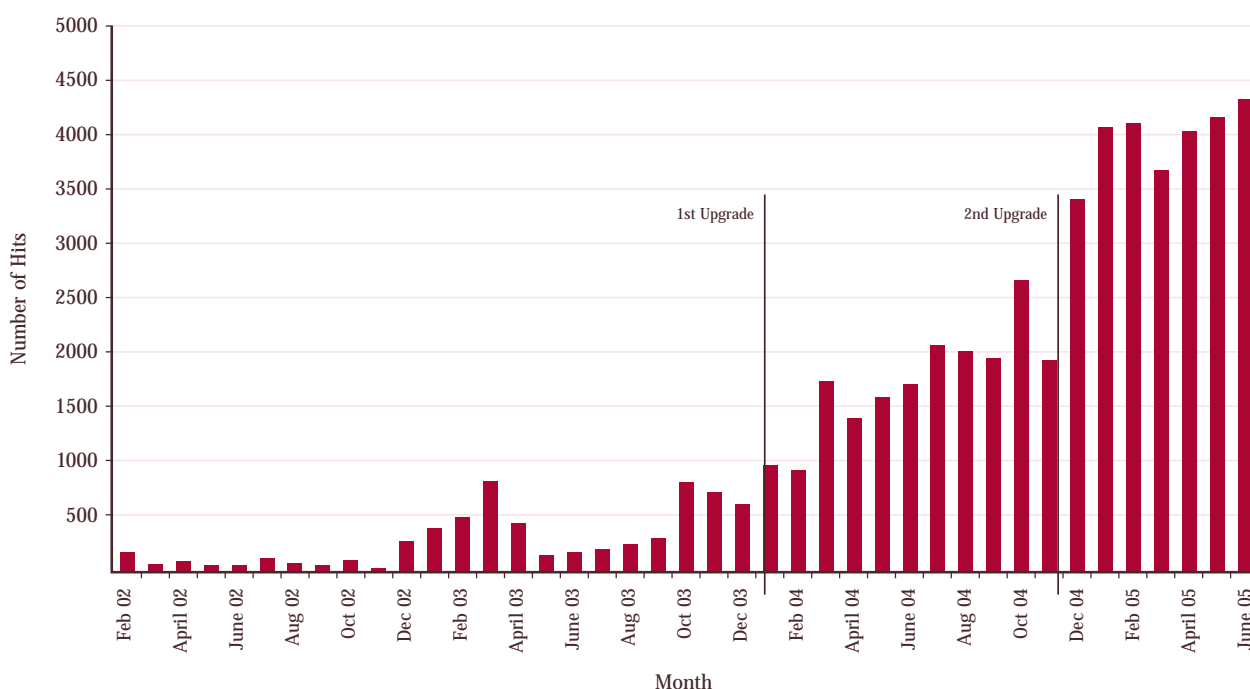
## Mental Health Act 2000 Website/ Queensland Health Intranet Site

The *Mental Health Act 2000* Internet website has proved a valuable tool for providing information to Queensland Health staff and external users. The Intranet website continues to be upgraded to provide a useful resource on the *Mental Health Act 2000* for Queensland Health staff. There were 128,729 visits to both the Internet and Intranet websites during 2004–05 with just over 80,000 visits from publicly accessed internet sites and an average of 10,727 visits per month. More detailed usage figures are not available.

Chart 10 identifies the level of usage on the Queensland Health Intranet site and gives some indication of the impact of the site upgrade. The use of the Intranet site has continued to increase throughout the reporting period.

The website can be accessed at [www.health.qld.gov/mha2000](http://www.health.qld.gov/mha2000).

Chart 10 Number of Visits for Quality and Legislation Intranet website



N.B. - Jan 05 and Feb 05 stats came in at 20213 & 16460 respectively. Assumed data error in stats download (figures were divided by 5 & 4 respectively).

## State-wide Information Services

The Quality and Legislation Team in the Mental Health Unit, undertakes and oversees many of the regulatory functions of the Director of Mental Health. This Team provides telephone advice and information on all aspects of the mental health legislation and patients' rights through its Mental Health Act Liaison Officers. While this service is predominantly accessed by mental health service consumers and service providers, it is available to all members of the community.

The Liaison Officer Service operates a free call number for patients and members of the public who want to access information on the Act. The aim is to make the service more accessible to members of the public and inpatients of mental health services. The Liaison Officers are available during standard business hours on (07) 3131 6939 or free call on 1800 989 451.

Staff from the Quality and Legislation Team continue to provide specialist training on request.



# Appendices

## Appendix 1

### Authorised Mental Health Services as at 30 June 2005

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Bayside District Authorised Mental Health Service	Executive Director of Health and Disability Services	<p>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</p> <p>Daintree Psychogeriatric Inpatient Unit, New Lindum Road, Wynnum West, Q 4178</p> <p>Wynnum Continuing Care New Lindum Road, Wynnum West, Q 4178</p> <p>Redlands Continuing Care Weippin Street, Cleveland, Q 4163</p> <p>Bayside District Child and Youth Mental Health Service Weippin Street, Cleveland, Q 4163</p> <p>Acquired Brain Injury Unit Extended Care, New Lindum Road, Wynnum West, Q 4178</p>	Bayside Health Service District (Southern Zone)
Bundaberg District and Area Network Authorised Mental Health Service	Service Director	<p>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</p> <p>Bundaberg Adult Community Mental Health Service Bourbong Street, Bundaberg Q 4670</p> <p>Bundaberg Child and Youth Mental Health Service Bourbong Street, Bundaberg Q 4670</p>	Bundaberg Health Service District (Central Zone)
		<p>North Burnett Mental Health Service, 69 Warton Street, Gayndah Q 4625</p>	North Burnett Health Service District (Central Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Cairns District and Area Network Authorised Mental Health Service	Manager, Integrated Mental Health Program	<p>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</p> <p>Smithfield Adult Mental Health Service, Smithfield Community Health Centre, 16 Danbullan Street, Smithfield, Cairns, Q 4878</p> <p>Adult Community Mental Health Service, 165 Sheridan Street, North Cairns, Q 4878</p> <p>Child and Youth Mental Health Service, 165 Sheridan Street, North Cairns, Q 4878</p> <p>Edmonton Adult Mental Health Service. Edmonton Community Health Centre, 10-12 Robert Road, Edmonton, Q 4869</p> <p>Mobile Intensive Treatment Service. 165 Sheridan St, North Cairns, Q 4878</p>	Cairns Health Service District (Northern Zone)
		<p>Innisfail District Community Mental Health Service – Innisfail Innisfail Community Health Centre, Innisfail, Q 4860</p> <p>Innisfail District Community Mental Health Service – Tully Tully Community Health Centre, Tully, Q 4854</p>	Innisfail Health Service District (Northern Zone)
		Cape York Health Service District Mental Health Service Corner of Northern and Central Avenue, Weipa, Q 4874	Cape York Health Service District (Northern Zone)
		<p>Tablelands District Mental Health Service – Atherton Atherton Health Centre, Louise Street, Atherton, Q 4883</p> <p>Tablelands District Mental Health Service – Mareeba Lloyd Street, Mareeba, Q 4880</p>	Tablelands Health Service District (Northern Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Cairns District and Area Network Authorised Mental Health Service	Manager, Integrated Mental Health Program	<p>Torres Strait / Northern Peninsula Area Community Mental Health Service Thursday Island Community Health Centre, Thursday Island Q 4875</p> <p>Torres Strait / Northern Peninsula Area Community Mental Health Service Bamaga Health Centre, Bamaga, Q 4876</p> <p>Cooktown Multi Purpose Health Service Cooktown Multi Purpose Health Service, Hope Street, Cooktown, Q 4871</p>	Torres Strait and Northern Peninsula Health Service District (Northern Zone)
Fraser Coast District Authorised Mental Health Service	Manager, Fraser Coast Integrated Mental Health Service	<p>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, Q 4655</p> <p>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</p> <p>Fraser Coast Integrated Mental Health Service, Village Community Mental Health Service 34 Torquay Road, Pialba, Q 4655</p> <p>Fraser Coast Integrated Mental Health Service, Bauer Wiles Community Health Centre, 167 Neptune Street, Maryborough, Q 4650</p>	Fraser Coast Health Service District (Central Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Gold Coast District and Area Network Authorised Mental Health Service	Executive Director of Mental Health	<p>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</p> <p>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</p> <p>Burleigh Child and Youth Mental Health Service 18 Park Avenue, Burleigh Heads, Q 4220</p> <p>Palm Beach Community Clinic 9/5th Avenue, Palm Beach, Q 4221</p> <p>Southport Adult Mental Health Service, 60 High Street, Southport, Q 4215</p> <p>Southport Child and Youth Mental Health Service 60 High Street, Southport, Q 4215</p>	Gold Coast Health Service District (Southern Zone)
Greenslopes Private Hospital Authorised Mental Health Service	Director of Psychiatric Services	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	Private sector health service – Health Service Districts not applicable

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Logan Beaudesert District Authorised Mental Health Service	Director of Mental Health Services	<p>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</p> <p>Beenleigh Adult Mental Health Service 10-18 Mount Warren Boulevard, Mt Warren Park, Q 4207</p> <p>Beenleigh Child and Youth Mental Health Service. 10-18 Mount Warren Boulevard, Mt Warren Park, Q 4207</p> <p>Logan Central Adult Mental Health Service. Corner Wembley and Ewing Roads, Logan Central, Q 4114</p> <p>Child and Youth Mental Health Service. 91 Wembley Road, Logan Central, Q 4114</p> <p>Child and Youth Mental Health Service. 39a Wembley Road, Logan Central, Q 4114</p> <p>Child and Youth Mental Health Service 39b Wembley Road, Logan Central, Q4114</p> <p>Beaudesert Hospital Community Mental Health Service. Beaudesert Hospital, Tina Street, Beaudesert, Q 4285</p>	Logan-Beaudesert Health Service District (Southern Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Mackay District and Area Network Authorised Mental Health Service	Director	<p>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</p> <p>Mackay Integrated Adult Mental Health Service, 12-14 Nelson Street, Mackay, Q 4870</p> <p>Mackay Child and Youth Mental Health Service, 12-14 Nelson Street, Mackay, Q 4870</p> <p>Whitsunday Community Health Centre, 12 Altmann Avenue, Cannonvale, Q 4802</p>	Mackay Health Service District (Northern Zone)
		Moranbah District Mental Health Service, Moranbah Community Health Centre, 142 Mills Avenue, Moranbah, Q 4744	Moranbah Health Service District (Northern Zone)
Mayne Health Belmont Private Hospital Authorised Mental Health Service	Director, Belmont Private Hospital	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	Private sector service – Health Service Districts not applicable
Mount Isa District Authorised Mental Health Service	District Manager	<p>Mount Isa Base Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus) 26-28 Camooweal Street, Mt Isa, Q 4825</p> <p>Mount Isa Integrated Mental Health Service, Mt Isa Base Hospital, 30 Camooweal Street, Mt Isa, Q 4825</p>	Mt Isa Health Service District (Northern Zone)
New Farm Clinic Authorised Mental Health Service	Chief Executive Officer	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	Private sector service – Health Service Districts not applicable

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
The Prince Charles Hospital and District Authorised Mental Health Service	Executive Manager	<p>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, Chermshire, Q 4032</p> <p>Aspley Community Mental Health Service, Cnr Zillmere and Brickfield Road, Aspley, Q 4034</p> <p>Sandgate Community Mental Health Service, Eventide, Beaconsfield Terrace, Brighton, Q 4017</p> <p>Pine Rivers Community Mental Health Service, 586 Gympie Road, Strathpine, Q 4500</p> <p>Chermshire Community Mental Health Service, The Prince Charles Hospital, Rode Road, Chermshire, Q 4032</p> <p>The Prince Charles Hospital Acquired Brain Injury/Mental Health Unit, Eventide, Beaconsfield Terrace, Brighton, Q 4017</p> <p>16 Psychogeriatric beds within Flinders House Eventide Nursing Home, Eventide, Beaconsfield Terrace, Brighton, Q 4017</p>	The Prince Charles Hospital Health Service District (Central Zone)
Princess Alexandra Hospital and District Authorised Mental Health Service	Clinical Director	<p>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</p> <p>Inala Adult Mental Health Service, 64 Wirraway Parade, Inala, Q 4077</p> <p>Annerley Mental Health Services, 360 Ipswich Road, Annerley, Q 4103</p> <p>West End Adult Mental Health Service, 175 Melbourne Street, West End, Q 4101</p>	Princess Alexandra Hospital Health Service District (Southern Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Princess Alexandra Hospital and District Authorised Mental Health Service	Clinical Director	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	Mater Hospital and Health Service District (Southern Zone)
		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	QEII Hospital Health Service District (Southern Zone)
Redcliffe Caboolture District Authorised Mental Health Service	Clinical Director	<p>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</p> <p>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</p> <p>Caboolture Adult Mental Health Service, 6/69 King Street, Caboolture, Q 4051</p> <p>Redcliffe Adult Mental Health Service, 181 Anzac Avenue, Kippa Ring, Q 4020</p> <p>Redcliffe-Caboolture Child and Youth Mental Health Service, 181 Anzac Avenue, Kippa Ring, Q 4020</p> <p>Redcliffe-Caboolture Child and Youth Mental Health Service, 80 King Street, Caboolture, Q 4051</p> <p>Redcliffe-Caboolture Crisis Assessment and Treatment Service, 5/69 King Street, Caboolture, Q 4051</p> <p>Coinda House Psychogeriatric Unit, Recreation Street, Redcliffe, Q 4020</p>	Redcliffe Caboolture Health Service District (Central Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Rockhampton District and Area Network Authorised Mental Health Service	Service Manager	<p>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</p> <p>Community Mental Health Service, Quarry Street, Rockhampton, Q 4700</p> <p>Child and Youth Mental Health Service, Corberry Street, Rockhampton, Q 4700</p> <p>Psychogeriatric beds within Eventide Home, North and Campbell Street, Rockhampton, Q 4700</p> <p>Capricorn Coast Community Mental Health Service, Arthur Street, Yeppoon, Q 4703</p>	Rockhampton Health Service District (Central Zone)
		<p>Gladstone Community Adult Mental Health Service, 162-170 Goondoon Street, Gladstone, Q 4680</p> <p>Gladstone Child and Youth Mental Health Service, 162-170 Goondoon Street, Gladstone, Q 4680</p> <p>Gladstone Hospital Emergency Department, Kent Street, Gladstone, Q 4680</p>	Gladstone Health Service District (Central Zone)
		Biloela Community Mental Health Service, Outpatients Department, Biloela Hospital, 2 Hospital Road, Biloela, Q 4715	Banana Health Service District (Central Zone)
		Central Highlands Mental Health Service, Emerald 1 Brief Street, Emerald, Q 4720	Central Highlands Health Service District (Central Zone)
Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service	Director, Division of Mental Health Services	<p>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</p> <p>Valley Integrated Adult Mental Health Service, 162 Alfred Street, Fortitude Valley, Q 4006</p>	Royal Brisbane and Women's Hospital and Health Service District (Central Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
The Royal Children's Hospital and District Authorised Mental Health Service	Executive Manager	<p>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</p> <p>The Royal Children's Hospital and Health Service District Child and Youth Mental Health Service, Corner Rogers and Waters Streets, Spring Hill, Q 4000</p> <p>Enoggera Child and Youth Mental Health Clinic, 289 Wardell Street, Enoggera, Q 4051</p> <p>Nundah Child and Youth Mental Health Clinic, 31-33 Robinson Road, Nundah, Q 4012</p> <p>Pine Rivers Child and Youth Mental Health Clinic, Pine Rivers Community Health Centre, 568 Gympie Road, Strathpine, Q 4500</p>	Royal Children's Hospital and Health Service District (Central Zone)
Mater Health Services Child and Youth Authorised Mental Health Service	Director of South Brisbane Child & Youth Mental Health Services	<p>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</p> <p>Mater Child and Youth Mental Health Service, Raymond Terrace, South Brisbane, Q 4101</p> <p>Greenslopes Clinic – Mater Child &amp; Youth Mental Health Service, 34 Curd Street, Greenslopes, Q 4120</p> <p>Inala Clinic – Mater Child &amp; Youth Mental Health Service, 7 Kittyhawk Avenue, Inala, Q 4077</p> <p>Yeronga Clinic – Mater Child &amp; Youth Mental Health Service, 51 Park Road, Yeronga, Q 4104</p>	Mater Hospital and Health Service District (Southern Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Sunshine Coast and Gympie Districts Authorised Mental Health Service	Operations Manager Integrated Mental Health Service	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	Sunshine Coast Health Service District (Central Zone)
		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	
		Gympie Mental Health Service, 20 Alfred Street, Gympie, Q 4570	Gympie Health Service District (Central Zone)
Toowong Private Hospital Authorised Mental Health Service	Chief Executive Officer	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 4066a	Private sector service – Health Service Districts not applicable

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Toowoomba District and Area Network Authorised Mental Health Service	Executive Director of Mental Health Services	<p>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</p> <p>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</p> <p>Adult Community Mental Health Service, 21 Russell Street, Toowoomba, Q 4350</p> <p>Child and Youth Mental Health Service, Unara Health Village, Toowoomba Hospital, Pechey Street, Toowoomba, Q 4350</p> <p>Older Person's Mental Health Service, Armstrong Clinic, Toowoomba Hospital, Pechey Street, Toowoomba, Q 4350</p>	Toowoomba Health Service District (Southern Zone)
		Roma Community Mental Health Service, 197 – 234 McDowall Street, Roma, Q 4455	Roma Health Service District (Southern Zone)
		<p>Southern Downs District Community Mental Health Service, 56 Locke Street, Warwick, Q 4370</p> <p>Stanthorpe Community Mental Health Service, McGregor Terrace, Stanthorpe, Q 4380</p> <p>Inglewood Community Mental Health Service, Inglewood Community Health, Cunningham Highway, Inglewood, Q 4387</p>	Southern Downs Health Service District (Southern Zone)
		<p>Charleville District Community Mental Health Service, 2 Eyre Street, Charleville, Q 4470</p> <p>Chinchilla Health Service, Slessar Street, Chinchilla, Q 4413</p>	Charleville Health Service District (Southern Zone)
		Northern Downs District Mental Health Service, Hospital Road, Dalby, Q 4405	Northern Downs Health Service District (Southern Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
		<p>South Burnett Health Service District Community Mental Health Service, 166 Youngman Street, Kingaroy, Q 4610</p> <p>Gatton Community Mental Health Service, 97-103 William Street, Gatton, Q 4343</p>	South Burnett Health Service District (Central Zone)
Townsville District and Area Network Authorised Mental Health Service	Director of Mental Health Services	<p>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, Townsville, Q 4814</p> <p>Townsville Community Mental Health Service, 59 Cambridge Street Vincent Townsville, Q 4814</p> <p>Townsville Child and Adolescent Mental Health Service, 190 Palmerston Street, Vincent, Townsville, Q 4814</p> <p>Kirwan Rehabilitation Unit and Acquired Brain Injury Unit Thuringowa Drive, Kirwan, Q 4817</p> <p>Palm Island Community Mental Health Service, Joyce Palmer Hospital Palm Island, Q 4816</p> <p>Ingham Community Mental Health Service, Ingham Community Health, McIlwraith Street, Ingham, Q 4850</p>	Townsville Health Service District (Northern Zone)
		Bowen District Community Mental Health Service, 125A Edwards Street, Ayr, Q 4807	Bowen Health Service District (Northern Zone)
		<p>Charters Towers Community Mental Health Service, Gill Street, Charters Towers, Q 4820</p> <p>Charters Towers Rehabilitation and Transitional Unit Gladstone Road, Charters Towers, Q 4820</p> <p>Pandanas Special Care Unit Eventide Nursing Home, Charters Towers, Q 4820</p>	Charters Towers Health Service District (Northern Zone)

Authorised Mental Health Service	Administrator	Component Facilities	Health Service District
Townsville High Security Program: Northern Zone	Director of Mental Health Services	Townsville High Security Program, Townsville Hospital, 100 Angus Smith Drive, Douglas, Townsville Q4814	
The Park – Centre for Mental Health Authorised Mental Health Service	Executive Director	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)  The Park Centre for Mental Health Treatment, Education & Research Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076	West Moreton Health Service District (Southern Zone)
The Park High Security Program: Central and Southern Zones	Executive Director	The Park High Security Program The Park Centre for Mental Health Treatment, Education & Research Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076	
West Moreton District Authorised Mental Health Service	Service Manager	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	West Moreton Health Service District (Southern Zone)

## Appendix 2

### Facilities Established as AMHSs for the Purposes of Administering Electroconvulsive Therapy

Authorised Mental Health Service	Component Facility
Sunshine Coast Private Hospital Authorised Mental Health Service	Sunshine Coast Private Hospital Syd Lingard Drive, Buderim Q 4556
St Andrew's Hospital Toowoomba Authorised Mental Health Service	St Andrew's Hospital 280-288 North Street, Toowoomba Q 4350
The Wesley Hospital Authorised Mental Health Service	The Wesley Hospital 451 Coronation Drive, Auchenflower Q 4066
Pine Rivers Private Hospital Authorised Mental Health Service	Pine Rivers Private Hospital Dixon Street, Strathpine, Q 4500

## Appendix 3

### High Security Units As At 30 June 2005

Authorised Mental Health Service	Administrator	Address	Health Service District
<i>The Park High Security Program: Central and Southern Zones</i> The Park High Security Program	Executive Director	The Park Centre for Mental Health Treatment, Education & Research Cnr Ellerton Drive and Wolston Park Road, Wacol Q 4076	West Moreton Health Service District (Southern Zone)
<i>Townsville High Security Program: Northern Zone</i> Townsville High Security Program	Director of Mental Health Services	Townsville Hospital, 100 Angus Smith Drive, Douglas, Townsville Q 4814	Townsville Health Service District (Northern Zone)

## Appendix 4

Numbers of Authorised Doctors (including Authorised Psychiatrists) appointed to each AMHS as at 30 June 2005

Authorised Mental Health Service	Authorised psychiatrist	Other authorised doctor	Total
Bayside District Authorised Mental Health Service	6	40	46
Bundaberg District and Area Network Authorised Mental Health Service	6	3	9
Mayne Health Belmont Private Hospital Authorised Mental Health Service	27	2	29
Cairns District and Area Network Authorised Mental Health Service	14	33	47
Fraser Coast District Authorised Mental Health Service	3	4	7
Gold Coast District and Area Network Authorised Mental Health Service	24	24	48
Greenslopes Private Hospital Authorised Mental Health Service	5		5
Logan Beaudesert District Authorised Mental Health Service	15	30	45
Mater Children's Hospital & Area Network Authorised Mental Health Service	11	7	18
Mount Isa District Authorised Mental Health Service	5	4	9
Mackay District and Area Network Authorised Mental Health Service	7	11	18
New Farm Clinic Authorised Mental Health Service	36		36
Princess Alexandra Hospital and District Authorised Mental Health Service	37	60	97
The Prince Charles Hospital and District Authorised Mental Health Service	20	19	39
The Park - Centre for Mental Health Authorised Mental Health Service	21	12	33
The Park High Security Program: Central and Southern Zones	21	12	33
Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service	33	65	98
Redcliffe Caboolture District Authorised Mental Health Service	5	41	46
The Royal Children's Hospital and District Authorised Mental Health Service	12	44	56
Rockhampton District and Area Network Authorised Mental Health Service	3	17	20
Sunshine Coast and Gympie Districts Authorised Mental Health Service	17	14	31
Toowoomba District and Area Network Authorised Mental Health Service	11	24	35
Rockhampton District and Area Network Authorised Mental Health Service	11	20	31
Toowong Private Hospital Authorised Mental Health Service	43		43
West Moreton Authorised Mental Health Service	11	25	36
<b>Total</b>	<b>404</b>	<b>511</b>	<b>915</b>

## Appendix 5

### Number of Authorised Mental Health Practitioners at each AMHS as at June 2005

Authorised Mental Health Service	
Bayside District Authorised Mental Health Service	44
Bundaberg District and Area Network Authorised Mental Health Service	16
Mayne Health Belmont Private Hospital Authorised Mental Health Service	19
Cairns District and Area Network Authorised Mental Health Service	61
Fraser Coast District Authorised Mental Health Service	18
Gold Coast District and Area Network Authorised Mental Health Service	58
Greenslopes Private Hospital Authorised Mental Health Service	6
Logan Beaudesert District Authorised Mental Health Service	49
Mater Children's Hospital & Area Network Authorised Mental Health Service	34
Mount Isa District Authorised Mental Health Service	6
Mackay District and Area Network Authorised Mental Health Service	27
New Farm Clinic Authorised Mental Health Service	13
Princess Alexandra Hospital and District Authorised Mental Health Service	66
The Prince Charles Hospital and District Authorised Mental Health Service	59
The Park - Centre for Mental Health Authorised Mental Health Service	6
Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service	88
Redcliffe Caboolture District Authorised Mental Health Service	47
The Royal Children's Hospital and District Authorised Mental Health Service	33
Rockhampton District and Area Network Authorised Mental Health Service	33
Sunshine Coast and Gympie Districts Authorised Mental Health Service	96
Toowoomba District and Area Network Authorised Mental Health Service	55
Townsville District and Area Network Authorised Mental Health Service	64
Townsville High Security Program: Northern Zone	1
Toowong Private Hospital Authorised Mental Health Service	8
West Moreton Authorised Mental Health Service	23
<b>Total</b>	<b>930</b>

## Appendix 6

Number of Authorised Mental Health Practitioners by AMHS Appointed: 1 July 2004 to 30 June 2005

Authorised Mental Health Service	
Bayside District Authorised Mental Health Service	3
Bundaberg District and Area Network Authorised Mental Health Service	1
Mayne Health Belmont Private Hospital Authorised Mental Health Service	2
Cairns District and Area Network Authorised Mental Health Service	6
Fraser Coast District Authorised Mental Health Service	2
Gold Coast District and Area Network Authorised Mental Health Service	6
Greenslopes Private Hospital Authorised Mental Health Service	1
Logan Beaudesert District Authorised Mental Health Service	6
Mater Children's Hospital & Area Network Authorised Mental Health Service	1
Mount Isa District Authorised Mental Health Service	2
Mackay District and Area Network Authorised Mental Health Service	4
New Farm Clinic Authorised Mental Health Service	1
Princess Alexandra Hospital and District Authorised Mental Health Service	12
The Prince Charles Hospital and District Authorised Mental Health Service	3
Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service	10
Redcliffe Caboolture District Authorised Mental Health Service	6
The Royal Children's Hospital and District Authorised Mental Health Service	1
Rockhampton District and Area Network Authorised Mental Health Service	4
Sunshine Coast and Gympie Districts Authorised Mental Health Service	16
Toowoomba District and Area Network Authorised Mental Health Service	4
Townsville District and Area Network Authorised Mental Health Service	11
Townsville High Security Program: Northern Zone	2
Toowong Private Hospital Authorised Mental Health Service	1
West Moreton Authorised Mental Health Service	1
<b>Total</b>	<b>106</b>

## Appendix 7

### AMHS ID Codes

Authorised Mental Health Services	
Bayside District Authorised Mental Health Service	BAY
Bundaberg District and Area Network Authorised Mental Health Service	BDB
Mayne Health Belmont Private Hospital Authorised Mental Health Service	BEL
Cairns District and Area Network Authorised Mental Health Service	CNS
Fraser Coast District Authorised Mental Health Service	FC
Gold Coast District and Area Network Authorised Mental Health Service	GC
Greenslopes Private Hospital Authorised Mental Health Service	GSL
John Oxley Memorial Hospital High Security Program	JOMH
Logan Beaudesert District Authorised Mental Health Service	LOG
Mater Children's Hospital & Area Network Authorised Mental Health Service	MAT
Mount Isa District Authorised Mental Health Service	MI
Mackay District and Area Network Authorised Mental Health Service	MKY
New Farm Clinic Authorised Mental Health Service	NFARM
Princess Alexandra Hospital and District Authorised Mental Health Service	PAH
The Prince Charles Hospital and District Authorised Mental Health Service	PCH
The Park - Centre for Mental Health Authorised Mental Health Service	PK
The Park High Security Program: Central and Southern Zones	PKHSP
Royal Brisbane Hospital and District Authorised Mental Health Service	RBH
Royal Brisbane Hospital and Royal Women's Hospital and District Authorised Mental Health Service	RBWH
Redcliffe Caboolture District Authorised Mental Health Service	RC
The Royal Children's Hospital and District Authorised Mental Health Service	RCH
Rockhampton District and Area Network Authorised Mental Health Service	ROK
Sunshine Coast and Gympie Districts Authorised Mental Health Service	SC
Toowoomba District and Area Network Authorised Mental Health Service	TOO
Townsville District and Area Network Authorised Mental Health Service	TSV
Townsville High Security Program: Northern Zone	TSVHSP
Toowong Private Hospital Authorised Mental Health Service	TWNG
West Moreton Authorised Mental Health Service	WM
Wolston Park Hospital Authorised Mental Health Service	WPH



## **Mental Health Act Liaison Officer**

Mental Health Unit

Corporate Office, L2 Citilink Building,

152 Campbell St Bowen Hills

GPO Box 48, Brisbane Q 4001

Ph 1800 989 451

(07) 3234 0160

<http://www.health.qld.gov.au/MHA2000/>