Queensland Health

Mental Health Act 2000

09-10 annual report

of the Director of Mental Health

Toward Q2 Tomorrow's Queensland

Queensland Government

Communication objective

This annual report aims to:

- describe our performance — by communicating our achievements and performance for 2009–10
- be accountable and transparent — by enabling the Deputy Premier, the Minister for Health and Parliament to assess our efficiency and effectiveness
- inform and listen to our clients and stakeholders — by providing an opportunity for members of the public to review our performance and recognise our future priorities.

2009–10 Annual Report of the Director of Mental Health

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Queensland Government

The Honourable Paul Lucas MP
Deputy Premier and Minister for Health
Member for Lytton
GPO Box 48
BRISBANE QLD 4001

Dear Minister

It is with much pleasure that I present the Annual Report of the Director of Mental Health for 2009–10.

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

Yours sincerely

Dr Aaron Groves
Director of Mental Health

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Chapter 1

The year in review

Message from the Director of Mental Health

I am pleased to present the ninth Annual Report of the Director of Mental Health.

This report provides an overview of our key achievements in relation to the administration of the *Mental Health Act 2000* (the Act) during 2009–10.

As the Director of Mental Health, I am proud to report that this has been a year of strategic reform and development, and one in which we have further built on our achievements of previous years.

In terms of strategic reform, some of the year's highlights include the continued implementation of the Queensland Plan for Mental Health 2007–17, a number of clinical reform initiatives and implementation of further reforms resulting from Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000 (the Butler Report). Highlights in the development of our services include the ongoing monitoring and auditing of statutory compliance and continued enhancements to the functionality of our statewide information system.

In addition, Queensland has played a significant role in developing and implementing national strategies for mental health, including the Fourth National Mental Health Plan 2009–2014 (the Fourth Plan) and the Revised National Standards for Mental Health Services 2010.

Queensland Plan for Mental Health 2007–17

The Queensland Plan for Mental Health 2007–2017 (the Queensland Plan) embodies the Queensland Government's ten-year vision to provide an accessible, comprehensive and recovery-oriented mental health system which improves the mental health of Queenslanders. Supported by significant new funding commitments by the Queensland Government, I am pleased with the significant progress which has been made during the Queensland Plan's first three years in progressing our priorities for mental health care in Queensland. Key achievements include increased program and service delivery across government and non-government mental health sectors, an expanded and more sustainable mental health workforce, much needed capital works projects and significant clinical reforms.

Clinical reform initiative, Working Together to Change

To further promote the vision and framework of the Queensland Plan, on 19 September 2009, the Director-General of Queensland Health, Mr Michael Reid, endorsed the Clinical Reform Initiative: Working Together to Change.

This initiative aims to enhance the consistency and quality of clinical service delivery in Queensland mental health services by better aligning service delivery with the focus and priorities of the Queensland Plan and relevant national strategic directions. I look forward to this initiative delivering further exciting developments during the coming year.

The Butler Report

The Butler Report, generated through a comprehensive independent review of the operation of the forensic provisions of the Act, noted that earlier reviews had significantly improved the forensic mental health system in Queensland. However, it also recommended a number of further fundamental reforms to ensure the needs and interests of victims, their families, patients, carers and the broader community were appropriately safeguarded throughout the forensic mental health process.

All 106 recommendations were accepted by the Queensland Government, with the majority implemented within the first two years of the Butler Report's release. One of the two outstanding recommendations was implemented this year with the establishment of the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (the MHPPEI Centre) within the Office of the Director of Mental Health (the Office of the Director). The MHPPEI Centre champions the government's strategic efforts to reduce mental health stigma, increase understanding of mental illness among frontline workers in key sectors and across the broader community and promote the social inclusion of people with mental illness.

Significant progress has been made in implementing the remaining recommendation, which proposes a review of the legislative scheme for people with an intellectual disability who are subject to a forensic order under the Act. Full implementation of this recommendation is anticipated to be completed early in the coming year.

Monitoring and auditing statutory compliance in conjunction with clinical audits

To ensure consistent statewide implementation of the Butler Report recommendations, a systematic approach to monitoring and auditing services' compliance with the Act was commenced in 2008–09, and has been continued during this reporting period. A total of 14 services have been audited to date, including seven during the reporting period.

I am pleased to be able to report on the many positive outcomes which have resulted from this audit process.

In conjunction with this statutory auditing process, a clinical audit tool developed by the Office of the Director was piloted in 2008–09. This pilot has been further refined and continued in 2009–10. An evaluation of the clinical audit tool will be conducted early in the coming year, and I look forward to reporting on the outcomes in my next report.

The audits have identified many examples of quality service delivery, as well as some areas requiring improvements to systems, the development of new policy and the review and refinement of existing policy. My office is working in consultation with mental health services to bring these identified enhancements into effect.

Statewide clinical information system

Maintaining an effective information system is critical to the administration of the Act and to the provision of quality services to mental health consumers. CIMHA, the Consumer Integrated Mental Health Application, which was rolled out in November 2008, provides a single statewide web-based information system.

CIMHA aims to ensure that any person requiring mental health care can access quality and consistent mental health services based on a detailed understanding of their individual needs, regardless of where they live in the state. I am very pleased to have this opportunity to report on CIMHA's continued development and enhancement during 2009–10.

The year ahead

In 2010–11, my office will continue the strategic reforms, positive developments and growth required to provide quality mental health services to the people of Queensland. I look forward to continuing our strong collaboration with consumers, carers and other stakeholders in striving for an improved mental health system.

I would also like to take this opportunity to commend the many Queensland Health staff who have demonstrated their great professionalism, commitment and enthusiasm in contributing to the ongoing delivery of mental health services in Queensland.

Dr Aaron Groves
Director of Mental Health

Chapter 2

Key highlights 2009–10

Our top achievements for 2009–10

July – September 2009

- Statutory compliance audits conducted at Cairns Network Authorised Mental Health Service (AMHS) and Fraser Coast AMHS
- Clinical Reform Initiative: Working Together to Change, endorsed by Mr Michael Reid, Director-General, Queensland Health, on 16 September 2009

October – December 2009

- Statutory compliance audits conducted at Mackay AMHS and Toowoomba and Darling Downs Network AMHS
- Secure internet portal developed for private AMHSs, providing them with access to Director of Mental Health policies, forms and other resources to support administration of the *Mental Health Act 2000* (the Act)
- Commencement of a program to engage administrator delegates in statutory compliance audit teams
- Statewide forum for mental health services on seclusion reduction activities held in November 2009, with 102 participants from Queensland mental health services
- Workshop on the use of sensory modulation as a seclusion and restraint reduction tool presented by leading international researcher, Tina Champagne, in Brisbane in October 2009, and attended by approximately 120 participants from Queensland mental health services
- Enhancement of CIMHA, the Consumer Integrated Mental Health Application, in October 2009, including improvements to Act-related forms and reports

January – March 2010
• Statutory compliance audits conducted at Sunshine Coast AMHS and Princess Alexandra Hospital AMHS • Annual Administrator Delegates' Forum held in Brisbane on 17 and 18 March 2010, attended by 20 administrator delegates from public and private mental health services across the state and staff from the Office of the Director of Mental Health (the Office of the Director) • Mental Health First Aid Training for Carers presented by the Consumer and Carer Participation Team, Office of the Director, in Brisbane, Ipswich and Rockhampton between January and April 2010, with a total of 81 participants • Carer Participation workshops for mental health service staff presented in Rockhampton and Gladstone by the Consumer and Carer Participation Team, Office of the Director, with a total of 21 participants. Topics included carer legislation and practical strategies for carer engagement • CIMHA enhancement in February 2010, resulting in improved system capabilities in reporting on the administration of the Act
April – June 2010
• Statutory compliance audit conducted at Royal Brisbane and Women's Hospital AMHS • Accredited 10 day investigator training course, Certificate IV in Government Investigation, delivered by Train to Succeed to 10 Queensland Health staff. This course provided specific training to participants in conducting investigations under the Act • Administrator Delegates' Manual published, providing guidelines and operational procedures on the administration of the Act • Training on the administration of electroconvulsive therapy (ECT) provided by the ECT Training Committee in June 2010, attended by 26 nursing staff from mental health services • A workshop to train staff in how to deliver training on the use of sensory modulation as a seclusion and restraint reduction tool presented by leading international researcher, Tina Champagne, in Brisbane in June 2010, with 24 participants • The first Consumer Safe Medication Workshop, convened by the Queensland Psychotrophic Medication Advisory Committee under the auspices of the Office of the Director, held in April 2010, with attendance by more than 60 consumer and carer representatives from across the state

Queensland strategic directions and reform

Our focus

Queensland Plan for Mental Health 2007–2017

The Queensland Plan for Mental Health 2007–2017 (the Queensland Plan) is guiding the reform and development of mental health care in Queensland.

The Queensland Plan articulates our vision for a comprehensive, recovery-orientated mental health system which promotes mental wellbeing, reduces the impact of mental illness and builds the capacity of people affected by mental illness to lead fulfilling lives. This vision also provides a framework for the development of a more responsive system of services to better meet the needs of people who live with a mental illness.

Implementation of the Queensland Plan requires constructive collaboration with a diverse range of stakeholders. These include mental health service providers, consumers, government departments and non-government organisations.

Full implementation of the ten-year Queensland Plan will ensure sustainable development of government and non-government sector mental health services that properly takes projected population growth in Queensland into account. Implementation is on schedule to meet the outcomes identified for the first four years of the Queensland Plan.

In the 2007–08 State Budget, the Queensland Government allocated $528.8 million over four years to support implementation of the Queensland Plan. A further $88.6 million over four years was allocated in the 2008–09 State Budget, with the government announcing an additional $6.5 million over three years in the 2009–10 State Budget.

Key achievements of the Queensland Plan's first three years include:

- implementation of a range of new mental health promotion, prevention and early intervention programs
- expansion of public community mental health services, with the establishment of more than 500 new medical, nursing, allied health and administrative support positions in public community mental health, statewide and tertiary mental health services
- significant progress on 17 capital works projects, which are on schedule to be commissioned by 2011–12
- development of new and expanded options for personal support and accommodation services delivered by the non-government sector
- recruitment to 19 of the 20 service integration coordinator positions located across 15 health service districts
- continued implementation of a range of workforce recruitment and retention strategies
- implementation of CIMHA, the Consumer Integrated Mental Health Application
- commencement of work on the Clinical Reform Initiative: Working Together to Change to improve the way mental health services are delivered.

Clinical Reform Initiative: Working Together to Change

The Clinical Reform Initiative: Working Together to Change, is an important element in our ongoing strategic efforts to enhance the quality and consistency of our mental health services. This initiative will support clinical service delivery in Queensland mental health services to align more effectively with the priorities, principles and policies of the Queensland Plan and with relevant national strategic directions. The initiative aims to improve service delivery through the efficient and coordinated use of resources allocated to support implementation of the Queensland Plan.

The Working Together to Change Initiative will involve collaboration between district mental health services and the Office of the Director of Mental Health (the Office of the Director) to identify service gaps and accomplishments, and to subsequently develop, implement and evaluate targeted strategic change management plans.

These actions may result in changes to clinical and corporate organisational structures and processes and to clinical practices.

A model and plan for the implementation of the Working Together to Change Initiative have been developed in consultation with key stakeholders. These provide for the delivery of the initiative through three key strategies.

Strategy One: Planning for change at district level

Strategy One will involve the Office of the Director working collaboratively with each district mental health service to develop and implement a localised strategic plan for reform. This plan will take into account the capabilities and needs of each service, and will identify opportunities to better align local clinical service delivery with national and state requirements.

This strategy will be implemented in a staged process, commencing with the three pilot sites of the Cairns and Hinterland, Gold Coast and Central Queensland Health Service Districts. Following the review and evaluation of these pilots, it is proposed that Strategy One be implemented across the state in all health service districts.

Strategy Two: Statewide implementation of models of service delivery

Strategy Two comprises the development and implementation of new statewide models of service delivery. There are two related components of this work:

- engaging clinicians and other stakeholders in the development and implementation of statewide models of service delivery
- overseeing the statewide implementation of individual priority models of service.

The first priority for Strategy Two is the development and statewide implementation of an acute care team model of service. Implementation of a consistent model for the provision of acute care services throughout the state is essential to improve Queenslanders' access to the most appropriate clinical services. It will achieve this objective by embedding the 'every door is the right door' approach within the core business of all acute mental health services, breaking down service barriers and ensuring people in need are able to be rapidly connected with appropriate, consistent and high quality acute care.

A comprehensive communication plan will also be developed to keep mental health service staff and other key stakeholders fully informed throughout the implementation of new models of service as part of Strategy Two.

Strategy Three: Performance monitoring and accountability for reform

Strategy Three will involve the development of a rigorous performance and accountability framework for evaluating the effectiveness of clinical reforms as part of the Working Together to Change Initiative. This framework will better enable mental health services to critically assess their own performance and to identify opportunities to better target service improvements at local needs.

Strategy Three will be a longer term project than Strategies One and Two. It will contribute significantly to the refinement of information collection and reporting processes, and will better define accountability structures and requirements within each district.

Statewide Mental Health Network

The Statewide Mental Health Network (SWMHN) provides strategic direction and leadership in policy, planning and service improvement activities for Queensland public mental health services. Comprising representatives from a wide range of stakeholders in mental health service delivery, it is primarily tasked with overseeing implementation of the Queensland Plan for Mental Health 2007–2017 and providing high level advice to the Office of the Director.

Key achievements of the SWMHN in the reporting period include:

- providing oversight and guidance in the development of the Clinical Services Capability Framework, which outlines standardised capability requirements for Queensland public and licensed private mental health facilities to ensure safe and appropriately supported clinical services
- providing oversight and guidance to the statewide mental health Model of Service Project managed by the Working Together to Change Project Team in the Office of the Director.
- the SWMHN recommended the following documents that were subsequently endorsed by the Director:
  - Acute Sedation Medication Guidelines
  - Clinical Service Capability Framework module
  - Models of Service:
    - Adult Acute Inpatient
    - Community Care Units
    - Acute Child Units
    - Acute Adolescent Units
    - Acute Older Persons Units
    - Child and Youth Day Programs.
- strong mental health representation on the newly established Queensland Clinical Senate, a forum of clinicians which makes recommendations to the Director-General of Queensland Health on how to deliver the best mental health care to Queensland people.

CIMHA

CIMHA is the statewide integrated database for clinical information regarding all voluntary and involuntary patients in public authorised mental health services (AMHSs) and involuntary patients in private AMHSs. This web-based system was launched in November 2008, replacing three mental health applications with a single database for mental health patient information. CIMHA has been designed to meet the rigorous recording requirements of the *Mental Health Act 2000* (the Act), and supports the day to day management of a variety of legislative and clinical processes.

The key strategic directions of CIMHA are to:

- provide for the further development of electronic clinical information tools (eg. clinical notes and care plans) and drive cultural change towards the use of these tools throughout all aspects of mental health services, from data entry to the systematic use by clinicians of comprehensive electronic records
- enhance consumer continuity of care by providing a single primary source for all mental health clinical information
- improve the usability, flexibility, accessibility and therefore efficiency of the electronic record keeping system by aligning this system as closely as possible to models of care, standardised clinical business processes and workflows
- provide good business intelligence and search features to better manage individual consumers' care over time, detect clinical trends and inform clinical decision making
- support the broader mental health reform agenda by allowing clinically relevant information to be inputted in a secure and structured way and to be shared across Queensland Health and with external stakeholders
- align closely with the national e-Health agenda.

Since its introduction, CIMHA has undergone continual improvement. Major enhancements to its functionality, including improvements to Act-related forms and reports, were delivered in October 2009 and February 2010.

Further enhancements are planned in 2010 and 2011, prior to commencement of the CIMHA Phase II project. CIMHA Phase II is the first part of an ongoing process to develop and refine a comprehensive electronic health record keeping system which best supports quality clinical practice, informed decision making and service delivery. This reform process is expected to deliver improved consumer outcomes and continuity of care and to enhance Queensland Health's capacity to promote recovery from mental illness.

Implementing recommendations arising from the 2006 Review of the *Mental Health Act 2000*

On 14 June 2006, the Queensland Government announced the appointment of Mr Brendan Butler AM SC to review the forensic provisions of the Act. The outcome of this review, Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000 (the Butler Report), was presented to the Government on 8 December 2006.

The Butler Report concluded that further reforms were required to give greater recognition to the rights of victims of crimes committed by people with a mental illness and to enhance public confidence in the forensic mental health system. To this end, the Butler Report made 106 recommendations for legislative and administrative reform. These recommendations focused on further refining systems and services to better support victims, improving forensic mental health legal processes, enhancing risk management practices and increasing community understanding of the forensic mental health system.

The Queensland Government announced on 11 December 2006 that it accepted all 106 recommendations of the Butler Report, and released its formal response supporting implementation of all recommendations on 17 September 2007. The government allocated $53.484 million over four years in its 2007–08 State Budget to comprehensively implement the Butler Report recommendations.

The majority of the recommendations were implemented in 2007–08, with all but two of the remaining recommendations implemented in the following year. Of these, Recommendation 7.2 proposed the development of local initiatives to raise community awareness of mental illness. This recommendation has been met through the establishment of the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (the MHPPEI Centre) under the Queensland Plan.

The MHPPEI Centre leads the planning and implementation of the Mental Health Promotion, Prevention and Early Intervention Framework. This strategic resource outlines a range of targeted initiatives designed to raise community awareness of mental illness. In addition, the framework guides the engagement and active participation of departmental, district and service level partners in activities for reducing stigma, enhancing the mental health literacy of front line workers in key sectors and members of the broader community and promoting greater social inclusion of people with mental illness.

The objectives of Recommendation 7.2 have also been incorporated into the Queensland Plan, and are reflected at a national level in the Fourth National Mental Health Plan 2009–2014.

The final remaining recommendation, Recommendation 5.1, requires those provisions of the Act which affect people with an intellectual disability to be reviewed. In particular, the Butler Report highlighted inadequacies in the existing legislative scheme which allows an offender with an intellectual disability to be detained under a forensic order in a mental health service, despite having no mental illness. Its implementation is being considered alongside Recommendation 22 of the Honourable WJ Carter QC's July 2006 report into options for managing the challenging behaviours of adults with an intellectual disability, Challenging Behaviours and Disability – A Targeted Response. This recommendation requires consideration to be given to amending the Act to permit an offender with an intellectual disability to be detained under a forensic order in a place other than a mental health service.

While substantial progress has been made in relation to this recommendation, its implementation requires a longer time frame due to the complexity of the issues being considered. It is anticipated that this recommendation will be implemented within the coming year.

Statutory compliance audits

The Butler Report also identified the need for AMHSs compliance with the requirements of the Act to be monitored and audited regularly and systematically. The Statutory Compliance and Monitoring Team was accordingly established in the Office of the Director in 2008–09 to improve monitoring and compliance processes and to facilitate policy and system developments.

This team has implemented a formal audit process to ensure all AMHSs are systemically and comprehensively audited against the Act's provisions. A total of 14 AMHSs have been audited since this process commenced, including seven during the reporting period. It is anticipated that a further 10 services will be audited in the coming year.

Statutory compliance audits examine whether patient treatment and care is consistent with the requirements of the Act and with policies issued by the Director of Mental Health (the Director). In addition, these audits aim to identify processes that are working well and those which may require some improvement.

The audit process focuses primarily on systemic issues (i.e. how AMHSs manage and implement Act processes and policy requirements), rather than on individual staff performance. The audit process involves a number of activities, including:

- review of information system data (i.e. CIMHA reports)
- review of local policy documents relating to the Act
- consultation with service staff
- review of clinical and administrative files.

The findings of an audit report are used by the AMHS to develop an action plan for addressing identified compliance issues. During this reporting period, the audit process has been refined to enable audited services to be provided with a snap shot report on key audit findings as well as with the more detailed audit report. A further development this year has been the initiation of a process for conducting a follow up visit to an audited AMHS, one year after the action plan is developed, to monitor progress and to identify improvements which have been achieved.

In the 2009–10 reporting period, audit findings have demonstrated clear trends in the types of issues identified across each of the audited AMHSs. These recurrent issues relate to the level of detail recorded in forms and the timeliness in which forms are completed as required under the Act, as well as to the accurate and timely documentation of relevant information in CIMHA and patient files. Action plans developed by audited AMHSs have sought to address these issues through a range of measures, including:

- reviewing and developing education programs and resources for AMHS clinical staff
- reviewing of roles and responsibilities of administrator delegates
- processing review and additional resources for the training of administrator delegates
- developing a DVD on the Act's recording requirements for AMHS clinical staff
- establishing regular internal processes for conducting compliance audits and reporting the results of these to administrator delegates.

Audit findings also help inform decisions about statewide issues that need addressing, including policy, administration and legislative changes. Some of the changes instigated in response to feedback and data collected in the audit processes include:

- revising Act-related forms
- developing an abridged template for psychiatrist reports on involuntary patients charged with offences (known as section 238 reports)
- providing policy clarification regarding consent for electroconvulsive therapy
- establishing uniform payments for private psychiatrists to prepare section 238 reports
- proposing legislative amendments to improve interpretation of selected provisions of the Act
- sharing good practices across services regarding compliance.

The audits are conducted by a team appointed by the Director as approved officers under the Act. This appointment enables AMHS staff to provide auditors with patient information without breaching confidentiality requirements. The Director (or the delegate of the Director) also participates at key points in the audit process.

In 2009–10, a new process of engaging administrator delegates in audit teams commenced. This initiative has had a number of positive outcomes, including:

- professional development for administrator delegates
- increased sharing of good practices regarding compliance practices across services
- increased capability of AMHSs to self-audit
- improvements in networking and relationship building across services and the Office of the Director.

Clinical audits

In 2008–09, the Office of the Director developed a clinical audit tool for mental health services. This tool is designed to capture measures of compliance with clinical processes, including assessment, admission and discharge, case review and medication, and to validate these against benchmarks from consumer and carer surveys, mental health service staff questionnaires and stakeholder surveys. The clinical audit also identifies positive clinical practice outcomes and areas for improvement in clinical service delivery.

Clinical audit teams are coordinated by the Principal Advisor in Psychiatry in the Office of the Director in partnership with designated quality improvement officer positions in health service districts. Clinical audits commenced as a pilot in 2008–09 in conjunction with the statutory compliance audits as part of a systematic and coordinated approach. This pilot was continued in 2009–10, with seven AMHSs audited in this period.

Significant outcomes of the clinical audit process include:

- funding of a six-month position in the Safe Medication Practice Unit to review, develop and implement a community medication record
- identifying recurrent trends in clinical practice across mental health services and informing the development of initiatives to address common statewide themes
- informing workforce development and models of service delivery in mental health services.

The clinical audit pilot will be evaluated in the coming year. It is anticipated that the outcomes will enable establishment of benchmarks to ensure the clinical audit tool provides a consistent auditing framework, and one which best supports quality improvement activities in contemporary mental health service delivery.

National strategic directions

Our lead role

Fourth National Mental Health Plan 2009–2014

In March 2009, the Australian Health Ministers' Conference (AHMC) released the revised National Mental Health Policy 2008. The Fourth National Mental Health Plan 2009–2014 (the Fourth Plan), which was endorsed by Health Ministers in September 2009 and launched in November 2009, maps out the practical actions required to operationalise the policy. The coordinated approach represented by the Fourth Plan embodies the renewed commitment of the Commonwealth and all states and territories to the ongoing improvement of Australia's mental health system. To this end, the Fourth Plan further builds on the whole-of-government approach to mental health which was first agreed to by the Council of Australian Governments (COAG) in July 2006.

Following the launch of the Fourth Plan, the Queensland Premier requested that the governance structure for mental health reform in Queensland be reviewed, with Queensland Health to take lead responsibility for future mental health reform.

The Queensland Mental Health Reform Committee (QMHRC) has been established to act as a single body of key stakeholders and provide high level oversight for current state and national mental health reform agendas. QMHRC is an amalgamation of the former COAG Mental Health Group and the Mental Health Interdepartmental Committee, which were first formed by the Queensland Premier in 2006 to implement the COAG National Action Plan on Mental Health 2006–2011. QMHRC held its inaugural meeting in February 2010 and continues to meet quarterly. QMHRC intends to undertake further work to finalise its governance structure, terms of reference and work-plan, and to develop a preferred approach to the implementation of the Fourth Plan which will best meet Queensland's specific needs.

As part of the Fourth Plan process, states and territories have developed a draft implementation strategy detailing the approaches which will be taken to achieve the aims and objectives of each of the Fourth Plan's 34 key actions. Queensland has been allocated responsibility for developing detailed year by year approaches to the implementation of five of these actions.

This responsibility will involve Queensland convening subgroup consultations for each of the five actions for which it has lead responsibility. Terms of reference for each subgroup have been endorsed and draft implementation approaches for each action have been developed. Queensland will submit its draft approaches in August 2010 for consideration by the National Mental Health Standing Committee (NMHSC) in September 2010. The NMHSC comprises representation from all Australian mental health jurisdictions, and reports to the Australian Health Ministers' Advisory Council (AHMAC). AHMAC in turn provides advice to the AHMC under arrangements endorsed by COAG.

Revised National Standards for Mental Health Services 2010

The National Standards for Mental Health Services (the National Standards) were implemented in 1996 to assist mental health services to develop and implement contemporary clinical practice and to provide guidance for continuous quality improvement.

The National Standards were predominantly used throughout state and territory funded specialist clinical mental health services, and were influential in shaping how services responded to the needs and expectations of consumers and carers.[1]

Since 1996, there has been an expansion of the non-government and private mental health sectors, as well as a greater focus on the role of the primary care sector in mental health. The third National Mental Health Plan 2003–08 identified the need to review the National Standards to ensure their relevance for key groups with particular needs. In November 2006, the Australian Council on Healthcare Standards (ACHS) successfully tendered to review the National Standards.

The review process involved broad consultation with stakeholders across mental health sectors. In May 2008, the ACHS delivered the Revised National Standards to the National Standards Implementation Steering Committee (NSISC), which completed the development of these standards. The resulting Revised National Standards have a much greater focus on the needs of consumers and carers and on recovery as a fundamental principle.

The Revised National Standards will be applied across public and private sector hospitals, non-government providers of community mental health services and private mental health practices.

The expectation that the Revised National Standards will be incorporated across the broad range of mental health services marks a significant shift from the previous focus on publicly funded services only, and its implications will need to be explored over time. The implementation of the Revised National Standards in Queensland, will involve staff, consumers and carers in building a shared understanding, awareness and responsiveness to issues of diversity in the population. It is anticipated that the Revised National Standards will be a living document, which will further evolve as services across the spectrum progressively meet required standards of care.

In 2009–10, the Office of the Director of Mental Health has established a dedicated project officer position to support the implementation of the Revised National Standards at both the Queensland and national levels.

The Revised National Standards can be accessed at **www.health.gov.au/mhsc.**

1 *National Standards for Mental Health Services 2010. Canberra: Australian Government.*

Chapter 5

Our performance

Reporting against the *Mental Health Act 2000*

The majority of people who have a mental illness are able to make decisions about their treatment. However, there are times when the nature of mental illness renders a person unable to have full insight into their treatment needs. In these cases, involuntary treatment may be warranted. The *Mental Health Act 2000* (the Act) provides the legislative framework for the involuntary assessment, treatment and protection of people with a mental illness, while safeguarding their rights and freedoms, and balancing their rights with the rights of others.

One of the fundamental human rights principles underpinning the Act is that a person's liberty and rights should only be adversely affected if there is no less restrictive way to protect their health and safety or to protect others.

Hence, the involuntary provisions may only be applied if a person, due to their mental condition, is believed to represent a risk to their own safety or that of others; or is likely to suffer serious mental or physical deterioration.

This chapter details the involuntary provisions and related legislative processes that were applied between 1 July 2009 and 30 June 2010. Data on these activities was recorded in CIMHA, the Consumer Integrated Mental Health Application, together with records maintained by the Office of the Director of Mental Health (the Office of the Director) .

Involuntary assessment

The Act allows for the involuntary assessment of people who may have a mental illness. There are two forms that must be completed to initiate involuntary assessment. Together, these forms are known as the 'assessment documents'.

The first of these assessment documents is a request for assessment. This form can be completed by an adult (usually a family member, friend or health professional) who, having observed the person in the preceding three days, believes the person requires involuntary assessment. The second document is a recommendation for assessment. This form is completed by either a doctor or authorised mental health practitioner (AMHP) who believes, after having examined the person in the preceding three days, the assessment criteria provided in section 13 of the Act apply to the person. A recommendation for assessment remains in force for seven days after it is made.

Together these assessment documents authorise an AMHP or ambulance officer to take the person to an authorised mental health service (AMHS). For the purposes of assessment, a public hospital can be considered an AMHS where no other AMHS is readily available. On arrival at the AMHS, the person becomes an involuntary patient where they may be detained for an initial period of 24 hours. If the assessment cannot be conducted during the initial 24 hours, the assessment period can be extended by 24 hours. However, the total assessment period must not exceed 72 hours. During the assessment period, an authorised doctor (AD) must assess the patient to determine whether the treatment criteria as listed in section 14 of the Act apply. If satisfied that the treatment criteria apply, the AD may make an involuntary treatment order for the patient.

A total of 6717 involuntary assessments were conducted during the 2009–10 reporting period, representing a 3.2 per cent decrease from the previous year. Of these assessments, 3956 (59 per cent) resulted in an involuntary treatment order being made, and 2707 (40 per cent) did not result in an involuntary treatment order being made before the end of the assessment period.

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

Table 1 sets out details of the involuntary assessment activity at each AMHS in 2009–10. As seen in the table, there are circumstances where assessment documents do not result in an involuntary treatment order.

One of the reasons is that not everyone who is subject to an involuntary assessment meets the criteria for involuntary treatment. Alternatively, during the assessment process a person may choose to receive treatment voluntarily which means, at that point, the person does not require treatment under the Act.

Table 1 Involuntary assessment: involuntary processes commenced with assessment documents 2009–10

Authorised mental health service*	Assessed on assessment documents only**	ITO made as a result of involuntary assessment		ITO not made before end of assessment period		Pre-existing involuntary status	
Bayside	157	90	57%	67	43%	0	0%
Belmont	61	60	98%	1	2%	0	0%
Cairns	585	300	51%	273	47%	12	2%
Central Queensland	178	93	52%	85	48%	0	0%
Fraser Coast	106	59	56%	47	44%	0	0%
Gold Coast	919	497	54%	414	45%	8	1%
Greenslopes	5	4	80%	1	20%	0	0%
Logan Beaudesert	446	273	61%	173	39%	0	0%
Mackay	190	96	51%	94	49%	0	0%
Mater	42	13	31%	29	69%	0	0%
New Farm	29	28	97%	1	3%	0	0%
PA Hospital	846	537	63%	305	36%	4	0%
Redcliffe Caboolture	301	171	57%	129	43%	1	0%
RBWH	1135	639	56%	477	42%	19	2%
Royal Children's	3	1	33%	2	67%	0	0%
Sunshine Coast	330	261	79%	69	21%	0	0%
The Park	4	1	25%	3	75%	0	0%
The Park – High Security	1	1	100%	0	0%	0	0%
The Prince Charles	334	231	69%	99	30%	4	1%
Toowong	36	32	89%	4	11%	0	0%
Toowoomba	415	239	58%	171	41%	5	1%
Townsville	300	132	44%	168	56%	0	0%
West Moreton	204	144	71%	59	29%	1	0%
Wide Bay	90	54	60%	36	40%	0	0%
Total	**6717**	**3956**	**59%**	**2707**	**40%**	**54**	**1%**

* See Appendix 4 for full AMHS title

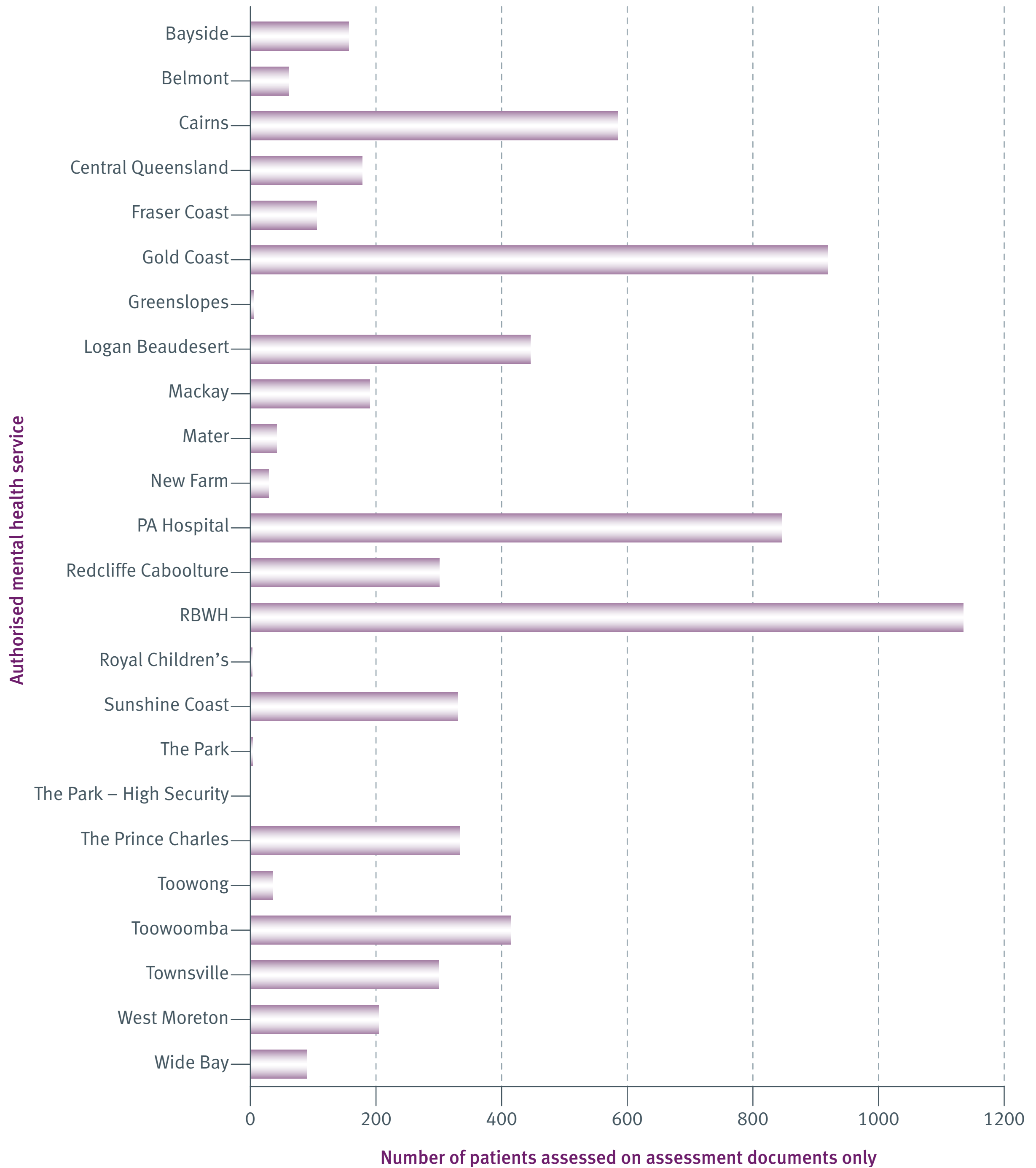
** This data does not include instances where involuntary assessment was preceded by another process such as an emergency examination order or justices examination order. Data relating to involuntary assessment following an emergency examination order or justices examination order is provided in the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

On some occasions, a person is already subject to the involuntary provisions of the Act when an assessment is conducted. This situation commonly occurs where the person is receiving treatment through an AMHS and subsequently becomes subject to involuntary assessment at another AMHS.

In 2009–10, 54 instances of this kind occurred, representing less than one per cent of the total assessments made through assessment documents only.

Figure 1 is a graphical representation of the number of patients assessed on assessment documents at each AMHS in the reporting period.

Figure 1 Total number of patients assessed on assessment documents only by authorised mental health service 2009–10



Processes leading to involuntary assessment

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

Justices examination orders

A member of the community who believes a person requires involuntary assessment may apply for a justices examination order. The application must detail the grounds for seeking the order and be officially sworn. A Magistrate or Justice of the Peace (JP) may make the order if they reasonably believe that the person subject to the application has a mental illness and the order is necessary to ensure the person is examined. A justices examination order is issued to the administrator of the relevant AMHS and is only valid for seven days.

On receiving the order, the administrator must arrange for a doctor or an AMHP to examine the person. The doctor or AMHP attends the person's residence or another place nominated in the order, to examine the person for the purposes of determining whether involuntary assessment is warranted. The assessment, if warranted, must be conducted at the AMHS.

Table 2 demonstrates that 794 (97 per cent) of the total number of justices examination orders made in 2009–10 (822) were authorised by a JP. However, most Magistrates Courts have one or more staff members who are qualified as a JP. Hence, an unrecorded number of justices examination order applicants who attended a Magistrates Court to have the order approved, would have had the order signed by a JP employed by the Court, rather than a Magistrate.

Table 2 Justices examination orders made by designation 2009–10

Authorised mental health service*	Total	Justice of the Peace	Magistrate
Bayside	28	28	0
Belmont	0	0	0
Cairns	48	29	19
Central Queensland	52	52	0
Fraser Coast	45	45	0
Gold Coast	77	76	1
Greenslopes	0	0	0
Logan Beaudesert	84	84	0
Mackay	50	50	0
Mater	1	1	0
New Farm	0	0	0
PA Hospital	85	85	0
Redcliffe Caboolture	33	33	0
RBWH	21	21	0
Royal Children's	5	5	0
Sunshine Coast	19	19	0
The Park	0	0	0
The Park – High Security	0	0	0
Prince Charles	57	55	2
Toowong	0	0	0
Toowoomba	62	62	0
Townsville	60	59	1
West Moreton	64	62	2
Wide Bay	31	28	3
Total	**822**	**794**	**28**

* See Appendix 4 for full AMHS title

A total of 822 justices examination orders were made during 2009–10. This figure is slightly higher than the 2008–09 reporting period when the total was 792, and represents a steady increase from the total of 759 in the 2007–08 reporting period.

After an AD or AMHP has carried out an assessment pursuant to a justices examination order, they may issue assessment documents if satisfied that all of the criteria for involuntary assessment detailed in the Act are met. Table 3 illustrates the outcomes of justices examination orders made in the reporting period.

Of the justices examination orders made in 2009–10, 462 (56 per cent) ended with no assessment documents being made. This figure is consistent with the 2008–09 reporting period.

In 2009–10, 224 (27 per cent) of justices examination orders issued resulted in an involuntary treatment order being made after assessment. Of the total number of justices examination orders which progressed to involuntary assessment, 50 (six per cent) did not result in an involuntary treatment order being made.

In some instances, the justices examination order ends prior to an examination being conducted. This situation may occur when the person is unable to be found, or they voluntarily attend an AMHS within the seven-day period covered by the order. In 2009–10, 78 (nine per cent) of all justices examination orders ended prior to an examination being conducted.

In 2009–10, eight cases (one per cent) resulted in a justices examination order being made for a person who was already subject to the involuntary provisions of the Act.

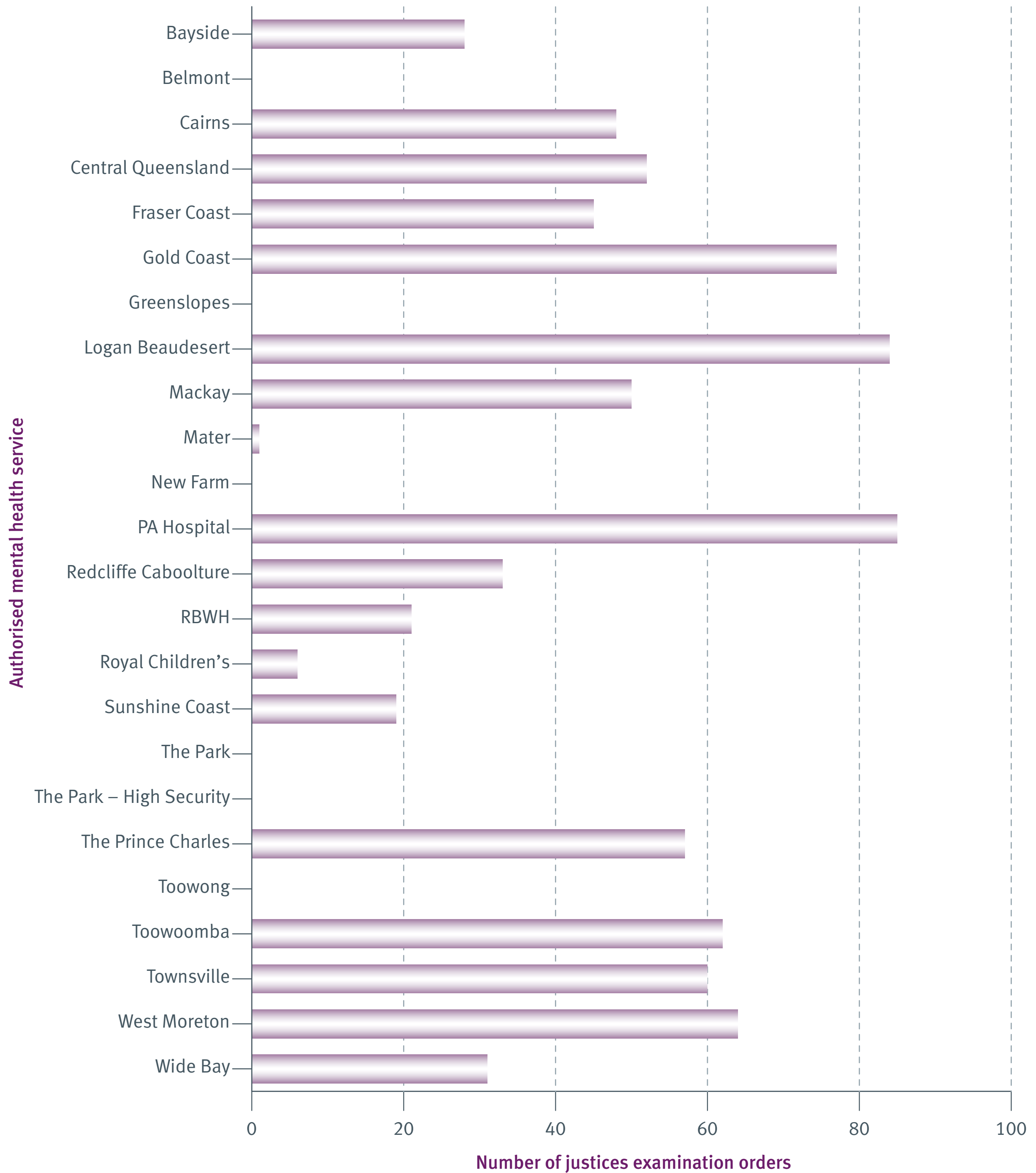
Figure 2 is a graphical representation of the number of justices examination orders made at each AMHS in the reporting period.

Table 3 Justices examination orders and outcomes 2009–10

Authorised mental health service*	Total	Assessment documents not made		Assessment documents made				JEO ended before examination		Pre-existing involuntary status	
				ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment					
Bayside	28	16	57%	9	32%	2	7%	1	4%	0	0%
Belmont	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	48	27	56%	13	27%	1	2%	6	13%	1	2%
Central	52	33	63%	7	13%	4	8%	4	8%	4	8%
Fraser Coast	45	33	73%	3	7%	4	9%	5	11%	0	0%
Gold Coast	77	35	45%	26	34%	7	9%	9	12%	0	0%
Greenslopes	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	84	41	49%	19	23%	5	6%	18	21%	1	1%
Mackay	50	33	66%	11	22%	3	6%	2	4%	1	2%
Mater	1	0	0%	0	0%	1	100%	0	0%	0	0%
New Farm	0	0	0%	0	0%	0	0%	0	0%	0	0%
PA Hospital	85	30	35%	49	58%	6	7%	0	0%	0	0%
Redcliffe Caboolture	33	22	67%	9	27%	0	0%	2	6%	0	0%
RBWH	21	3	14%	15	71%	2	10%	0	0%	1	5%
Royal Children's	5	3	60%	0	0%	1	20%	1	20%	0	0%
Sunshine Coast	19	11	58%	5	26%	0	0%	3	16%	0	0%
The Park	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Park – High Security	0	0	0%	0	0%	0	0%	0	0%	0	0%
Prince Charles	57	33	58%	18	32%	6	11%	0	0%	0	0%
Toowong	0	0	0%	0	0%	0	0%	0	0%	0	0%
Toowoomba	62	43	69%	12	19%	2	3%	5	8%	0	0%
Townsville	60	34	57%	17	28%	2	3%	7	12%	0	0%
West Moreton	64	46	72%	5	8%	0	0%	13	20%	0	0%
Wide Bay	31	19	61%	6	19%	4	13%	2	6%	0	0%
Total	**822**	**462**	**56%**	**224**	**27%**	**50**	**6%**	**78**	**9%**	**8**	**1%**

* See Appendix 4 for full AMHS title

Figure 2 Total number of justices examination orders by authorised mental health service 2009–10



Case Study: Justices examination order

Chrystal is concerned that her husband, Jason, is becoming increasingly withdrawn and socially isolated since their marriage break-down. Jason has a diagnosed mental illness, has recently stopped taking his medication and now appears to be drinking alcohol to excess. He refuses to see his local doctor to seek help, and is no longer attending work. Chrystal holds concerns for Jason's ability to look after himself and is unsure what to do.

Chrystal calls her local hospital, which connects her to the mental health crisis assessment team. The crisis assessment team tells Chrystal about the application processes for a justices examination order, which will allow her to request a non-urgent medical assessment for Jason. The crisis assessment team also provides Chrystal with the phone number for the Mental Health Act Liaison Officer, who can further explain the justices examination order application process.

Chrystal downloads the justices examination order application form from the internet and completes the relevant sections. She takes the form to the local Magistrate who makes a justices examination order from the information provided by Chrystal. The Magistrate faxes the justices examination order to the nearest authorised mental health service (AMHS). An authorised mental health practitioner (AMHP) and a health practitioner from the AMHS assess Jason in his home and talk to him about his mental health. The AMHP assesses that Jason's mental illness has developed to a point that he requires involuntary assessment in the AMHS under the *Mental Health Act 2000*.

Jason accompanies the AMHP to the AMHS where he is admitted as an inpatient. Once Jason's mental illness has stabilised, the mental health team are able to assist Jason in moving back home, and refer him to a service specialising in drug and alcohol issues to help with his alcohol and relationship problems. They also assist Chrystal in making contact with a support group for carers of people with a mental illness.

Knowing someone who unreasonably refuses or lacks capacity to seek assistance for a mental illness can be stressful for friends and families. The justices examination order process enables an involuntary assessment of a person who is reasonably believed to have a mental illness, while safeguarding their rights.

Emergency examination orders

An emergency examination order may be made by a police officer, ambulance officer or psychiatrist if they believe that a person represents an imminent risk of significant physical harm to either themselves or another person.

A police officer, ambulance officer, or psychiatrist may take the person to an AMHS for examination. On arrival at the AMHS, the person can be detained for up to six hours for the purpose of being examined by a doctor or AMHP. A doctor or AMHP at the AMHS examines the person for the purpose of determining whether they meet the criteria for involuntary assessment.

This year, 6616 emergency examination orders were made, which represents an 18 per cent increase from 2008–09, when the total was 5599. The number of emergency examination orders has increased steadily over the past five reporting periods with a 72 per cent increase from 2005–06.

The total number of emergency examination orders represents 46 per cent of all involuntary examination and assessment activity in the reporting period, which is a proportional increase of five per cent from the previous year.

Table 4 sets out the details of emergency examination orders in 2009–10.

Table 4 Emergency examination orders made 2009–10

Authorised mental health service*	Total	Ambulance officer		Police officer		Psychiatrist	
Bayside	506	275	54%	230	45%	1	0%
Belmont	0	0	0%	0	0%	0	0%
Cairns	420	111	26%	309	74%	0	0%
Central Queensland	307	117	38%	189	62%	1	0%
Fraser Coast	110	33	30%	77	70%	0	0%
Gold Coast	699	230	33%	466	67%	3	0%
Greenslopes	0	0	0%	0	0%	0	0%
Logan Beaudesert	317	132	42%	182	57%	3	1%
Mackay	154	47	31%	107	69%	0	0%
Mater	126	40	32%	86	68%	0	0%
New Farm	0	0	0%	0	0%	0	0%
PA Hospital	746	300	40%	443	59%	3	0%
Redcliffe Caboolture	462	219	47%	240	52%	3	1%
RBWH	671	302	45%	367	55%	2	0%
Royal Children's	1	0	0%	1	100%	0	0%
Sunshine Coast	234	104	44%	130	56%	0	0%
The Park	1	0	0%	1	100%	0	0%
The Park – High Security	0	0	0%	0	0%	0	0%
Prince Charles	465	224	48%	238	51%	3	1%
Toowong	0	0	0%	0	0%	0	0%
Toowoomba	380	96	25%	283	74%	1	0%
Townsville	544	133	24%	411	76%	0	0%
West Moreton	353	100	28%	252	71%	1	0%
Wide Bay	120	17	14%	101	84%	2	2%
Total	**6616**	**2480**	**38%**	**4113**	**62%**	**23**	**0%**

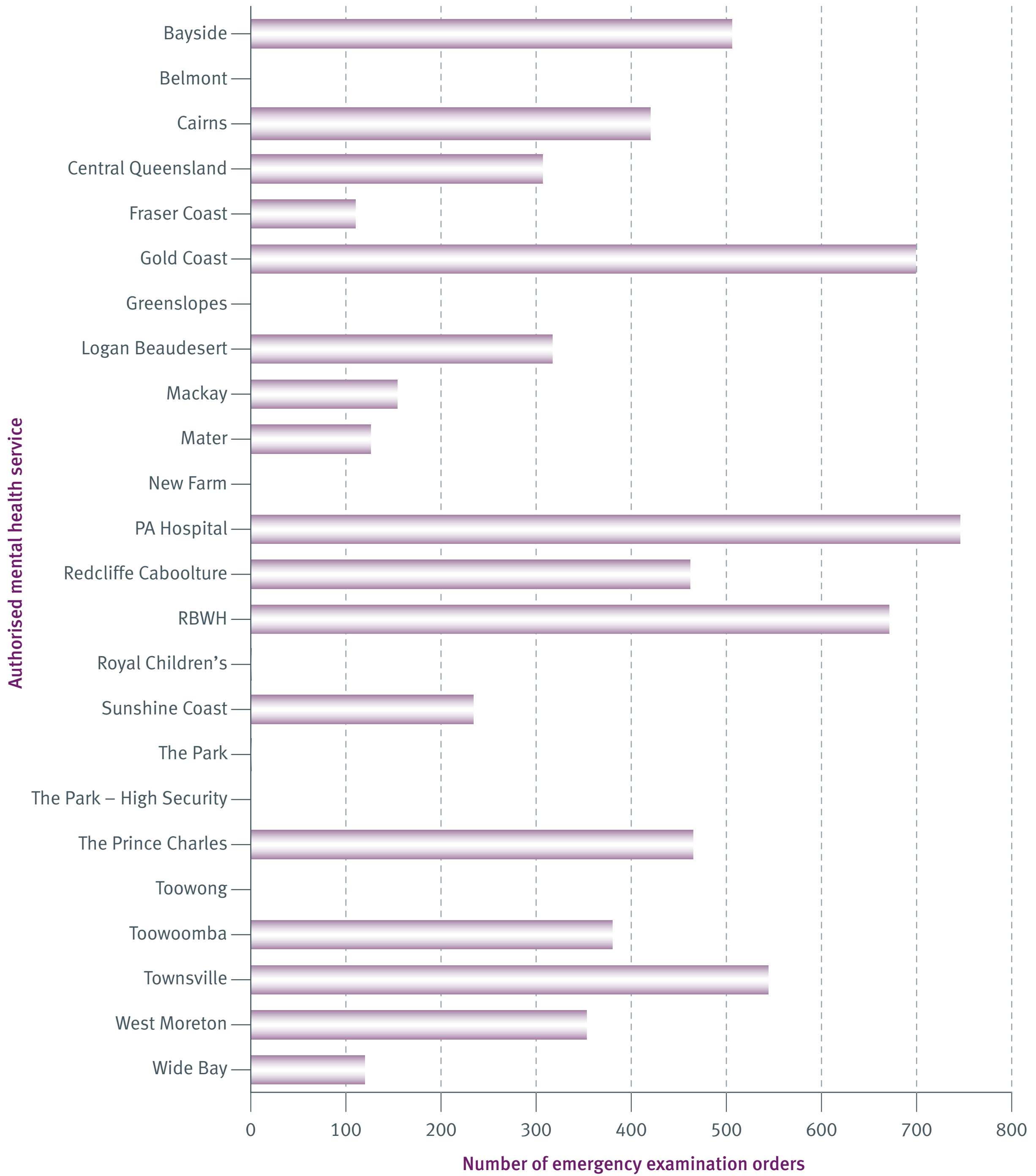
* See Appendix 4 for full AMHS title

Police officers made 4113 (62 per cent) emergency examination orders in 2009–10, which is an increase of seven per cent from the 2008–09 reporting period. There has also been an increase in emergency examination orders made by ambulance officers over recent years. In 2004–05, only 14 per cent of emergency examination orders were made by ambulance officers, compared to 31 per cent in 2009–10.

Psychiatrists made less than one per cent of the emergency examination orders in 2009–10. This figure is comparable to 2008–09.

Figure 3 is a graphical representation of the number of emergency examination orders made at each AMHS in the reporting period.

Figure 3 Total number of emergency examination orders made by authorised mental health service 2009–10



Over half (3718) of the 6616 emergency examination orders made in the reporting period ended without a recommendation for assessment being made. In these cases, the doctor or AMHP determined that the involuntary assessment criteria were not satisfied. This situation may occur where the person consents to treatment, the doctor or AMHP does not believe the person has a mental illness, or it is determined that there are less restrictive ways of ensuring the person receives treatment for their mental illness.

During the reporting period, 2491 emergency examination orders resulted in assessment documents being made and of these, 978 (39 per cent) resulted in an involuntary treatment order being made.

A small proportion (four per cent) ended before a doctor or AMHP was able to examine the person. As previously noted, the order expires six hours after the person arrives at the AMHS. In some instances, the person cannot be examined within this period, due to factors such as intoxication or other substance abuse.

In two per cent of cases, the person was already subject to the involuntary provisions of the Act.

Table 5 illustrates the various outcomes of the emergency examination orders made in 2009–10.

Table 5 Emergency examination orders and outcomes 2009–10

Authorised mental health service*	Total	Assessment documents not made		Assessment documents made				EEO ended before examination		Pre-existing involuntary status	
				ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment					
Bayside	506	375	74%	42	8%	67	13%	11	2%	11	2%
Belmont	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	420	152	36%	69	16%	168	40%	11	3%	20	5%
Central Queensland	307	217	71%	22	7%	42	14%	15	5%	11	4%
Fraser Coast	110	53	48%	21	19%	31	28%	4	4%	1	1%
Gold Coast	699	363	52%	138	20%	164	23%	19	3%	15	2%
Greenslopes	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	317	171	54%	48	15%	58	18%	31	10%	9	3%
Mackay	154	59	38%	21	14%	61	40%	9	6%	4	3%
Mater Health	126	104	83%	5	4%	16	13%	0	0%	1	1%
New Farm	0	0	0%	0	0%	0	0%	0	0%	0	0%
PA Hospital	746	451	60%	112	15%	109	15%	56	8%	18	2%
Redcliffe Caboolture	462	293	63%	62	13%	84	18%	14	3%	9	2%
RBWH	671	90	13%	161	24%	396	59%	5	1%	19	3%
Royal Children's	1	1	100%	0	0%	0	0%	0	0%	0	0%
Sunshine Coast	234	141	60%	56	24%	22	9%	10	4%	5	2%
The Park	1	0	0%	1	100%	0	0%	0	0%	0	0%
The Park – High Security	0	0	0%	0	0%	0	0%	0	0%	0	0%
Prince Charles	465	315	68%	57	12%	85	18%	0	0%	8	2%
Toowong	0	0	0%	0	0%	0	0%	0	0%	0	0%
Toowoomba	380	240	63%	60	16%	67	18%	5	1%	8	2%
Townsville	544	359	66%	39	7%	81	15%	58	11%	7	1%
West Moreton	353	253	72%	42	12%	50	14%	5	1%	3	1%
Wide Bay	120	81	68%	22	18%	12	10%	2	2%	3	3%
Total	**6616**	**3718**	**56%**	**978**	**15%**	**1513**	**23%**	**255**	**4%**	**152**	**2%**

* See Appendix 4 for full AMHS title

Case Study: Emergency examination order

Police officers find Vickie on the side of a main road. She appears to be very distressed. After talking briefly to Vickie, the officers are concerned that she may pose an imminent threat of physical harm to herself. Therefore, the police officers decide to take her to hospital for assessment under an emergency examination order. The emergency examination order allows a police officer, ambulance officer or a psychiatrist to take a person to an authorised mental health service (AMHS) for examination in emergency situations if they reasonably believe:

- the person has a mental illness
- because of the person's illness, there is an imminent risk of significant physical harm being sustained by the person or someone else
- applying for a justices examination order would cause a dangerous delay and increase the risk of harm.

After Vickie is brought to the hospital, a doctor or authorised mental health practitioner must review her within six hours of the order being made. The doctor assesses Vickie and decides that she needs to be assessed as an inpatient. Vickie consents to be assessed as an inpatient.

An emergency examination order allows for a person with a mental illness to receive a prompt assessment when they are at significant risk of physical harm to themself or someone else.

Classified patient admissions

The Act contains provisions that allow for the involuntary assessment of a person detained in custody or appearing before a court. A person becomes a classified patient if they are brought to an AMHS from a court or custody. The classified patient provisions provide for secure management of the person while they receive assessment and/or treatment.

Three documents must be completed to allow a classified patient to be admitted to an AMHS:

- a recommendation for assessment
- an agreement for assessment
- either a court assessment order or a custodian's assessment authority.

When these documents have been completed, an AD must assess the patient within three days of their categorisation as a classified patient. The patient can be treated voluntarily if they consent to treatment, or under an involuntary treatment order if the treatment criteria listed in section 14 of the Act are satisfied.

A person's status as a classified patient ends if there are changes to their treatment needs, the charges against them are finalised, or their custodial requirements cease.

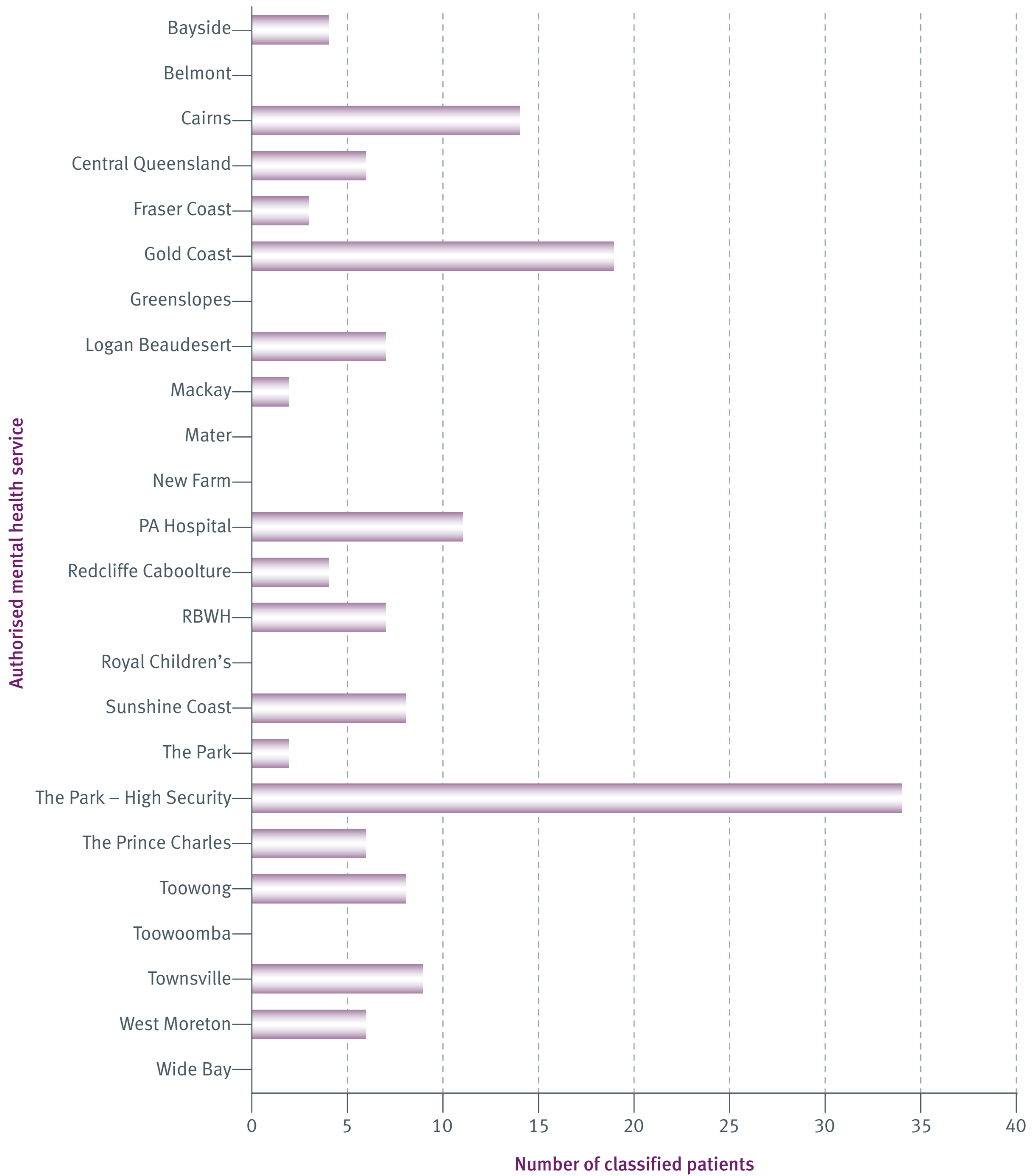
During the reporting period, 150 classified patients were admitted to an AMHS (see Table 6 and Figure 4). Of these, 117 were transferred from a correctional centre, 29 were transferred from a watch house and four were transferred from court. These figures show a 20 per cent decrease in the number of classified patients since 2008–09, when the total was 188.

Table 6 Classified patient admissions 2009–10

Authorised mental health service*	Total	Court		Watch house		Queensland Correctional centres	
Bayside	4	0	0%	1	25%	3	75%
Belmont	0	0	0%	0	0%	0	0%
Cairns	14	0	0%	7	50%	7	50%
Central Queensland	6	0	0%	1	17%	5	83%
Fraser Coast	3	0	0%	0	0%	3	100%
Gold Coast	19	0	0%	8	42%	11	58%
Greenslopes	0	0	0%	0	0%	0	0%
Logan Beaudesert	7	0	0%	1	14%	6	86%
Mackay	2	0	0%	0	0%	2	100%
Mater	0	0	0%	0	0%	0	0%
New Farm	0	0	0%	0	0%	0	0%
PA Hospital	11	1	9%	2	18%	8	73%
Redcliffe Caboolture	4	0	0%	1	25%	3	75%
RBWH	7	0	0%	0	0%	7	100%
Royal Children's	0	0	0%	0	0%	0	0%
Sunshine Coast	8	1	12.5%	1	12.5%	6	75%
The Park	2	0	0%	0	0%	2	100%
The Park – High Security	34	2	6%	1	3%	31	91%
Prince Charles	6	0	0%	2	33%	4	67%
Toowong	0	0	0%	0	0%	0	0%
Toowoomba	8	0	0%	1	13%	7	88%
Townsville	9	0	0%	2	22%	7	78%
West Moreton	6	0	0%	1	17%	5	83%
Wide Bay	0	0	0%	0	0%	0	0%
Totals	**150**	**4**	**3%**	**29**	**19%**	**117**	**78%**

* See Appendix 4 for full AMHS title

Figure 4 Total number of classified patient admissions by authorised mental health service 2009–10



Case Study: Classified patient

Police officers are called to a shopping centre where Mitchell has been questioned by the centre's security staff about clothing in his possession. It is alleged that Mitchell entered a clothing store, put on some garments, and left without paying. From Mitchell's account of the situation, the police officers are concerned that he may be suffering from a mental illness. Mitchell refuses to return the goods or accompany the police officers to the local police station. Eventually, the police officers manage to take Mitchell to the police station and charge him with stealing.

As the police officers are concerned about Mitchell's mental health, they recommend that he receive a visit from the Queensland Health Court Liaison Service, a consultation and liaison clinical service that provides mental health advice, assessments and referral for people with identified mental health needs who are involved in the criminal justice system, including courts and watch house settings. This service can recommend that people with mental health needs are diverted from the criminal justice system to a mental health service for the purposes of assessment and/or treatment.

After assessing Mitchell, the service determines that Mitchell appears to be suffering a serious mental illness and recommends that he be taken to an authorised mental health service (AMHS), where he can receive treatment appropriate to his needs in a secure environment.

On arrival at the AMHS, Mitchell becomes a **classified patient**, and he is assessed by an authorised doctor. As a classified patient, Mitchell is able to receive care for his mental illness, and his charges are suspended until his classified patient status ceases.

Classified patient information orders

In February 2008, new provisions in the Act relating to classified patient information orders (CPIOs) came into effect. These provisions apply to people who are victims of an offence committed by a classified patient. They enable victims to make an application to the Director of Mental Health (the Director) to receive information about the detention of a classified patient. A parallel scheme exists for forensic patients, enabling victims or other interested persons to apply to the Mental Health Review Tribunal (the Tribunal) for a forensic patient information order (FPIO).

The Director administers the victim information registers for classified and forensic patients, and is responsible for providing information to registered persons. The system allows victims to receive information, which is relevant to their safety and well being, about a patient's status under the Act, including information about the patient's absence without approval, transfer to another AMHS or authorisation to undertake limited community treatment. In practice, information is provided to holders of information orders through the Queensland Health Victim Support Service (QHVSS). The QHVSS provides support, information and referral for victims of offences by people with a mental illness.

CPIOs were made in four instances in 2009–10. This figure is consistent with the 2008–09 reporting period.

Overview of examination and assessment activity

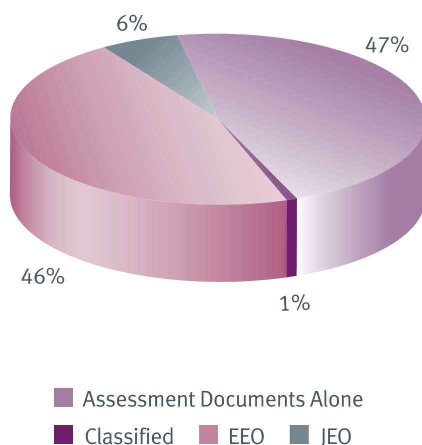
The preceding sections have focused on the involuntary examination and assessment processes under the Act and associated activity during the reporting period.

In summary, there are four avenues to commence the involuntary examination and assessment processes. These are:

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

Figure 5 below displays the percentage of activity of the four involuntary examination and assessment provisions. These percentages are consistent with those of the previous reporting period.

Figure 5 Breakdown of involuntary examination and assessment processes 2009–10



Involuntary treatment orders

An involuntary treatment order authorises treatment of a person's mental illness without the person's consent. Under an involuntary treatment order, a patient can receive treatment as an inpatient or in the community.

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

As a safeguard, a second examination by a psychiatrist is required if the AD making the involuntary treatment order is not a psychiatrist, or if the initial examination was conducted by audiovisual link. If a second examination is required, it must be conducted within three days of the first examination. At the second examination, the psychiatrist must either confirm or revoke the involuntary treatment order, depending on whether the psychiatrist believes that each of the six treatment criteria apply to the patient.

The Act requires that a psychiatrist must regularly review the patient to assess whether the criteria for involuntary treatment continue to apply. If any of the criteria no longer apply, the involuntary treatment order must be revoked.

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

The Act requires that an involuntary treatment order be revoked when the patient does not receive treatment for six months or when a forensic order is made.

The total number of involuntary treatment orders and the means by which they are made is set out in Table 7. Figure 6 is a graphical representation of the total number of involuntary treatment orders per AMHS in the reporting period.

A total of 5213 involuntary treatment orders were made in the reporting period. This represents a two per cent decrease in the total number of involuntary treatment orders over the previous year, following decreases in the number of orders over the preceding five reporting periods. The majority of involuntary treatment orders (98 per cent) were initiated as inpatient category, as opposed to community category. This figure is consistent with figures from the previous reporting period.

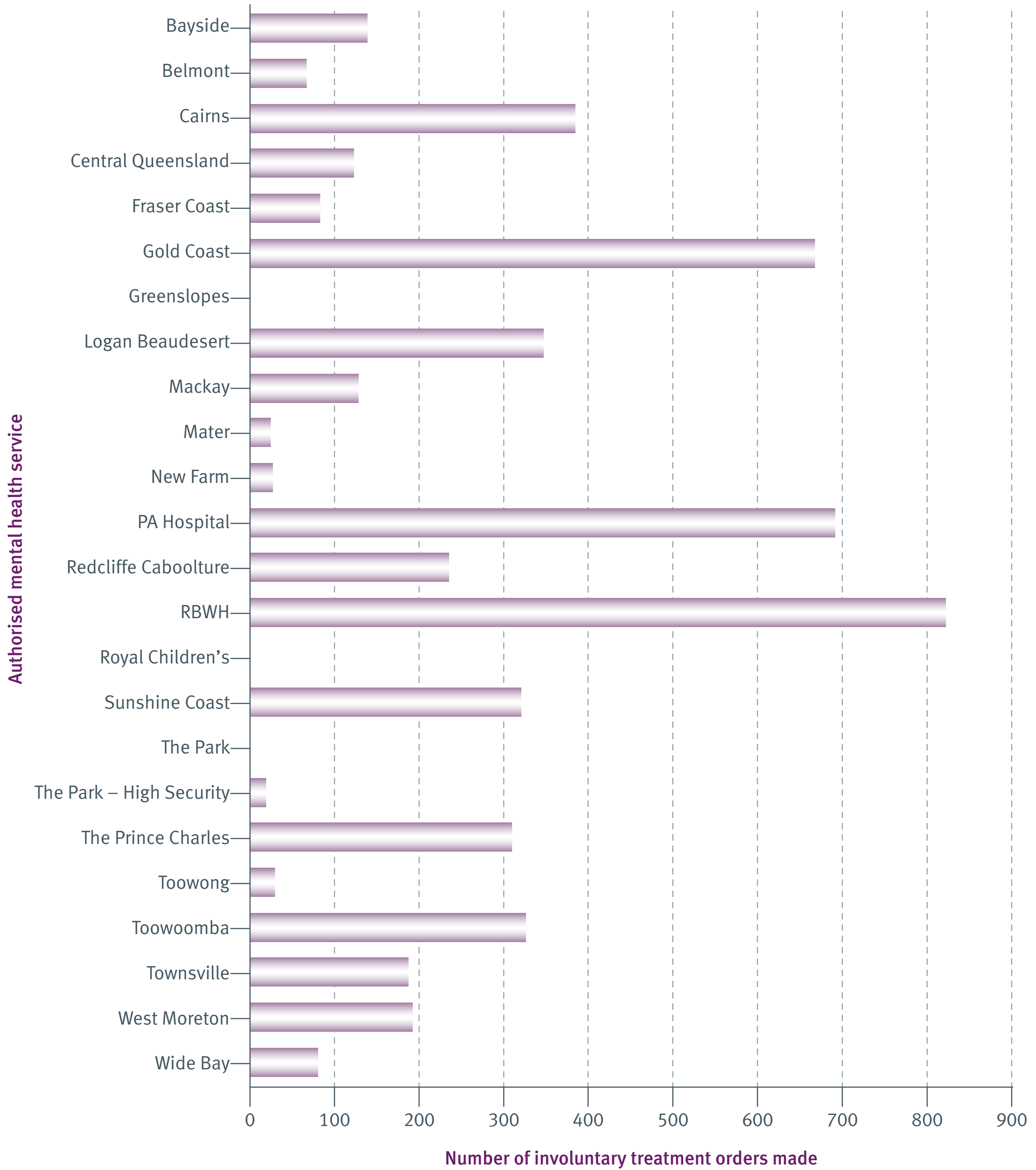
Of the 5213 involuntary treatment orders made, 3638 (70 per cent) required a second examination, of which 2785 (77 per cent) were confirmed and 853 (23 per cent) were revoked.

Table 7 Involuntary treatment orders made 2009–10

Authorised mental health service*	Total ITO made	Category of initial order				Second examination required		Second examination details			
		Inpatient		Community				ITO confirmed		ITO not confirmed	
Bayside	138	136	99%	2	1%	112	81%	82	73%	30	27%
Belmont	66	65	98%	1	2%	1	2%	1	100%	0	0%
Cairns	384	375	98%	9	2%	221	58%	196	89%	25	11%
Central Queensland	123	120	98%	3	2%	83	67%	74	89%	9	11%
Fraser Coast	83	81	98%	2	2%	68	82%	57	84%	11	16%
Gold Coast	668	659	99%	9	1%	483	72%	381	79%	102	21%
Greenslopes	4	4	100%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	347	335	97%	12	3%	222	64%	159	72%	63	28%
Mackay	129	124	96%	5	4%	90	70%	60	67%	30	33%
Mater	23	23	100%	0	0%	13	57%	7	54%	6	46%
New Farm	28	28	100%	0	0%	0	0%	0	0%	0	0%
PA Hospital	692	672	97%	20	3%	546	79%	437	80%	109	20%
Redcliffe Caboolture	235	233	99%	2	1%	181	77%	120	66%	61	34%
RBWH	822	813	99%	9	1%	743	90%	510	69%	233	31%
Royal Children's	1	1	100%	0	0%	1	100%	1	100%	0	0%
Sunshine Coast	321	315	98%	6	2%	226	70%	172	76%	54	24%
The Park	4	4	100%	0	0%	3	75%	2	67%	1	33%
The Park – High Security	19	19	100%	0	0%	15	79%	14	93%	1	7%
Prince Charles	311	308	99%	3	1%	222	71%	185	83%	37	17%
Toowong	29	28	97%	1	3%	4	14%	4	100%	0	0%
Toowoomba	326	323	99%	3	1%	182	56%	153	84%	29	16%
Townsville	188	184	98%	4	2%	61	32%	50	82%	11	18%
West Moreton	192	189	98%	3	2%	131	68%	97	74%	34	26%
Wide Bay	80	77	96%	3	4%	30	38%	23	77%	7	23%
Total	**5213**	**5116**	**98%**	**97**	**2%**	**3638**	**70%**	**2785**	**77%**	**853**	**23%**

* See Appendix 4 for full AMHS title

Figure 6 Total number of involuntary treatment orders made by authorised mental health service 2009–10



There are seven situations in which an involuntary treatment order can be ended. These situations are as follows:

- the involuntary treatment order was revoked by an authorised doctor, the Tribunal or the Mental Health Court (the Court) on Appeal
- the involuntary treatment order ceased to have effect (as the person did not receive involuntary treatment for a period of at least six months)
- a forensic order was made by the Court
- an involuntary treatment order already exists (i.e. the person had been made subject to an involuntary treatment order on a previous occasion and is receiving treatment under that involuntary treatment order)
- the person is transferred interstate
- the person dies
- the involuntary treatment order is not confirmed by an authorised psychiatrist within the 72 hours in which the examination must be made.

The number of involuntary treatment orders ending in the reporting period and the way in which they were ended is detailed in Table 8.

A total of 5123 involuntary treatment orders ended in the reporting period. Of these, 4629 (90 per cent) were revoked (either by an AD, the Tribunal or through an appeal to the Court). This trend is consistent with previous years.

A total of 47 (one per cent) involuntary treatment orders ended because the patient did not receive treatment within a six-month period, resulting in the order automatically ceasing to have effect. This outcome is generally the result of a patient being absent without permission for an extended period.

A total of 66 involuntary treatment orders ended when a forensic order was made by the Court.

A total of 29 patients were already subject to an involuntary treatment order when a subsequent order was made. This situation can arise from a patient's use of an alias, or if a patient is already receiving treatment at another AMHS.

During the reporting period, 316 (six per cent) involuntary treatment orders ended because they either did not receive a required second examination, or the involuntary treatment order was neither confirmed nor revoked within the maximum 72 hours allowed for examination and assessment.

Table 8 Involuntary orders ended 2009–10

Authorised mental health service*	Total	ITO revoked by authorised doctor, the Tribunal or the Court** appeal	ITO ceased to have effect	Forensic Order made	ITO already exists	Patient deceased	ITO neither revoked or confirmed within the assessment period
Bayside	158	135	1	2	1	1	18
Belmont	98	93	1	0	2	0	2
Cairns	366	337	1	7	0	4	17
Central Queensland	120	112	2	3	1	1	1
Fraser Coast	76	69	0	2	0	0	5
Gold Coast	632	581	2	4	5	4	36
Greenslopes	5	5	0	0	0	0	0
Logan Beaudesert	365	311	4	4	2	1	43
Mackay	120	112	1	1	1	2	3
Mater	27	25	1	0	0	0	1
New Farm	49	48	0	0	1	0	0
PA Hospital	656	598	5	10	5	5	33
Redcliffe Caboolture	235	219	2	1	1	2	10
RBWH	620	525	16	6	5	4	64
Royal Children's	5	4	0	0	0	0	1
Sunshine Coast	341	318	3	4	3	1	12
The Park	6	4	0	1	0	1	0
The Park – High Security	11	4	0	6	0	0	1
Prince Charles	375	338	1	4	1	1	30
Toowong	43	40	1	0	0	0	2
Toowoomba	304	274	3	3	1	5	18
Townsville	191	178	1	4	0	3	5
West Moreton	246	227	1	3	0	1	14
Wide Bay	74	72	1	1	0	0	0
Total	**5123**	**4629 (90%)**	**47 (1%)**	**66 (1%)**	**29 (1%)**	**36 (1%)**	**316 (6%)**

* See Appendix 4 for full AMHS title

** The Tribunal – Mental Health Review Tribunal, The Court – Mental Health Court

A total of 36 patients (one per cent) under an involuntary treatment order died during the period. Their mental illness may have had little or no relationship to their death.

Any death of a patient in a mental health service is reviewed by a number of mechanisms. An inpatient death is immediately reported to the Coroner, and any suspected suicide or unexplained death of a patient in the community is reported to Queensland Health's Patient Safety and Quality Improvement Centre by the treating team. A report to the Patient Safety and Quality Improvement Centre is made through a reportable incident brief. The Director is also notified by way of a mortality report form.

The Office of the Director has continued to progress the evaluation of the mortality report form which was piloted in the previous year. It is envisaged this new form will provide the Director with up to date data on trends in deaths, including suicide of mental health patients. An analysis of the data will be completed by December 2010 and will inform future directions for patient safety initiatives. The Office of the Director has established a routine six-month follow up of these reports to ensure recommendations from service reviews of incidents that may have statewide application, are identified and implemented in all areas of service delivery.

Forensic orders

The Act contains provisions for making a forensic order. Forensic orders are usually made by the Court following a finding that the person was of unsound mind or unfit for trial. A person on a forensic order is a forensic patient under the Act.

Activity in accordance with forensic orders for the reporting period is represented in Table 9. Figure 7 is a graphical representation of the number of forensic orders made in respect of each AMHS in the reporting period. The total number of forensic orders made during 2009–10 was 122, which was 23 more than 2008–09, representing a 23 per cent increase.

However, the number of patients on forensic orders as at 30 June 2010 was 640 which represents an eight per cent increase from the same time in the previous year (592).

Consistent with recommendations of Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000 (the Butler Report), the Director determined that a more formal approach to monitoring forensic patients who have been charged with offences of a more serious or violent nature was required. The administrative category of persons of special notification was replaced with the legislative sub-category of forensic order, special notification forensic patient (SNFP) through amendments to the Act in February 2008. This category refers to patients who have been charged with unlawful homicide, attempted murder, dangerous operation of a motor vehicle involving the death of another person, rape and assault with the intent to commit rape. As at 30 June 2010, there was a total of 125 SNFPs in Queensland, compared to 115 at the end of the previous reporting period, representing a nine per cent increase.

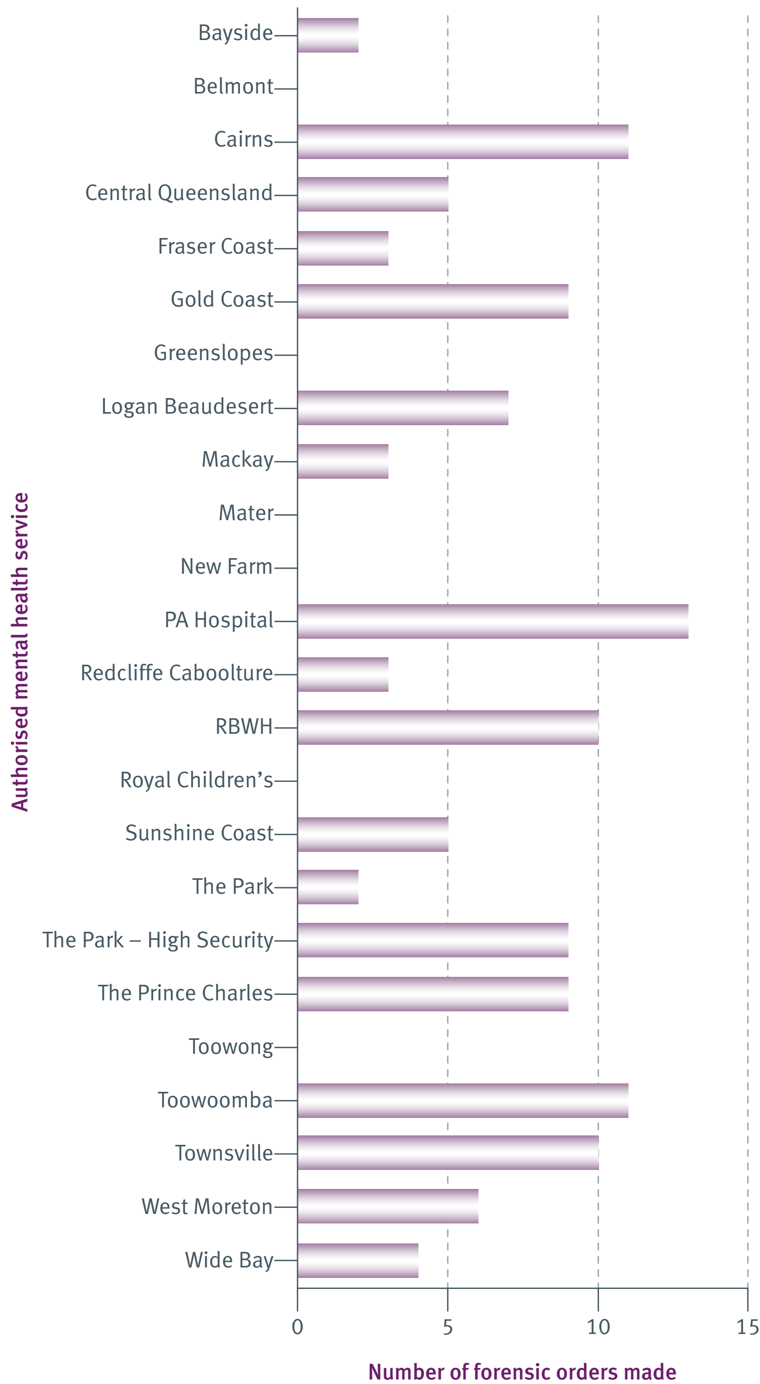
Table 9 Forensic orders made and ended in 2009–10 and number of forensic orders and special notification forensic patients at 30 June 2010

Authorised mental health service*	Forensic orders made	Forensic order ended	Number of patients with forensic orders at 30 June 2010	Number of SNFPs at 30 June 2010**
Bayside	2	2	16	4
Belmont	0	0	0	0
Cairns	11	7	31	3
Central Queensland	5	3	21	1
Fraser Coast	3	0	10	0
Gold Coast	9	3	51	9
Greenslopes	0	0	0	0
Logan Beaudesert	7	2	42	6
Mackay	3	0	11	2
Mater	0	0	1	0
New Farm	0	0	0	0
PA Hospital	13	14	60	12
Redcliffe Caboolture	3	1	22	4
RBWH	10	6	48	5
Royal Children’s	0	0	0	0
Sunshine Coast	5	3	29	0
The Park	2	2	36	5
The Park – High Security	9	1	51	41
Prince Charles	9	4	45	9
Toowong	0	0	0	0
Toowoomba	11	4	59	10
Townsville	10	5	52	7
West Moreton	6	2	45	7
Wide Bay	4	2	10	0
Total	**122**	**61**	**640**	**125**

* See Appendix 4 for full AMHS title

** Patients represented in this column are also in Column four, ‘total number of patients with forensic orders as at 30 June 2010’.

Figure 7 Total number of forensic orders made by authorised mental health service 2009–10

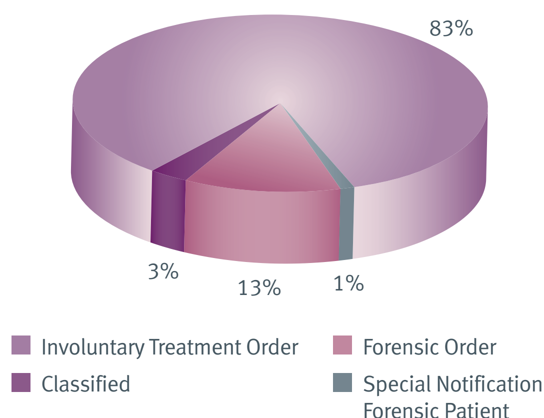


Overview of involuntary status

Figure 8 and Table 10 provide a summary of patients with involuntary status as at 30 June 2010. The breakdown of involuntary status remains largely unchanged from previous years.

Figure 9 is a graphical representation of the total number of involuntary patients by AMHS as at 30 June 2010.

Figure 8 Breakdown of involuntary status as at 30 June 2010



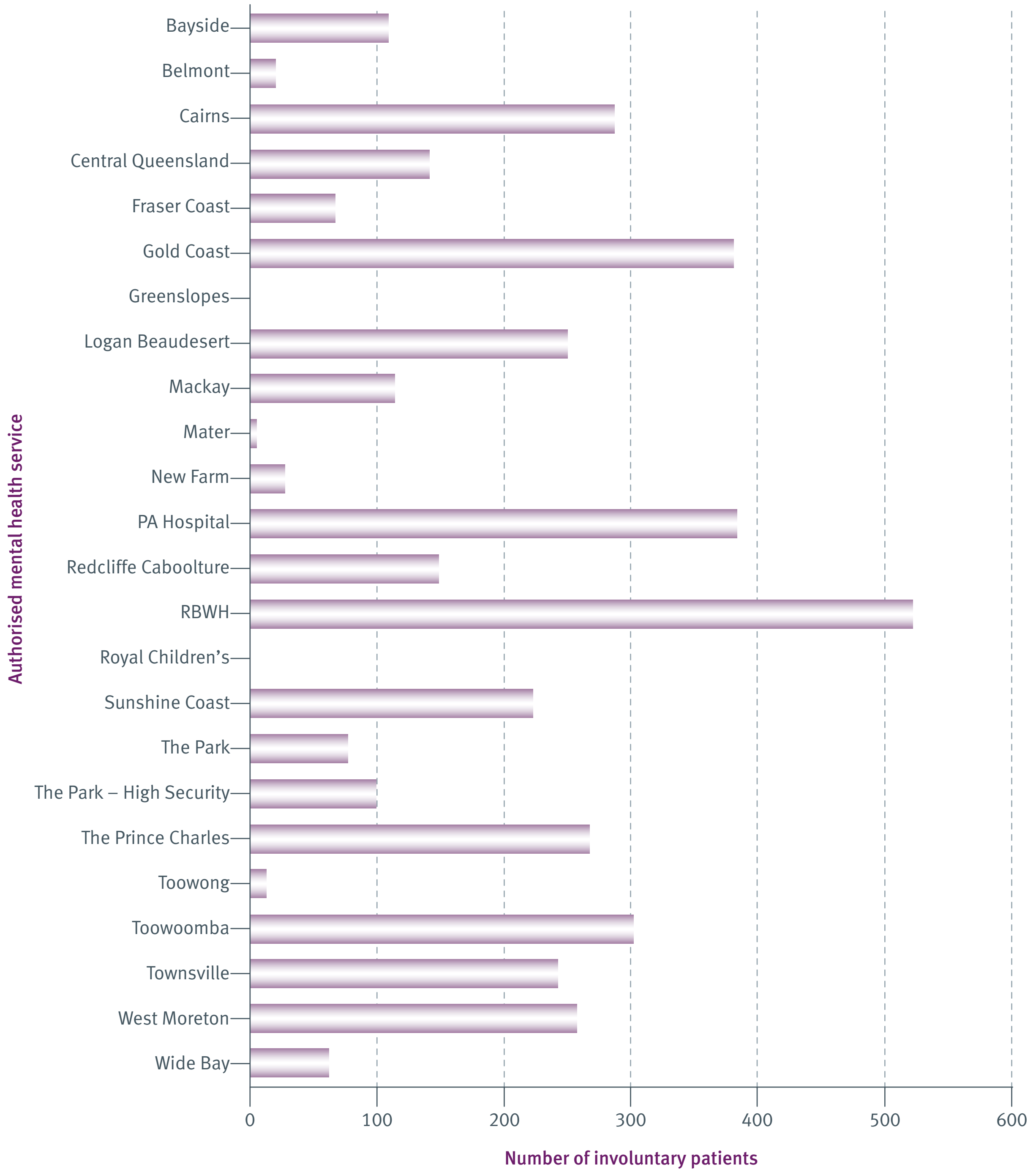
Involuntary Treatment Order
Forensic Order
Classified
Special Notification Forensic Patient

Table 10 Number of involuntary patients as at 30 June 2010

Authorised mental health service*	Involuntary treatment orders	Classified patients	Forensic Orders – not including special notification forensic patient	Forensic Orders – special notification forensic patient only	Total
Bayside	92	0	12	4	108
Belmont	20	0	0	0	20
Cairns	257	0	28	3	288
Central Queensland	120	1	20	1	142
Fraser Coast	57	0	10	0	67
Gold Coast	326	4	42	9	381
Greenslopes	2	0	0	0	2
Logan Beaudesert	207	1	36	6	250
Mackay	103	1	9	2	115
Mater	3	0	1	0	4
New Farm	27	0	0	0	27
PA Hospital	323	2	48	12	385
Redcliffe Caboolture	126	1	18	4	149
RBWH	474	2	43	5	524
Royal Children’s	0	0	0	0	0
Sunshine Coast	195	0	29	0	224
The Park	44	1	28	5	78
The Park – High Security	32	14	13	41	100
Prince Charles	222	1	36	9	268
Toowong	13	0	0	0	13
Toowoomba	244	0	49	10	303
Townsville	190	1	45	7	243
West Moreton	212	0	38	7	257
Wide Bay	51	0	10	0	61
Total	**3340**	**29**	**515**	**125**	**4009**

* See Appendix 4 for full AMHS title

Figure 9 Total number of involuntary patients treated by authorised mental health service as at 30 June 2010



Patients charged with an offence

When a person who is subject to an involuntary treatment order or a forensic order is charged with an offence, their status under the Act changes in accordance with the provisions outlined in Chapter 7, Part 2. These provisions ensure that if a patient under the Act is charged with an offence, due consideration is given to establishing culpability. To help make a decision in this regard, the Act provides that a psychiatrist must examine a patient for the purposes of preparing a report, referred to as a 'section 238 report'. The Administrator of the AMHS responsible for the patient's treatment must provide the section 238 report to the Director within 21 days of the notice – Confirmation of application of Chapter 7, Part 2.

Table 11 identifies activity under the provisions of Chapter 7, Part 2 of the Act for the reporting period. This table shows that these provisions applied to 837 patients. This figure represents an 11 per cent increase from the previous reporting period. Often, a patient will come under these provisions on more than one occasion, accounting for the difference between the number of patients under the provisions (837) and the number of occasions in which activity under these provisions commenced (1219) as outlined in Table 11.

Table 11 Activity under Chapter 7, Part 2 (patients charged with an offence) 2009–10

Authorised mental health service*	Number of patients where Chapter 7 provisions were commenced	Number of occasions in which activity under the Chapter 7 provisions commenced
Bayside	19	21
Belmont	0	0
Cairns	86	121
Central Queensland	45	64
Fraser Coast	24	30
Gold Coast	78	98
Greenslopes	0	0
Logan Beaudesert	51	76
Mackay	17	19
Mater	0	0
New Farm	0	0
PA Hospital	71	97
Redcliffe Caboolture	48	81
RBWH	102	213
Royal Children's	1	3
Sunshine Coast	59	87
The Park	6	8
The Park – High Security	15	16
Prince Charles	51	79
Toowong	0	0
Toowoomba	55	66
Townsville	57	78
West Moreton	44	53
Wide Bay	8	9
Total	**837**	**1219**

* See Appendix 4 for full AMHS title

On receiving the section 238 report, the Director is required to provide the report to the Office of the Director of Public Prosecutions (DPP) or the Court within 14 days. The Director may elect to defer the referral on the grounds that the patient is temporarily unfit for trial and to enable a determination to be made about whether to continue or discontinue legal proceedings.

Matters which the Director refers to the DPP are:

- offences the Director considers not to be of a serious nature
- offences of a serious nature where the person is fit for trial and was not of unsound mind at the time of the offence.

The matters referred to the Court must include an indictable offence.

During 2009–10, the Director referred 911 matters, which represents a 13 per cent increase from 2008–09. Of these references, 798 referrals were made to the DPP, an increase of 15 per cent from 2008–09. The remaining 113 matters were referred to the Court, a decrease of three per cent from 2008–09. The greater number of referrals being made to the DPP results from implementation of a recommendation from the Butler Report, and subsequent amendments to the Act, enacted on 28 February 2008.

Table 12 details all referrals made by the Director for the reporting period.

Table 12 Referrals made by the Director 2009–10

Authorised mental health service*	Number of Chapter 7 referrals to the DPP	Number of Chapter 7 referrals to the Mental Health Court	Total number of referrals made by the Director of Mental Health
Bayside	15	3	18
Belmont	0	0	0
Cairns	68	21	89
Central Queensland	50	8	58
Fraser Coast	21	3	24
Gold Coast	66	5	71
Greenslopes	0	0	0
Logan Beaudesert	52	5	57
Mackay	7	2	9
Mater	0	1	1
New Farm	0	0	0
PA Hospital	79	10	89
Redcliffe Caboolture	59	1	60
RBWH	135	17	152
Royal Children's	0	0	0
Sunshine Coast	65	6	71
The Park	3	2	5
The Park – High Security	8	8	16
Prince Charles	44	3	47
Toowong	0	0	0
Toowoomba	35	6	41
Townsville	43	7	50
West Moreton	37	5	42
Wide Bay	11	0	11
Total	**798**	**113**	**911**

* See Appendix 4 for full AMHS title

The Butler Report highlighted long-standing concerns about compliance with the statutory timeframe of 21 days for the administrator of an AMHS to provide a section 238 report to the Director. The Director cannot make a reference to the DPP or the Court until the section 238 report is completed to the standard required under the Act. Delays in receiving section 238 reports increase delays in court processes and consequently, can have adverse impact on patients, families, and victims.

However, there are many reasons which may prevent or cause difficulties in compliance with the 21-day timeframe, including the patient's absence without permission for an extended period or failure to attend scheduled appointments, or the material required to complete the report (police material and witness statements) may not be available.

The average number of days from the section 238 report being requested to the report being received by the Director is illustrated in Table 13. On average, section 238 reports are provided to the Director within 115 days.

The Office of the Director continues to work with the Queensland Police Service (QPS), DPP, and AMHSs to streamline processes and reduce delays that can have a compounding effect on extending the average time for the provision of the section 238 reports beyond the statutory timeframes.

Table 13 Timeframes for receipt of section 238 reports 2009–10

Average length in days for all reports received	115

There are also problems in compliance with the 14-day timeframe for the Director to refer a matter to the DPP or Court due to several factors, including delays in receiving material from other agencies.

Table 14 indicates that in the 2009–10 reporting period, there was an average of 14 days for matters to be referred to the DPP, and an average of 12 days for matters to be referred to the Court. These figures represent a decrease from 2008–09. In the 2008–09 period, the average number of days for matters to be referred to the DPP was 19 and there was an average of 18 days for matters to be referred to the Court.

The Director has established protocols with the QPS and DPP to facilitate processes for obtaining material required to complete section 238 reports and making references to the Court or DPP. These processes will continue to be refined in order to increase the timeliness of reports being provided to the Director (refer to Improving the timeliness of psychiatric reports for patients charged with an offence contained in Chapter 7).

Table 14 Reference timeframes for section 238 reports received by the Director of Mental Health 2009–10

Referenced to	Average length in days
Department of Public Prosecutions / Attorney-General	14
Mental Health Court	12
Average	**13**

Case Study: Section 238 report

Dr Padme, a consultant psychiatrist, is the treating doctor for Jan, who suffers from a mental illness and is subject to an involuntary treatment order. Dr Padme has been asked to write a psychiatrist report about Jan who has been charged with driving without due care after she was observed to be driving erratically and to have driven through a red light.

As Jan is on an involuntary treatment order, the Director has requested the psychiatrist to provide a report under section 238 of the *Mental Health Act 2000*. Dr Padme is requested to determine if Jan was of unsound mind at the time of the offence and whether she is fit for trial. To be assessed as being of unsound mind, a person must have been deprived of at least one of three capacities when the offence was committed. These capacities refer to the person's ability to:

- understand what they were doing
- control their actions
- know that they ought not do the act, or make the omission.

Dr Padme reviews the police material, Jan's clinical file and interviews Jan to conduct a full mental state assessment and assess her state of mind at the time of the offence. It appears that Jan had stopped taking her medication during the week of the offence, and was suffering from severe paranoid delusions. Dr Padme assesses that Jan was deprived of two of the three capacities. Dr Padme recommends to the Director that the charges be discontinued.

The Director refers Dr Padme's report to the Director of Public Prosecution (DPP), who considers the psychiatrist report, and the police material. As Jan is not charged with an indictable offence, the Director cannot refer the charge to the Mental Health Court and the DPP decides to discontinue the charge. Jan remains on an involuntary treatment order, and additional measures are taken by her treating team to ensure that she continues taking her medications.

The section 238 report allows the DPP to receive the necessary information about a person's mental state at the time of an offence, to determine whether to continue or discontinue any charges.

Patients absent without permission

Part of a patient's treatment can include the authorisation of leave from their treating AMHS. A patient may have limited community treatment (LCT) approved as part of their treatment plan or be granted a temporary absence for compassionate reasons, for example to attend the funeral of a family member.

If a patient is absent without appropriate approval, the Act contains provisions to authorise their return to the AMHS to resume treatment and care. In this instance, an AD issues an authority to return. Where requested, police provide assistance in returning the patient.

A patient's absent without permission (AWOP) status may result from a number of circumstances, including:

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

Table 15 sets out the number of AWOP patients and the number of authority to returns issued at each AMHS for the reporting period. In summary, AWOP activity has risen slightly with 3200 authority to returns issued to a total of 1704 patients. However, the average length of time an authority to return was in force was approximately 7.6 days, which is a decrease of 4.4 days from 2008–09.

In June 2008, Queensland Health, through the Office of the Director, established a time-limited interdepartmental working group with the QPS to review the adequacy of existing polices and procedures for the management of patients who are AWOP. This working group recommended a number of administrative and process changes, the majority of which were implemented in the reporting period. The remaining recommendations focus on changes to Act-related forms regarding patients who are AWOP. It is anticipated that these changes will be made in the coming year.

Table 15 Authority to return activity 2009–10

Authorised mental health service*	Patients	Number of authorities to return issued	Average length of time authority to return in force (days)
Bayside	51	89	5
Belmont	6	6	15
Cairns	124	221	5
Central Queensland	72	150	5
Fraser Coast	30	43	10
Gold Coast	183	340	7
Greenslopes	1	1	0
Logan Beaudesert	151	241	3
Mackay	45	67	8
Mater	1	1	0
New Farm	5	5	20
PA Hospital	207	549	3
Redcliffe Caboolture	83	146	10
RBWH	247	450	11
Royal Children's	0	0	0
Sunshine Coast	70	108	17
The Park	25	47	1
The Park – High Security	0	0	0
Prince Charles	135	268	6
Toowong	3	3	1
Toowoomba	77	125	11
Townsville	93	172	5
West Moreton	69	132	9
Wide Bay	26	36	18
Total	**1704**	**3200**	**7.6**

* See Appendix 4 for full AMHS title

Seclusion and mechanical restraint

Reducing the use of, and where possible, eliminating seclusion and restraint is one of the four priority areas of the National Safety Priorities in Mental Health: a national plan for reducing harm. To support this priority, seclusion and mechanical restraint activity is monitored by the Office of the Director and reported annually.

While it is important to acknowledge clinical complexities and the limitations on interpreting the seclusion data at this early stage, Queensland's focus on this important issue already appears to be yielding some positive outcomes.

Table 16 sets out a data from three clinical indicators for 2007–08, 2008–09 and 2009–10.

Table 16 Statewide clinical indicators for 2007–08 to 2009–10

Indicator	2007–08	2008–09	2009–10
Seclusion events per 1,000 accrued patient days	22.0	21.5	17.9
Proportion of consumers secluded at least once during an acute inpatient admission	8.1%	9.7%	9.2%
Proportion of consumers secluded more than once during an inpatient admission	55.5%	52.3%	52.6%

Notes:

- 2009–10 data is indicative and the Office of the Director is working with AMHSs to improve data collection
- Data is sourced from all public acute specialised mental health inpatient units for persons aged between 18 and 65 years
- The data sources and statistical linkage processes utilised to construct these indicators is different from previous reports and as such there will be variation to data previously reported
- Seclusion data is sourced from CIMHA, the Consumer Integrated Mental Health Application, and is statistically matched to admitted patient data from the Queensland Hospital Admitted Patient Data Collection.

Use of electroconvulsive therapy

Electroconvulsive therapy (ECT) is a regulated treatment under the Act. It is an offence to perform ECT other than in accordance with the Act. ECT may be performed on a patient (voluntary or involuntary) at an AMHS only if:

- informed consent has been given by the patient
- the Tribunal has given approval for the treatment.

A psychiatrist may make a treatment application (electroconvulsive therapy) to the Tribunal if the psychiatrist is satisfied:

- ECT is the most clinically appropriate treatment for the patient, having regard to the patient's clinical condition and treatment history
- the patient is incapable of giving informed consent to the treatment.

On making the treatment application, the psychiatrist must also ensure the patient and allied person have been informed. The Tribunal must hear and decide the treatment application within a reasonable time after it is made. If the Tribunal decides to approve the application, its decision must state the number of treatments that may be given, and the period in which the treatments may be given.

ECT may be performed on an involuntary patient in emergency circumstances without prior approval of the Tribunal only if:

- a psychiatrist has made a treatment application to the Tribunal
- the psychiatrist and the medical superintendent at the AMHS where the treatment is to be given certify in writing by a certificate to perform emergency electroconvulsive therapy and the ECT is necessary to:
  - save the patient's life
  - prevent the patient suffering from irreparable harm.

The psychiatrist must immediately provide the Tribunal with the treatment application and a copy of the certificate to perform emergency electroconvulsive therapy.

Table 17 sets out ECT activity for 2009–10. There was a total of 397 Tribunal approvals for ECT and 64 instances of emergency ECT. These figures represent a slight increase over the past two years.

Table 17 Use of Mental Health Review Tribunal approved and emergency electroconvulsive therapy (ECT) at each authorised mental health service 2009–10

Authorised mental health service#	Number of Mental Health Review Tribunal applications approved	Number of emergency ECTs
Bayside	9	3
Belmont	9	7
Cairns	31	6
Central Queensland	8	0
Fraser Coast	0	0
Gold Coast	26	11
Greenslopes	0	0
Logan Beaudesert	13	0
Mackay	4	2
Mater	0	0
New Farm	4	1
PA Hospital	68	14
Redcliffe Caboolture	6	2
RBWH	62	0
Royal Children's	0	0
Sunshine Coast	16	1
The Park	10	0
The Park – High Security	8	0
Prince Charles	59	8
Toowong	3	1
Toowoomba	24	0
Townsville	21	0
West Moreton	16	7
Wide Bay	0	1
Total	**397**	**64**

See Appendix 4 for full AMHS title

Case Study: Electroconvulsive therapy

Barbara suffers from a severe mental illness and lives in a community care facility on an involuntary treatment order. Recently the staff have noticed that she has become progressively unwell, and that her medication is not having the same effect as previously.

Barbara's mental state deteriorates and she becomes mute and non-responsive. She is clearly severely depressed and has to be taken to hospital. The psychiatrist reviews Barbara's file and notes that she has had severe reactions to some medications in the past, but has previously responded positively to ECT.

As Barbara's condition poses a significant risk to herself, the psychiatrist believes that she requires a course of ECT to stabilise her condition. The psychiatrist assesses that Barbara does not have the capacity to consent to ECT due to her mental state.

The psychiatrist makes a treatment application (electroconvulsive therapy) to the Mental Health Review Tribunal (the Tribunal). The Tribunal approves the application, taking into account Barbara's lack of capacity to consent to ECT and the clinical team's decision-making process. The Tribunal approves that a specified number of treatments may be given over a specified period of time.

Barbara receives a course of ECT. After a short period, her mental state improves to the extent that her treating psychiatrist decides that she no longer requires ECT and that she is well enough to return to the community care facility.

ECT must only be prescribed in accordance with the relevant provisions of the Act.

Investigations

The Director has statutory powers to commission investigations into the assessment, treatment and detention of patients in AMHSs.

The Act permits the Director to appoint a health practitioner, lawyer, or other person to be an approved officer. The powers of an approved officer are set out in the Act and include powers to visit an AMHS and the authority to request access to documents.

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

The approved officer may examine relevant material including clinical records and administrative files, as well as interview staff of the AMHS. The officer makes an assessment as to whether there is evidence of non-compliance with the Act, and prepares an investigation report. This report sets out details of the concerns or complaint, findings and recommendations. Recommendations may relate to changes in local or statewide policy, clinical practice, and system development. The Director requests that the AMHS provides a response to the report and an action plan on how recommendations will be implemented. In addition, the Director writes to the complainant to inform them about the outcome of the investigation.

The decision to conduct an investigation under the Act rests with the Director, however not all complaints or issues will trigger an investigation. An investigation under the Act is conducted as an impartial and systematic process to examine certain complaints and/or the occurrence of an incident to determine what happened. Investigations aim to identify, avoid, or reduce, actual or potential harm from mental health care delivery. If allegations are substantiated, the investigation report provides recommendations on how the issues will be addressed and prevented from reoccurring. Should the investigation highlight potential breaches of legislation other than under the Act, the Director refers the matter to the most appropriate agency.

A register of investigation data is maintained by the Director.

In 2009–10, three investigations were conducted by officers approved by the Director. Of these three investigations, the first case was initiated by the Director. The second and third cases were commissioned after the Director received formal complaints from persons who had accessed mental health services.

Case 1: Investigators were authorised to review the proper administration of the Act, in relation to the admission, assessment, examination, and treatment of a patient at an AMHS who had been charged with a criminal offence. The investigators concluded that they were unable to establish a causal link between the standard of care the patient received from the AMHS and the offence committed. Recommendations were made to review and enhance systems and processes where a patient is transferred between and within services.

Case 2: Investigators were authorised to review the proper administration of the Act in relation to the assessment, examination and treatment of a person under a justices examination order. The investigators recommended that the AMHS discuss the outcomes of the investigation with the complainant and that further education be provided to clinicians on their obligations and responsibilities in relation to the justices examination order provisions of the Act.

Case 3: Investigators were authorised to review the proper administration of the Act in relation to the assessment, examination, detention, treatment and records management of a person. The investigators found that the complaint made to the Director by the complainant was unsubstantiated.

In 2009–10, the Office of the Director funded training for 10 Queensland Health staff through a nationally accredited Certificate IV in Government Investigations course. These staff have been trained as accredited investigators, expanding the number of staff available to conduct Act investigations. The Office of the Director intends to fund further investigation training opportunities in the coming year.

Chapter 6

Engaging our interstate partners

Interstate agreements

The *Mental Health Act 2000* (the Act) provides for the interstate application of mental health laws and for the establishment of agreements with other states and territories for the admission, transfer, apprehension and return of involuntary patients.

The establishment of comprehensive interstate agreements has proven to be complex and subject to delays due to legal, operational and resource issues between jurisdictions. Cross-border agreements and arrangements for interstate transfer of people subject to mental health legislation are a key focus of the Fourth National Mental Health Plan 2009–2014 (the Fourth Plan). The Fourth Plan contains an action item under Priority Area 4 to *review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope the requirements for the development of nationally consistent mental health legislation*.

Queensland is currently responsible for coordinating an annual update report on the progress of bilateral agreements to the National Mental Health Standing Committee (MHSC), based on information provided by all jurisdictions.

Queensland is committed to developing agreements with other states and is progressing work in this regard.

As at 30 June 2010, Queensland has developed forensic apprehension and return agreements with:

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

Queensland has developed civil agreements (in relation to involuntary patients who are not subject to the forensic provisions of the Act) with:

- the ACT (6 April 2004)
- NSW (18 October 2004).

These agreements allow for:

- the transfer of persons who are subject to the civil provisions of the Act between health facilities in Queensland and facilities in the ACT or NSW
- the apprehension and return of people who abscond from Queensland to the ACT and ACT to Queensland and Queensland to NSW and NSW to Queensland.

The civil agreement with NSW varies from the agreement with the ACT because it involves cross-border treatment in the community and cross-border admission for the purposes of assessment where the person is close to the Queensland/NSW border.

Queensland and NSW have established a process to revise their agreement based on changes to the NSW legislation in 2007. This process includes developing operational procedures and revising the guidelines to support the agreement. It is expected that this process will be completed by late 2010.

During the reporting period further work was undertaken to develop a draft civil agreement between Queensland and Victoria. It is anticipated that this agreement will be finalised by late 2010.

Queensland has also commenced work on the development of an interstate agreement with South Australia. This work will be based on the new *Mental Health Act 2009* (SA), which is due to commence on 1 July 2010.

Case Study: Interstate apprehension

Cameron is subject to a forensic order with more than overnight limited community treatment (LCT). As Cameron was charged with dangerous driving occasioning death, he is also a special notification forensic patient.

Cameron does not attend one of his scheduled psychiatrist appointments. When his treating team call Cameron on his mobile phone, they are informed that he has travelled to Sydney without the permission of his authorised doctor.

The psychiatrist issues a requirement to return and an authority to return. The requirement to return authorises Cameron's return to the inpatient facility of an authorised mental health service (AMHS). The authority to return authorises the psychiatrist to seek the assistance of the police to return Cameron to the AMHS.

Queensland has an interstate agreement with New South Wales (NSW). Under this agreement, the Director issues an interstate apprehension order which enables NSW police to apprehend Cameron and detain him in a NSW mental health facility.

The NSW police are able to locate Cameron in Sydney and subsequently arrange for him to be admitted to a NSW mental health facility. Within the week, the Queensland AMHS responsible for his treatment coordinate his return to Queensland, with the assistance of the Queensland Police Service.

Interstate forensic apprehension and return agreements allow Queensland to request the return of patients who have absconded to another state and are required to return to an AMHS for treatment as a condition of their forensic order.

Building systems for quality

Key initiatives to improve our systems and patient outcomes

Developing our information systems

CIMHA, the Consumer Integrated Mental Health Application, was implemented statewide in November 2008, and merged three mental health information systems into a single system. CIMHA operates to meet statutory recording requirements and supports the day to day management of legislative and clinical processes. This integrated system provides improved ability for health professionals to access relevant information in a timely and accurate manner, while also protecting the privacy of people receiving treatment.

The second phase of CIMHA development has entered the planning and solution definition stage. CIMHA Phase II is part of the ongoing process for the development of an electronic health record which will enable comprehensive information to be used to support quality clinical practice, inform decision making, improve service delivery outcomes, facilitate continuity of care and promote recovery.

Detailed consultation and requirements development will be conducted on eight initiatives that will improve workflow, enhance consumer continuity of care and enable the integration of information with the Queensland Health e-health electronic medical record.

Development of the internet portal for private authorised mental health services

Authorised mental health services (AMHSs) under the *Mental Health Act 2000* (the Act) include both public and private sector mental health services. There are four private sector AMHSs: Belmont Private Hospital, Greenslopes Private Hospital, New Farm Clinic and Toowong Private Hospital.

Private AMHSs do not have direct access to Queensland Health intranet and electronic resources in the Office of the Director of Mental Health (the Office of the Director). A secure internet portal was established in November 2009 to provide these AMHSs with direct access to the Director of Mental Health's (the Director) policies, forms and other resources required for administration of the Act.

Reducing the use of restraint and seclusion

The Queensland Health Policy statement on reducing and where possible eliminating restraint and seclusion in Queensland mental health services outlines the key principles to guide planning, implementation and evaluation of strategies to reduce and where possible eliminate seclusion and restraint. All public AMHSs are part of the Mental Health Statewide Clinical Collaborative on Seclusion Reduction. This collaborative is comprised of mental health clinicians who work together to achieve clinical practice improvements and better outcomes for patient care in relation to the desired outcome of statewide reduction of restraint and seclusion.

Key initiatives by mental health services to address this policy objective are classified under the core strategies described by Huckshorn (2005)[2] from the National Association of State Mental Health Program Directors. They are as follows:

- **Using data to inform practice**

  Queensland acute adult inpatient services undertook regular review of practices in relation to seclusion and seclusion clinical indicators.

- **Leadership towards organisational change, and workforce development**

  A statewide forum for all mental health program areas was held in November 2009, providing an opportunity for services to review performance on the use of seclusion and showcase initiatives.

- **Use of seclusion and restraint reduction tools**

  Professional development on sensory modulation has also been supported for all staff with leading international researcher, Tina Champagne, providing workshops in Brisbane in October 2009 and June 2010.

2 *Huckshorn K, 2005. Six Core Strategies to reduce the Use of Seclusion and Restraint Planning Tool. National Technical Assistance Centre, Virginia.*

Improving the timeliness of psychiatric reports for patients charged with an offence

The Director provides regular reports to the administrators of all AMHSs to assist in the oversight and management of a range of legislative processes. As in previous years, particular attention has been given to compliance with statutory timeframes for psychiatric reports for involuntary patients charged with an offence (section 238 reports).

In July 2007, the Director established a new reporting system for compliance with the 21-day timeframe for section 238 reports. Under this system, administrators are provided with details of overdue matters and are required to provide feedback to the Director on issues affecting completion of the report. The feedback is used to inform the Director about service and system issues, and to facilitate strategies to address these issues.

While the performance measures show some change in average reporting timeframes since 2006–07, there has been a substantial increase in the number of reports requested. There were 1219 reports requested in 2009–10 compared with 1132 in 2008–09, 1034 in 2007–08 and 808 in 2006–07. These totals represent a 55.29 per cent increase in the number of reports requested since 2006–07.

A range of factors may affect the timeframes for completing section 238 reports including:

- access to police material (witness statements and criminal histories)
- the patient being absent without permission
- the patient's failure to attend a scheduled appointment.

The Office of the Director continues to work with the Queensland Police Service to improve processes in obtaining police material for these reports and with AMHSs to address issues in relation to the quality and timeliness of section 238 reports.

Reducing adverse events in medication administration

The Office of the Director and the Queensland Health Safe Medication Practice Unit continue to progress a statewide integrated framework to ensure quality use of medicines in mental health services through a memorandum of understanding, which was finalised in May 2010.

Achievements from this partnership include:

- establishment of the Queensland Psychotropic Medication Advisory Committee under the auspices of the Director, to review the quality use of medicines and the safety of medication management, including prescribing, dispensing and administration in Queensland mental health services
- convening two mental health medication safety workshops in the last twelve months for clinicians (96 participants) and the first consumer safe medication workshop (April 2010). The consumer workshop was attended by more than 60 consumer and carer representatives from across the state
- funding by the Office of the Director of a six-month project officer position to work with the Safe Medication Practice Unit to develop and implement a community depot medication chart
- developing a strategic framework to inform safe medication practice initiatives for 2010/11.
- The Office of the Director has committed to fund a project officer position in the Safe Medication Practice Unit to June 2011 to progress the strategic framework outcomes which include;
- reviewing state, national and international literature on strategies to improve quality use of medicines in mental health services
- identifying areas for future clinical audits.

Consumer and carer engagement

The Office of the Director promotes the participation of consumers and carers in all aspects of the treatment and care of people with mental illness and in mental health service planning, delivery and evaluation. The Consumer and Carer Participation Team in the Office of the Director focuses on the involvement and participation by consumers and carers in mental health service planning, delivery and evaluation, including their own treatment and care.

The Consumer, Carer and Family Participation Framework provides a guide for mental health services on adopting a consumer driven, recovery oriented, and carer and family inclusive service model, and how to enhance consumer and carer participation at a local level. A statewide roadshow was undertaken during 2008 in which the project team conducted 45 workshops in over 30 locations and consulted with consumers, carers and service providers from both government and non-government organisations in relation to the framework.

The Consumer Companion Program was established in February 2008. By the end of the reporting period, this program employed 87 Queensland Health employees and was operational in all Queensland acute mental health inpatient facilities. The program is based on the concepts of shared experience, learning from one another and support from a companion. It is expected that the program will continue to expand in the coming year.

The Carers Matter website has continued to grow during the reporting period. The website now hosts five fact sheets, two of which, Dual Diagnosis: Mental illness and alcohol and/or other substance use and Forensic: Involvement with the law, were developed this year.

In 2009–10, the Carers Matter Website Reference Group hosted Carers Matter workshops at nine locations (Rockhampton, Gladstone, Logan, Toowoomba, Townsville, Cairns, Ipswich, Bulimba and Chermside), which were attended by approximately 170 carers.

Allied persons working group

Statutory audits and feedback from mental health services, consumers and other stakeholders have identified the need for clearer and more efficient processes in relation to the allied person provisions of the Act. In January 2010, the Director approved the establishment of a time-limited working group to review, evaluate and make recommendations in relation to the allied person policy, processes and resources to enable more effective administration of the allied person provisions.

This working group is comprised of representatives from the Office of the Director, mental health services and the Mental Health Review Tribunal. It is anticipated that the group will make recommendations in relation to policy and process improvements for consideration by the Director in the forthcoming year.

Developing knowledge and understanding

Improving our information and education resources

The Director of Mental Health (the Director) has a number of significant statutory functions under the *Mental Health Act 2000* (the Act). These functions include ensuring health service staff receive appropriate education and information about the Act and its requirements and promoting community understanding of the Act and its administration.

A number of significant activities have been undertaken this year to improve the quality and availability of information and education resources in relation to the administration of the Act.

Administrator Delegates' Forum

The administrator of an authorised mental health service (AMHS) is accountable for the administration of the Act at a service level, and has a broad range of statutory functions and powers for this purpose. In practice, the administrator's functions and powers are delegated to clinical and administrative staff.

All AMHSs have an established administrative position (or positions) to undertake a range of administrative processes relating to the Act. These processes include:

- managing and ensuring documentation standards
- maintaining data in CIMHA , the Consumer Integrated Mental Health Application
- providing information and advice to clinicians on the application of the Act.

These positions are referred to as administrator delegates. In many services, they are the cornerstone for Act related activity at the local level and are critical to its effective operation.

To support administrator delegates' professional development and to promote greater understanding of their functions under the Act, the Office of the Director of Mental Health (the Office of the Director) hosted the annual Administrator Delegates' Forum in Brisbane on 17 and 18 March 2010. This forum attracted more than 20 administrator delegates from public and private sector mental health services across the state. The forum agenda was developed in collaboration with administrator delegates and covered a range of topics including:

- the development of CIMHA
- an overview of the Act's provisions in relation to involuntary patients charged with an offence
- an overview of audit findings
- presentations by the Office of the Director of Public Prosecutions, the Queensland Police Service and Crown Law on the significant intersections between the mental health and the law and justice systems.

Publications

Administrator Delegate Manual

The need to have a standardised and detailed manual for administrator delegates has been clearly identified by the findings of all AMHS audits undertaken to date. The Administrator Delegate Manual was developed during the reporting period to provide clear guidelines on the statutory duties and responsibilities of administrator delegates. This resource aims to improve compliance with the Act and to provide a standardised and detailed orientation to all new administrator delegates. A hard copy of this manual has been provided to all chief executive officers of district health services and private sector mental health services and to AMHS administrators. An electronic version of the Administrator Delegate Manual is available to staff on the Queensland Health intranet site.

Director of Mental Health policies – the *Mental Health Act 2000* Resource Guide

The *Mental Health Act 2000* Resource Guide (the Resource Guide) is the set of policies issued by the Director for forensic and other patients in order to comply with sections 309A and 493A of the Act. The Resource Guide is a key information source for both administrative and clinical staff.

During the reporting period, the Resource Guide was revised and reprinted to incorporate recent policy developments and to provide clarification on a number of issues. The revised Resource Guide will be available to all Queensland Health staff in hard copy or via the department's website.

The Resource Guide is supplemented by a number of standalone policies relating to the Act.

Websites

The Office of the Director's intranet and internet sites provide a detailed range of information and education about the Act. Both sites were updated this year to incorporate new and revised publications, policies and forms.

Access to these resources is publicly available via **www.health.qld.gov.au/mha2000.**

Health practitioner education

Appointment as an authorised doctor (AD) or authorised mental health practitioner (AMHP) under the Act requires an appropriately qualified person to demonstrate clinical competence and sound knowledge of the Act's requirements. Completion of online training is a mandatory requirement for appointment to these positions.

The online training program is comprised of four modules:

- assessment and treatment
- classified patients
- forensic patients
- patient return provisions.

Electroconvulsive therapy training

The ECT Training Committee (the Training Committee) is established under the oversight of the Office of the Director, and is chaired on the Director's behalf by the Principal Advisor in Psychiatry. This committee oversees the development and review of clinical guidelines and resources related to electroconvulsive therapy (ECT) for consumers and carers.

The Training Committee provides a training program for psychiatrists on the delivery of ECT, including a session from the consumer perspective. This program was developed in consultation with clinical directors from across the state and national experts, and is accredited by the Director.

The training program was first delivered in April 2009. In 2009–10, two training sessions were provided to a total of 52 psychiatrists. All prescribers and clinicians delivering ECT must complete this training program, or an equivalent program.

Throughout the year, training on the delivery of ECT was provided by directors of ECT to senior registrars in health service districts.

The ECT Training Committee has developed a training program for other disciplines involved in the delivery of ECT. In June 2010, training for nursing staff provided by the committee was attended by 26 nurses.

Queensland Centre for Mental Health Learning

The Queensland Centre for Mental Health Learning (QCMHL) is a statewide service providing mental health education and training for clinicians and other service providers. From July 2009, QCMHL has been managed within the governance structure of the Office of the Director.

QCMHL aims to:

- deliver a range of interdisciplinary training programs that focus on the core requirements of Queensland mental health staff (such as knowledge, skills and attitudes)
- ensure training and education is consumer focused and recovery-oriented, by involving consumers and carers in the development, delivery and evaluation of learning programs
- create standardised training packages that can be rigorously evaluated to ensure that training outcomes are being achieved
- establish sustainable systems and processes that effectively identify, store and equitably share mental health learning materials within Queensland Health
- oversee the development and delivery of a range of special training and education projects
- progress Queensland's mental health reform agenda through the development of a learning and development framework for mental health staff.

In the past year, the QCMHL has delivered 27 training programs (14 accredited and 13 non-accredited) across the state, with more than 2600 mental health staff in attendance.

Some key achievements in 2009–10 are outlined as follows:

- **Development of a comprehensive clinical risk management training program for mental health clinicians**

  This program was developed as part of a package of reforms to improve the management of risk associated with forensic patients which resulted from Promoting Balance in the Forensic Mental Health System – Final Report – Review of the Queensland Mental Health Act 2000 (the Butler Report). The training program commenced in early 2009 with a module on risk assessment. It was expanded in 2009–10, with two additional modules on mental health assessment and assessing capacity to consent to assessment and treatment and substitute decision-making if a person has impaired capacity. Since 2009, the program has been provided to more than 1800 mental health staff across the state. To increase access to this training, an e-learning program will be accessible on the QCMHL website.

- **Section 238 report training resource package**

  In 2009, QCMHL developed a multi-media self directed learning package available on DVD to assist psychiatrists in preparing reports for the Director on involuntary patients charged with an offence (section 238 reports).

  In 2009–10, approximately 180 psychiatrists from 14 health service districts attended information sessions on the training package. In addition, QCMHL has distributed approximately 300 DVDs to staff. QCMHL has undertaken to review the section 238 report training package to ascertain its effectiveness as a learning tool.

- **Community awareness project**

  As part of the suite of reforms arising from the Queensland Government's response to the Butler Report, the QCMHL designed and developed three resource packages aimed at enhancing community awareness and understanding of the forensic mental health system. One package focuses on improved general community understanding, another is tailored to the needs of Aboriginal and Torres Strait Islander peoples, while the third targets media professionals. All packages are available online at **www.health.qld.gov.au/forensicmentalhealth.**

  In addition, a resource kit containing a DVD and fact sheets was developed for Aboriginal and Torres Strait Islander peoples. The kit is aimed at assisting workers in explaining the forensic system to consumers, families and communities.

  The forensic mental health website has been accessed frequently in 2009–10, with approximately 7500 hits in total to the site. This included 1500 hits to the general community page and 1100 hits to both the Aboriginal and Torres Strait Islander communities page and the media professionals page. QCMHL also received requests from more than 40 government and non-government organisations and community groups to include a link to the forensic mental health website on their website.

- **Recovery DVD**

  A recovery-oriented mental health system forms part of the vision of the Queensland Plan for Mental Health 2007–2017. Translating this philosophy of recovery into practice requires a cultural and philosophical shift that affects every level of service delivery.

  In 2009, QCMHL produced a new DVD titled Real Lives, Real People, Real Journeys as a training and educational tool on recovery. This 20 minute DVD showcases consumers, carers and mental health staff sharing their personal stories and recovery journeys. It has been designed for use in staff training and orientation programs, team discussions, marketing activities and supervision sessions.

- **New mental health e-learning programs**

  In 2009–10, QCMHL commenced development of new e-learning training programs for mental health staff, which will be available via CD-ROM or online in the next reporting period. The first e-learning program, Mental State Examination (MSE), was designed in partnership with the New South Wales Institute of Psychiatry. This interactive multimedia package aims to improve practitioners' knowledge and capacity in conducting an MSE through the use of three scenarios which cover the key domains of an MSE.

  While this resource has been primarily developed for new clinicians, it can also assist experienced clinicians in maintaining and improving their MSE and interviewing skills. It is expected to be available to mental health staff throughout Queensland from August 2010. Other units to follow include Dual Diagnosis, Legal and Ethical Issues in Practice and Capacity Assessment.

Future directions

Looking ahead

Many important developments in the ongoing statutory work of the Office of the Director of Mental Health (the Office of the Director) and in the advancement of strategic reforms at a state and national level to build a quality mental health system are planned for the coming year.

Some significant areas of development will include the following.

The Queensland Plan for Mental Health 2007–2017

The Queensland Plan for Mental Health 2007–2017 (the Queensland Plan) will continue to provide a blueprint for reform of mental health services across the state. The recovery-oriented vision and key directions outlined in the Queensland Plan will guide the future development of a whole-of-government approach to mental health in Queensland.

The Queensland Plan embodies the Queensland Government's clear recognition that mental health needs impact on all areas of the community. Building effective partnerships across government departments, between public and private health services and between the government and non-government sectors is a key objective of the Queensland Plan and a strong focus in its implementation.

Key future activities will include:

- through the Department of Communities, implementing an integrated plan for the mental health community sector which includes initiatives to improve access to non-clinical personal support and accommodation services
- the continued expansion of programs aimed at promoting mental health, preventing mental illness and intervening early in response to emerging mental illness
- the commissioning of 146 additional acute and extended treatment mental health beds across the state
- implementation of the Working Together to Change Initiative to improve the way mental health services are delivered.

Implementation of the Queensland Plan will be reviewed regularly to promote the development of a model integrated mental health system across the spectrum from prevention and early intervention, through to clinical treatment and non-clinical support for people living with mental illness.

Clinical Reform Initiative: Working Together to Change

The implementation of the Clinical Reform Initiative: Working Together to Change, is scheduled for commencement in July 2010. Strategy One of this three-pronged initiative – the development of localised strategic plans for reform – will undergo a staged rollout commencing in the nominated pilot sites of the Cairns and Hinterland, Gold Coast and Central Queensland Health Service Districts. Following the successful completion and evaluation of these pilots, it is expected that the initiative will be progressively implemented in all health service districts across Queensland.

The staged implementation of new statewide models of service under Strategy Two of the initiative will begin in priority districts, commencing with a comprehensive communication strategy to keep staff and other key stakeholders appropriately informed. The acute care team model of service has been endorsed by the Office of the Director as the first of the statewide reforms to occur as part of Strategy Two. The implementation across all Queensland Health districts of a consistent model for the delivery of acute care services is a key plank in our ongoing efforts to improve consumers' ability to access appropriate, high quality and timely clinical services.

The development as part of Strategy Three of a rigorous performance and accountability framework to support the implementation of Working Together to Change will also be progressed during the coming year. As noted in Chapter 3, this is a longer term project and will extend beyond the coming year as it is embedded into mental health services' core business.

Promoting balance in the forensic mental health system – Final Report – Review of the *Queensland Mental Health Act 2000*

Following a significant period of far-reaching reform supported by the Queensland Government's allocation in 2007–08 of $53.484 million over four years, only one of the 106 recommendations arising from Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000 (the Butler Report) remained outstanding at the end of this reporting period. This final recommendation, Recommendation 5.1, requires a review of the forensic provisions of the *Mental Health Act 2000* (the Act) as they apply to people with an intellectual disability who are subject to a forensic order. In partnership with other affected agencies Queensland Health has made significant progress in pursuing this recommendation in conjunction with its consideration of a similar recommendation arising from Challenging Behaviours and Disability – A Targeted Response by the Honourable WJ Carter QC. It is anticipated that the government will be in a position to implement a final set of reforms to deliver of these paired recommendations during the course of the next reporting period.

CIMHA Phase II

To build on our achievements to date, implementation of CIMHA, the Consumer Integrated Mental Health Application, will be further progressed in the coming year. CIMHA Phase II will move us significantly closer towards the establishment and widespread use of comprehensive electronic health records for mental health patients.

During the reporting period, the Phase II project team conducted detailed consultation with a wide range of CIMHA users. It has also completed business planning for the eight initiatives identified as necessary to improve workflow, enhance consumer continuity of care and enable the integration of information with the Queensland Health e-health electronic medical record. Activities planned for the next reporting period include the completion of system design, finalisation of development cost estimations and the commencement of implementation.

Queensland Health Enterprise Reporting Service

Increasing the capacity of mental health stakeholders to access quality reporting is a priority of the Office of the Director.

The Queensland Health Enterprise Reporting Service (QHERS) is an effective system for the creation, publication and delivery of reports to stakeholders created utilising data from CIMHA. It also provides a convenient means for stakeholders to view, export and print this information for further analysis.

To support authorised mental health services (AMHSs) in their ongoing monitoring and compliance activities and to enhance service level decision-making and program development, reports will be published on the mental health QHERS site during 2010–11.

In 2009–10, a significant body of work was undertaken to design an efficient QHERS reporting model, with initial data and report testing undertaken in May/June 2010. It is envisaged that Act-related data reports will go live across AMHSs in late 2010.

CIMHA's functionality and reporting capabilities will be further developed through enhancements to ensure the system's ongoing alignment with reforms in mental health service delivery.

About us

Our statutory roles and facilities

About the *Mental Health Act 2000* (the Act)

Queensland Health, through the Office of the Director of Mental Health (the Office of the Director) administers the Act.

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

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

The Director of Mental Health Appointment

Appointment

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

Powers and functions

The Act establishes broad monitoring and oversight functions for the Director of Mental Health (the Director) including:

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

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

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

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

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

Authorised mental health services

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

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

Authorised mental health services administering electroconvulsive therapy

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

High security units

High security units are AMHSs that provide the highest level of security and containment. The Act applies special requirements to these units to protect the rights of patients and the interests of the wider community, including those related to admission and discharge of patients and security of the facility.

Administrators of authorised mental health services and high security units

Powers and functions

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

Powers and functions of the administrator include:

- giving notice to patients and other parties (eg. allied person and the Tribunal) of various matters relating to the patient's involuntary status and changes to their 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 in AMHSs or high security units and provided to involuntary patients and their allied persons
- giving notice of various matters to the Director in relation to an involuntary patient charged with an offence
- refusing a visitor's access to a patient if the administrator is satisfied that such a visit would adversely affect the patient's treatment
- giving agreement to the admission of a person who is in custody or before a court
- assuming responsibility for the legal custody of classified patients (patients admitted from court or custody) and forensic patients (patients found of unsound mind in relation to an offence or not fit for trial)
- appointing authorised doctors (ADs) for an AMHS or high security unit
- maintaining records and registers and providing information on involuntary patients to the Director.

In practice, many of these functions are delegated to staff at the AMHS; however, the administrator remains accountable under the Act.

Authorised doctors

Powers and functions

Under the Act, certain decisions relating to involuntary patients must be made by an AD.

The functions and powers of the AD include:

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

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

Authorised mental health practitioners

Powers and functions

AMHPs play an important role in initiating involuntary assessment. An AMHP may, if satisfied that the assessment criteria apply to a person, make a recommendation for assessment. This document, together with a request for assessment, authorises the taking of the person to an AMHS for assessment.

Reporting on our statutory responsibilities

Delegation of the Director's powers

The Director can delegate certain powers under the Act to an appropriately qualified public service or health service employee. This delegation includes all the Director's powers except those relating to the declaration of AMHSs, high security units and administrators.

During 2009–10, the Director was assisted by a number of psychiatrists who performed the duties as delegate. A list of delegations for the Director's powers and functions during the reporting period is set out in Table 18.

The Director can also delegate limited functions to specified senior clinical positions. These functions relate to approving a patient's temporary absence to receive medical care (section 186(2) (a)) or to appear before a court, tribunal or other body (section 186(2) (b)).

Table 19 sets out the delegation of limited functions made by the Director in 2009–10.

Table 18 Delegates for the Director's powers and functions 2009–10

Delegate	Power delegated	Dates of delegation	Delegated by
Dr Curtis **Gray**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	13 July 2010 to current	Dr Aaron Groves
Associate Professor David **Crompton**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	11 February 2009 to current	Dr Aaron Groves
Dr Jacinta **Powell**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	11 February 2009 to current	Dr Aaron Groves
Dr Jacinta **Powell**	Chapter 5, Pt 2 – specifically sections 184 and 185	10 February 2004 to current	Dr Arnold Waugh
Dr William **Kingswell**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	11 February 2009 to current	Dr Aaron Groves
Associate Professor William Brett **Emmerson**	Chapter 5, Pt 2 – specifically sections 184 and 185	11 July 2008 to current	Dr Aaron Groves
Associate Professor William Brett **Emmerson**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	30 June 2006 to current	Dr Aaron Groves
Associate Professor Jagmohan **Gilhotra**	Chapter 5, Pt 2 – specifically sections 184 and 185	03 June 2008 to current	Dr Aaron Groves
Associate Professor Jagmohan **Gilhotra**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	02 January 2008 to current	Dr Aaron Groves
Dr Terry **Stedman**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	26 May 2006 to current	Dr Aaron Groves
Dr Cassandra **Griffin**	Chapters 2, 3, 4, 5, 6, 7, 8, 12 and section 499	14 February 2004 to current	Dr Arnold Waugh

Table 19 Delegates for the Director's powers and functions (limited functions) 2009–10

Delegate	Power delegated	In relation to patients at	Date of delegation	Delegated by
Psychiatrist on call, The Park – Centre for Mental Health	Sections 186(2)(a) and 186(2)(b)	The Park – Centre for Mental Health AMHS and The Park – High Security Program: Central and Southern Zones	29 November 2005 to current	Dr Aaron Groves
	Sections 184 and 185	The Park – Centre for Mental Health AMHS and The Park – High Security Program: Central and Southern Zones	11 February 2009 to current	Dr Aaron Groves
Director of Clinical Services, The Park – Centre for Mental Health	Sections 186(2)(a) and 186(2)(b)	The Park – Centre for Mental Health AMHS and The Park – High Security Program: Central and Southern Zones	29 November 2005 to current	Dr Aaron Groves
	Sections 184 and 185	The Park – Centre for Mental Health AMHS and The Park – High Security Program: Central and Southern Zones	11 February 2009 to current	Dr Aaron Groves

Declaration of administrators

The Act provides that the Director may, by gazette notice, declare a person or the holder of a stated office to be the administrator of an AMHS or high security unit.

A list of AMHS administrators as at 30 June 2009 is set out at Appendix 2.

Authorised doctors

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

Table 20 sets out the number of ADs, including authorised psychiatrists, appointed to each AMHS.

The functions performed by an AD require a good understanding of the provisions of the Act. The Director's Policy for appointment, renewal and cessation as an authorised doctor was developed to assist services with streamlining their procedures in relation to appointing ADs. The policy outlines the importance of standardised appointment processes and sets out the skill set and training required to undertake statutory responsibilities under the Act.

Table 20 Number of authorised doctors (including authorised psychiatrists) appointed to each authorised mental health service as at 30 June 2010*

Authorised mental health service#	Authorised psychiatrist	Other authorised doctor	Total
Bayside	13	25	38
Belmont	32	1	33
Cairns	19	23	42
Central Queensland	9	17	26
Fraser Coast	5	5	10
Gold Coast	40	53	93
Greenslopes	6	0	6
Logan Beaudesert	21	29	50
Mackay	3	8	11
Mater	11	18	29
New Farm	33	4	37
PA Hospital	31	35	66
Redcliffe Caboolture	14	34	48
RBWH	32	39	71
Royal Children's	5	9	14
Sunshine Coast	16	18	34
The Park	31	12	43
The Park – High Security	30	12	42
The Prince Charles	30	38	68
Toowong	39	2	41
Toowoomba	27	24	51
Townsville	18	13	31
West Moreton	12	12	24
Wide Bay	4	5	9
Total	**481**	**436**	**917**

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

See Appendix 4 for full AMHS title

Authorised mental health practitioners

AMHPs are appointed by the Director. Nominations are made by the administrator of the relevant AMHS. The Director's Policy for appointment, renewal, transfer and cessation as an authorised mental health practitioner was developed for use within Queensland AMHSs to regulate procedures across Queensland. The policy requires AMHPs to possess the necessary competence to fulfil their statutory responsibilities and outlines the minimum requirements necessary to be appointed as an AMHP, including:

- being a health practitioner, as defined under the Act
- being a health service employee of an AMHS or another officer or employee of Queensland Health
- having the requisite knowledge of the Act and ability to communicate this knowledge to others. Demonstration of knowledge includes completion of the following Online Training System modules:
  - LMO-2018 – Classified Patients and the MHA2000
  - LMO-2019 – The Forensic Provisions of the MHA2000
  - LMO-2027 – Involuntary Assessment and Treatment Provisions of the MHA2000
  - LMO-2029 – The Return Provisions of the MHA2000
- a minimum of two years' experience working in mental health service provision, including training and expertise required to assess persons believed to have a mental illness
- participating in regular clinical supervision
- an awareness of potential conflicts of interest and the importance of not exercising powers in circumstances where such conflicts exist (for example, a practitioner who, under an administrator delegation, agrees to the assessment of a person as a classified patient should not complete the recommendation for assessment for that person).

The policy also states AMHPs may, subject to administrator approval, operate across different services. In addition, the policy provides for annual renewal of appointments.

The AMHP renewal process is intended to promote practitioners' maintenance of up-to-date knowledge of legislative changes and associated policies and procedures.

Table 21 sets out the number of AMHPs at each AMHS during the reporting period.

Table 21 Number of authorised mental health practitioners at each authorised mental health service* as at 30 June 2010

Authorised mental health service*	Total authorised mental health practitioners
Bayside	51
Belmont	31
Cairns	79
Central Queensland	40
Fraser Coast	18
Gold Coast	52
Greenslopes	11
Logan Beaudesert	68
Mackay	28
Mater	22
New Farm	16
PA Hospital	84
Prince Charles	64
The Park	94
The Park – High Security	23
RBWH	107
Redcliffe Caboolture	11
Royal Children's	3
Sunshine Coast	73
Toowong	8
Toowoomba	58
Townsville	61
West Moreton	58
Wide Bay	31
Total	**1,091**

* See Appendix 4 for full AMHS title

Authorised mental health services

The Act provides for the Director to declare approval of AMHSs and high security units by gazette notice.

A comprehensive list of the gazetted AMHSs as at 30 June 2010 is located at Appendix 3 and a table of AMHS abbreviations is set out at Appendix 4.

High security units

As of 30 June 2010, one AHMS, The Park – High Security Program, was a high security unit (Appendix 5).

Statewide information and liaison service

Mental Health Act Liaison Officers (MHALO) in the Office of the Director provide information on the Act and patient rights. The service provided by MHALOs is used by consumers, carers, service providers, non-government and government organisations and members of the public. MHALOs are available during standard business hours on free call 1800 989 451 and via email on the *Mental Health Act 2000* website, **www.health.qld.gov.au/mha2000**.

Mental Health Act 2000 forms

There were no changes made to any Act-related forms or letter templates in the reporting period.

Administrators of authorised mental health services

as at 30 June 2010

Authorised mental health se rvice	Title
Bayside	Executive Director, Mental Health
Belmont Private Hospital	Director, Belmont Private Hospital
Cairns Network	Executive Director of Mental Health
Central Queensland	Service Manager
Fraser Coast	Executive Director Wide Bay Fraser Coast
Gold Coast Network	Director of Psychiatry
Greenslopes	Director of Psychiatry
Logan Beaudesert	Executive Director, Mental Health
Mackay	Service Manager
Mater Health Services Child and Youth	Director of Mater Health Services, Child and Youth Mental Health Services
New Farm	Director of Clinical Services
The Park – Centre for Mental Health	Executive Director of Mental Health Services
The Park – High Security Program	Executive Director of Mental Health Services
The Prince Charles Hospital	Clinical Director, Metro North Mental Health Service
Princess Alexandra Hospital	Executive Director Mental Health
Redcliffe Caboolture	Clinical Director
Royal Brisbane and Women's Hospital	Executive Director, Royal Brisbane and Women's Hospital mental Health Service
Royal Children's Hospital Authorised Mental Health Service	Executive Director
Sunshine Coast and Cooloola	Executive Director, Mental Health Service
Toowong	Chief Executive Officer
Toowoomba	Executive Director of Mental Health Services
Townsville	Director of Mental Health Services
West Moreton South Burnett	Executive Director of Mental Health Services
Wide Bay	Executive Director Wide Bay Fraser Coast

Appendix 3

Schedule of authorised mental health services

as at 30 June 2010

Mental Health Act 2000 **Schedule of Authorised Mental Health Services**

Authorised Mental Health Service	Component Facilities	Address
Cairns and Hinterland Health Service District, Cape York Health Service District and Torres Straight – Northern Peninsula Health Service District		
Cairns Network Authorised Mental Health Service	• 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 QLD 4870
	• Smithfield Mental Health Service (North Team)	Smithfield Community Health Centre 16 Danbulan Street, Smithfield Cairns QLD 4870
	• Acute Care Mental Health Service	165 Sheridan Street Cairns QLD 4870
	• Child and Youth Mental Health Service	130 McLeod Street Cairns QLD 4870
	• Evolve Team	1A Water Street Cairns QLD 4870
	• Remote Area Mental Health Team	1A Water Street Cairns QLD 4870
	• Forensic Mental Health Team	1A Water Street Cairns QLD 4870
	• Far North Queensland Intensive Rehabilitation and Recovery Support Team – FIRRST	165 Sheridan Street North Cairns QLD 4878
	• Homeless Health Outreach Team	125 Sheridan Street Cairns QLD 4870
	• Edmonton Mental Health Service (South Team)	Edmonton Mental Health Service (South Team) 10–12 Robert Road Edmonton QLD 4869
	• Innisfail Mental Health Service – Innisfail	Innisfail Hospital Innisfail QLD 4860

Authorised Mental Health Service	Component Facilities	Address
Cairns and Hinterland Health Service District, Cape York Health Service District and Torres Straight–Northern Peninsula Health Service District *(continued)*		
	• Innisfail District Community Mental Health Service – Tully	Tully Community Health Centre Tully QLD 4854
	• Tablelands District Mental Health Service – Atherton	Atherton Health Centre Louise Street Atherton QLD 4883
	• Tablelands District Mental Health Service – Mareeba	Lloyd Street Mareeba QLD 4880
	• Cape York Health Service District Mental Health Service	Corner of Northern and Central Avenue Weipa QLD 4874
	• Cooktown Multi Purpose Health Service	Cooktown Multi Purpose Health Service Hope Street Cooktown QLD 4871
	• Torres Strait / Northern Peninsula Area Community Mental Health Service	Thursday Island Community Health Centre Thursday Island QLD 4875
	• Torres Strait / Northern Peninsula Area Community Mental Health Service	Bamaga Health Centre Bamaga QLD 4876
Central Queensland Health Service District		
Central Queensland Network Authorised Mental Health Service	• 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 QLD 4700
	• Community Mental Health Service	Quarry Street Rockhampton QLD 4700
	• Child and Youth Mental Health Service	Quarry Street Rockhampton QLD 4700
	• Psychogeriatric beds within Eventide Home	North and Campbell Street Rockhampton QLD 4700
	• Capricorn Coast Community Mental Health Service	8 Hoskyn Drive Yeppoon QLD 4703
	• Gladstone Community Adult Mental Health Service	Kent Street (Gladstone Hospital Campus) Gladstone QLD 4680
	• Gladstone Child and Youth Mental Health Service	Kent Street (Gladstone Hospital Campus) Gladstone QLD 4680
	• Gladstone Hospital Emergency Department	Kent Street Gladstone QLD 4680
	• Biloela Community Mental Health Service	Outpatients Department Biloela Hospital 2 Hospital Road Biloela QLD 4715
	• Central Highlands Mental Health Service – Emerald	Community Health Service, on the hospital campus, Hospital Road Emerald QLD 4720

Authorised Mental Health Service	Component Facilities	Address
Children's Health Service District		
Mater Health Services Child and Youth Authorised Mental Health Service	• 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 QLD 4101
	• Mater Child and Youth Mental Health Service	Raymond Terrace South Brisbane QLD 4101
	• Greenslopes Clinic – Mater Child and Youth Mental Health Service	34 Curd Street Greenslopes QLD 4120
	• Inala Clinic – Mater Child and Youth Mental Health Service	7 Kittyhawk Avenue Inala QLD 4077
	• Yeronga Clinic – Mater Child and Youth Mental Health Service	51 Park Road Yeronga QLD 4104
Royal Children's Hospital Authorised Mental Health Service	• 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 QLD 4029
	• The Royal Children's Hospital and Health Service District Child and Youth Mental Health Service	Corner Rogers and Waters Streets Spring Hill QLD 4000
	• Evolve Therapeutic Services	289 Wardell Street Enoggera QLD 4051
	• Nundah Child and Youth Mental Health Clinic	Nundah Community Health Centre 10 Nellie Street Nundah QLD 4012
	• Pine Rivers Child and Youth Mental Health Clinic	Pine Rivers Community Health Centre 568 Gympie Road Strathpine QLD 4500
	• North West Child and Youth Mental Health Clinic	North West Community Health Centre 49 Corrigan Street Keperra QLD 4054
	• Future Families™	31–33 Robinson Road Nundah QLD 4012
Darling Downs-West Moreton Health Service District and South West Health Service District		
The Park – Centre for Mental Health Authorised Mental Health Service	• 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 corner Ellerton Drive and Wolston Park Road Wacol QLD 4076
	• Disability Services Queensland Residential Facility	Unit 4 and 5 corner Aveyron Road and Jambaroo Avenue Wacol QLD 4076
The Park – High Security Program Authorised Mental Health Service	• The Park – High Security Program	The Park – Centre for Mental Health Treatment, Education & Research corner Ellerton Drive and Wolston Park Road Wacol QLD 4076

Authorised Mental Health Service	Component Facilities	Address
Toowoomba and Darling Downs Network Authorised Mental Health Service	• 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 QLD 4350
	• Baillie Henderson Hospital in-patient and specialist health units (excluding the intellectual disability beds, the grounds of the hospital and non-treatment facilities on the hospital campus)	Hogg Street Toowoomba QLD 4350
	• Adult Community Mental Health Service	Fountain House, Toowoomba Hospital Pechey Street Toowoomba QLD 4350
	• Child and Youth Mental Health Service	Pechey Street Toowoomba QLD 4350
	• Older Persons Mental Health Service	Armstrong Clinic, Toowoomba Hospital Pechey Street Toowoomba QLD 4350
	• Dalby Mental Health Service	Dalby Hospital Hospital Road Dalby QLD 4405
	• Gatton Community Mental Health Service	97–103 William Street Gatton QLD 4343
	• Stanthorpe Community Mental Health Service	The Boulders Stanthorpe Hospital McGregor Terrace Stanthorpe QLD 4380
	• Southern Downs Community Mental Health Service	McCarthy House 56 Locke Street Warwick QLD 4370
	• Inglewood Community Mental Health Service	Inglewood Hospital, Cunningham Highway Inglewood QLD 4387
	• Chinchilla Mental Health Service	Cnr Heeney and Hypatia Street Chinchilla QLD 4413
	• Roma Community Mental Health Service	Arthur Street Roma QLD 4455
	• Charleville Community Mental Health Service	2 Eyre Street Charleville QLD 4470
Darling Downs-West Moreton Health Service District and South West Health Service District *(continued)*		
West Moreton South Burnett Authorised Mental Health Service	• 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 QLD 4305
	• West Moreton Integrated Mental Health Service	Bell Street Ipswich QLD 4305
	• South Burnett Health Service District Community Mental Health Service	166 Youngman Street Kingaroy QLD 4610

Authorised Mental Health Service	Component Facilities	Address
Gold Coast Health Service District		
Gold Coast Authorised Mental Health Service	• 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 QLD 4215
	• Gold Coast Hospital, Robina Campus in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	2 Bayberry Lane Robina QLD 4226
	• Burleigh Child and Youth Mental Health Service	18 Park Avenue Burleigh Heads QLD 4220
	• Palm Beach Community Clinic	9 Fifth Avenue Palm Beach QLD 4221
	• Ashmore Community Mental Health Service	Suite 10, Ashmore Commercial Centre 207 Currumburra Road Ashmore QLD 4214
	• Southport Child and Youth Mental Health Service	60 High Street Southport QLD 4215
Mackay Health Service District		
Mackay Authorised Mental Health Service	• 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 QLD 4740
	• Mackay Integrated Adult Mental Health Service	12–14 Nelson Street Mackay QLD 4870
	• Mackay Child and Youth Mental Health Service	12–14 Nelson Street Mackay QLD 4870
	• Whitsunday Community Health Centre	12 Altmann Avenue Cannonvale QLD 4802
	• Moranbah District Mental Health Service	Moranbah Community Health Centre 142 Mills Avenue Moranbah QLD 4744
	• Bowen Community Mental Health Service	Gregory Street Bowen QLD 4805
	• Whitsunday Mental Health Service	26–32 Taylor Street Proserpine QLD 4800

Authorised Mental Health Service	Component Facilities	Address
Metro North Health Service District		
Redcliffe Caboolture Authorised Mental Health Service	• Caboolture Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	9 McKean Street Caboolture QLD 4510
	• Redcliffe Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Anzac Avenue Redcliffe QLD 4020
	• Caboolture Adult Mental Health Service	6/69 King Street Caboolture QLD 4051
	• Redcliffe Adult Mental Health Service	181 Anzac Avenue Kippa Ring QLD 4020
	• Redcliffe Caboolture Child and Youth Mental Health Service	181 Anzac Avenue Kippa Ring QLD 4020
	• Redcliffe Caboolture Child and Youth Mental Health Service	80 King Street Caboolture QLD 4051
	• Redcliffe Caboolture Acute Care Team	5/69 King Street Caboolture QLD 4051
	• Cooinda House Psychogeriatric Unit	Recreation Street Redcliffe QLD 4020
Royal Brisbane and Women's Hospital Authorised Mental Health Service	• Royal Brisbane and 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 QLD 4029
	• Inner North Brisbane Mental Health Service	162 Alfred Street Fortitude Valley QLD 4006
The Prince Charles Hospital Authorised Mental Health Service	• The Prince Charles Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Rode Road Chermside QLD 4032
	• Aspley Community Mental Health Service	Cnr Zillmere and Brickfield Road Aspley QLD 4034
	• Nundah Community Mental Health Service	Corner Nellie Street and Melton Road Nundah QLD 4012
	• Sandgate Community Mental Health Service	Eventide Beaconsfield Terrace Brighton QLD 4017
	• Pine Rivers Community Mental Health Service	568 Gympie Road Strathpine QLD 4500
	• Chermside Community Mental Health Service	The Prince Charles Hospital Rode Road Chermside QLD 4032
	• The Prince Charles Hospital Acquired Brain Injury/Mental Health Unit	Eventide Beaconsfield Terrace Brighton QLD 4017
	• 16 Psychogeriatric beds within Flinders House Eventide Nursing Home	Eventide Beaconsfield Terrace Brighton QLD 4017

Authorised Mental Health Service	Component Facilities	Address
Metro South Health Service District		
Bayside Authorised Mental Health Service	• Redland Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Weppin Street Cleveland QLD 4163
	• Daintree Psychogeriatric Inpatient Unit	New Lindum Road Wynnum West QLD 4178
	• Wynnum Continuing Care	New Lindum Road Wynnum West QLD 4178
	• Redlands Continuing Care	Weppin Street Cleveland QLD 4163
	• Bayside Child and Youth Mental Health Service	Weppin Street Cleveland QLD 4163
	• Acquired Brain Injury Unit Extended Care	New Lindum Road Wynnum West QLD 4178
Logan Beaudesert Authorised Mental Health Service	• 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 QLD 4131
	• Beenleigh Adult Mental Health Service	10-18 Mount Warren Boulevard Mt Warren Park QLD 4207
	• Beenleigh Child and Youth Mental Health Service	10-18 Mount Warren Boulevard Mt Warren Park QLD 4207
	• Logan Central Adult Mental Health Service	Corner Wembley and Ewing Roads Logan Central QLD 4114
	• Child and Youth Mental Health Service	91 Wembley Road Logan Central QLD 4114
	• Child and Youth Mental Health Service	39a Wembley Road Logan Central QLD 4114
	• Child and Youth Mental Health Service	39b Wembley Road Logan Central QLD 4114
	• Acute Care Team	91 Wembley Road Logan QLD 4114
	• Evolve Therapeutic Support Service	Unit 12/3–19 University Drive Meadowbrook QLD 4131
	• Older Persons Mental Health	2 Mooney Street Logan QLD 4114
	• Alternatives to Hospitalisation Program	91 Wembley Road Logan QLD 4114
	• Beaudesert Hospital – Community Mental Health Service	Beaudesert Hospital Tina Street Beaudesert QLD 4285
	• Mobile Intensive Treatment Team	91 Wembley Road Logan QLD 4114
	• Browns Plains Adult Community Mental Health Service	Cnr Middle Road and Wineglass Drive Hillcrest QLD 4118

Authorised Mental Health Service	Component Facilities	Address
Metro South Health Service District		
Princess Alexandra Hospital Authorised Mental Health Service	• 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 QLD 4102
	• Burke Street Community Mental Health Service	2 Burke Street Woolloongabba QLD 4102
	• Inala Adult Mental Health Service	64 Wirraway Parade Inala QLD 4077
	• Mount Gravatt Adult Mental Health Service	519 Kessels Road Macgregor QLD 4109
	• Mater Misercordiae 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 QLD 4101
	• Queen Elizabeth II 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 QLD 4108
Sunshine Coast-Wide Bay Health Service District		
Fraser Coast Authorised Mental Health Service	• Hervey Bay Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	Corner Nissan and Urraween Roads Hervey Bay QLD 4655
	• Maryborough Hospital in-patient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus)	185 Walker Street Maryborough QLD 4650
	• Fraser Coast Integrated Mental Health Service, Village Community Mental Health Service	34 Torquay Road Pialba QLD 4655
	• Fraser Coast Integrated Mental Health Service, Bauer Wiles Community Health Centre	167 Neptune Street Maryborough QLD 4650
Sunshine Coast Network Authorised 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 QLD 4560
	• Older Persons Mental Health Unit	Hibiscus House, Nambour Hospital, Hospital Road Nambour QLD 4560
	• Gympie Mental Health Service	20 Alfred Street Gympie QLD 4570
	• Community Mental Health Service	Ground Floor, Centenary Square Nambour 4560
	• Community Mental Health Service	100 Sixth Avenue Maroochydore QLD 4558

Authorised Mental Health Service	Component Facilities	Address
Sunshine Coast Network Authorised Mental Health Service *(continued)*	• Child and Youth Mental Health Service	15 Beach Road Maroochydore QLD 4558
	• Mobile Outreach Team	2 Lady Musgrave Drive Mountain Creek QLD 4557
	• Evolve Therapeutic Support Team	108 Brisbane Road Mooloolaba QLD 4557
Sunshine Coast-Wide Bay Health Service District		
Wide Bay Authorised Mental Health Service	• 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 QLD 4670
	• Bundaberg Adult Community Mental Health Service	Bourbong Street Bundaberg QLD 4670
	• Bundaberg Child and Youth Mental Health Service including Evolve Therapeutic Services	Bourbong Street Bundaberg QLD 4670
	• Wide Bay Rural Mental Health Team based at :	
	– Gayndah Hospital	69 Warton Street Gayndah QLD 4625
	– Monto Hospital	Flinders Street Monto QLD 4630
	– Childers Hospital	44 Broadhurst Street Childers QLD 4660
	– Gin Gin Hospital	5 King Street Gin Gin QLD 4671
Townsville Health Service District and Mount Isa Health Service District		
Townsville Network Authorised Mental Health Service	• 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 QLD 4814
	• Ayr Community Mental Health Service	Ayr Hospital 2 Chippendale Street Ayr QLD 4807
	• Kirwan Rehabilitation Unit and Acquired Brain Injury Unit	Thuringowa Drive Kirwan QLD 4817
	• Palm Island Community Mental Health Service	Joyce Palmer Hospital Palm Island QLD 4816
	• Ingham Community Mental Health Service	Ingham Community Health McIlwraith Street Ingham QLD 4850
	• Charters Towers Community Mental Health Service	Gill Street Charters Towers QLD 4820
	• Charters Towers Rehabilitation and Transitional Unit	Gladstone Road Charters Towers QLD 4820
	• Pandanas Special Care Unit	Eventide Nursing Home Charters Towers QLD 4820

Authorised Mental Health Service	Component Facilities	Address
Townsville Network Authorised Mental Health Service *(continued)*	• Townsville Community Mental Health Service	138 Thuringowa Drive Kirwan QLD 4817
	• Townsville Homeless Health Outreach Team	142–201 Walker Street Townsville QLD 4810
	• Parklands Residential Aged Care Facility – Pandora Unit	138 Thuringowa Drive Kirwan QLD 4817
	• Townsville Community Mental Health Service	33 Gregory Street North Ward QLD 4810
	• Mount Isa Integrated Mental Health Service	26–28 Camooweal Street Mt Isa QLD 4825
Private Sector Services		
Belmont Private Hospital Authorised Mental Health Service	• 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 QLD 4152
Greenslopes Private Hospital Authorised Mental Health Service	• 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 QLD 4120
New Farm Clinic Authorised Mental Health Service	• 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 QLD 4005
Toowong Private Hospital Authorised Mental Health Service	• 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 QLD 4066

Appendix 4

Authorised mental health service abbreviations

Authorised Mental Health Service (Abbreviated)	Authorised Mental Health Service (full title)
Bayside	Bayside Authorised Mental Health Service
Belmont	Belmont Private Hospital Authorised Mental Health Service
Cairns	Cairns Network Authorised Mental Health Service
Central Qld	Central Queensland Area Network Authorised Mental Health Service
Fraser Coast	Fraser Coast Authorised Mental Health Service
Gold Coast	Gold Coast Network Authorised Mental Health Service
Greenslopes	Greenslopes Private Hospital Authorised Mental Health Service
Logan Beaudesert	Logan Beaudesert Authorised Mental Health Service
Mackay	Mackay Network Authorised Mental Health Service
Mater	Mater Health Services Child and Youth Authorised Mental Health Service
New Farm	New Farm Clinic Authorised Mental Health Service
PA Hospital	Princess Alexandra Hospital Authorised Mental Health Service
Prince Charles	The Prince Charles Hospital Authorised Mental Health Service
The Park	The Park – Centre for Mental Health Authorised Mental Health Service
The Park – High Security	The Park – High Security Program Authorised Mental Health Service
RBWH	Royal Brisbane Hospital and Women’s Hospital Authorised Mental Health Service
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
Royal Children’s	Royal Children’s Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast and Cooloola Authorised Mental Health Service
Toowoomba	Toowoomba and Darling Downs Network Authorised Mental Health Service
Townsville	Townsville Network Authorised Mental Health Service
Toowong	Toowong Private Hospital Authorised Mental Health Service
West Moreton South Burnett	West Moreton South Burnett Authorised Mental Health Service
Wide Bay	Wide Bay Authorised Mental Health Service

Appendix 5

High security units

as at 30 June 2010

Authorised Mental Health Service:

The Park – High Security Program
Authorised Mental Health Service

Administrator:

Executive Director of Mental Health Services

Address:

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

Cnr Ellerton Drive and Wolston Park Road, Wacol QLD 4076

Appendix 6

Facilities established as authorised mental health services

specifically for the purpose of administering electroconvulsive therapy, as at 30 June 2010

Authorised Mental Health Service:

Sunshine Coast Private Hospital
Authorised Mental Health Services

Address:

Sunshine Coast Private Hospital
Syd Lingard Drive, Buderim QLD 4556

Authorised Mental Health Service:

St Andrew's Hospital Toowoomba
Authorised Mental Health Service

Address:

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

Authorised Mental Health Service:

Pine Rivers Private Hospital
Authorised Mental Health Service

Address:

Pine Rivers Private Hospital
Dixon Street, Strathpine QLD 4500

Authorised Mental Health Service:

The Palm Beach Currumbin Clinic
Authorised Mental Health Service

Address:

The Palm Beach Currumbin Clinic
37 Bilinga Street, Currumbin QLD 4213

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Your feedback is welcome

We welcome your feedback on this annual report. We have included a survey form on page 90 for you to complete and return to us.

Obtaining copies of the report

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

To obtain a hard copy contact the Statutory Administration and Policy Unit in the Mental Health Directorate.

Phone: 1800 989 451

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

Post: Statutory Administration and Policy Unit,
Mental Health Directorate
Queensland Health
GPO Box 2368
Fortitude Valley QLD 4006

How you can contact us

Phone: 07 3328 9506

Email: mhmarketing@health.qld.gov.au

www.health.qld.gov.au/mentalhealth

Feedback form

Please fill out this form and return it via:

Fax: 07 3328 9619
Email: mha2000@health.qld.gov.au

Post: Statutory Administration and Policy Unit, Mental Health Directorate, Queensland Health, GPO Box 2368, Fortitude Valley QLD 4006

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

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

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

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

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

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

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

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

- ☐ Background information on public mental health services in Queensland
- ☐ Information on our performance in 2009–10
- ☐ Other

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

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

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7. Please indicate the group that best describes you.

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

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

www.health.qld.gov.au/mentalhealth