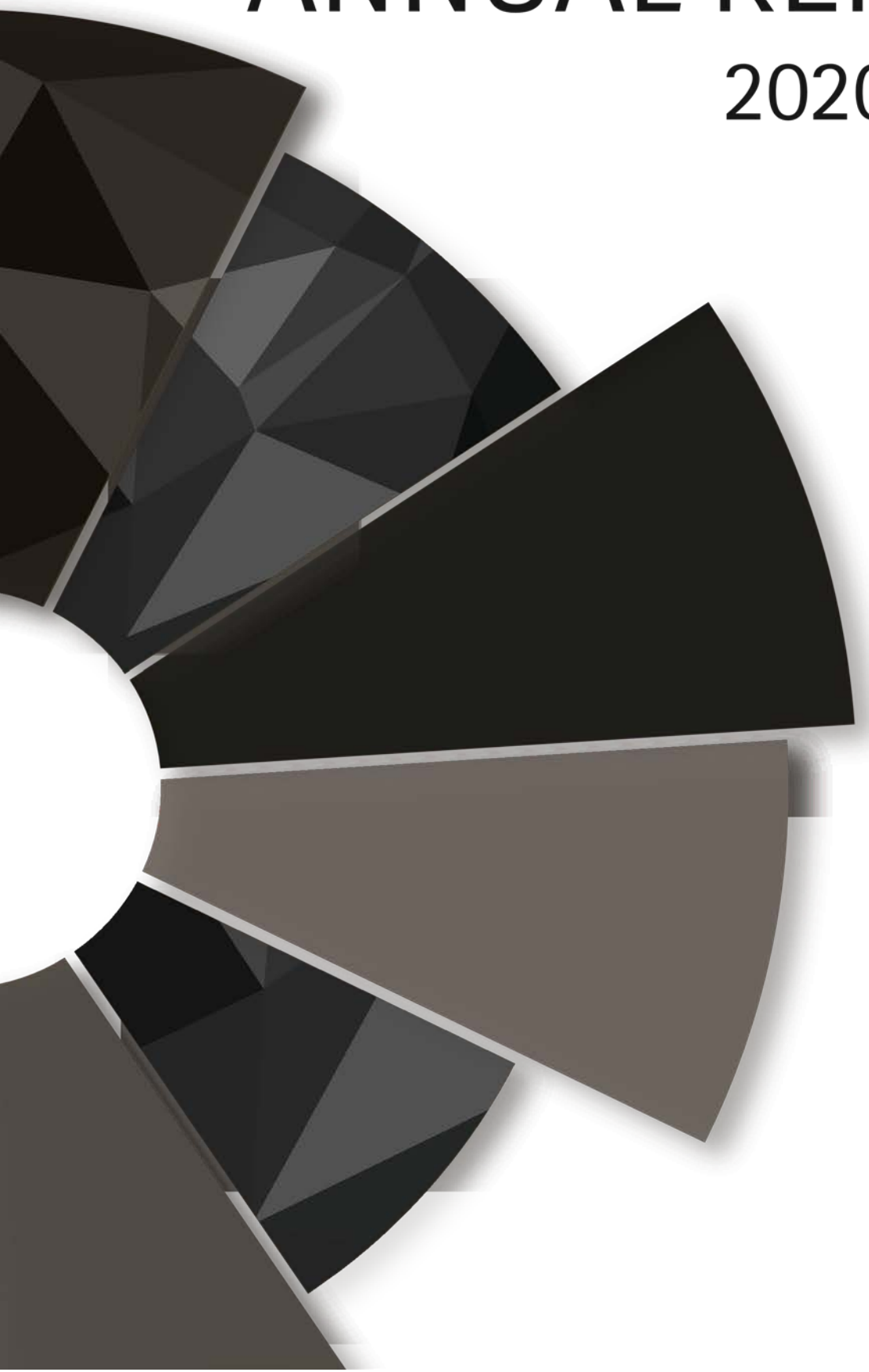
Chief Psychiatrist
ANNUAL REPORT
2020–2021



Queensland Government

Communication objective

The aim of this annual report is to inform the Minister for Health and Ambulance Services, the Queensland Parliament, mental health consumers, carers, service providers and members of the public about the administration of the *Mental Health Act 2016* and associated activities and achievements for the 2020-2021 financial year.

Annual report of the Chief Psychiatrist 2020-2021

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An electronic version of this document is available at
https://www.health.qld.gov.au/mental-health-act

Disclaimer

Letter of compliance

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services

Leader of the House
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the 2020–21 Annual Report of the Chief Psychiatrist.

This report is provided in accordance with section 307 of the *Mental Health Act 2016*.

Yours sincerely

Dr John Reilly
Chief Psychiatrist

Table of Contents

Message from the Chief Psychiatrist

The year 2020-2021 has seen mental health service staff and staff of the Office of the Chief Psychiatrist (the Office) continue to respond to the challenges associated with mental health care in the COVID-19 public health emergency.

The continuing dedication of mental health service staff to high-quality care has been evident with services flexibly adapting the delivery of care to continue to meet the needs of our consumers and their carers. I am equally grateful to staff of the Office for their ongoing commitment to supporting high-quality care and their ability to adapt in times of uncertainty and constant change with good humour.

At the beginning of this public health emergency, the *Mental Health Act 2016* was amended by adding new Chapter 18B (*COVID-19 Emergency Provisions)* to grant temporary powers to the Chief Psychiatrist during the COVID-19 pandemic, and these have since been extended. The powers allow the Chief Psychiatrist to approve the absence of a patient from an Authorised Mental Health Service where necessary to comply with the *Public Health Act 2005* and to declare an Authorised Mental Health Service or administrator via publication on the Queensland Health website. These powers are intended as a last resort where existing provisions of the *Mental Health Act 2016* conflict with a direction or order given under the *Public Health Act 2005.* The provisions of Chapter 18B expire on 30 April 2022, unless further extended.

Digital approaches to service delivery and information have supported mental health service delivery during the pandemic and are vital investments for future service enhancements and efficiencies. The new Consumer Integrated Mental Health and Addiction (CIMHA) application was renamed for the integration of the electronic health records of Hospital and Health Service mental health and alcohol and other drug services. The Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy will clarify and strengthen the alignment of digital and information priorities and infrastructure across mental health alcohol and other drug services and the broader health system, continuing the focus on digital health innovation and the standardisation of comprehensive care processes to support better consumer care.

Findings and recommendations from inquiries in other jurisdictions, including the Mental Health Productivity Commission Inquiry, present further considerations for future service quality improvement activities and in particular the continued move towards the reduction and elimination of restrictive practices and involuntary treatment.

I thank Dr Cassandra Griffin, Dr Prasoon Gupte and Dr John Allan for their support in assuming the functions of the Chief Psychiatrist as delegates for significant periods during this year. I thank all others who continue to hold Chief Psychiatrist delegations for their ongoing support. I look forward to continuing the collaborative efforts of the Office, Hospital and Health Services and our other key stakeholders to ensure improvements in the ongoing safety and quality of mental health alcohol and other drug services across the state, and the effective administration of the Act.

Dr John Reilly

Chief Psychiatrist

Administration of the Mental Health Act 2016

A range of systems and processes support the effective administration of the *Mental Health Act 2016* (the Act) to ensure safe, quality, recovery-oriented mental health care. The Chief Psychiatrist has broad functions to facilitate the proper administration of the Act as well as decision making responsibilities for individual matters. Activity relating to some of the Chief Psychiatrist's key functions is discussed below.

Safeguarding patient rights

Independent Patient Rights Advisors

Connecting Care to Recovery 2016-2021, a plan for Queensland's state-funded mental health alcohol and other drugs services (CCR) funded a range of initiatives within the mental health sector, including the Independent Patient Rights Advisers (IPRAs), under *Priority Five, Strengthening patient rights* under the *Mental Health Act 2016*. The role of the IPRA is to ensure patients, family, carers and other supports are aware of their rights under the Act.

The IPRAs have been employed within the Hospital and Health Services (HHS) since early 2017. The Department of Health funds 28 IPRAs across 12 HHSs in Queensland. As at 30 June 2021, 32 staff were delivering IPRA services across the state.

The interim evaluation of CCR conducted in March 2021 highlighted the "*presence of IPRAs has had a positive impact on individuals experience of care"* and *"while all initiatives have contributed positively, the most noteworthy throughout the evaluation of the CCR was the impact of IPRAs from both a staff and individual perspective*".

Additionally, the findings from the Your Experience of Service survey reported either consistent or increased average scores for the following two survey items:

- *"Explanation of your rights and responsibilities"*
- *"You believe that you would receive fair treatment if you made a complaint"*

During 2020-2021 the IPRAs:

- Assisted patients, family, carers and other supports within the hospital (85 per cent) and community (15 per cent) settings.
- Engaged with 972 family, carers, and other support persons which is an increase of 9.5 per cent compared to 2019-2020.
- Overall contact with patients, family, carers and other support persons increased by approximately 15 per cent compared to 2019-2020.

Common themes requiring action by the IPRAs included:

- patient rights information and education,
- assisting patients to link with their treating teams, and
- assisting patients to gain a better understanding of their mental health treatment and care.

Supporting victim rights

The Act supports victims of unlawful acts when an alleged offender is assessed as having a mental illness or intellectual disability. This includes the provision of specific information about the person that is relevant to the victim's safety and wellbeing.

Information is provided to registered victims by the Office of the Chief Psychiatrist via the Queensland Health Victim Support Service, a free statewide service providing specialised counselling, support and information to victims.

More information about the Queensland Health Victim Support Service is available at

www.health.qld.gov.au/qhvss

Information notices

A victim, a close relative of the victim, or other person affected by an offence may apply to the Chief Psychiatrist for an information notice in relation to a person subject to a forensic order or treatment support order. An application relating to a client of the forensic disability service is made to the Director of Forensic Disability.

Under the information notice, the person receives information such as the patient's Mental Health Review Tribunal hearing dates and decisions.

As at 30 June 2021:

- 143 information notices were in place
- no applications were pending decision.

In 2020-2021:

- the Chief Psychiatrist received and approved 6 applications for an information notice
- no applications for an information notice were received by the Director of Forensic Disability
- 12 information notices were revoked by the Chief Psychiatrist, due to the patient's order being revoked or the death of the patient or the information notice recipient.

Classified patient information

Under the Act, the Chief Psychiatrist may also provide particular information about a classified patient to a victim, a close relative of the victim, or other person affected by an offence. A classified patient is a person admitted to an Authorised Mental Health Service from a place of custody.

As at 30 June 2021:

- one applicant was registered to receive information about classified patients
- one application was pending decision.

In 2020-2021:

- the Chief Psychiatrist received and approved one application for information in relation to a classified patient
- five applications for classified patient information were revoked by the Chief Psychiatrist because the patient's classified status ended.

Investigations

Investigations under the Act may be undertaken by the Chief Psychiatrist or by inspectors appointed by the Chief Psychiatrist. These investigations are one of a range of mechanisms that operate in the health system to review an incident which has resulted in an adverse patient outcome or other serious matter relating to patient care. Other mechanisms include clinical reviews, root cause analyses and investigations under the *Hospital and Health Boards Act 2011* and investigations conducted by the Health Ombudsman. There were no investigations commenced or completed in 2020-2021.

Inspectors may make recommendations for service quality improvement as part of the investigation. Twenty recommendations made in Chief Psychiatrist investigations in previous years were completed in 2020-2021. This has resulted in strengthened processes for the care of classified and forensic patients; improved governance and support for recognising and responding to patient risks including domestic and family violence; and greater emphasis on the value and use of care review and care planning documentation to support patient engagement and continuity of care. Findings from one recommendation relating to the management of diagnostic re-classification were also shared with mental health alcohol and other drug services through a Patient Safety Communique.

Monitoring and auditing compliance

Monitoring and auditing compliance with the Act is a collaborative endeavour that strengthens and improves the delivery of high quality and safe mental health care. The Office works with Authorised Mental Health Services to monitor and facilitate compliance, and ensures staff fulfil their obligations under the Act. While services are encouraged to self-audit and monitor trends at a local level, the Office reviews statewide trends in non-compliance. This can promote good practice by identifying clinical governance and system issues for continuous quality improvement.

In accordance with the Chief Psychiatrist Policy *Notifications to the Chief Psychiatrist of critical incidents and non-compliance with the Mental Health Act 2016,* administrators of Authorised Mental Health Services are required to notify the Chief Psychiatrist of all instances of non-compliance that significantly impact on the rights of patients.

Notification is required to be made for the following:

1. detention of a person other than in accordance with the Act,
2. provision of regulated treatment (e.g. electroconvulsive therapy) other than in accordance with the Act,
3. the use of seclusion, mechanical restraint, physical restraint or administration of medications other than in accordance with the Act, or
4. a breach of any offence provision of the Act (e.g. ill-treatment of patients, contravention of the confidentiality obligations, assisting a patient to unlawfully absent themselves, giving false or misleading information to an official, and obstructing of an official).

These notifications are to occur as soon as practicable and must identify local remedial actions that have or will be taken to minimise the potential for recurrence. The Office responds to these individual notifications as required, and supports services to ensure targeted, comprehensive strategies and action plans are developed.

In 2020-2021:

- There were 70 notifications to the Chief Psychiatrist.
- Half (50 per cent) of the incidents involved the use of restrictive practices. Of these, the majority (66 per cent) were instances of seclusion or mechanical restraint that occurred outside an initial authorisation period. Generally, these occurred where it was determined that the seclusion or mechanical restraint needed to continue and there was a delay in seeking or completing a subsequent approval. The remainder involved the use of seclusion or mechanical restraint on a person other than a relevant patient[1]. For example, the person was subject to involuntary assessment prior to a Treatment Authority being made.
- 47 per cent of the notifications related to the detention of a person other than in accordance with the Act. This includes examinations and assessments conducted outside of legislated timeframes and recommendations or authorities that were deemed invalid.
- Two incidents (3 per cent) involved the provision of regulated treatment. In both instances, electroconvulsive therapy was performed outside the parameters of a Mental Health Review Tribunal approval.
- The targeted remedial actions undertaken in response to these events included further staff education, monitoring and enhanced communication strategies.

[1] Seclusion and mechanical restraint may only be used on a relevant patient. A relevant patient is a patient subject to a Treatment Authority, Forensic Order or Treatment Support Order, or a person who is absent without permission from another State detained in an Authorised Mental Health Service.

Safety and quality initiatives

The Office strives to improve the safety and quality of mental health alcohol and other drug service provision in partnership with stakeholders. The following significant activities were undertaken in the reporting period.

Information sharing agreements

Parole Board Queensland Confidential Information Sharing Agreement

The Parole Board Queensland (the Board) was established in July 2017 after an independent review of the parole system in Queensland. The Board is an independent statutory authority that makes decisions regarding the parole of prisoners in accordance with relevant legislation, common law principles and guidelines issued by the Minister for Corrective Services. The provision of quality health information to the Board assists the Board to make informed decisions regarding parole. To facilitate the provision of information Queensland Health and the Board negotiated and finalised a Confidential Information Disclosure Agreement (the Agreement). The Agreement came into force when it was prescribed in the *Hospital and Health Board Regulation 2012* on 11 September 2020. The associated operating guidelines to facilitate the disclosure of relevant health information to the Board were subsequently published in February 2021.

The Agreement allows for the disclosure of relevant confidential information by Queensland Health to the Board to enable the Board to fulfil its statutory functions. The implementation of the Agreement and operating guidelines are supported by a Mental Health Liaison (Parole Board Queensland) team, which has been established within the Queensland Forensic Mental Health Service.

Confidential Information Disclosure between Queensland Health and Queensland Corrective Services

In this reporting period, the Office has continued to work collaboratively with Queensland Corrective Services to review and update an existing memorandum of understanding for Confidential Information Disclosure between Queensland Corrective Services and Queensland Health in response to coronial recommendations in relation to health-related deaths in custody.

The memorandum of understanding aims to improve health outcomes for patients, including those requiring treatment from mental health services, in custodial settings by strengthening working relationships between agencies through supported information sharing. The revised memorandum of understanding encourages as much relevant information sharing as necessary for an integrated system of care to be delivered, including through the proactive sharing of information—while respecting the right to confidentiality and seeking consent wherever possible.

Revised operating guidelines are also being drafted to support the application of the memorandum of understanding by providing detailed contextual guidance and practical examples to support frontline staff.

Comprehensive care project

The Mental Health Alcohol and Other Drugs (MHAOD) Branch delivered the Comprehensive Care initiative in November 2020. The revised suite of clinical documentation, known as the Comprehensive Care Documents (CCD) and its associated resource package was implemented with the Consumer Integrated Mental Health and Addiction (CIMHA) application 5.0 release. This achieves a new integration milestone for Queensland Health mental health and alcohol and other drugs services who are now able to access a single statewide electronic clinical record and use shared clinical processes to facilitate continuity of care.

An evaluation of the Comprehensive Care initiative involving all MHAOD services and a variety of staff feedback mechanisms will be undertaken in 2021. The evaluation will be used to inform future strategies, including the development of additional resources, which will support staff to continue to provide high quality comprehensive care.

Zero Suicide in Healthcare Multisite Collaborative

The Office has continued its support for the Zero Suicide in Healthcare Multisite Collaborative as part of its Suicide Prevention in Health Services program. This initiative seeks to improve care and outcomes for people at risk of suicide.

Twelve Hospital and Health Services participate in the collaborative with a focus on building organisational commitment to suicide prevention, implementing consistent pathways to care, training and supporting their workforces, using evidence-based interventions and establishing processes for ongoing quality improvement.

In 2020, an independent evaluation of the Zero Suicide in Healthcare Multisite Collaborative found evidence that the collaborative had contributed to increased organisational and staff commitment to suicide prevention across services, as well as increased awareness and use of organisational protocols and standardised tools including suicide safety plans.

National Safety Priorities in Mental Health

An update to the National Safety Priorities in Mental Health (2005) was led by the Office as part of Queensland Health's commitment to the Fifth National Mental Health and Suicide Prevention Plan.

The priorities were updated in partnership with representatives of the Safety and Quality Partnership Standing Committee, the Australian Commission on Safety and Quality in Health Care, the National Mental Health Consumers and Carers Forum and the Mental Health Information Strategy Standing Committee.

The update proposes six priorities for improving safety in mental health care:

1. Partnering for improved safety

2. Enhancing responses to deterioration

3. Providing trauma-informed care

4. Improving medication safety

5. Reducing suicide and self-harm

6. Increasing the safety of transitions.

These six priorities were informed by a review of mental health safety literature and an analysis of available safety and harms data as well as consultation with over 300 consumers, carers, families, consumer representatives, clinical and non-clinical mental health staff, emergency services, law enforcement staff and oversight bodies across Queensland.

The proposed priorities were endorsed by the Safety and Quality Partnership Standing Committee in February 2021, pending a national consultation process.

Chief Psychiatrist policies for ongoing response to the COVID-19 pandemic

The Office of the Chief Psychiatrist is responsible for the development and ongoing review of Chief Psychiatrist policies issued under the *Mental Health Act 2016*. The Office has continued to work closely with Hospital and Health Services and other key stakeholders to maintain contemporary policies that support services in the delivery of safe patient centred care and effective administration of the Act.

In response to the ongoing nature of the pandemic, the temporary amendments commenced in May 2020 were extended. These amendments granted temporary powers to allow the Chief Psychiatrist to:

- approve absence of a patient from an Authorised Mental Health Service where it is necessary to comply with the *Public Health Act 2005,* and
- to declare an Authorised Mental Health Service or administrator via publication on the Queensland Health website.

This extension resulted in the extension of two temporary policies aligned with the temporary powers. The first supports the temporary amendments to the Act and provides guidance on use of the amended provisions.

The second continues temporary modifications to existing Chief Psychiatrist policy requirements. These amendments allow flexibility within Authorised Mental Health Services to continue to meet their obligations and requirements under the Act, while ensuring patients receive appropriate treatment and care for their mental illness in the context of the COVID-19 pandemic. The Office continues to monitor the impact of COVID-19 on the administration of the Act.

Information and updates on policies and supporting guidelines are available on the *Mental Health Act 2016* website at

www.health.qld.gov.au/mental-health-act

Review of the implementation of the Environmental Safety Guidelines

The Office partnered with the Patient Safety and Quality Improvement Service and the Mental Health Alcohol and Other Drugs Quality Assurance Committee to lead a statewide review of implementation of the Queensland Health suite of environmental safety guidelines in acute and secure inpatient units.

The Review was completed in September 2020 and demonstrated that the implementation of the Safe Environment Guidelines has resulted in a strong safety and learning culture in Hospital and Health Services and has identified areas for further improvement.

Other significant activity

- The Mental Health Alcohol and Other Drugs Statewide Clinical Network continued a brief breakthrough collaborative service improvement model in partnership with Hospital and Health Services.
- The Mental Health Alcohol and Other Drugs Quality Assurance Committee, chaired by the Chief Psychiatrist, completed the second phase of the *Learning from incidents initiative*. The second phase demonstrates the initiative has been effective in supporting services to improve clinical incident management. The Committee's Triennial Report was released in September 2020 and details the key achievements and activities undertaken by the Committee, including the *Learning from incidents initiative* and the review of the implementation of the Queensland Health 2016 suite of safe environment guidelines.
- The Office published the first *Mental Health Act 2016* dashboard to support opportunities for benchmarking and evaluation of Act activity across Authorised Mental Health Services.

Reporting on the Mental Health Act 2016

Section 307 of the Act requires the Chief Psychiatrist to report on information relating to the administration of the Act generally, and for each Authorised Mental Health Service. Data relating to this activity is primarily sourced from the Consumer Integrated Mental Health and Addiction (CIMHA) application and reported through the Mental Health and Addiction Portal (MHAP).

This section provides a summary of the statistical data for each Authorised Mental Health Service and outlines how key legislative processes and provisions have been applied. To enable year-to-year comparisons and ensure continuity, the figures and tables provided are consistent with those reported previously, unless otherwise specified.

See Appendix 1 for Authorised Mental Health Service abbreviations.

Overview of patients subject to involuntary assessment, treatment, care or detention under the *Mental Health Act 2016*

In 2020-2021 over 113,000 consumers received more than 2.8 million provisions of service within the Queensland public mental health system. Just over half (57 per cent) of those consumers were receiving ongoing treatment and care, through more than 59,000 community episodes, around 1,600 residential stays and over 32,000 admissions to specialist mental health inpatient units. Of those people receiving ongoing services, around a third (37 per cent) required involuntary treatment and care in an Authorised Mental Health Service to ensure their own or others safety.

Table 1 provides a summary of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2021. The total number of patients reported per service provides a unique count of patients for each Authorised Mental Health Service. The statewide total provides a unique count of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2021.

As a small number of patients are subject to more than one involuntary stream at a time, there may be differences in row and column counts in Table 1. Each apparent discrepancy has been investigated to confirm that the duplication was valid. In 2020-2021, there were a small number of consumers receiving treatment and care under two different streams of forensic order. As such, the total number of consumers subject to a forensic order will not align to the total number of forensic orders noted on page 23.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2021

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified	Total patients
Bayside	0	158	11	17	0	186
Belmont Private	0	7	0	0	0	7
Cairns	4	484	12	61	0	559
Central Queensland	1	363	6	26	0	396
Children's Health Queensland	1	14	0	0	0	15
Darling Downs	4	314	17	61	0	395
Gold Coast	0	626	15	40	2	680
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	0	473	21	53	0	547
Mackay	0	186	13	17	1	216
New Farm Clinic	0	7	0	0	0	7
Princess Alexandra Hospital	0	590	41	74	3	705
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	3	307	9	38	0	356
Royal Brisbane and Women's Hospital	4	700	25	48	0	777
Sunshine Coast	1	455	19	30	0	504
The Park	0	15	0	38	0	53
The Park High Security	0	70	1	36	31	106
The Prince Charles Hospital	1	415	24	48	1	487
Toowong Private	0	5	0	0	0	5
Townsville	7	318	18	71	1	413
West Moreton	0	322	23	51	2	397
Wide Bay	1	172	12	29	0	214
Statewide	27	6,002	267	738	41	7,026

Involuntary assessment

The Act promotes the voluntary engagement of people in mental health assessment, treatment and care wherever possible. When it is not possible to provide the required assessment or treatment with consent (i.e. consent given by the person or another person authorised to consent on their behalf) the involuntary processes in the Act may be applied.

The involuntary process usually commences with a recommendation for assessment made by a doctor or authorised mental health practitioner. The purpose of the assessment is to decide whether a treatment authority should be made. In some circumstances, the assessment may reveal that the person has an existing involuntary order or authority in which case a treatment authority is not required.

Alternatively, the recommendation for assessment may be preceded by an examination authorised under another legislative process such as an examination authority or an emergency examination authority. An emergency examination authority is issued under the *Public Health Act 2005* to allow police and ambulance officers to detain and transport a person to a public sector health service facility in emergency circumstances without their consent, so that the person may receive appropriate assessment, treatment and care.

Table 2 provides a summary of occasions when a recommendation for assessment was made which resulted in an assessment in the 2020-2021 reporting period.

Table 2: Involuntary assessment: entry pathway and outcome (1 July 2020 – 30 June 2021)

Authorised mental health service	Involuntary assessment entry pathway					Assessment Outcome		
	Recommendation alone	Recommendation preceded by examination authority	Recommendation preceded by emergency examination authority	Other (e.g. assessment of person from interstate)	Total assessments	Treatment authority made	Treatment authority not made	Pre-existing involuntary status
Bayside	394	7	19	0	420	271	145	4
Belmont Private	40	0	0	0	40	35	5	0
Cairns	722	7	181	0	910	529	377	4
Central Queensland	214	1	146	0	361	230	131	0
Children's Health Queensland	86	0	6	0	92	59	33	0
Darling Downs	775	19	54	0	848	604	243	1
Gold Coast	1315	24	223	0	1562	1061	490	11
Greenslopes Private	1	0	0	0	1	1	0	0
Logan Beaudesert	1140	16	32	1	1189	810	370	9
Mackay	254	6	230	0	490	306	175	9
New Farm Clinic	25	0	0	0	25	24	1	0
Princess Alexandra Hospital	800	24	176	0	1000	712	280	8
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	980	6	31	0	1017	654	356	7
Royal Brisbane and Women's Hospital	1047	14	474	0	1535	1125	392	18
Sunshine Coast	488	9	269	0	766	563	203	0
The Park	0	0	0	0	0	0	0	0
The Park High Security	5	0	0	0	5	5	0	0
The Prince Charles Hospital	824	20	311	0	1155	887	264	4
Toowong Private	11	0	0	0	11	11	0	0
Townsville	450	16	315	0	781	352	428	1
West Moreton	390	14	145	0	549	439	104	6
Wide Bay	379	12	114	0	505	288	214	3
Statewide	10340	195	2726	1	13262	8966	4211	85

Examination authorities

In circumstances where it is not possible to engage a person in assessment voluntarily, an application may be made to the Mental Health Review Tribunal (Tribunal) for an examination authority. Examination authorities can be made in circumstances where there is, or may be, serious risk of harm or worsening health and all reasonable efforts have been made to engage the person in a voluntary examination.

An application to the Tribunal may be made by an authorised person at an Authorised Mental Health Service or a family member, friend, colleague or other member of the community who has concerns about the person. If made by a concerned person, a written statement by a doctor (e.g. general practitioner) or authorised mental health practitioner must be provided with the application.

The examination authority is in force for seven days and authorises a doctor or authorised mental health practitioner to examine the person to determine whether a recommendation for assessment should be made.

Table 3 outlines the total number of examination authorities issued in 2020-2021, broken down by outcome type.

Table 3: Examination Authorities issued and outcomes (1 July 2020 – 30 June 2021)

Authorised mental health services	Examination Authorities Issued	Outcome			
		Recommendation Made	Recommendation Not Made		
			Examination authority ended before examination	Examination did not result in recommendation	Pre-existing involuntary status
Bayside	30	8	3	19	0
Belmont Private	0	0	0	0	0
Cairns	15	7	2	6	0
Central Queensland	6	1	0	5	0
Children's Health Queensland	0	0	0	0	0
Darling Downs	42	19	2	21	0
Gold Coast	50	24	13	13	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	37	15	6	16	0
Mackay	7	6	1	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	67	24	13	29	1
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	24	7	9	8	0
Royal Brisbane and Women's Hospital	25	14	5	6	0
Sunshine Coast	17	9	4	4	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	27	19	1	7	0
Toowong Private	0	0	0	0	0
Townsville	33	15	1	16	1
West Moreton	43	15	1	26	1
Wide Bay	37	12	2	23	0
Statewide	460	195	63	199	3

Persons transferred from a place of custody (classified patients)

The Act makes provision for a person to be transferred from a place of custody (e.g. prison or watch house) to an Authorised Mental Health Service for assessment or treatment of mental illness. The person is admitted as a classified patient. The Act also makes provisions for the person's return to custody when they no longer require inpatient treatment and care.

A classified patient admission can only occur on the recommendation of an authorised doctor or authorised mental health practitioner. Different documents apply depending on the circumstances:

- a transfer recommendation is made when a person in custody:
    - is consenting to treatment and care in an Authorised Mental Health Service (i.e. the transfer is for voluntary treatment) or
    - is already subject to an order or authority under the Act (i.e. the transfer is for involuntary treatment)
- a recommendation for assessment is made when the person is not able to consent to the transfer and is not subject to an order or authority under the Act (i.e. the transfer is for assessment).

In all circumstances, the person's transfer to an Authorised Mental Health Service requires the consent of both the Authorised Mental Health Service administrator at the receiving service and the person's custodian:

- the administrator's consent confirms they are satisfied that the service has capacity to provide treatment and care, and that providing the treatment and care would not pose an unreasonable risk to the safety of the person or others
- the custodian (i.e. at the correctional facility, watch-house, detention centre) cannot give consent if the custodian considers the transfer to the Authorised Mental Health Service for assessment or treatment would pose an unreasonable risk to the person or others having regard to security requirements.

The Act also requires that, following admission to an Authorised Mental Health Service, an authorised doctor must consider the clinical appropriateness of the patient receiving treatment and care as an inpatient. If the doctor decides it is not clinically appropriate, the Act sets out a process for the person's return to custody.

Table 4 provides a summary of classified patient referrals and admissions in the 2020-2021 reporting period.

Table 4: Classified patient referrals and admissions (1 July 2020 – 30 June 2021)

Authorised mental health service	Total referrals	Referrals not resulting in classified patient Admission		Entry pathway			Total classified admissions
				Recommendation for Assessment	Transfer Recommendation		
		Ended in reporting period	Open as at 30 June 2021	Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	11	5	0	3	3	0	6
Belmont Private	0	0	0	0	0	0	0
Cairns	12	0	0	8	2	2	12
Central Queensland	7	5	0	1	1	0	2
Children's Health Queensland	0	0	0	0	0	0	0
Darling Downs	8	2	0	4	2	0	6
Gold Coast	53	31	3	12	7	0	19
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	32	14	1	4	10	3	17
Mackay	7	0	0	3	4	0	7
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	60	33	0	14	13	0	27
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	25	17	1	7	0	0	7
Royal Brisbane and Women's Hospital	38	19	2	3	14	0	17
Sunshine Coast	15	7	0	4	4	0	8
The Park	0	0	0	0	0	0	0
The Park High Security	71	12	2	35	18	4	57
The Prince Charles Hospital	24	12	0	3	9	0	12
Toowong Private	0	0	0	0	0	0	0
Townsville	18	1	0	11	6	0	17
West Moreton	37	16	0	9	12	0	21
Wide Bay	13	3	2	8	0	0	8
Statewide	431	177	11	129	105	9	243

Treatment authorities

If a person is not able to consent to treatment of their mental illness, an authorised doctor may make a treatment authority to authorise involuntary treatment for the person. The doctor must be satisfied that the treatment criteria apply and that there is no less restrictive way of providing treatment and care for the person. The person's views, wishes and preferences are considered.

If the authorised doctor who made the treatment authority is not a psychiatrist, an authorised psychiatrist must complete a second examination and decide whether to confirm or revoke the treatment authority. The second examination must be completed within three days. The treatment authority ends after three days if it is not confirmed or revoked.

When a treatment authority is made, the authorised doctor must determine whether the patient is to receive treatment as an inpatient or in the community. An authorised doctor may change the category of the treatment authority at any time during the person's treatment.

As a key safeguard, patients subject to a treatment authority are regularly reviewed by the Mental Health Review Tribunal. The Tribunal must confirm or revoke the treatment authority and may change the category of the authority, limited community treatment arrangements or any other conditions of the authority.

The Tribunal is also responsible for reviewing patients on a forensic order or treatment support order. Subject to the Act's requirements, the Tribunal may revoke the order and make a treatment authority for the person.

As at 30 June 2021, there were 6,002 open treatment authorities in Queensland, of which 89 per cent were community category.

Table 5 demonstrates the total treatment authorities made in 2020-2021, grouped by category and the entity that made the order.

Table 5: Treatment authorities made (1 July 2020 – 30 June 2021)

Authorised mental health service	Treatment Authority made by		Category of initial order		Total treatment authorities made	Treatment authority made by doctor			
	Authorised doctor	Mental Health Review Tribunal	Community	Inpatient		Second examination required	Outcome		
							Treatment authority confirmed	Treatment authority revoked	Ended or revoked prior to second examination
Bayside	269	3	5	267	272	208	175	19	14
Belmont Private	35	0	0	35	35	3	3	0	0
Cairns	533	0	19	514	533	281	232	23	26
Central Queensland	231	2	9	224	233	139	111	17	11
Children's Health Queensland	65	0	3	62	65	40	24	4	12
Darling Downs	613	1	4	610	614	409	282	108	19
Gold Coast	1,069	4	30	1,043	1,073	798	632	151	15
Greenslopes Private	1	0	0	1	1	0	0	0	0
Logan Beaudesert	819	1	21	799	820	662	575	57	30
Mackay	310	0	2	308	310	263	199	49	15
New Farm Clinic	19	0	0	19	19	10	8	1	1
Princess Alexandra Hospital	739	2	19	722	741	605	549	34	22
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
RBWH	1,138	0	12	1,126	1,138	1,029	811	87	131
Redcliffe Caboolture	652	0	6	646	652	484	366	87	31
Sunshine Coast	566	0	30	536	566	322	266	46	10
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	40	0	0	40	40	2	2	0	0
The Prince Charles Hospital	897	1	16	882	898	742	509	203	30
Toowong Private	9	0	0	9	9	1	1	0	0
Townsville	360	1	13	348	361	235	185	44	6
West Moreton	456	0	6	450	456	395	296	84	15
Wide Bay	297	0	7	290	297	235	169	49	17
Statewide	9,118	15	202	8,931	9,133	6,863	5,395	1,063	405

Treatment authorities (continued)

A treatment authority is required to be revoked if the person no longer meets the treatment criteria or if there is a less restrictive way for the patient to receive treatment for their mental illness. A treatment authority may be revoked by an authorised doctor or the Tribunal.

As identified above, a treatment authority also ends if:

- a second examination by an authorised psychiatrist is required, and the treatment authority is not confirmed or revoked by the psychiatrist within the three-day period,
- a treatment authority is made for a person who is already subject to an order or authority under the Act. This usually occurs in emergency situations where the treatment authority is made to ensure the person receives necessary treatment and care, and
- if the Mental Health Court makes a forensic order (mental health) or treatment support order for the patient or if the patient is transferred interstate or is deceased.

Table 6 demonstrates the total treatment authorities ended in 2020-2021, grouped by end reason.

Table 6: Treatment authorities ended (1 July 2020 – 30 June 2021)

Authorised mental health Service	Pre-existing involuntary status	Treatment authority not revoked or confirmed within the timeframe	Treatment authority revoked		Forensic order made	Treatment support order made	Transfer interstate	Patient deceased	Total treatment authorities ended
			Authorised Doctor	Mental Health Review Tribunal					
Bayside	0	3	278	3	1	1	0	3	289
Belmont Private	0	0	54	0	0	0	0	0	54
Cairns	0	14	446	8	9	0	0	1	478
Central Queensland	0	1	202	10	1	1	0	2	217
Children's Health Queensland	0	2	74	0	0	0	0	0	76
Darling Downs	0	11	561	16	0	0	0	3	591
Gold Coast	0	8	1080	10	3	1	3	7	1112
Greenslopes Private	0	1	1	0	0	0	0	0	2
Logan Beaudesert	0	22	755	13	1	1	0	7	799
Mackay	1	0	277	6	1	0	0	3	288
New Farm Clinic	0	0	11	0	0	0	0	0	11
Princess Alexandra Hospital	1	12	716	9	4	0	0	5	747
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	8	617	4	0	0	0	5	634
Royal Brisbane and Women's Hospital	1	6	921	6	2	0	0	6	942
Sunshine Coast	0	4	484	16	2	0	1	5	512
The Park	0	0	0	0	1	0	0	0	1
The Park High Security	0	0	15	0	3	0	0	1	19
The Prince Charles Hospital	1	8	867	6	2	4	0	4	892
Toowong Private	0	0	30	1	0	0	0	0	31
Townsville	0	5	390	7	3	0	0	1	406
West Moreton	0	10	388	4	1	0	0	7	410
Wide Bay	0	6	284	0	0	0	0	3	293
Statewide	4	121	8451	119	34	8	4	63	8804

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence. These include offences such as arson, grievous bodily harm, indecent treatment, robbery, rape, serious assault and manslaughter but do not include offences such as common assault and most forms of wilful damage.

An involuntary patient charged with a serious offence (or someone on their behalf) is entitled to request a psychiatrist report at no cost. The psychiatrist report provides an opinion on whether a person was of unsound mind at the time of the alleged offence and whether the person is fit for trial. A report may be used to inform a decision about referring a matter to the Mental Health Court and, if the matter is referred, to assist the Court in its deliberations.

The Chief Psychiatrist will direct the psychiatrist report be prepared on confirming that legislative requirements are met. The Chief Psychiatrist may also direct a psychiatrist report for a person if the Chief Psychiatrist believes it is in the public interest. When a direction for a psychiatrist report has been given by the Chief Psychiatrist, criminal proceedings against the person in relation to the offence are suspended.

An authorised psychiatrist has 60 days to complete the report. The Chief Psychiatrist may extend this timeframe for a further 30 days if required. A direction for psychiatrist report may be revoked by the relevant Authorised Mental Health Service administrator if the person does not participate in the reporting process in good faith.

On receiving the psychiatrist report, the person or the person's lawyer may refer the matter to the Mental Health Court. The Chief Psychiatrist may also make a reference to the Mental Health Court if the Chief Psychiatrist is satisfied the person may have been of unsound mind or is unfit for trial and there is a compelling reason in the public interest to refer the matter.

If no reference is made to the Mental Health Court within the timeframes specified in the Act, the criminal proceedings cease to be suspended.

Table 7 shows a summary of Chief Psychiatrist references to Mental Health Court for psychiatrist reports received in 2020-2021, including reports directed in the previous reporting period. For a small number of reports, the decision regarding a reference to the Mental Health Court had not yet been made as at 30 June 2021.

Table 7: Psychiatrist reports received and Chief Psychiatrist references to the Mental Health Court (1 July 2020 – 30 June 2021)

Total reports received in 2020-2021	Referred to Mental Health Court		Not referred to Mental Health Court	
	From reports directed within 2020-2021	From reports directed within 2019-2020 but received 2020-2021	From reports directed within 2020-2021	From reports directed within 2019-2020 but received 2020-2021
408	61	42	203	79

Table 8 reports on the application of psychiatrist report provisions. This data is limited to reports directed in 2020-2021 only. Therefore, a small variance may be noted between data sets for the total number of reports received in the reporting period.

Table 8: Application of psychiatrist report provisions (1 July 2020 – 30 June 2021)

Authorised mental health service	Occasions when person was eligible to request report	Direction for psychiatrist report		Direction for psychiatrist report revoked	Number of reports received in the reporting period
		On Chief Psychiatrist initiative (public interest)	On request by patient or other		
Bayside	16	0	6	0	5
Belmont Private	0	0	0	0	0
Cairns	91	2	40	2	25
Central Queensland	74	1	32	10	21
Children's Health Queensland	1	0	1	0	0
Darling Downs	44	0	14	1	10
Gold Coast	114	0	35	5	17
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	73	0	22	1	15
Mackay	43	0	26	2	19
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	95	1	31	2	19
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	37	0	19	0	14
Royal Brisbane and Women's Hospital	143	2	71	6	48
Sunshine Coast	55	1	15	1	11
The Park	1	0	0	0	0
The Park High Security	35	2	25	0	13
The Prince Charles Hospital	51	1	22	2	17
Toowong Private	0	0	0	0	0
Townsville	87	0	29	0	20
West Moreton	58	0	25	2	18
Wide Bay	32	0	25	1	21
Statewide	1050	10	438	35	293

Forensic orders

If the Mental Health Court (the Court) finds a person was of unsound mind at the time of an alleged offence or is unfit for trial, the Court must make a forensic order if it considers the order is necessary to protect the safety of the community.

The Court also determines the order type:

- **a forensic order (mental health)** is made if the person's unsoundness of mind or unfitness for trial is due to a mental condition other than an intellectual disability, or if the person has a dual disability (a mental illness and an intellectual disability) and needs involuntary treatment and care for mental illness as well as care for the person's intellectual disability
- **a forensic order (disability)** is made if the person's unsoundness of mind or unfitness for trial is due to an intellectual disability and the person needs care for the person's intellectual disability but does not need treatment and care for mental illness.

In addition, the Court must decide if the category of the order is inpatient or community. The Court may decide the category is community only if there is not an unacceptable risk to the safety of the community because of the person's mental condition.

Forensic orders (criminal code) are made by the Supreme Court or District Court. Within 21 days of the order being made, the Mental Health Review Tribunal must review the forensic order (criminal code) to decide whether to make a forensic order (disability) or forensic order (mental health). In this instance, the forensic order (criminal code) is ended and superseded by the new order.

As at 30 June 2021, there were 740 open forensic orders in Queensland. The majority (625) were forensic order (mental health), of which 67 per cent were community category. The remaining open orders (115) were forensic order (disability), of which 90 per cent were community category. In 2020-2021, no Forensic orders (criminal code) were made or open to a Queensland public mental health service.

In a small number of cases, a person may be receiving treatment under both a forensic order (disability) and a forensic order (mental health).

Table 9 shows total forensic orders made in 2020-2021 including the initial category of the order at the time it was made. Forensic order data included in this report does not include orders made for clients of the forensic disability service. Provision of services under the *Forensic Disability Act 2011* are reported in the annual report of the Director of Forensic Disability, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships.

Table 9: Forensic orders made (1 July 2020 – 30 June 2021)

Authorised mental health service	Forensic order (disability)		Forensic order (mental health)		Total forensic orders made
	Community	Inpatient	Community	Inpatient	
Bayside	1	0	0	1	2
Belmont Private	0	0	0	0	0
Cairns	1	0	7	1	9
Central Queensland	0	0	2	0	2
Children's Health Queensland	0	0	0	0	0
Darling Downs	1	0	0	0	1
Gold Coast	1	0	3	1	5
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	0	0	0	0	0
Mackay	1	0	2	0	3
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	1	0	5	1	7
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	0	0	2	1	3
Royal Brisbane and Women's Hospital	0	0	2	0	2
Sunshine Coast	1	0	1	1	3
The Park	0	0	0	1	1
The Park High Security	0	1	0	3	4
The Prince Charles Hospital	1	0	1	2	4
Toowong Private	0	0	0	0	0
Townsville	1	1	6	0	8
West Moreton	1	0	0	1	2
Wide Bay	0	0	3	0	3
Statewide	10	2	34	13	59

Forensic orders (continued)

The Mental Health Review Tribunal (Tribunal) must review a person's forensic order every six months to decide whether to confirm or revoke the order. If the Tribunal revokes the forensic order, it may make a treatment support order, a treatment authority or no further order.

If a forensic order results from a finding of temporary unfitness for trial and the Tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced. In this circumstance, the forensic order ends when the person appears before the court.

A forensic order may also end when a person is absent without approval for a period of more than three years.

Table 10 demonstrates the total forensic orders ended in 2020-2021 grouped by end reason. This reporting year, no forensic orders ended due to interstate transfer or as the result of charges being withdrawn.

Table 10: Forensic orders ended (1 July 2020 – 30 June 2021)

Authorised mental health service	Forensic order revoked				Patient found fit for trial	Patient Deceased	Other [2]	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	Treatment authority made	No other order made				
Bayside	0	3	0	0	0	0	0	3
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	3	0	1	0	0	0	4
Central Queensland	0	3	0	1	0	0	0	4
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	4	0	2	1	0	0	7
Gold Coast	0	3	0	0	0	0	1	4
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	7	1	0	0	0	1	9
Mackay	0	1	0	1	0	1	0	3
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	13	0	0	0	0	0	13
Princess Alexandra High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	1	7	0	0	0	1	0	9
Royal Brisbane and Women's Hospital	0	5	0	0	0	0	0	5
Sunshine Coast	0	5	0	1	0	0	1	7
The Park	0	0	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	1	0	1
The Prince Charles Hospital	0	7	0	0	0	3	0	10
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	6	0	2	0	0	0	8
West Moreton	0	6	0	1	0	0	1	8
Wide Bay	0	3	0	2	0	0	0	5
Statewide	1	76	1	11	1	6	4	100

[2] 'Other' includes patients who have been absent for 3 years or more.

Treatment support orders

A treatment support order can be made by the Mental Health Court (the Court) following a finding that the person was of unsound mind at the time of an alleged offence or is unfit for trial. Treatment support orders generally involve less oversight than forensic orders. The Court makes the order if it considers that a treatment support order, not a forensic order, is necessary to protect the safety of the community. A treatment support order may also be made by the Mental Health Review Tribunal when it revokes a patient's forensic order.

The category of a treatment support order must be a community category, unless it is necessary for the person to be an inpatient as a result of their treatment and care needs or to protect the safety of the person or others. Table 11 provides a summary of the types of treatment support orders made in 2020-2021, and their initial category.

Table 11: Treatment support orders made (1 July 2020 – 30 June 2021)

Authorised mental health service	Mental Health Court		Mental Health Review Tribunal		Total Treatment Support Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	1	0	3	0	4
Belmont Private	0	0	0	0	0
Cairns	1	0	3	0	4
Central Queensland	1	0	3	0	4
Children's Health Queensland	0	0	0	0	0
Darling Downs	0	0	4	0	4
Gold Coast	1	1	3	0	5
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	3	0	7	0	10
Mackay	1	0	1	0	2
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	0	0	14	0	14
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	0	0	7	0	7
Royal Brisbane and Women's Hospital	2	0	5	0	7
Sunshine Coast	0	0	5	0	5
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	4	0	7	0	11
Toowong Private	0	0	0	0	0
Townsville	2	0	6	0	8
West Moreton	1	0	6	0	7
Wide Bay	0	1	3	0	4
Statewide	17	2	77	0	96

The Tribunal must review a person's treatment support order every six months to decide whether to confirm or revoke the order. If the Tribunal revokes the treatment support order, it may make a treatment authority or no further order.

Similar to the provisions for forensic orders, if the treatment support order was made due to a finding of temporary unfitness for trial and the Tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced and the treatment support order ends when the person appears before the court.

On 30 June 2021, there were 267 open treatment support orders (96 per cent community, 4 per cent inpatient) in Queensland.

Table 12: Treatment support orders ended (1 July 2020 – 30 June 2021)

Authorised mental health service	Order revoked - Treatment Authority Made	Order revoked	Found fit for trial	Patient deceased	Total orders ended
Bayside	2	0	0	0	2
Belmont Private	0	0	0	0	0
Cairns	0	3	0	0	3
Central Queensland	2	1	0	0	3
Children's Health Queensland	0	0	0	0	0
Darling Downs	1	2	0	0	3
Gold Coast	4	2	1	0	7
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	0	3	0	0	3
Mackay	0	0	0	1	1
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	2	2	0	1	5
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	0	6	0	1	7
Royal Brisbane and Women's Hospital	1	2	0	1	4
Sunshine Coast	0	1	0	0	1
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	1	1	0	0	2
Toowong Private	0	0	0	0	0
Townsville	1	1	0	1	3
West Moreton	0	0	0	1	1
Wide Bay	0	4	0	0	4
Statewide	14	28	1	6	49

Seclusion

Seclusion is the confinement of a person, at any time of the day or night, in a room or area from which free exit is prevented. Seclusion significantly affects patient rights and liberty and therefore can only be authorised when there is no other reasonably practicable way to protect the patient and others from physical harm.

Under the Act, seclusion may only be used on an involuntary patient in an Authorised Mental Health Service who is subject to a treatment authority, forensic order or treatment support order, or a person absent without permission from interstate who is detained in an Authorised Mental Health Service.

The Office of the Chief Psychiatrist monitors service and statewide data on key performance indicators, including seclusion, to inform statewide and local quality improvement efforts.

Table 13 represents the statewide clinical indicators for monitoring seclusion rates in Queensland, which align to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute settings. Acute settings include Authorised Mental Health Services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis.

Table 13: Seclusion indicators (five year trend[3])

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Seclusion events per 1,000 acute bed days	8.0	6.1	7.2	10.0	9.2
Proportion of acute episodes with one or more seclusion events	3.1	2.2	2.5	3.2	2.8
Average (mean) duration of seclusion events (hours) in acute episodes	2.7	2.8	3.2	3.7	3.5

Seclusion may be authorised by an authorised doctor for up to three hours and for no more than nine hours in a 24-hour period. If required to be extended beyond this time, continued seclusion may be approved under a reduction and elimination plan.

If required, a 12-hour extension of seclusion may be authorised to allow a reduction and elimination plan to be prepared for the patient. This must be approved by a clinical director in the Authorised Mental Health Service. An extension of seclusion may only be granted once for each period of the admission in which the patient requires acute management.

Due to the complex needs of a small subset of patients, high secure Authorised Mental Health Services have historically reported higher rates of seclusion authorisations. The Chief Psychiatrist monitors seclusion rates across the state and continues to work with Authorised Mental Health Services to reduce the use of seclusion.

Table 14 includes all authorisations made for seclusion, including those made under a reduction and elimination plan, and is not limited to acute settings.

[3] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. 2020-2021 data is preliminary and subject to change.

Table 14: Seclusion authorisation (1 July 2020 – 30 June 2021)

Authorised mental health service	Seclusion authorisations				Extension of seclusion	
	Doctor	Emergency	Total authorisations	Total patients	Total extension authorisations	Total patients
Bayside	14	16	30	12	0	0
Belmont Private	0	0	0	0	0	0
Cairns	72	191	263	71	0	0
Central Queensland	173	14	187	34	1	1
Children's Health Queensland	45	56	101	11	0	0
Darling Downs	167	143	310	62	1	1
Gold Coast	362	127	489	63	1	1
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	231	194	425	127	0	0
Mackay	8	46	54	26	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	148	319	467	101	1	1
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	145	113	258	73	0	0
Royal Brisbane and Women's Hospital	190	227	417	131	0	0
Sunshine Coast	109	119	228	37	1	1
The Park	622	14	636	19	0	0
The Park High Security	12,269	80	12,349	53	0	0
The Prince Charles Hospital	224	86	310	80	0	0
Toowong Private	0	0	0	0	0	0
Townsville	203	100	303	51	1	1
West Moreton	364	91	455	52	0	0
Wide Bay	18	59	77	30	0	0
Statewide	15,364	1,995	17,359	1,033	6	6

Mechanical restraint

Mechanical restraint is the restraint of a person by the application of a device to the person's body, or a limb of the person to restrict the person's movement. Mechanical restraint does not include the appropriate use of a medical or surgical appliance in the treatment of physical illness or injury, or restraint that is authorised or permitted under another law.

The decision to use mechanical restraint is to prevent imminent and serious harm to the patient or another person, and only after alternative strategies have been trialled or appropriately considered and excluded. Mechanical restraint can only be used if there is no other reasonably practicable way to protect the patient or others from physical harm.

Mechanical restraint is closely monitored by the Chief Psychiatrist. All applications for approval to use mechanical restraint must be sent to the Chief Psychiatrist as soon as mechanical restraint is proposed. In urgent circumstances verbal approval from the Chief Psychiatrist may be given and an application must be sent to the Chief Psychiatrist as soon as practicable after verbal approval is granted.

Once approved by the Chief Psychiatrist, mechanical restraint may be authorised by an authorised doctor for up to three hours. Mechanical restraint may occur for no more than nine hours in a 24-hour period but may be continued beyond this time if approved under a reduction and elimination plan.

A Chief Psychiatrist approval for the use of mechanical restraint may be in place for up to seven days. Multiple events may be authorised under a single approval or alternatively, no events may occur under the approval if determined that mechanical restraint is no longer required.

Table 15 summarises the total number mechanical restraint in Queensland. This aligns to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute adult settings. Acute settings include Authorised Mental Health Services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis.

Table 15: Total mechanical restraint events per 1,000 acute bed days (five year trend[4])

Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
Mechanical restraint events in acute episodes	5	20	20	19	26
Total mechanical restraint events per 1,000 bed days	0.0	0.1	0.1	0.1	0.1

Table 16 provides a summary of mechanical restraint approvals this reporting year. The Park and The Park High Security Authorised Mental Health Services reported higher rates of mechanical restraint in 2020-2021 due to the complex needs of particular consumers.

[4] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2020-2021 data is preliminary and subject to change.

Table 16: Mechanical restraint approvals and events (1 July 2020 – 30 June 2021)

Authorised mental health service	Number of approvals	Number of patients[5]	Number of events
Bayside	0	0	0
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	0	0	0
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	13	5	20
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	0	0	0
Royal Brisbane and Women's Hospital	0	0	0
Sunshine Coast	2	1	6
The Park	46	1	62
The Park High Security	75	7	124
The Prince Charles Hospital	0	0	0
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	0	0	0
Statewide	136	14	212

[5] The total number of consumers is a unique count of consumers for each Authorised Mental Health Service. Consumers may have had treatment and care provided in multiple Authorised Mental Health Services throughout the year. The statewide total provides a unique count of consumers across the state.

Reduction and elimination plans

A reduction and elimination plan outlines measures to be taken to proactively reduce the use of seclusion or mechanical restraint on a patient by ensuring clinical leadership, monitoring, accountability and a focus on safe alternative interventions.

Reduction and elimination plans must be in place for any patient that is secluded or mechanically restrained for more than nine hours in a 24-hour period and is recommended practice in all other instances of seclusion or mechanical restraint.

A single reduction and elimination plan may apply to either mechanical restraint, seclusion, or both, however seclusion and mechanical restraint are not permitted to be used simultaneously. Table 16 provides a count of the total number of reduction and elimination plans recorded, regardless of whether they had an associated authorisation or event. The count of plans within each stream (i.e. mechanical restraint, seclusion or both) is limited to plans that have an associated authorisation and event. In some instances, a consumer also may receive treatment and care across multiple Authorised Mental Health Services. Consequently, row and column counts for Table 17 may not align.

An individual may have multiple plans approved during the reporting period. Each plan is valid for no longer than seven days, at which time a face-to-face clinical review of the patient occurs to determine if a further plan is required.

Table 17: Reduction and elimination plans approved (1 July 2020 – 30 June 2021)

Authorised mental health service	Mechanical restraint		Seclusion		Seclusion and mechanical restraint		Total plans approved	
	Plans	Patients	Plans	Patients	Plans	Patients	Plans	Patients
Bayside	0	0	5	5	0	0	5	5
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	4	3	0	0	5	3
Central Queensland	0	0	11	9	0	0	18	15
Children's Health Queensland	0	0	2	2	0	0	2	2
Darling Downs	1	1	15	10	0	0	19	10
Gold Coast	0	0	24	15	0	0	25	16
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	28	24	0	0	37	30
Mackay	0	0	3	1	0	0	6	3
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	10	3	46	29	1	1	72	39
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	11	8	0	0	13	9
Royal Brisbane and Women's Hospital	0	0	27	22	0	0	40	31
Sunshine Coast	0	0	12	8	0	0	17	11
The Park	36	1	27	15	0	0	82	16
The Park High Security	5	3	247	47	170	8	448	50
The Prince Charles Hospital	0	0	21	12	0	0	32	21
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	12	7	0	0	17	10
West Moreton	0	0	31	22	0	0	34	23
Wide Bay	0	0	0	0	0	0	0	0
Statewide	52	8	526	226	171	9	872	280

Physical restraint

Physical restraint refers to the use by a person of his or her body to restrict a person's movement. Physical restraint does not include the giving of physical support or assistance reasonably necessary to enable a person to carry out daily living activities, or to redirect a person because they are disorientated.

Physical restraint is used where less restrictive interventions are insufficient to protect a patient, or others, from physical harm, provide necessary treatment and care to a patient, prevent serious damage to property, or prevent a patient detained in an Authorised Mental Health Services from leaving the service without approval.

Any use of physical restraint on a patient, including that used in urgent circumstances, must be recorded on the patient's electronic health record. Business processes for recording physical restraint data and data quality continue to improve, with an overall improvement in entry being seen across the state.

Table 18 summarises the total number of physical restraint events in Queensland. This aligns to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute adult settings. Acute settings include Authorised Mental Health Services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis. Table 19 provides a summary of the total number physical restraint events recorded this reporting period.

Table 18: Total physical restraint events per 1,000 acute bed days (four year trend[6])

Indicator	2017/18	2018/19	2019/20	2020/21
Physical restraint events in acute episodes	1,841	2,693	3,412	4,567
Total physical restraint events per 1,000 bed days	6.4	9.2	11.5	15.2

[6] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2020-2021 data is preliminary and subject to change. Physical restraint events were not recorded prior to July 2017. As this is a new collection, caution is required when interpreting comparisons over time as these may be reflective of differences in business processes for recording data rather than a true variation in the use of physical restraint.

Table 19: Physical restraint events (1 July 2020 – 30 June 2021)

Authorised mental health service	Number of patients[7]	Number of events
Bayside	21	48
Cairns	63	138
Central Queensland	38	57
Children's Health Queensland	46	320
Darling Downs	99	424
Gold Coast	120	365
Logan Beaudesert	78	195
Mackay	40	72
Princess Alexandra Hospital	104	302
Redcliffe Caboolture	90	170
Royal Brisbane and Women's Hospital	169	1668
Sunshine Coast	99	369
The Park	3	50
The Park High Security	21	53
The Prince Charles Hospital	76	179
Townsville	82	251
West Moreton	52	106
Wide Bay	25	67
Statewide	1190	4834

[7] The total number of consumers is a unique count of consumers for each Authorised Mental Health Service. Consumers may have had treatment and care provided in multiple Authorised Mental Health Services throughout the year. The statewide total provides a unique count of consumers across the state.

Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a highly effective treatment for mental illness, particularly for severe depressive disorders, mania, schizophrenia and catatonia and has a strong evidence base. ECT involves the application of an electric current to specific areas of the head to produce a generalised seizure, which is modified by general anaesthesia and the administration of a muscle relaxing agent, and titrated for effect and to minimise side-effects.

The Queensland Electroconvulsive Therapy Committee provides expert advice and leadership for the delivery of ECT in Queensland, supporting Hospital and Health Service local governance processes and the Office in its oversight role.

More information about the safeguards and requirements related to ECT can be found in the *Chief Psychiatrist Policy – Electroconvulsive therapy*.

The *Queensland Health Guidelines for the Administration of Electroconvulsive Therapy* further outline a consistent, evidence-based approach to the administration of ECT.

An application for ECT must include any views, wishes and preferences the person has expressed about the therapy in an advance health directive or at other times or in other documents.

In Queensland, ECT may only be performed in an Authorised Mental Health Service, declared under the Act and is a regulated treatment that may only be given:

- with informed consent – if the person is an adult, or
- with the approval of the Mental Health Review Tribunal – if the person is a minor or if the person is an adult who is unable to give informed consent.

In some circumstances, emergency ECT may be necessary to save the person's life or to prevent the person from suffering irreparable harm. In these circumstances, a certificate to perform emergency ECT may be made for an involuntary patient which enables ECT to be administered prior to the matter being determined by the Mental Health Review Tribunal.

Table 20: Applications to perform ECT made to the Mental Health Review Tribunal (1 July 2020 – 30 June 2021)

Authorised mental health service	ECT Treatment Applications Made		
	Treatment application only	Treatment application and emergency Certificate	Total treatment applications
Bayside	11	3	14
Belmont Private	19	5	24
Cairns	17	10	27
Central Queensland	14	2	16
Children's Health Queensland	0	1	1
Darling Downs	20	7	27
Gold Coast	51	7	58
Greenslopes Private	0	0	0
Logan Beaudesert	29	6	35
Mackay	9	1	10
New Farm Clinic	1	1	2
Princess Alexandra Hospital	42	20	62
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	17	15	32
Royal Brisbane and Women's Hospital	102	21	123
Sunshine Coast	36	11	47
The Park	2	0	2
The Park High Security	27	0	27
The Prince Charles Hospital	26	4	30
Toowong Private	4	1	5
Townsville	3	2	5
West Moreton	11	4	15
Wide Bay	3	5	8
Statewide	444	126	570

Patient absence without approval

Arrangements may be made under the Act for a patient who is absent without approval to be returned to an Authorised Mental Health Service or a public sector health service facility. Unless risks in doing so are identified, reasonable efforts must be made to contact and encourage the patient to attend or return to an Authorised Mental Health Service or public sector health service facility voluntarily. If the patient is not willing or able to return to the service voluntarily, an Authority to transport absent person form may be issued.

The form authorises the return of the patient by a health practitioner, ambulance officer or, if necessary to ensure the safe transportation and return of the patient, a police officer. Notification processes are also in place to ensure timely and appropriate management of patients absent without approval.

Of the 2,994 forms issued in the reporting period, 1,955 were in relation to patients residing in the community who were required to return to an Authorised Mental Health Service. This includes patients who have become unwell or have failed to attend a scheduled appointment

The remaining 1,039 forms issued include the following categories and are represented in Table 21:

- *Failed / required to return from limited community treatment* - A patient failed to return or was required to return from approved limited community treatment (i.e. leave) or temporary absence.
- *Absconded from mental health unit* - A patient absconded from an inpatient mental health unit.
- *Absconded – Other* - A patient absconded from another unit (e.g. emergency department, community mental health facility) or while being transported between Authorised Mental Health Services.

The data provided in Table 21 is summarised by order type. 'Other' orders include patients on another type of order, such as a judicial order, and persons detained for the purposes of making a recommendation for assessment.

Reducing absence without approval is a high priority for Queensland Health. The Office and HHSs are working with the Mental Health Alcohol and Other Drugs Statewide Clinical Network to explore strategies to more effectively predict and prevent absence without approval. An essential component of this work is the ongoing monitoring of absences without approval.

Under the *Connecting Care to Recovery 2016-2021* measurement strategy, the rate of absence without approval from acute inpatient mental health units is a key performance indicator for state-funded mental health alcohol and other drug services in Queensland. The Office reviews this indicator on a monthly basis and trends are addressed directly with services. This has resulted in an overall reduction in inpatient absent without approval events over recent years.

Table 21: Authority to transport absent patient forms issued (1 July 2020 – 30 June 2021)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Other[8]	Total
Bayside	1	9	0	0	0	10
Belmont Private	1	0	0	0	0	1
Cairns	18	83	0	26	4	131
Central Queensland	5	38	0	13	1	57
Children's Health Queensland	1	3	0	0	0	4
Darling Downs	5	44	0	6	0	55
Gold Coast	4	129	4	10	0	147
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	12	70	1	11	4	98
Mackay	3	24	0	1	0	28
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	2	55	0	2	2	61
Princess Alexandra Hospital High Security	0	0	0	0	0	0
RBWH	7	36	0	1	1	45
Redcliffe Caboolture	4	31	0	8	0	43
Sunshine Coast	2	24	0	2	0	28
The Park	0	0	0	1	0	1
The Park High Security	0	0	0	1	0	1
The Prince Charles Hospital	10	49	0	4	1	64
Toowong Private	0	0	0	0	0	0
Townsville	12	96	0	94	3	205
West Moreton	3	32	0	3	1	39
Wide Bay	0	20	0	0	0	20
Statewide	90	744	5	183	17	1039

[8] 'Other' includes patients on another type of order such as a judicial order and persons detained for the purposes of making a recommendation for assessment.

Appendix 1

Abbreviations – Authorised Mental Health Services

Authorised mental health service (abbreviated)	Authorised mental health service (full title)
Bayside	Bayside Network Authorised Mental Health Service
Belmont Private	Belmont Private Hospital Authorised Mental Health Service
Cairns	Cairns Network Authorised Mental Health Service
Central Queensland	Central Queensland Network Authorised Mental Health Service
Children's Health Queensland	Children's Health Queensland Authorised Mental Health Service
Darling Downs	Darling Downs Network Authorised Mental Health Service
Gold Coast	Gold Coast Authorised Mental Health Service
Greenslopes Private	Greenslopes Private Hospital Authorised Mental Health Service
Logan Beaudesert	Logan Beaudesert Authorised Mental Health Service
Mackay	Mackay Authorised Mental Health Service
New Farm Clinic	New Farm Clinic Authorised Mental Health Service
Princess Alexandra Hospital	Princess Alexandra Hospital Authorised Mental Health Service
Princess Alexandra Hospital High Security	Princess Alexandra Hospital High Security Program Authorised Mental Health Service
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
RBWH	Royal Brisbane and Women's Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast Network 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
The Prince Charles Hospital	The Prince Charles Hospital Authorised Mental Health Service
Toowong Private	Toowong Private Hospital Authorised Mental Health Service
Townsville	Townsville Network Authorised Mental Health Service
West Moreton	West Moreton Authorised Mental Health Service
Wide Bay	Wide Bay Authorised Mental Health Service