CHAPTER 9 - LIMITED COMMUNITY TREATMENT

1. Introduction
   1.1 Director of Mental Health resources

2. Meaning and application of limited community treatment provisions
   2.1 Meaning of limited community treatment
   2.2 When limited community treatment provisions apply
   2.3 Authorised mental health service boundaries

3. Requirements for authorising limited community treatment
   3.1 General issues and requirements
      Authorisation requirements dependent on patient status
      Categories of limited community treatment
      Conditions of limited community treatment
      Child safety issues
      External verification
      Documenting occurrence of limited community treatment
   3.2 Requirements for involuntary treatment order patients
      Maximum period for continuous limited community treatment
      Limited community treatment ordered by the Tribunal
   3.3 Requirements for classified patients
      Legislative requirements relating to Director of Mental Health approval
      Request for approval
      Approval by the Director of Mental Health
      Notifications to the Director when patient’s circumstances change
3.4 Requirements for forensic patients

Legislative requirements relating to Court and Tribunal approvals and orders
Difference between an approval and an order
Maximum period for limited community treatment plan
Notification to the Director of Mental Health about authorisation of unescorted limited community treatment

3.5 Requirements for patients detained under a section 273(1)(b) order
Legislative requirements relating to Court approvals

4. Director may require monitoring condition for patient undertaking limited community treatment (s131A) \ldots. 9-18

4.1 What is a monitoring condition?

4.2 Guiding principles

4.3 Applying a monitoring condition

Notification to the Director of Mental Health about authorisation of unescorted limited community treatment
Consultation before condition is applied
Details of requirement by Director of Mental Health
Notifications
Responsibilities of administrator

4.4 Review and reporting

Regular review mechanisms for relevant patients

4.5 Flowchart

5. Director may suspend limited community treatment to manage serious risk to a person or to public safety (s493AE, 493AF, 493AG, 493AH) \ldots. 9-23

5.1 Guiding principles

5.2 Making an order

Consultation before order is made
Notifications
Responsibilities of administrator

5.3 Review and reporting
5.4 Extending or ending an order
5.5 Director of Mental Health monitoring of relevant patients

6. **Short term travel out of Queensland** ........................................ 9-27
   6.1 Requirements for involuntary treatment order patients
   6.2 Requirements for forensic order patients
   6.3 Requirements for classified patients
   6.4 Travel out of Queensland for involuntary patients in urgent circumstances

7. **Temporary absence** ................................................................. 9-31

8. **Cessation of limited community treatment** ............................ 9-32
   8.1 Cessation of authority for limited community treatment
   8.2 Cessation of order or approval for limited community treatment
      Non contact provisions

9. **Limited Community Treatment Review Committees** ...... 9-33
1. **Introduction**

The *Mental Health Act 2000* (the Act) contains provisions to authorise the absence of involuntary patients from an authorised mental health service. This includes limited community treatment provisions and temporary absence provisions.

*The provisions of the Act relating to limited community treatment can be read in full in the Mental Health Act 2000, Chapter 4 (s128-132), Chapter 5 (s186), Chapter 6 (s191, 193, 203-206) and Chapter 7 (s275, 279, 289).*

1.1 **Director of Mental Health resources (s489)**

Director of Mental Health resources of particular relevance to this chapter include:

- Appendix 3 - Forensic patient management policy and procedures
- Appendix 4 - Policy and practice guidelines for the care of disability forensic patients
- Terms of Reference - Limited Community Treatment Review Committees

2. **Meaning and application of limited community treatment provisions**

2.1 **Meaning of limited community treatment**

Limited community treatment is defined in the Act as:

> ‘undertaking some treatment or care in the community other than under the community category of an involuntary treatment order’.

Limited community treatment provides an opportunity for patients to receive treatment or care in the community. It is usually given using a graduated process, in line with improvements in the patient’s mental condition or behaviour and successful periods of limited community treatment.

2.2 **When limited community treatment provisions apply**

Limited community treatment applies to:

- patients on an *involuntary treatment order (inpatient category)*;
- classified patients;
Resource Guide (May 2016)

Chapter 9

Limited community treatment

- forensic patients (i.e. patients on a forensic order or a disability forensic order); and
- patients detained under a section 273(1)(b) order (i.e. an order made by the Mental Health Court to detain a person until they are returned to Court – see section 6.6 in chapter 6 of the Resource Guide).

The Act authorises the detention of these patients in an authorised mental health service. Limited community treatment provides lawful authority for inpatients to be absent from the service for a specified period.

Limited community treatment does not apply to patients on a community category of an involuntary treatment order (i.e. the Act provides no authority to detain these patients in an authorised mental health service).

2.3 Authorised mental health service boundaries

Understanding the ‘boundaries’ of an inpatient facility of an authorised mental health service is important in determining when the limited community treatment provisions may need to apply. Section 2 in chapter 2 of the Resource Guide describes the areas encompassed by an inpatient facility of an authorised mental health service.

In summary, authorisation of limited community treatment is not necessary for patient attendance at specialist health units (for example, pathology, dental, radiology and other diagnostic testing units) or other areas on the hospital campus that are integral to providing treatment and care (for example, supervised dining area located in a separate building).

Authorisation of limited community treatment is necessary to attend non-treatment facilities on the hospital campus (for example, hospital cafe, on campus post office or bank) or medical services off-campus. For classified or forensic patients who do not have the required level of limited community treatment to attend off-campus medical services, an approval for temporary absence from the Director of Mental Health (the Director) will be required (see section 7 in this chapter).

3. Requirements for authorising limited community treatment

3.1 General issues and requirement

Authorisation requirements dependent on patient status (s129)

The Act provides that an authorised doctor may, under the patient’s treatment plan, authorise limited community treatment for the patient. A two (2) stage process applies for patients other than patients on an involuntary treatment order (inpatient). An approval must be given by the
Mental Health Review Tribunal (the Tribunal), the Mental Health Court or the Director before limited community treatment can be authorised by an authorised doctor.

In authorising limited community treatment, the authorised doctor is responsible for ensuring that appropriate conditions are established and that the authorisation occurs within the parameters established by the Tribunal or the Mental Health Court (for forensic patients) or the Director (for classified patients).

An authorised doctor may authorise limited community treatment for the patient only when approval has been provided as follows:

<table>
<thead>
<tr>
<th>Patient status</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involuntary treatment order (inpatient)</strong></td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Classified patient</strong></td>
<td>Director of Mental Health</td>
</tr>
<tr>
<td><strong>Forensic patient</strong></td>
<td>Mental Health Court (on a reference) or Mental Health Review Tribunal or Mental Health Court (on appeal against Tribunal decision)</td>
</tr>
<tr>
<td><strong>Patient detained under a section 273(1)(b) order</strong></td>
<td>Mental Health Court (on a reference)</td>
</tr>
</tbody>
</table>

While the Act empowers an authorised doctor to authorise limited community treatment, it is important to recognise the significance of the patient's status under the Act, in particular, where the patient is subject to the classified or forensic provisions or is a patient detained under a Court order. For these patients, it is recommended that authorisation of limited community treatment be made by an authorised psychiatrist to provide the best risk management approach.

More detailed discussion of specific requirements that relate to patient status is provided below (see sections 3.2 - 3.5 in this chapter).

**Categories of limited community treatment**

Limited community treatment is categorised as follows:

- escorted limited community treatment (on or off hospital grounds);
- unescorted limited community treatment (on or off hospital grounds);
- overnight limited community treatment; and
- more than overnight limited community treatment.
Escorted limited community treatment

Escorted limited community treatment requires the patient to remain under the supervision of a health service employee for the duration of absence from the authorised mental health service. It does not include the patient being accompanied or supervised by a responsible adult other than a health service employee.

Escorted limited community treatment may apply to an individual or group outing on or off the hospital grounds. Appropriate protocols must be in place at the service level for determining supervision needs. This includes consideration of the number and skill mix of staff needed to ensure the safety of the patient and/or the community. Other considerations include risk factors associated with the event itself (for example, transport arrangements, the number of patients in attendance, needs of individual patients, environmental factors).

Staff escorts must remain with the patient during the period of limited community treatment to the extent that visual and/or verbal contact is maintained. The required proximity of escorts should reflect the supervision needs of the patient and must be specified on the limited community treatment plan.

Requirements where more than one category applies

Where more than one category of limited community treatment applies, separate authorisations are required. For example, the authorised doctor may determine that an involuntary treatment order patient may have escorted off ground leave and unescorted ground leave over a period of a week. Two (2) separate limited community treatment plans (i.e. one for escorted limited community treatment and one for unescorted limited community treatment) are required in this case.

Conditions of limited community treatment (s131)
The limited community treatment plan must set out:

♦ the continuous periods of limited community treatment;
♦ any conditions the authorised doctor considers necessary:
  o for the clinical management of the patient’s treatment or the management of the patient’s care; and
  o to protect the health and safety of the patient or the safety of others; and
♦ for a classified patient, forensic patient or patient detained under a section 273(1)(b) order, any monitoring condition required by the Director (see section 4 in this chapter).
Note that for classified patients, forensic patients, and patients subject to a section 273(1)(b) order, the category and period of limited community treatment listed in the *limited community treatment plan* must not exceed those specified by the relevant approving body. For example, for a classified patient, the category and period of limited community treatment on the *limited community treatment plan* must not exceed those stated by the Director on the *approval for limited community treatment classified patient* form.

In addition, the conditions on the *limited community treatment plan* must include all those specified by the relevant approving body. However, the authorised doctor may include additional conditions which are not contradictory to those specified by the relevant approving body, and are considered necessary to ensure treatment and to protect the safety of the patient or others.

**Conditions of care requiring the patient to reside at an approved place**

Where limited community treatment is approved subject to the patient residing at a place approved by the authorised doctor/psychiatrist, the *limited community treatment plan* must specify the address at which the patient will reside. It is not acceptable to record only ‘an approved residence.’

If the authorised doctor or psychiatrist approves a change of address during the period, the *limited community treatment plan* must be amended. While a new plan is not necessary, a copy of the amended plan must be provided to the administrator.

**Conditions requiring supervision by a responsible adult**

Where limited community treatment is approved subject to the patient being in the care/under the supervision of a responsible adult:

- the person responsible for the patient’s supervision must be identified on the *limited community treatment plan*; and
- the supervision requirements must be explained and discussed with the supervising person prior to the patient commencing limited community treatment.

Service staff should ascertain that the person understands and is willing to undertake the supervision requirements. Documentation should be made in the patient’s clinical file.
Conditions requiring patient not to possess any firearm or other offensive weapon

Where limited community treatment is approved subject to the patient being required not to possess a firearm or other offensive weapon, the treating team may complete a Firearms/licence notification form to inform the Queensland Police Commissioner of the person’s unsuitability to possess a firearm\(^1\) under section 151 of the Weapons Act 1990:

♦ because of the person’s mental condition; and

♦ to protect the health and safety of the patient or the safety of others.

Documentation including the notification to the Commissioner should be made in the patient’s clinical file.

Child safety issues

For all patients on periods of authorised leave, the authorised mental health service is required to identify any children that the patient has care, custody or access to in their place of residence and who may be affected by the patient’s mental illness, or intellectual or cognitive disability. An assessment must be undertaken, including the patient’s parenting abilities, the presence of other adults who may be involved in providing care to the children and the risk of abuse and neglect. All staff should be aware of the mandatory reporting requirements under section 186 and section 197A of the Child Protection Act 1999.

External verification

External verification of the limited community treatment plan must be undertaken before limited community treatment commences for a classified patient, forensic patient, or patient subject to a section 273(1)(b) order. This applies for each new limited community treatment plan.

The administrator is responsible for ensuring that appropriate protocols are in place to ensure verification of the limited community treatment plan occurs. The verification may be undertaken by the administrator or another person external to the treatment team nominated by the administrator (for example, the administrator delegate or nursing supervisor with operational management responsibility).

---

\(^1\) Refer to the Queensland Police Weapons and Health Issues website to access the Firearms/Licence Notification form and for further information relating to weapons and health.
The person undertaking the verification must ensure that:

- the *limited community treatment plan* is based on the *current* approval (for example, for a forensic patient the most recent decision of the Tribunal); and

- the *limited community treatment plan* is consistent with the approval; in particular:
  - the *category* of limited community treatment does not exceed the level approved;
  - the *period* of limited community treatment does not exceed the period approved;
  - the *conditions* of limited community treatment are consistent with the conditions set out in the approval (additional conditions may be applied) and include the required details – for example:
    - the address at which the patient will reside for overnight or more than overnight limited community treatment;
    - the person responsible for supervising the patient where relevant; and
  - the *limited community treatment plan* is *authorised* by the appropriate person.

The person undertaking the verification must complete the ‘Approval/Order Verification’ section on the *limited community treatment plan*.

**Documenting occurrence of limited community treatment**

Details of each occurrence of limited community treatment must be documented on the limited community treatment plan. A clinical file entry on the outcome of the limited community treatment must also be made.

**3.2 Requirements for involuntary treatment order patients**

As identified above, limited community treatment for a patient subject to an *involuntary treatment order (inpatient)* may be authorised by an authorised doctor by way of a *limited community treatment plan*.

**Maximum period for continuous limited community treatment (s131)**

The maximum continuous period of limited community treatment that can be authorised for the patient is seven (7) days. However the authorised doctor may extend the period for a further continuous period of seven (7) days.

In line with the principles guiding the use of the Act, the authorised doctor should consider amending the category of the *involuntary treatment order* (i.e. to community category) rather than authorise consecutive seven (7)
day periods. Where authorisation of consecutive continuous seven (7) day periods is necessary, the clinical grounds should be documented in the patient’s file.

Note that the seven (7) day limit only applies to a continuous period of limited community treatment. It does not apply to multiple short periods of limited community treatment within the period of the plan. For example, the limited community treatment plan may be of longer duration to authorise daily unescorted access to the hospital grounds.

**Limited community treatment ordered by the Tribunal**

The Tribunal or Mental Health Court (on an appeal against a Tribunal decision) may order that the patient have limited community treatment.

The administrator must ensure that an authorised doctor amends the patient’s treatment plan to give effect to the order.

The administrator must ensure the information system is updated to reflect the details of the limited community treatment including:

- the authorised doctor who authorised the limited community treatment;
- the category of the limited community treatment; and
- the conditions of limited community treatment.

### 3.3 Requirements for classified patients

In line with legislative provisions, limited community treatment for a classified patient requires:

- approval by the Director; and
- authorisation by an authorised doctor by way of a limited community treatment plan.

Requirements relating to limited community treatment for a classified patient apply regardless of whether the patient is also subject to an involuntary treatment order, forensic order or disability forensic order.

**Legislative requirements relating to Director of Mental Health approval (s129, 132)**

The Director must not give an approval for limited community treatment for a classified patient unless the Director is satisfied there is not an unacceptable risk of one of the following events happening if limited community treatment was approved:

- the patient would not return to the authorised mental health service when required;
the patient would commit an offence while away from the authorised mental health service; and/or

the patient would endanger the safety or welfare of the patient or others.

The approval may be given subject to conditions decided by the Director.

The Director may also withdraw approval for limited community treatment for a classified patient if:

- the Director is reasonably satisfied one of the above events has happened in relation to the patient; or
- the Director is satisfied there is an unacceptable risk of one of the above events happening in relation to the patient.

For a classified patient serving a sentence of imprisonment or detention, the approval must be limited to escorted limited community treatment.

**Request for approval**

To seek the Director’s approval for limited community treatment, the authorised doctor must complete a *request for approval for limited community treatment classified patient* form.

**Information to be included in request**

In order to enable the Director to make an informed decision, the request should include the following information:

- the patient’s current mental state and relevant psychiatric history;
- details of the patient’s intellectual or cognitive disability (if applicable);
- the offence/s leading up to the patient becoming a classified patient;
- the patient’s social circumstances;
- the type and amount of limited community treatment the patient has had to date;
- the patient’s response to treatment or care and willingness to continue treatment or care;
- the patient’s compliance with previous limited community treatment (for example, any adverse issues, late return, non-compliance with conditions etc);
- the proposed *limited community treatment plan* (for example, category, duration, conditions, accommodation and support arrangements, consequences of non-compliance, etc);
- the goals of the limited community treatment; and
Consideration of bail for patients charged with an offence

In line with the Act’s principles relating to least restriction of rights and liberties, the authorised doctor should consider whether bail is a more appropriate option. If bail is granted, the classified patient status ceases (see chapter 5 of the Resource Guide) and the responsibility for authorising limited community treatment is devolved to the authorised doctor or psychiatrist.

The treating team should, as part of the management plan for the patient, liaise with the patient’s legal representative regarding the appropriateness of a bail application.

Urgent requests for limited community treatment

Where the request for approval for limited community treatment classified patient requires urgent consideration, the authorised doctor should contact the Mental Health Act Liaison Officer on 07 3328 9899 to advise of the circumstances.

Approval by the Director of Mental Health

The Director’s approval is given by way of an approval for limited community treatment classified patient form.

The Director’s approval is usually for a fixed time period (for example, two (2) weeks). Another request for approval for limited community treatment classified patient must be made at the end of this time period if the authorised doctor considers further limited community treatment is appropriate.

If the patient is also subject to a forensic order or disability forensic order, the Director’s approval will not exceed the limited community treatment approval given by the Tribunal or Mental Health Court.

Notifications to the Director when patient circumstances change

In order for the Director to effectively exercise statutory responsibilities relating to giving or revoking an approval for limited community treatment, the Director must be advised of any significant change to the patient’s circumstances. This includes, for example:

- re-offending or other incident involving police;
- significant non-compliance with the treatment plan or limited community treatment plan (for example, use of alcohol or drugs); and
unanticipated return from limited community treatment (i.e. where the authorised doctor requires the patient’s earlier return due to a deterioration in mental state or behaviour).

The administrator must ensure the information system is updated to reflect:

- the details of the approval for limited community treatment classified patient issued by the Director; and
- the details of any subsequent limited community treatment plan issued by the authorised psychiatrist.

### 3.4 Requirements for forensic patients

In line with legislative provisions, limited community treatment for a forensic patient requires:

- approval by the Mental Health Court or the Tribunal, and
- authorisation by an authorised doctor by way of a limited community treatment plan.

The Mental Health Court or the Tribunal may also ‘order’ limited community treatment for a forensic patient. The difference between an ‘approval’ and an ‘order’ for limited community treatment is discussed below.

**Legislative requirements relating to Court and Tribunal approvals and orders (s129, 203, 204, 289)**

In approving or ordering limited community treatment for a forensic patient, the Mental Health Court or the Tribunal must be satisfied the patient does not represent an unacceptable risk to the safety of the patient or others, having regard to the patient’s mental illness, or intellectual or cognitive disability.

Under section 203(6) of the Act, when the patient’s most recent forensic order is a forensic order (Mental Health Court), the Tribunal must have regard to:

- the patient’s mental state and psychiatric history;
- each offence leading to the patient becoming a forensic patient;
- the patient’s social circumstances; and
- the patient’s response to treatment and willingness to continue treatment.
Section 203(6A) of the Act applies when the patient’s most recent forensic order is a disability forensic order and the Tribunal must have regard to:

- the patient’s mental state;
- the patient’s intellectual or cognitive disability;
- each offence leading to the patient becoming subject to the disability forensic order;
- the patient’s social circumstances;
- the patient’s treatment plan; and
- the patient’s behaviour in response to that plan, including behaviour that places the patient’s health or safety or the safety of others at risk.

The Court or the Tribunal may make the approval or order subject to the conditions the Court or the Tribunal considers appropriate.

Additional requirements apply when the Court or the Tribunal is considering limited community treatment for a patient who is unfit for trial but not permanently unfit (i.e. where the charges have not been discontinued). In this instance, the Court or the Tribunal must be satisfied there is not an unacceptable risk of one of the following events happening if limited community treatment was approved:

- the patient would not return to the authorised mental health service when required;
- the patient would commit an offence; and/or
- the patient would endanger the safety or welfare of the patient or others.

The Court or the Tribunal may also revoke an existing approval or order for limited community treatment.

**Difference between an approval and an order**

In practical terms, an approval is given where the Court or the Tribunal intends that limited community treatment be provided at the discretion of an authorised doctor or psychiatrist. In exercising the discretion, the doctor must complete the limited community treatment plan.

An order has an immediate and compelling effect. A limited community treatment plan may not be required in every instance.

**Limited community treatment ordered by the Tribunal**

Tribunal orders for limited community treatment occur very infrequently. When an order is made, the administrator must ensure that an authorised
doctor amends the patient’s treatment plan to give effect to the order. The authorised doctor must also complete a limited community treatment plan consistent with the Tribunal order.

**Limited community treatment ordered by the Court**

The Mental Health Court may give an order for limited community treatment or, alternatively, state that the limited community treatment is to take effect immediately. An order for limited community treatment is sometimes made by the Court at the time the forensic order or disability forensic order is made. In particular, it occurs when the Court determines that the patient should have more than overnight limited community treatment. The order enables the limited community treatment to take effect immediately upon the Court matters being finalised (i.e. there is no requirement for the patient to return to the service for a limited community treatment plan to be completed by an authorised doctor).

If the Court does order limited community treatment or states that the limited community treatment may take effect immediately:

- the Court will usually require that the patient attend an appointment with the authorised doctor within seven (7) days of the hearing;
- the patient’s limited community treatment continues until the stated appointment time, unless the doctor requires the patient’s earlier return (for example, in response to clinical need or non-compliance with conditions established by the Court); and
- if the authorised doctor decides it is appropriate to continue limited community treatment when the patient attends for the appointment, a limited community treatment plan (consistent with the Court conditions) must be made by the authorised doctor.

If the Court does not order the limited community treatment or does not state that the limited community treatment is to take effect immediately, the process for an ‘approval’ applies. That is, the patient is to be detained at the authorised mental health service stated in the forensic order or disability forensic order and any limited community treatment must be by way of a limited community treatment plan (consistent with the Court approval) issued by an authorised doctor.

**Maximum period for limited community treatment plan**

The maximum duration of a limited community treatment plan for a forensic patient is six (6) months. The authorised doctor may complete a further limited community treatment plan upon or immediately prior to the plan expiring to continue the limited community treatment.
Limited community treatment authorisation by the authorised doctor must be renewed on the making of every Tribunal review decision whether or not there is a change in limited community treatment arrangements. This is because the Tribunal makes a new order each time it reviews a matter, whether or not changes to the arrangements are made. The authorised doctor must document the new authority for limited community treatment in the patient’s treatment plan.

The administrator must ensure the information system is updated to reflect:
- the details of the approval/order made by the Court or the Tribunal; and
- the details of any subsequent limited community treatment plan issued by the authorised doctor.

Notification to the Director of Mental Health about authorisation of unescorted limited community treatment

To facilitate consideration of the need for a monitoring condition, the Director must be notified one (1) week prior to authorisation of limited community treatment in the following circumstances:

1. The patient is:
   - a special notification forensic patient; or
   - a forensic patient where there are high risk or contentious issues; or
   - a forensic patient who has had an absent without permission event during the current inpatient episode in a high security unit, a secure mental health rehabilitation unit or an acute unit.

   AND

2. the proposed limited community treatment is the first episode of unescorted limited community treatment (with or without a responsible adult).

For more information, see section 4.3 in this chapter.

3.5 Requirements for patients detained under a section 273(1)(b) order

In line with legislative provisions, limited community treatment for a patient detained under a section 273(1)(b) order requires:
- approval by the Mental Health Court; and
- authorisation by an authorised doctor by way of a limited community treatment plan.
Legislative requirements relating to Court approvals (s132, 275)

The Mental Health Court cannot approve limited community treatment for a patient subject to a section 273(1)(b) order unless satisfied that the patient does not represent an unacceptable risk to the safety of the patient or others, having regard to the patients’ mental illness or intellectual or cognitive disability.

The Act also provides that limited community treatment is limited to escorted limited community treatment.

The administrator must ensure the information system is updated to reflect:
- the details of the approval given by the Court; and
- the details of any subsequent limited community treatment plan issued by the authorised doctor.

4. Director may require monitoring condition for patient undertaking limited community treatment (s131A)

The Director may require that a monitoring condition be applied to a treatment plan for a classified patient, a forensic patient or a patient detained under a section 273(1)(b) order for the purposes of the patient undertaking limited community treatment.

4.1 What is a monitoring condition?

A monitoring condition that is required by the Director to be applied to a patient’s treatment plan for the purposes of the patient undertaking limited community treatment is distinct from conditions applied by the treating doctor or the Tribunal and is intended to support the risk management of particularly high risk patients. Examples of the types of monitoring conditions that may be required by the Director are:
- specific phone contact requirements (for example, the patient must carry a mobile phone at all times while on limited community treatment, and must phone the authorised mental health service at regular, specified intervals);
- supervision requirements regarding with whom the patient may undertake limited community treatment;
- specific requirements regarding places to which the patient may or may not travel while on limited community treatment; and
- the application of a GPS location device while the patient is undertaking limited community treatment.
4.2 Guiding principles

The general principles for administration of the Act and exercising powers and performing functions under the Act apply in relation to a requirement for a monitoring condition to be applied to a patient’s treatment plan. In addition, the following principles also apply:

- a monitoring condition may be required by the Director only if it is the least restrictive mechanism to address the risks associated with the patient accessing limited community treatment;
- a monitoring condition may be required by the Director only if there is no alternative avenue for addressing the risks associated with the patient accessing limited community treatment;
- consultation regarding the potential clinical impact on the patient of a monitoring condition must occur as outlined below prior to a requirement being issued;
- the monitoring condition must be reviewed regularly by the treating team, the Director and independently by the Tribunal; and
- regular reporting on the clinical impact of the monitoring condition must occur.

4.3 Applying a monitoring condition

A monitoring condition may only be applied to a treatment plan by the Director in the following circumstances:

- where the patient’s forensic history indicates a need for increased monitoring;
- at critical points of limited community treatment change (for example, transitioning from escorted to unescorted limited community treatment);
- where there are significant issues identified in relation to the patient accessing limited community treatment (for example, the patient is assessed as high risk for absconding or violence); and
- if there is no alternative mechanism to manage the identified risk.

Notification to the Director of Mental Health about authorization of unescorted limited community treatment

To facilitate consideration of the need for a monitoring condition, the Director must be notified one (1) week prior to authorisation of limited community treatment in the following circumstances:

1. The patient is:
   - a special notification forensic patient; or
   - a forensic patient where there are high risk or contentious issues; or
a forensic patient who has had an absent without permission event during the current inpatient episode in a high security unit, a secure mental health rehabilitation unit or an acute unit.

AND

2. The proposed limited community treatment is the first episode of unescorted limited community treatment (with or without a responsible adult).

‘First episode’ includes:

- first time ever the patient is accessing unescorted limited community treatment, regardless of duration;
- first time the patient is accessing unescorted limited community treatment after a cancellation or cessation of limited community treatment (by authorised doctor, Tribunal or Mental Health Court).

However, notification is not required in circumstances where the cancellation/cessation of the patient’s limited community treatment:

- did not result in the patient’s admission (e.g. return for reassessment following non-compliance with the treatment plan); or
- resulted from the patient’s voluntarily re-admission and there are no high risk or contentious issues.

High risk or contentious issues in relation to a forensic patient may include:

- clinical issues, for example recent or multiple periods of being absent without permission;
- community interest, for example history of serious offences or high likelihood of attracting police attention if absent without permission; and
- known victim concerns.

The limited community treatment events outlined above, and the notification to the Director must be approved by the Clinical Director of the relevant service.

Notification to the Director must be approved by the Clinical Director of the relevant authorised mental health service and is given using Part A of the Notification to Director of Mental Health about LCT event form.

The Director will contact the Clinical Director if further information or follow up regarding the patient is required.

Written notification of the Director’s decision is provided to the relevant authorised mental health service by way of Part B of the Notification to Director of Mental Health about LCT event form.
Consultation before condition is applied

Before a requirement to apply a monitoring condition is made by the Director, consultation with the relevant treating clinician and/or the administrator of the authorised mental health service will occur. The consultation must address:

- what has already been done to manage any identified risks for the relevant patient;
- any clinical impact that the application of a monitoring condition may have; and
- how a monitoring condition may be used (for example, management planning, timeframes) to support the patient’s access to limited community treatment.

Decision by Director on notification about authorisation of unescorted limited community treatment

The Director may decide that;

- a monitoring condition is not required; or
- a monitoring condition is not required but a further notification must be provided before an increase in limited community treatment; or
- one or more monitoring conditions are required.

Notifications

The Director’s decision on notification about the proposed limited community treatment is provided by written notice to the administrator of the authorised mental health service via Part B of the Notification to Director of Mental Health about LCT event form. The details of any monitoring condition required must be set out in this notice.

Details of requirement by the Director of Mental Health

A requirement for a monitoring condition to be applied must detail the following information:

- the following patient details:
  - name;
  - date of birth;
  - involuntary status; and
  - authorised mental health service;
- the type of monitoring required;
broadly, the reason that the monitoring condition is required;
the maximum time period for which the requirement is in force;
minimum review intervals for the monitoring condition; and
any other relevant details.

Responsibilities of administrator

The administrator must ensure the requirement to apply a monitoring condition is included in the patient's treatment plan and is given effect. This includes:

- communicating with the affected patient about the requirement and ensuring the patient understands the implications of the condition;
- notifying the patient's allied person (if the patient consents to the disclosure of this information); and
- reporting to the Director about the clinical impact of the condition.

4.4 Review and reporting

Administrators must report to the Director on a regular basis (in accordance with the minimum review intervals specified by the Director) about the impact of a monitoring condition. This report must include consideration of clinical implications for the patient.

The Director will review the need for a monitoring condition on a regular basis.

Regular review mechanisms for relevant patients

Administrators must establish mechanisms within their service to ensure that the following matters are regularly reviewed for forensic, classified and section 273(1)(b) order patients to assess the need for a monitoring condition:

- forensic history and ongoing related risk issues which indicate a need for increased monitoring;
- critical points of limited community treatment change; and
- historical incidents relating to limited community treatment access (for example, successful or unsuccessful limited community treatment periods).

In addition, the Director will review the need for a monitoring condition for relevant patients through:

- notifications to Director of Mental Health about LCT event forms;
- regular monitoring of the administration of limited community treatment for the following classes of patient:
4.5 Flowchart

The flowchart at the end of this chapter sets out the processes for notification to the Director about a limited community treatment event for the Director’s consideration of a monitoring condition.

5. Director may suspend limited community treatment to manage serious risk to a person or to public safety (s493AE, 493AF, 493AG, 493AH)

The Act provides authority for the Director to issue an order to suspend limited community treatment for a relevant patient, or a class of relevant patient to manage a serious risk to the life, health or safety of a patient or other persons or a serious risk to public safety.

A relevant patient is defined in the Act as a forensic patient, a classified patient or a patient on a section 273(1)(b) order. This authority sits within a range of measures that may be used in response to a serious risk to the health or safety of a patient or others. These measures include authority for the Director to:

- review any guidelines, polices and protocols about the use of limited community treatment;
- review, or require a review to be undertaken in relation to the treatment plans and planned implementation of limited community treatment; and
- require administrators of authorised mental health services to review procedures and protocols in relation to the authorisation of limited community treatment.

5.1 Guiding principles

The general principles for administration of the Act and exercising powers and performing functions under the Act apply to the issuing and implementation of an order to suspend limited community treatment. In addition, the following principles also apply:

- an order may be made only if it is the least restrictive mechanism to address the serious risk, and there is no alternative avenue for addressing the serious risk;
an order to suspend limited community treatment must be time-limited;

an order to suspend limited community treatment must impact the minimum number of relevant patients required to address the serious risk;

consultation on the impact of an order to suspend limited community treatment must occur as outlined below prior to an order being made;

an order to suspend limited community treatment must be reviewed regularly by both the Director and the authorised mental health service, and regular reporting on the impact of the order must occur; and

an order to suspend limited community treatment must only be done in conjunction with a review of the related serious risk.

5.2 Making an order

An order to suspend limited community treatment may only be made if the Director considers that a matter has arisen in relation to one (1) or more patients and there is a serious risk to the life, health or safety of a person, or a serious risk to public safety because of the matter.

An order to suspend limited community treatment for an individual patient may be made only if the serious risk relates directly to that individual patient.

An order to suspend limited community treatment for a class of patients may be made to:

♦ prevent security risks that may relate to more than one (1) patient; or

♦ address risks associated with the management of a facility.

Consultation before order is made

If relevant, administrators must provide advice to the Director about steps that have already been taken to address the serious risk.

Consultation with Administrators will occur prior to an order being made by the Director. The consultation must address the:

♦ likely impact of the order on the service’s operations; and

♦ likely impact of the order on patients who will have their limited community treatment suspended.

It is intended that as far as possible, an order to suspend limited community treatment will not include a direction that a young patient have limited community treatment suspended. However, if an order does apply to a young patient, consultation will occur with the relevant administrator about the best interests and needs of the young patient affected.
Additionally, if an order relates to a young patient, before the order is made, the Chief Executive under the *Child Protection Act 1999* will be notified about the action proposed.

In all circumstances, before an order is made the Attorney-General will be notified advising of the action proposed.

Where relevant (for example, if police assistance is required in any capacity), consultation will also be undertaken by the Office of the Director with the Queensland Police Service on the impact of any order to suspend limited community treatment.

**Details of order**

An order to suspend limited community treatment must detail the following information:

- broadly, the reason that the order is required;
- the maximum time period for which the order is in force, which is not to exceed three (3) days, unless a review of the order indicates a need for extension;
- if the order relates to an individual patient, the following details:
  - name;
  - date of birth;
  - involuntary status; and
  - authorised mental health service;
- if the order relates to a class of patients, the following details:
  - the class of patient (i.e. special notification forensic patient, forensic, classified etc);
  - the relevant facility or service (for example, the name of the authorised mental health service, or the name of an in-patient facility within an authorised mental health service) to which the class of patient is detained;
  - any other distinguishing details to ensure the class of patient is clearly identified (for example, name of treating psychiatrist if relevant, particular limited community treatment approvals or other identifying information); and
- if the order requires a patient/s in the community to return to an authorised mental health service, the name of the authorised mental health service and the time or date by which the patient/s must return must also be included in the order.
**Notifications**

Relevant administrators will be notified of the order to suspend limited community treatment by written notice.

**Responsibilities of administrator**

Relevant administrators must ensure the order to suspend limited community treatment is given effect. This includes:

- communicating with affected patients about the order and ensuring the patients understand the implications of the order;
- notifying allied persons, guardians and significant others;
- ensuring that patients return to the authorised mental health service by the required time and date; and
- reporting to the Director about the order.

**5.3 Review and reporting**

Administrators must report to the Director on a daily basis about the impact of the order. This report must include consideration of clinical and resourcing implications in relation to the order.

A suspension of limited community treatment will be ordered only in conjunction with a review of the serious risk. Regular reporting is required to the Director about the review (if this is carried out by the authorised mental health service) and the steps taken to manage the risk.

The Director will review the need for an order to suspend limited community treatment daily.

**5.4 Extending or ending an order**

The Director must end an order to suspend limited community treatment if the Director reasonably believes the serious risk can be managed in a less restrictive or alternative manner.

The Director may extend an order to suspend limited community treatment if the Director reasonably believes the order is still required to manage the serious risk.

If an order is ended or extended by the Director, notification will be provided to relevant administrators.

If the original order is not ended or extended before the maximum time period detailed in the order (not to be more than three (3) days), the order will end when the maximum time period is reached. To ensure, as far as possible, that no limited community treatment suspensions are carried out after the order has expired, the Director will notify relevant administrators of the expiration of the order.
5.5 Director of Mental Health monitoring of relevant patients

To ensure an order to suspend limited community treatment can be enacted effectively if required, the Office of the Director has established a system for monitoring the administration of limited community treatment for particular classes of patient:

- forensic/classified/section 273(1)(b) patients in medium secure facilities;
- forensic/classified/section 273(1)(b) patients in high secure facilities.

For other involuntary patients, the Director will monitor the administration of limited community treatment through alternative mechanisms (for example, Tribunal reviews and decisions, absent without permission notifications and serious incident reporting).

The administrator must ensure the information system is updated to reflect the details of an order by the Director to suspend limited community treatment.

6. Short-term travel out of Queensland

Short-term travel includes travel out of Queensland for periods of less than three months, including interstate travel that is less than 24 hours.

The limited community treatment provisions do not (explicitly or implicitly) prohibit arrangements for an involuntary patient to travel out of Queensland for a brief period of time.

6.1 Requirements for involuntary treatment order patients

On becoming aware of the patient’s request to travel out of Queensland, the authorised psychiatrist should, in conjunction with the treating team, undertake a comprehensive assessment including:

- the patient’s treatment and care needs;
- risk factors;
- history of compliance with limited community treatment;
- availability of supports for the period of travel;
- availability of mental health or disability service (if applicable) follow up during the period of travel;
- availability of crisis intervention during the period of travel; and
- legislative safeguards (e.g. the existence of an interstate agreement for apprehension and return of involuntary patients with the relevant State).
The authorised psychiatrist will:

- consider obtaining a second opinion from another psychiatrist within the authorised mental health service, and
- consult with the Director/Clinical Director of the authorised mental health service.

If, having regard to advice received from the Director/Clinical Director and/or second opinion, the authorised psychiatrist believes that risks associated with the travel can be appropriately contained and managed:

- for all *involuntary treatment order* patients (inpatient or community category), documentation will be made in the patient’s *treatment plan* of the following:
  
  - travel arrangements, including an itinerary for the trip with flight/other transport details and contact details for the accommodation where the patient will be staying;
  - treatment and care arrangements, including dates and times of any appointments made;
  - contact information for the patient during the period of travel;
  - names and contact details for individuals involved in supporting, supervising or providing other assistance to the patient;
  - process for further assessment if the travel is not immediate or is intermittent; and
  - any contingency plans.

- for patients on an *involuntary treatment order* (inpatient), requirements should also be reflected in the *limited community treatment plan*, and

- relevant information is to be communicated to the patient and persons identified as having a role in providing support, supervision or treatment.

If the authorised psychiatrist determines that the travel is not in the patient’s treatment and care interests or that the risks associated with the travel cannot be appropriately managed or contained, the reasons for the decision should be documented and explained to the patient.

Documentation must be made in the patient’s *treatment plan*. For patients on an *involuntary treatment order* (inpatient), reasons for the decision should also be reflected in the *limited community treatment plan*.

### 6.2 Requirements for forensic order patients

Limited community treatment may be considered by the Mental Health Court in making a *forensic order* or *disability forensic order* or by the Tribunal in any *forensic order* or *disability forensic order* review.
In approving limited community treatment, the Mental Health Court or the Tribunal seeks to ensure that risk is appropriately addressed through limiting the type/level of limited community treatment or in applying conditions that minimise risk. While travel out of Queensland may not be a current issue for a patient, it may represent an unacceptable risk in the event that this issue arises at a future point in time.

If the treating team considers that a patient’s travel out of Queensland would represent an unacceptable risk, the matter should be addressed in the clinical report provided to the Mental Health Court or the Tribunal.

However, at any given time, the clinical team may determine that short-term travel can proceed if the limited community treatment conditions do not preclude short-term travel and appropriate risk management measures are in place. These considerations will be of particular relevance for patients who have limited community treatment to reside in the community or for whom approval is being sought for this level of limited community treatment.

Where the Mental Health Court or the Tribunal approval does not preclude interstate travel, the authorised psychiatrist may authorise the patient’s travel out of Queensland. In the event that a patient indicates that he/she wishes to undertake short-term travel out of Queensland, the authorised psychiatrist will need to determine:

♦ whether such travel is appropriate, taking account of the patient’s treatment or care needs and risk assessment, and

♦ in the event that the authorised psychiatrist believes that the travel is appropriate, whether issues of risk are of sufficient degree to warrant further review by the Tribunal.

In determining whether to support the patient’s request to travel out of Queensland, the authorised psychiatrist must undertake a comprehensive assessment (as detailed previously in this chapter under Requirements for involuntary treatment order patients), with the inclusion of consideration of any victim or community concerns.

A notification to Director of Mental Health of approval of short-term travel out of Queensland for forensic patient form must be submitted to the Clinical Director for approval. Should the Clinical Director approve the leave then the application form is to be submitted to the Director for noting.

Where a request for overseas travel is being considered, the clinical team may obtain information to assist in decision making from:

♦ the Department of Foreign Affairs and Trade website at: http://www.dfat.gov.au/geo/index.html for details of the country to which
the patient wishes to travel and at: http://www.dfat.gov.au/visas/ for visa requirements and other information on international travel; and

♦ the Smart Traveler website, the Australian Government’s travel advisory and consular information service, for details of current issues, visa requirements in relation to specific countries at: http://www.smarttraveller.gov.au/zw-cgi/view/Advice/

If the authorised psychiatrist does not consider that the risks associated with travel out of Queensland can be safely contained or managed, the reasons should be documented and explained to the patient. The issue of travel out of Queensland should be raised at the next Tribunal hearing to provide opportunity for the Tribunal to consider the need for amendment of the limited community treatment approval.

Where an application to the Tribunal is made, the usual process of review by the Limited Community Treatment Review Committee will apply. Consistent with the purpose of the Limited Community Treatment Review Committee, the plan to authorise travel outside of Queensland must be reviewed by the Limited Community Treatment Review Committee to provide recommendations, advice and feedback to the treatment team and to the Tribunal about the plan.

6.3 Requirements for classified patients

Classified patients are transferred to the mental health service system from a court or custody and remain subject to Queensland’s criminal justice processes (i.e. for charges not yet determined). Travel out of Queensland using the limited community treatment provisions should not occur until the classified patient status ceases – either through obtaining bail or resolution of outstanding charges. Contact can be made with the Mental Health Act Liaison Officer on 07 3328 9899 (for mental health staff) or 1800 989 451 (for public enquiries) to obtain advice on the relevant processes relating to classified patients.

In urgent circumstances, the Director will consider whether the patient’s absence to undertake interstate travel should be approved on compassionate grounds (as detailed next in this chapter under Travel out of Queensland for involuntary patients in urgent circumstances). A comprehensive risk assessment and detailed risk management plan should be provided. A second opinion from within the authorised mental health service should also be considered, and provided where obtained.

6.4 Travel out of Queensland for involuntary patients in urgent circumstances

In urgent circumstances, if the patient does not already have an appropriate level of limited community treatment approved, or if they are a classified patient, the Director will consider whether the patient’s absence
to undertake travel out of Queensland should occur (under an approval for temporary absence) on compassionate grounds.

The Director’s approval may be given on any grounds the Director considers appropriate, including, for example, a condition that the patient is to be in the care of a stated person for the period of absence. A comprehensive risk assessment and detailed risk management plan should be provided with a temporary absence request. A second opinion from within the authorised mental health service should be considered and provided where obtained.

The administrator must ensure the information system is updated to reflect the cessation of:
- the authorisation for limited community treatment; and/or
- an order or approval for limited community treatment.

### 7. Temporary absence

The Director may approve temporary absence for medical, legal or compassionate reasons for:
- a classified patient;
- a forensic patient; and
- a patient under a Court order issued under:
  - section 101(2) – i.e. a person detained during an adjournment at trial;
  - section 273(1)(b) – i.e. a person detained following a Mental Health Court hearing, pending return to Court; and
  - 337(6) – i.e. an order by the Court of Appeal following the Mental Health Court decision.

To request temporary absence, the authorised doctor must make a request for a patient’s temporary absence to the Director.

The Director’s approval is given by way of an approval for a patient’s temporary absence. The Director must state the approved period of absence and any conditions the Director considers appropriate.

A temporary absence request/approval is generally not required if the patient already has an appropriate level of limited community treatment approved. That is, the patient’s absence from the service may be authorised by an authorised doctor using a limited community treatment plan.
However, if the patient is a classified patient, approval for temporary absence is required to enable the patient to attend Court (for example, a bail application).

The administrator must ensure the information system has been updated to reflect the details of the temporary absence approval, any conditions established by the Director, and the details of the patient’s return.

8. Cessation of limited community treatment

8.1 Cessation of authority for limited community treatment

An authority for limited community treatment (i.e. the limited community treatment plan) ceases:

♦ at the end of the time frame specified for limited community treatment on the limited community treatment plan (i.e. unless a further limited community treatment plan has been made to extend the period of limited community treatment); or

♦ if an authorised doctor or psychiatrist determines that the patient should be returned before the end of the time frame (for example, in response to clinical need or non-compliance with conditions established by the Court) and issues a requirement to return to authorised mental health service.

The processes for returning patients to an authorised mental health service are provided in chapter 10 of the Resource Guide.

The authorised doctor or psychiatrist may issue a further limited community treatment plan if, at a time following the patient’s return:

♦ the authorised doctor or psychiatrist considers it clinically appropriate to reinstitute the limited community treatment; and

♦ the necessary order or approval remains in effect.

8.2 Cessation of order or approval for limited community treatment

Limited community treatment also ceases when an order or approval for limited community treatment is revoked. That is:

♦ an approval for limited community treatment for a classified patient is revoked by the Director; or

♦ an order or approval for limited community treatment for a forensic patient is revoked by the Mental Health Court or the Tribunal.
If an order or approval is revoked, the administrator must ensure the authorised doctor or psychiatrist amends the patient’s treatment plan to reflect this change.

If the patient is not at the authorised mental health service when the order or approval is revoked, the authorised doctor or psychiatrist should issue a requirement to return to authorised mental health service. See chapter 10 of the Resource Guide.

The patient can appeal to the Tribunal against the decision of the Director to suspend limited community treatment (s493AH).

**Non contact provisions**

When limited community treatment is revoked by the Tribunal, the non contact provisions are to continue. The treatment plan needs to be revised to ensure that the non contact provisions are noted in the treatment plan.

**9. Limited Community Treatment Review Committees**

In February 2002, the Mullen Chettleburgh Review of Queensland Forensic Mental Health Services recommended that an internal review process be established to ensure adequate consideration is given to community safety and the proposed limited community treatment plan for the patient’s rehabilitation. It was recommended that each authorised mental health service establish a committee to review applications by forensic patients.

The Limited Community Treatment Review Committee has no statutory authority under the Act. The Committee is a multidisciplinary team, separate from the patient’s treating team that considers:

- all reports to the Tribunal concerning special notification forensic patients;
- applications for limited community treatment by forensic patients;
- applications for revocation of forensic orders and disability forensic orders;
- whether the treating team has in place a comprehensive limited community treatment plan for the patient which clearly identifies the links between the proposed limited community treatment and rehabilitation or care goals; and
- whether the quality and content of the documentation being reviewed makes a clear link between the risk assessment and proposed risk management strategies in the treatment plan and proposed limited community treatment conditions.
For details of how the Committee operates refer to the Limited Community Treatment Review Committee Terms of Reference on QHEPS at:

LCT event notification for DMH consideration of monitoring condition

LCT event notification must be provided to the DMH one week prior to authorisation of LCT if:

1. the patient is:
   - a SNFP; or
   - a forensic patient where there are high risk or contentious issues*; or
   - a forensic patient who has had an AWOP event during the current inpatient episode in a high security unit, a secure mental health rehabilitation unit or an acute unit.
   AND

2. the proposed LCT is the first episode of unescorted LCT (with or without a responsible adult).

‘First episode’ includes:
- first time ever the patient is accessing unescorted LCT, regardless of duration
- first time the patient is accessing unescorted LCT after a cancellation or cessation of LCT (by authorised doctor, MHRT or MHC).

However, notification is not required in circumstances where the cancellation/cessation of the patient’s LCT:
- did not result in the patient’s admission (e.g. return for reassessment following non compliance with treatment plan); or
- resulted from the patient’s voluntarily re-admission and there are no high risk or contentious issues*.

* High risk or contentious issues refers to clinical issues (i.e. medium to high risk of harm to self/others), community interest and/or victim issues.