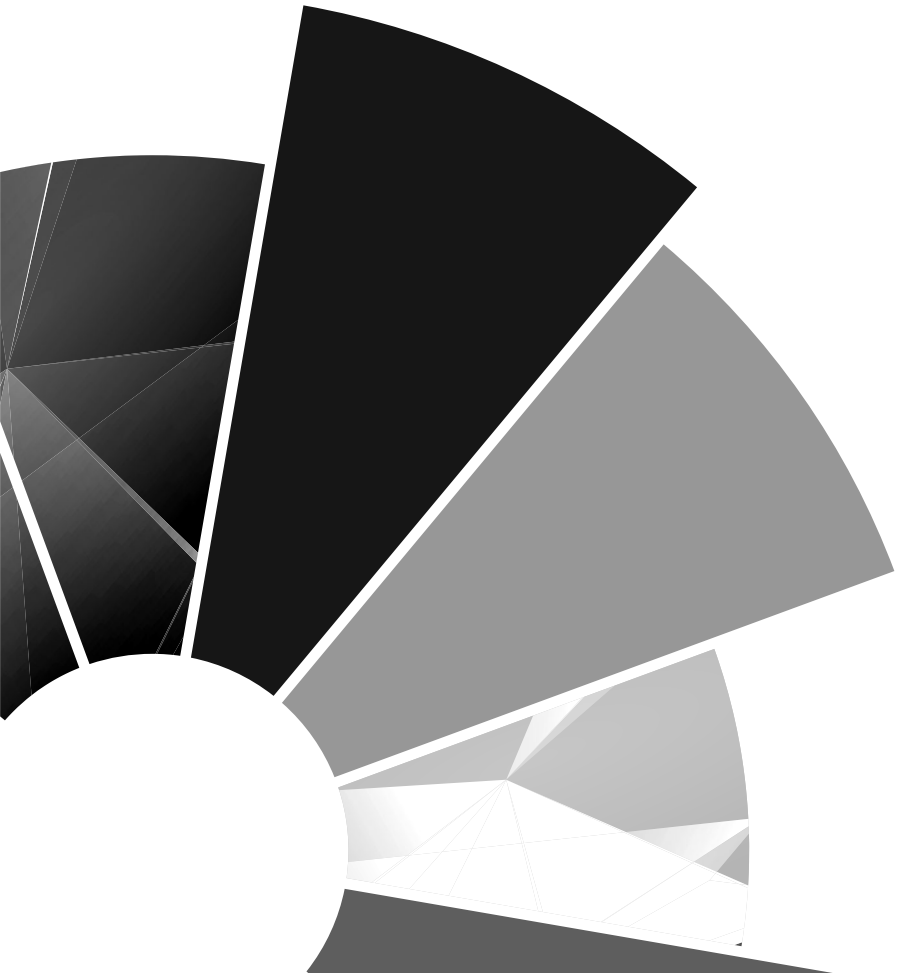
Chief Psychiatrist ANNUAL REPORT 2019–20



Queensland Government

Communication objective

The aim of this annual report is to inform the Deputy Premier, Minister for Health and Minister for 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 2019-20 financial year.

Annual report of the Chief Psychiatrist 2019-20

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

To:

The Honourable Steven Miles MP
Deputy Premier, Minister for Health
and Minister for Ambulance Services

Dear Deputy Premier

I present the 2019–20 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 Office of the Chief Psychiatrist (the Office) has once again seen a year of many highlights and achievements as we continue to work towards improving mental health care in Queensland. As I reflect on the work of the Office in 2019-20, it has undoubtedly been a year like no other as we have all worked together to adapt during the COVID-19 pandemic.

While the COVID-19 response and recovery focus continue, I would like to acknowledge staff from Hospital and Health Services (HHSs) and the Office for their efforts to date in responding to the COVID-19 pandemic and managing this transition to different approaches to care while maintaining high-quality services for mental health patients across the state.

Mental health legislation is complex and in March 2017 significant steps were taken to reform mental health care for Queenslanders with the introduction of the *Mental Health Act 2016* (the Act). In this our third full year of operation under the Act, a review of Chief Psychiatrist policies and practice guidelines was timely, enabling us to hear from stakeholders about opportunities to improve key resources that promote and support delivery of safe and effective care for consumers. This review finished in June 2020 following consultation with HHSs and other key stakeholder groups. I commend the high level of engagement from all participants, particularly amid the COVID-19 response, and I thank them for their contribution to this significant work and ensuring policies under the Act are maintained to a high standard.

Another significant piece of work in this reporting period involved preparation for the operational commencement of the *Human Rights Act 2019* on 1 January 2020. Prior to its commencement, a full review of the Mental Health Act 2016 and all associated Chief Psychiatrist policies and practice guidelines was conducted to confirm their compatibility with human rights. Human rights are at the forefront of decision making within the Office, which continues to advise and support HHSs with rights focused decision making and patient centred care.

The Office also continues working towards improving safety and quality outcomes for mental health patients by standardising the delivery of comprehensive care in mental health and alcohol and other drug services. Throughout the year, the Office worked with HHSs to develop a resource package to support the implementation of the new statewide clinical documentation suite, aligning with the Comprehensive Care Standard of the National Safety and Quality Health Service Standards second edition.

I thank Dr Kathryn Turner, Dr Balaji Motamarri and Dr John Allan for their support in assuming the functions of the Chief Psychiatrist as delegates for significant periods during this year. I look forward to continuing the collaborative efforts of the Office, HHSs and our other key stakeholders to ensure the ongoing effective administration of the Act, as well as improving the safety and quality of mental health alcohol and other drug services across the state in 2020-21.

Dr John Reilly
Chief Psychiatrist

The Office of the Chief Psychiatrist's response to the COVID-19 pandemic

On 29 January 2020, the then Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles, declared a public health emergency in Queensland in response to the COVID-19 pandemic.

The Office of the Chief Psychiatrist liaised with the State Health Emergency Coordination Centre, HHSs and other key stakeholders to implement COVID-19 work plans and policies to manage the impacts on the provision of treatment and care for mental health alcohol and other drug service consumers.

The Executive Director, Mental Health Alcohol and Other Drugs Branch and the Chief Psychiatrist initially held weekly meetings with statewide mental health alcohol and other drug service executives to consider service delivery issues and responses.

It was also necessary to assess the interactions between the *Mental Health Act 2016* and any powers, functions and directions made under the *Public Health Act 2005* in the context of the COVID-19 pandemic.

Temporary Chief Psychiatrist policy amendments

On 1 April 2020, a temporary Chief Psychiatrist policy was published, amending mandatory requirements of some existing Chief Psychiatrist policies.

This temporary policy aims to reduce and contain the spread of COVID-19 and allows flexibility within authorised mental health services to continue to meet their obligations and requirements under the *Mental Health Act 2016*, while ensuring patients receive appropriate treatment and care for their mental illness in the context of the COVID-19 pandemic.

Modifications to the Mental Health Act 2016

In May 2020, the *Justice and Other Legislation (COVID-19 Emergency Response) Amendment Act 2020* modified the *Mental Health Act 2016* to grant temporary powers to the Chief Psychiatrist while the public health emergency declaration remains in place. These powers enable the effective operation of the *Mental Health Act 2016*, while at the same time supporting measures aimed at reducing the spread of COVID-19 within the community.

The modifications to the *Mental Health Act 2016* are intended to operate only as a last resort, when applying the existing Act provisions would conflict with a direction or order given under the *Public Health Act 2005*. Although these modifications are important in ensuring continuity of treatment for involuntary patients throughout the COVID-19 pandemic, they were not used for any matters during the reporting period.

The Chief Psychiatrist has issued a policy to provide guidance on circumstances in which the amended provisions may be applied. The Office continues to monitor the impact of COVID-19 on the administration of the *Mental Health Act 2016*.

Administration of the Mental Health Act 2016

A range of systems and processes support the effective administration of the *Mental Health Act 2016* to ensure that the principles for persons with mental illness and others are protected and recognised.

The Chief Psychiatrist has broad functions to facilitate the proper administration of the Act as well as decision making responsibilities for individual matters, with the following significant related activity during this year.

Chief Psychiatrist policy review project

The Office of the Chief Psychiatrist completed a scheduled review of Chief Psychiatrist policies and practice guidelines in June 2020. The Chief Psychiatrist policy review project aimed to ensure their continued relevance and accuracy by simplifying them and incorporating required changes.

In total, 40 policies and practice guidelines were reviewed. For most, changes were limited to redesigning and consolidating policies with related practice guidelines into a single document and ensuring that the new policy remained lawful, clinically appropriate and as brief and clear as possible. The review was also an opportunity to incorporate practice improvement recommendations of various reports including:

- *When mental health care meets risk: a Queensland sentinel events review into homicide and public sector mental health service*
- *Assessment and Risk Management Committee Evaluation Report*
- *Evaluation of the Mental Health Act 2016 implementation*
- Chief Psychiatrist investigations under the Act.

The review identified nine policies requiring amendment to incorporate these recommendations.

All policies in the review were subject to broad consultation across HHSs and other key stakeholder groups. Eighty-four HHS participants were engaged and further targeted feedback on policies was sought from the Aboriginal and Torres Strait Islander Health Division, Independent Patient Rights Advisors Network, Mental Health Review Tribunal and Queensland Health Victim Support Service.

The revised policies were implemented in full on 1 June 2020. The Office will continue to monitor the operation of the policies and consider further improvement in collaboration with stakeholders.

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

Safeguarding patient rights

Human Rights Act 2019

Queensland's *Human Rights Act 2019* became fully operational on 1 January 2020. It protects 23 human rights and requires that public entities act and make decisions in a way that is compatible with human rights. In some circumstances, human rights may be limited where it is determined to be reasonable and justifiable.

In preparing for the *Human Rights Act 2019*, the *Mental Health Act 2016* and all associated Chief Psychiatrist policies and practice guidelines were assessed against the requirements of the *Human Rights Act 2019* and deemed compatible with human rights. The *Mental Health Act 2016* promotes patient centred treatment and care, including the requirement for least restrictive treatment and care, by embodying principles for persons with mental illness, victims and others within its objects and principles. Any limitation on rights under the *Mental Health Act 2016* is subject to strict legislative criteria and requirements that ensure the limitation is necessary and least restrictive in all circumstances.

The Chief Psychiatrist has developed a resource to assist clinicians in understanding the requirements of the *Mental Health Act 2016* and the *Human Rights Act 2019*. This resource provides general guidance and examples for clinicians regarding consideration of human rights when administering common provisions of the *Mental Health Act 2016*. The Office of the Chief Psychiatrist will continue to work with services to support obligations under the *Human Rights Act 2019*.

Independent Patient Rights Advisors

Independent Patient Rights Advisors (IPRAs) assist patients, their family, carers and other support persons to understand their rights under the *Mental Health Act 2016*.

Queensland Health funds 28 IPRAs across Queensland and, as at 30 June 2020, 28 IPRAs were engaged to provide these services within HHSs.

The majority of contacts occurred face to face, in an inpatient setting. During 2019-20, IPRAs:

- engaged with 15,442 patients
- met 85 per cent of patients within inpatient facilities
- engaged with 888 family members, carers, and other support people.

Common themes requiring action by IPRAs included:

- providing patient rights information and education
- assisting patients to link with their treating team about relevant issues or concerns
- assisting patients to gain a better understanding of their mental health treatment and care.

Supporting victim rights

Anyone performing functions and powers under the Act must have regard to its principles, including those intended to support victims of unlawful acts when an alleged offender is assessed as having a mental illness or intellectual disability.

The Act enables victims to present victim impact statements to the Mental Health Court and Mental Health Review Tribunal to consider in making decisions about a person before the court or tribunal.

Victims can also receive 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 2020:

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

In 2019-20:

- the Chief Psychiatrist received and approved 12 applications for an information notice
- no applications for an information notice were received by the Director of Forensic Disability
- 10 information notices were revoked by the Chief Psychiatrist, consequent to the patient's order being revoked or the death off 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 2020:

- five applicants were registered to receive information about classified patients
- no applications were pending decision.

In 2019-20:

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

Promoting awareness and understanding of the Mental Health Act 2016

The Chief Psychiatrist's functions under the *Mental Health Act 2016* include promoting awareness and understanding of the Act and the policies and resources that support its operation.

During the reporting period, the *Mental Health Act 2016* website content was reviewed and updated to include information about key provisions of the Act and implement changes made to the Chief Psychiatrist policies. The improved website informs readers about Chief Psychiatrist policies and resources and provides better site navigation. The website also gives general information on key entities including the Mental Health Court, Mental Health Review Tribunal, and Queensland Health Victim Support Service.

Monitoring and auditing compliance

Monitoring and auditing legislative compliance are functions of the Chief Psychiatrist under the Act. A related function is the Chief Psychiatrist's power to investigate a matter such as an incident or legislative non-compliance.

The Chief Psychiatrist policy *Notifications to the Chief Psychiatrist of critical incidents and non-compliance with the Mental Health Act 2016* outlines the matters of which the Chief Psychiatrist must be notified. The primary focus of the policy for non-compliance matters is legislative and policy requirements that have significant impact on an individual's rights and liberties including involuntary detention and restrictive practices, such as seclusion and restraint.

In addition, the Chief Psychiatrist policy *Temporary amendments to Chief Psychiatrist policies: Public Health Emergency – COVID-19* was introduced in April 2020, establishing a process for collecting critical information on COVID-19 related non-compliance to gain insight and understanding of the challenges faced by authorised mental health services for the duration of the public health emergency. Since this additional compliance monitoring process commenced, there have been minimal issues reported. Most non-compliance was associated with consumers requiring additional leave for the purposes of quarantine, and the need to implement teleconference reviews where videoconference facilities were not available.

Where legislative non-compliance is reported, authorised mental health service administrators are required to ensure appropriate remedial action at the local level, to minimise the potential for recurrence. This includes, for example, additional training and educational resources or changes to local procedures and monitoring. The Office of the Chief Psychiatrist provides feedback on non-compliance notifications on a case by case basis as required.

The Office may also identify non-compliance through reports generated from the Consumer Integrated Mental Health Application (CIMHA), which is the designated statewide patient record for the purposes of the Act.

Availability of reliable information is critical to clinical care and promotes more accountable and transparent administration of the Act at a local, statewide and national level. The Office of the Chief Psychiatrist continues to work with stakeholders to improve data quality and completeness.

In 2019-20, the Office progressed data quality improvement activities including:

- Developing data dashboards to enhance local oversight of performance and compliance, improve understanding of trends and inform practice improvement activities.
- Establishing routine data validation and exchange processes with the authorised mental health service administrator delegates, Classified Patient Statewide Coordinator, Mental Health Court, Mental Health Review Tribunal and Office of the Public Guardian to improve data accuracy and completeness.
- Improving existing reporting functionality by integrating Act related data into the Mental Health and Addictions Portal (MHAP), a business intelligence platform that integrates data from multiple source systems, making it more readily available to mental health alcohol and other drugs services.
- Further improving CIMHA to create efficiencies in entry of both clinical and Act information, improving functionality and streamlining entry into the consumer's electronic health record.

In 2020-21, the Office of the Chief Psychiatrist will explore further opportunities for benchmarking and evaluation of Act activity and will collaborate with authorised mental health services to develop further resources to support data quality and practice improvement.

Investigations

In 2019-20, the Chief Psychiatrist commissioned two new investigations under the *Mental Health Act 2016*, and four investigations were finalised. One of the finalised investigations examined the admission, assessment and management of an adolescent patient. The resulting recommendations were directed to the Mental Health Alcohol and Other Drugs Branch to progress statewide quality improvement initiatives.

These initiatives are designed to improve engagement with adolescent consumers, foster greater collaboration with non-government organisations, ensure smooth referral and assertive linkages to mental health services, and strengthen requirements for documentation and transfer of care processes.

Other completed investigations identified general themes for improvement including strengthening of governance for routine clinical processes such as referrals, risk assessment and case review; and appropriate completion and utilisation of clinical documentation and electronic medical records. The Office of the Chief Psychiatrist is responsible for monitoring the implementation of recommendations at the authorised mental health service and acting on recommendations that have statewide relevance.

Safety and quality initiatives

The Office of the Chief Psychiatrist engages with stakeholders to promote safe and quality mental health alcohol and other drugs service provision with the following significant activity during the reporting period.

Comprehensive care project

The comprehensive care project is a significant initiative to implement a new statewide clinical documentation suite in mental health and alcohol and other drug services. This work is integral to the upgrade of the Consumer Integrated Mental Health Application (CIMHA) which will consolidate documentation of the care provided by mental health and alcohol and other drugs services into one electronic health record.

The clinical documentation suite and associated resource package will support more standardised comprehensive care and assist clinicians in delivering and documenting care. Substantial contribution was made by clinicians from all HHSs and focused on the following areas:

- *formulation* - led by Dr Kathryn Turner, Clinical Director, Mental Health and Specialist Services, Gold Coast Health
- *care planning* - led by Dr Darren Neillie, Clinical Director, Community Forensic Outreach Service, Metro North HHS
- *case review* - led by Dr Jason Lee, Medical Director, Mental Health Service Group, Townsville HHS.

The work also engages with the Queensland Centre for Mental Health Learning and the Insight Centre for alcohol and other drug training and workforce development. A case history library has also been developed by clinical teams overseen by a steering committee led by Dr Stephen Parker, Director of Training – Central and Southern Cluster, Postgraduate Training in Psychiatry, Addiction and Mental Health Services, Metro South Health.

Queensland Electroconvulsive Therapy Committee

The Queensland Electroconvulsive Therapy (ECT) Committee is comprised principally of clinicians and chaired by Dr Shanthi Sarma, Director of ECT, Gold Coast HHS. The committee provides expert advice and statewide leadership in the delivery of ECT.

In March 2020, the National Safety and Quality Partnership Standing Committee approved a national ECT Quality Improvement Working Group, jointly led by the Chair of the Queensland ECT Committee and the Chief Psychiatrist. The working group will recommend strategies to reduce clinical variation in the use of ECT in mental health services, and enhance awareness and knowledge of ECT, to reduce stigma associated with it.

Suicide prevention in health services initiative

The four-year initiative finished on 30 June 2020 with a focus in 2019–20 on the sustainability of system improvements to the identification and response to suicide risk across HHSs. This initiative created a more accessible evidence base to support continuous improvement in suicide prevention policy, practice and service delivery, informing future enhancements to suicide prevention.

The initiative's achievements during the 2019–20 period include:

- The Cairns and Wide Bay HHSs joining the implementation of the *Zero suicide in healthcare framework* (now totalling 13 HHSs).
- The development of a child and youth suicide prevention clinical pathway, including a cultural component for Aboriginal and Torres Strait Islander people, with leadership from the Children's Health Queensland HHS.
- Engagement with the Queensland Aboriginal and Islander Health Council to strengthen culturally appropriate and responsive screening, assessment and referral pathways.
- Additional funding for the *Partners in prevention project* (a collaboration between health, police, ambulance and people with lived experience of suicide crisis situations) to maintain the linked dataset of information on suicide related calls to police and ambulance services, and to develop a series of short videos for first responders of how to respond in suicidal crisis situations.

Other significant activity

- The Mental Health Alcohol and Other Drugs Quality Assurance Committee, chaired by the Chief Psychiatrist, completed the first phase of the *Learning from incidents initiative* to improve clinical incident management.
- The Mental Health Alcohol and Other Drugs Statewide Clinical Network, chaired by Ms Linda Hipper, Director – Addiction and Access Services, Addiction and Mental Health Services, Metro South Health, trialled a brief breakthrough collaborative focused on care planning.
- The Office of the Chief Psychiatrist led work updating the *National safety priorities in mental health: a national plan for reducing harm* (2005) with national consultation planned for late 2020.
- The Office of the Chief Psychiatrist is collaborating with the Cairns and Hinterland HHS, Central West HHS and Torres and Cape HHS in a project to develop employment pathways for rural generalists with advanced skills in mental health to improve access to services in rural and remote Queensland.

Reporting on the Mental Health Act 2016

Under section 307 of the Act, the Chief Psychiatrist is required to report 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 Application (CIMHA) and reported through the Mental Health and Addictions 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. Authorised mental health service abbreviations are set out in Appendix 1.

To enable year-to-year comparisons and ensure continuity, the figures and tables provided are consistent with those reported previously, unless otherwise specified.

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

In 2019-20 the Queensland public mental health system delivered over 1.7 million provisions of service to over 100,000 consumers. Around half of those people were receiving ongoing treatment and care in Queensland, through more than 60,000 community episodes, around 1,500 residential stays and over 35,000 admissions to specialist mental health inpatient units. Of those people receiving ongoing services, a small proportion 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 2020. 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 2020.

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.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2020

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified	Total patients
Bayside	2	144	7	23	0	176
Belmont Private	1	9	0	0	0	10
Cairns	1	424	11	53	1	487
Central Queensland	1	360	5	28	0	393
Children's Health Queensland	0	9	0	0	0	9
Darling Downs	1	286	17	65	0	367
Gold Coast	5	650	19	38	1	713
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	3	416	13	55	1	486
Mackay	1	165	13	15	1	193
New Farm Clinic	0	7	0	0	0	7
Princess Alexandra Hospital	1	589	32	75	1	698
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	1	316	9	40	0	366
Royal Brisbane and Women's Hospital	1	660	20	55	1	736
Sunshine Coast	0	416	16	34	0	465
The Park	0	16	0	33	1	49
The Park High Security	0	48	1	45	22	94
The Prince Charles Hospital	0	384	15	53	1	450
Toowong Private	0	6	0	0	0	6
Townsville	3	339	13	74	1	429
West Moreton	1	283	18	59	1	361
Wide Bay	1	148	12	33	0	194
Statewide	**23**	**5676**	**221**	**778**	**32**	**6689**

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 2019-20 reporting period.

Table 2: Involuntary assessment: entry pathway and outcome (1 July 2019 – 30 June 2020)

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	546	12	11	0	569	310	255	4
Belmont Private	52	0	0	0	52	39	13	0
Cairns	698	3	291	0	992	555	427	10
Central Queensland	252	3	160	1	416	252	163	1
Children's Health Queensland	60	0	6	0	66	44	22	0
Darling Downs	724	12	63	0	799	514	281	4
Gold Coast	1569	21	218	0	1808	1119	663	26
Greenslopes Private	1	0	0	0	1	1	0	0
Logan Beaudesert	1003	28	146	0	1177	675	489	13
Mackay	352	3	228	0	583	318	263	2
New Farm Clinic	20	0	0	0	20	19	1	0
Princess Alexandra Hospital	1201	32	121	0	1354	898	447	9
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	851	4	57	0	912	635	275	2
Royal Brisbane and Women's Hospital	1016	23	459	0	1498	1124	357	17
Sunshine Coast	540	7	237	0	784	570	214	0
The Park	0	0	0	0	0	0	0	0
The Park High Security	6	0	0	0	6	6	0	0
The Prince Charles Hospital	807	13	247	0	1067	827	238	2
Toowong Private	22	0	0	0	22	18	4	0
Townsville	540	11	423	1	975	339	631	5
West Moreton	362	16	176	0	554	393	145	16
Wide Bay	416	13	107	0	536	343	185	8
Statewide	**11038**	**201**	**2950**	**2**	**14191**	**8999**	**5073**	**119**

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 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 2019-20, broken down by outcome type. As an examination authority is not entered into the consumer's electronic medical record until a decision notice is received from the tribunal, there may be slight variation between numbers reported between entities.

Table 3: Examination authorities issued and outcomes (1 July 2019 – 30 June 2020)

Authorised mental health service	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	26	13	2	11	0
Belmont Private	0	0	0	0	0
Cairns	10	3	1	5	1
Central Queensland	6	3	1	1	1
Children's Health Queensland	0	0	0	0	0
Darling Downs	33	11	4	17	1
Gold Coast	57	19	8	30	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	67	30	5	32	0
Mackay	6	3	1	2	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	67	33	4	30	0
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	21	5	2	14	0
Royal Brisbane and Women's Hospital	31	21	6	4	0
Sunshine Coast	17	7	3	7	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	24	12	4	8	0
Toowong Private	0	0	0	0	0
Townsville	28	11	5	12	0
West Moreton	39	17	5	16	1
Wide Bay	32	13	2	16	1
Statewide	**464**	**201**	**53**	**205**	**5**

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 2019-20 reporting period. From July 2020, a new methodology was applied to the linking of classified patient referrals and admissions. This enabled more accurate reporting across services and reduced duplication. Consequently some variance may be noted from previous reports.

Table 4: Classified patient referrals and admissions (1 July 2019 – 30 June 2020)

Authorised mental health service	Total referrals	Referrals not resulting in classified patient admission		Entry pathway			Total classified admissions
		Ended in reporting period	Open as at 30 June 2020	Recommendation for assessment	Transfer recommendation		
				Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	15	9	0	4	2	0	6
Belmont Private	0	0	0	0	0	0	0
Cairns	10	0	0	3	5	2	10
Central Queensland	19	11	1	2	5	0	7
Children's Health Queensland	1	0	0	0	1	0	1
Darling Downs	22	10	1	8	3	0	11
Gold Coast	34	23	1	7	3	0	10
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	33	15	0	4	14	0	18
Mackay	11	3	0	7	1	0	8
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	44	21	1	11	10	1	22
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	27	15	0	8	4	0	12
Royal Brisbane and Women's Hospital	26	6	1	2	16	1	19
Sunshine Coast	38	25	2	7	4	0	11
The Park	1	1	0	0	0	0	0
The Park High Security	70	22	5	26	16	1	43
The Prince Charles Hospital	27	14	2	8	3	0	11
Toowong Private	0	0	0	0	0	0	0
Townsville	19	0	0	12	6	1	19
West Moreton	24	16	1	5	2	0	7
Wide Bay	15	6	0	8	1	0	9
Statewide	**436**	**197**	**15**	**122**	**96**	**6**	**224**

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 2020, there were 5,676 open treatment authorities in Queensland, of which 88 per cent were community category.

Table 5 demonstrates the total treatment authorities made in 2019-20, grouped by category and the entity that made the order.

Table 5: Treatment authorities made (1 July 2019 – 30 June 2020)

Authorised mental health service	Treatment authority made by		Category of initial order		Total treatment authorities made	Treatment authority made by doctor			
						Second examination required	Outcome		
	Authorised doctor	Mental Health Review Tribunal	Community	Inpatient			Treatment authority confirmed	Treatment authority revoked	Treatment authority ended or revoked prior to second examination
Bayside	315	1	6	310	316	230	179	16	35
Belmont Private	35	0	1	34	35	0	0	0	0
Cairns	557	0	20	537	557	285	231	21	33
Central Queensland	253	2	16	239	255	153	132	12	9
Children's Health Queensland	43	0	0	43	43	38	21	3	14
Darling Downs	520	0	5	515	520	386	264	79	43
Gold Coast	1120	2	12	1110	1122	900	728	115	57
Greenslopes Private	1	0	0	1	1	0	0	0	0
Logan Beaudesert	687	0	17	670	687	514	419	33	62
Mackay	325	0	11	314	325	274	200	17	57
New Farm Clinic	16	0	0	16	16	8	8	0	0
Princess Alexandra Hospital	916	1	10	907	917	691	578	60	53
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	634	2	12	624	636	479	356	76	47
Royal Brisbane and Women's Hospital	1145	3	16	1132	1148	1005	806	30	169
Sunshine Coast	578	1	35	544	579	324	253	56	15
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	32	0	0	32	32	9	6	3	0
The Prince Charles Hospital	841	0	12	829	841	636	407	149	80
Toowong Private	15	0	0	15	15	1	0	1	0
Townsville	349	2	15	336	351	207	160	24	23
West Moreton	399	1	10	390	400	336	216	82	38
Wide Bay	350	0	7	343	350	252	160	62	30
Statewide	**9131**	**15**	**205**	**8941**	**9146**	**6728**	**5124**	**839**	**765**

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 at any time 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.

In a very small number of circumstances, a treatment authority is made for a person who is already subject to an order or authority under the Act, and therefore the treatment authority is ended. This usually occurs in emergency situations where the treatment authority is made to ensure the person receives necessary treatment and care.

A treatment authority also ends 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: Treatment authorities ended (1 July 2019 – 30 June 2020)

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	10	290	4	3	0	0	2	309
Belmont Private	0	0	69	0	0	0	0	1	70
Cairns	0	17	482	18	5	0	0	7	529
Central Queensland	0	3	204	6	1	0	0	9	223
Children's Health Queensland	0	2	56	0	0	0	0	0	58
Darling Downs	0	12	527	1	4	0	0	4	548
Gold Coast	0	19	1016	17	0	0	1	7	1060
Greenslopes Private	0	0	1	0	0	0	0	0	1
Logan Beaudesert	0	24	717	28	4	1	0	1	775
Mackay	0	1	292	5	1	1	0	5	305
New Farm Clinic	0	0	32	0	0	0	0	0	32
Princess Alexandra Hospital	3	21	768	14	6	0	0	6	818
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	15	536	7	4	0	1	4	567
Royal Brisbane and Women's Hospital	0	20	963	8	4	2	1	13	1011
Sunshine Coast	0	3	505	1	4	1	0	2	516
The Park	0	0	0	0	1	0	0	0	1
The Park High Security	0	0	11	0	4	0	0	0	15
The Prince Charles Hospital	0	20	826	2	1	0	0	0	849
Toowong Private	0	1	28	1	0	0	0	0	30
Townsville	0	6	323	0	3	1	0	3	336
West Moreton	4	9	375	1	3	0	0	2	394
Wide Bay	0	5	337	6	2	1	0	3	354
Statewide	**7**	**188**	**8358**	**119**	**50**	**7**	**3**	**69**	**8801**

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 does 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 2019-20, 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 2020.

Table 7: Psychiatrist reports received and Chief Psychiatrist references to Mental Health Court (1 July 2019 – 30 June 2020)

Total reports received in 2019–20	Referred to Mental Health Court		Not referred to Mental Health Court	
	From reports directed within 2019–20	From reports directed within 2018–19 but received 2019–20	From reports directed within 2019–20	From reports directed within 2018–19 but received 2019–20
325	69	40	127	63

Table 8 reports on the application of psychiatrist report provisions. This data is limited to reports directed in 2019-20 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 2019 – 30 June 2020)

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	12	0	2	0	1
Belmont Private	0	0	0	0	0
Cairns	122	0	37	0	25
Central Queensland	87	3	36	5	23
Children's Health Queensland	1	0	0	0	0
Darling Downs	57	0	7	1	4
Gold Coast	109	1	25	1	17
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	54	0	27	4	11
Mackay	62	0	17	1	7
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	66	0	25	1	12
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	34	0	12	0	10
Royal Brisbane and Women's Hospital	203	1	51	1	40
Sunshine Coast	53	1	17	3	13
The Park	4	1	1	1	0
The Park High Security	32	3	17	1	9
The Prince Charles Hospital	52	2	10	1	11
Toowong Private	0	0	0	0	0
Townsville	94	0	13	1	7
West Moreton	42	0	18	0	14
Wide Bay	28	0	18	1	14
Statewide	**1112**	**12**	**333**	**22**	**218**

Forensic orders

If the Mental Health 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.

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 2019-20 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* is reported in the annual report of the Director of Forensic Disability.

Table 9: Forensic orders made (1 July 2019 – 30 June 2020)

Authorised mental health service	Forensic order (criminal code)		Forensic order (disability)		Forensic order (mental health)		Total forensic orders made
	Community	Inpatient	Community	Inpatient	Community	Inpatient	
Bayside	0	0	0	0	5	0	5
Belmont Private	0	0	0	0	0	0	0
Cairns	0	1	1	0	4	4	10
Central Queensland	0	0	3	0	1	0	4
Children's Health Queensland	0	0	1	0	0	0	1
Darling Downs	0	0	0	0	4	1	5
Gold Coast	0	0	0	0	1	0	1
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	0	0	2	0	4	1	7
Mackay	0	0	1	0	1	0	2
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	1	0	7	0	8
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	1	0	1	3	5
Royal Brisbane and Women's Hospital	0	0	0	0	4	0	4
Sunshine Coast	0	0	0	0	3	1	4
The Park	0	0	0	0	0	1	1
The Park High Security	0	0	0	1	0	3	4
The Prince Charles Hospital	0	0	0	0	1	0	1
Toowong Private	0	0	0	0	0	0	0
Townsville	0	0	1	1	4	0	6
West Moreton	0	0	1	0	2	2	5
Wide Bay	0	0	0	0	5	0	5
Statewide	**0**	**1**	**12**	**2**	**47**	**16**	**78**

Forensic orders (continued)

The Mental Health Review 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.

As at 30 June 2020, there were 781 open forensic orders in Queensland. The majority (668) were forensic order (mental health), of which 67 per cent were community category. The remaining open orders (113) were forensic order (disability), of which 88 per cent were community category.

Table 10 demonstrates the total forensic orders ended in 2019-20 grouped by end reason. This reporting year, no forensic orders ended due to interstate transfer.

Table 10: Forensic orders ended (1 July 2019 – 30 June 2020)

Authorised mental health Service	Forensic Order revoked			Charges withdrawn	Patient found fit for trial	Patient deceased	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	No other order made				
Bayside	0	4	0	0	0	0	4
Belmont Private	0	0	0	0	0	0	0
Cairns	1	3	1	0	1	2	8
Central Queensland	0	1	0	0	0	2	3
Children's Health Queensland	0	0	0	0	0	0	0
Darling Downs	0	6	2	1	0	0	9
Gold Coast	0	2	1	0	0	0	3
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	0	3	1	0	0	2	6
Mackay	0	2	0	0	0	0	2
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	12	0	0	0	1	13
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	0	5	0	0	0	0	5
Royal Brisbane and Women's Hospital	0	7	0	0	0	0	7
Sunshine Coast	0	9	0	0	0	0	9
The Park	0	1	0	0	0	1	2
The Park High Security	0	0	0	0	0	0	0
The Prince Charles Hospital	0	5	0	0	0	0	5
Toowong Private	0	0	0	0	0	0	0
Townsville	0	7	2	0	0	1	10
West Moreton	0	1	2	0	0	0	3
Wide Bay	0	4	1	0	0	0	5
Statewide	**1**	**72**	**10**	**1**	**1**	**9**	**94**

Treatment support orders

A treatment support order can be made by the Mental Health 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 2019-20, and their initial category.

Table 11: Treatment support orders made (1 July 2019 – 30 June 2020)

Authorised mental health service	Mental Health Court		Mental Health Review Tribunal		Total treatment support orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	4	0	4
Belmont Private	0	0	0	0	0
Cairns	0	0	3	0	3
Central Queensland	0	0	1	0	1
Children's Health Queensland	0	0	0	0	0
Darling Downs	0	0	6	0	6
Gold Coast	0	1	2	0	3
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	2	0	3	0	5
Mackay	1	0	2	0	3
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	2	0	12	0	14
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	0	0	5	0	5
Royal Brisbane and Women's Hospital	2	0	7	0	9
Sunshine Coast	2	0	9	0	11
The Park	0	0	0	0	0
The Park High Security	0	0	0	1	1
The Prince Charles Hospital	0	0	5	0	5
Toowong Private	0	0	0	0	0
Townsville	1	0	6	1	8
West Moreton	0	0	1	0	1
Wide Bay	1	0	4	0	5
Statewide	**11**	**1**	**70**	**2**	**84**

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 2020, there were 221 open treatment support orders (94 per cent community, 6 per cent inpatient) in Queensland. This reporting period, no orders were ended as a result of the patient being found fit for trial.

Table 12: Treatment support orders ended (1 July 2019 – 30 June 2020)

Authorised mental health service	Order revoked - treatment authority made	Order revoked - no other order made	Total orders ended
Bayside	1	3	4
Belmont Private	0	0	0
Cairns	0	2	2
Central Queensland	2	1	3
Children's Health Queensland	0	0	0
Darling Downs	0	2	2
Gold Coast	2	5	7
Greenslopes Private	0	0	0
Logan Beaudesert	0	5	5
Mackay	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	1	5	6
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	2	1	3
Royal Brisbane and Women's Hospital	3	3	6
Sunshine Coast	1	2	3
The Park	0	0	0
The Park High Security	0	0	0
The Prince Charles Hospital	0	0	0
Toowong Private	0	0	0
Townsville	2	0	2
West Moreton	1	3	4
Wide Bay	0	2	2
Statewide	**15**	**34**	**49**

Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a treatment for mental illness which 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. ECT is a highly effective treatment with a strong evidence base, particularly for the treatment of severe depressive disorders, mania, schizophrenia and catatonia. ECT may be recommended for treatment of a person's mental illness in some acute situations when other treatments have been ineffective or when ECT has previously been effective.

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.

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 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 13: Applications to perform ECT made to the Mental Health Review Tribunal (1 July 2019 – 30 June 2020)

Authorised mental health service	Treatment application only	Treatment application and emergency certificate	Total treatment applications
Bayside	7	5	12
Belmont Private	15	3	18
Cairns	14	8	22
Central Queensland	16	3	19
Children's Health Queensland	1	0	1
Darling Downs	24	9	33
Gold Coast	70	2	72
Greenslopes Private	0	0	0
Logan Beaudesert	33	3	36
Mackay	5	0	5
New Farm Clinic	2	0	2
Princess Alexandra Hospital	63	24	87
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	10	18	28
Royal Brisbane and Women's Hospital	116	8	124
Sunshine Coast	50	15	65
The Park	3	0	3
The Park High Security	39	1	40
The Prince Charles Hospital	35	1	36
Toowong Private	2	4	6
Townsville	12	0	12
West Moreton	13	2	15
Wide Bay	6	2	8
Statewide	**536**	**108**	**644**

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 2,948 forms issued in the reporting period, 1,907 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 1,041 forms issued include the following categories and are represented in Table 14:

- *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 14 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.

Table 14: Authority to transport absent patient forms issued (1 July 2019 – 30 June 2020)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Other[1]	Total
Bayside	1	15	2	0	0	18
Belmont Private	0	0	0	0	0	0
Cairns	20	91	0	15	12	138
Central Queensland	13	37	0	6	1	57
Children's Health Queensland	0	3	0	0	0	3
Darling Downs	9	47	1	12	1	70
Gold Coast	9	93	2	10	1	115
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	30	98	0	12	0	140
Mackay	1	43	1	1	0	46
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	5	58	0	8	0	71
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	2	34	0	1	0	37
Royal Brisbane and Women's Hospital	3	47	0	2	1	53
Sunshine Coast	7	34	0	4	0	45
The Park	0	5	0	2	0	7
The Park High Security	0	0	0	1	0	1
The Prince Charles Hospital	3	44	0	10	0	57
Toowong Private	0	3	0	0	0	3
Townsville	9	64	0	48	4	125
West Moreton	4	20	3	11	0	38
Wide Bay	0	17	0	0	0	17
Statewide	**116**	**753**	**9**	**143**	**20**	**1041**

1 'Other' includes patients on another type of order such as a judicial order and persons detained for the purpose of making a recommendation for assessment.

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 15 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 15: Seclusion statewide clinical indicators (five year trend[2])

Indicator	2015-16	2016-17	2017-18	2018-19	2019-20[3]
Seclusion events per 1,000 acute bed days	9.5	8.0	6.1	7.3	9.9
Proportion of acute episodes with one or more seclusion events	3.8	3.1	2.4	2.8	3.2
Average (mean) duration of seclusion events (hours) in acute episodes	3.3	2.7	3.3	3.2	3.8

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 is working with authorised mental health services to identify strategies for reducing the use of seclusion.

2 This reporting period, construction of the seclusion indicators aligns to state and national reporting structures. Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures.

3 2019–20 data is preliminary and subject to change.

Table 16 includes all authorisations made for seclusion, including those made under a reduction and elimination plan.

Table 16: Seclusion authorisations (1 July 2019 – 30 June 2020)

Authorised mental health service	Seclusion authorisations			Extension of seclusion		
	Doctor	Emergency	Total authorisations	Total patients	Total extension authorisations	Total patients
Bayside	47	29	76	33	0	0
Belmont Private	0	0	0	0	0	0
Cairns	86	211	297	77	0	0
Central Queensland	168	59	227	34	0	0
Children's Health Queensland	37	17	54	10	0	0
Darling Downs	91	157	248	93	2	1
Gold Coast	293	73	366	73	2	2
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	388	209	597	130	0	0
Mackay	19	66	85	40	1	1
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	147	307	454	117	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	114	112	226	76	0	0
Royal Brisbane and Women's Hospital	165	144	309	132	0	0
Sunshine Coast	19	75	94	35	2	2
The Park	361	22	383	17	0	0
The Park High Security	15,199	59	15,258	56	0	0
The Prince Charles Hospital	342	182	524	76	0	0
Toowong Private	0	0	0	0	0	0
Townsville	206	108	314	67	6	4
West Moreton	734	114	848	61	0	0
Wide Bay	36	76	112	34	0	0
Statewide	**18452**	**2020**	**20472**	**1161**	**13**	**10**

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 a last resort 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 17 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 2019-20 due to the complex needs of particular consumers.

Table 17: Mechanical restraint approvals and events (1 July 2019 – 30 June 2020)

Authorised mental health service	Number of approvals	Number of patients[4]	Number of events
Bayside	1	1	1
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	2	1	6
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	2	1	2
New Farm Clinic	0	0	0
Princess Alexandra Hospital	2	2	2
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	0	0	0
Royal Brisbane and Women's Hospital	0	0	0
Sunshine Coast	3	1	4
The Park	21	2	34
The Park High Security	148	10	335
The Prince Charles Hospital	0	0	0
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	2	1	4
Statewide	**181**	**18**	**388**

3 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 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 18 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 18 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 18: Reduction and elimination plans approved (1 July 2019 – 30 June 2020)

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	7	7	0	0	7	7
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	8	6	0	0	14	10
Central Queensland	0	0	15	11	0	0	20	12
Children's Health Queensland	0	0	2	1	0	0	2	1
Darling Downs	0	0	10	7	0	0	13	7
Gold Coast	0	0	30	25	0	0	46	34
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	34	27	0	0	42	33
Mackay	1	1	5	3	0	0	9	7
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	28	18	0	0	36	24
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	4	3	0	0	5	3
Royal Brisbane and Women's Hospital	0	0	7	6	0	0	9	7
Sunshine Coast	2	1	6	5	0	0	12	8
The Park	1	1	15	8	0	0	39	9
The Park High Security	3	2	300	51	204	10	519	53
The Prince Charles Hospital	0	0	44	15	0	0	61	25
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	20	14	0	0	31	17
West Moreton	0	0	32	20	0	0	33	21
Wide Bay	0	0	1	1	0	0	2	2
Statewide	**7**	**5**	**568**	**221**	**204**	**10**	**900**	**271**

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 as a last resort 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.

The *Evaluation of the Mental Health Act 2016 implementation* identified opportunities for services to improve data entry and data quality around physical restraint. Ongoing data quality reporting has been undertaken during 2019-20, with an overall improvement in entry being seen across the state.

Table 19 summarises the total number restraint events (including both mechanical and physical restraint) in Queensland. This aligns 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 19: Total restraint events per 1,000 acute bed days (five year trend[5])

Indicator	2015-16	2016-17	2017-18	2018-19	2019-20[6]
Mechanical restraint events in acute episodes	55	5	20	17	19
Physical restraint events in acute episodes[7]	0	0	1828	2652	3412
Total restraint events per 1,000 acute bed days	0.2	0.0	6.4	9.1	11.4

5 Construction of the restraint indicator aligns to national reporting structures. Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures.

6 The 2019–20 data is preliminary and subject to change.

7 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.

Appendix 1. Abbreviations

Abbreviations – Authorised mental health services

Abbreviated	Full title
Bayside	Bayside 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
Royal Brisbane and Women's Hospital	Royal Brisbane and Women's Hospital Authorised Mental Health Service
Sunshine Coast	Sunshine Coast 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

Chief Psychiatrist annual report 2019–20

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