

Chief Psychiatrist Complex Care Panel

1. Introduction

The Complex Care Panel (the Panel) is established to ensure systemic responses across Government for individuals who are, or are likely to be, referred to the Mental Health Court and who require coordinated support services across the mental health, disability or other sectors. The Panel provides an opportunity for interagency discussions to facilitate coordinated responses to support rehabilitation, recovery and return to the community.

The Panel will have a core membership group as outlined below (see section Agency 5). Additionally, the Panel will have a secondary membership group that will contribute and attend meetings as required.

2. Aim and Function

The aim of the Panel is to improve coordinated responses across Government for individuals with complex needs before the Mental Health Court or who are likely to be referred to the Mental Health Court.

The function of the Panel is to:

- facilitate high-level interagency discussions regarding matters referred, or likely to be referred, to the Mental Health Court,
- facilitate systemic responses to ensure the early assessment of these matters,
- on a case-by-case basis; evaluate the need to provide and facilitate a coordinated approach to ensure relevant services and interventions are available for individuals,
- on a case-by-case basis, agree to funding or service provision for coordinated services, and
- monitor and oversee the implementation of services and progress of individuals who have been considered by the Panel.

3. Role and Responsibilities of Panel Members

- Decide lead agency as appropriate to coordinate and direct service responses.
- Direct service responses and agree on service provision to be coordinated through the lead agency.



- Support coordinated responses across Government through information sharing, monitoring and reviewing outcomes of individuals referred to the Panel and the promotion of collaborative relationships across agencies.
- Work collaboratively with a view to reaching consensus on Panel decisions and recommendations.
- Review and amend functions of the Panel as required to ensure that objectives are met.

4. Confidentiality

- Information sharing will occur consistent with legislation.
- As far as possible, the consent from the relevant individual or their guardian should be sought by the agency with lead responsibility (as determined by the Panel).
- Where there is current referral before the Mental Health Court the Office of the Chief Psychiatrist will seek leave from the Court to share relevant expert reports with Panel members.
- Members and proxies acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain or deemed 'in confidence'.

5. Membership

It has been determined that the following membership is required ensure comprehensive, systemic responses across Government for individuals who are, or are likely to be, referred to the Mental Health Court and who require coordinated support services across the mental health, disability or other sectors.

Primary Membership	
Position	Agency
Chief Psychiatrist (Chair)	Office of the Chief Psychiatrist, Department of Health
Director, Queensland Forensic Mental Health Service	Metro North Hospital and Health Service
Official Solicitor and Director of Legal Services/Investigations	Office of the Public Guardian
Director Guardianship	Office of the Public Guardian
Director Forensic Disability	Department of Seniors, Disability Services and Aboriginal & Torres Strait Islander Partnerships

Assistant Director-General, Disability Accommodation and Respite Services & Forensic Disability Service	Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships
Manager, Mental Health Act Administration Team (Secretariat)	Office of the Chief Psychiatrist, Department of Health

Other attendees may be invited to attend on a case-by-case basis as determined by the Panel on a review of details of the matter referred. Advice to the Chair via the Secretariat in relation to attendance must be provided by Primary Members in advance of meetings.

Where the referral relates to a young person, Panel membership may be modified by the Chair to ensure appropriate representation. For example, to enable inclusion of Clinical Director, Forensic Child and Youth Mental Health Service and relevant representatives from the Department of Children, Youth Justice and Multicultural Affairs. Consideration will also be given to the necessity for inclusion of all Primary Membership group members, taking account of the young person's age (i.e. involvement may still be required where the young person is approaching 18 years).

6. Referrals to the Panel

Referrals to the Panel must be received via MHA2016@health.qld.gov.au on the Chief Psychiatrist Complex Care Panel referral form with supporting documentation.

Referrals must be endorsed by the Panel Chair.

Referrals must meet the following referral criteria:

- The person must have a mental illness and/or intellectual disability.
- The person must have been charged with a serious offence and have a reference before the Mental Health Court (or be likely to have a reference before the Court in the future).
- The person is likely to present a serious risk to themselves or the community without intervention.
- Local/ Hospital and Health Service level stakeholder meetings and engagement have failed to adequately address the complexities of the matter.
- The person is likely to benefit from high level cross agency oversight/ intervention.

7. Meetings

The Panel will be convened as required, at the request of a member through the Secretariat.

Members agree to the following requirements for meeting participation:

- represent the perspectives of the agency they represent
- feedback relevant information to the agency they represent
- if nominated as the lead agency, report back to the Panel on the matter being reviewed
- have an equal say on any issues raised
- attend meetings and prepare for meetings accordingly or ensure a proxy is available and appropriately briefed in the event of non-attendance
- promote Panel recommendations
- declare a conflict of interest if there is an issue under review that may have a direct influence on their ability to make an objective decision
- advise the Secretariat of changes to their contact details, including email address.

8. Minutes and agenda

Secretariat support will be provided by the Office of the Chief Psychiatrist, Department of Health.

The Secretariat will be responsible for:

- compiling/disseminating agenda and minutes
- coordinating/preparing background information
- compiling correspondence, reports, as required by the Panel
- maintaining administrative aspects of the Panel and associated terms of reference
- coordinating/facilitating meeting requirements (venue, travel, parking, etc.).

Documentation sent from the Secretariat will be disseminated via email to members.

9. Quorum

Fifty percent (50%) of members + one (1). In the absence of a quorum the meeting may continue at the discretion of the Chair.

Document status summary

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