

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 5. Membership). 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 primary membership is required to 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
Director, Legislation Unit	Office of the Chief Psychiatrist, Department of Health
Manager, Mental Health Act Administration Team	Office of the Chief Psychiatrist, Department of Health
Manager, Statutory Clinical Support and Integration (Secretariat)	Office of the Chief Psychiatrist, Department of Health

Additional members may also be required on a case-by-case basis (see Secondary Membership). Factors which should be considered in including secondary members are possible Mental Health Court outcome, the person's age and the person's identification as a First Nations or culturally and linguistically diverse person. Advice to the Chair via the Secretariat in relation to recommendations for secondary members attendance must be provided by primary members in advance of the meetings. Recommended secondary members include Clinical Directors, senior nursing and senior allied health representatives, First Nations health workers, Lived Experience staff members and other relevant members of the current or proposed treating team/s.

Secondary Membership	
Service/Team	Agency
High Secure Inpatient Service	West Moreton Hospital and Health Service
Current MHAOD treating service/s	Relevant Hospital and Health Service
Forensic Disability Service	Department of Seniors, Disability Services and Aboriginal & Torres Strait Islander Partnerships
Statewide Queensland Forensic Mental Health Service Program Coordinator/s	Metro North Hospital and Health Service
Forensic Child and Youth Mental Health Service	Children's Health Queensland Hospital and Health Service
Transcultural Mental Health	Metro South Hospital and Health Service
Child Safety Services	Department of Children, Youth Justice and Multicultural Affairs
Mental Health Act Administration Team	Office of the Chief Psychiatrist, Department of Health

Invited guests may also attend as necessary, with prior notice required via a primary member of the Panel.

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 has formal service system involvement for any of the two following concerns: mental illness, intellectual disability, and/or child safety concerns. Formal service system involvement includes engagement with the public mental health system, disability services including the National Disability Insurance Agency, Office of the Public Guardian and/or child safety services.
- If the person does not have formal service system involvement, they must have a mental illness and/or intellectual disability and/or a current child safety concern.
- The person must have been charged with a serious offence which could (or has been) referred to Mental Health Court. 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 (if able to occur) have not adequately addressed the complexities of the matter.
- The person is likely to benefit from high level cross agency oversight.

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.

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