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ANNUAL REPORT 2022–23

Queensland Government

Communication objective

The aim of this annual report is to inform the Minister for Health and Ambulance Services, the Queensland Parliament, persons receiving care from mental health and alcohol and other drug services, support persons, service providers and members of the public about the administration of the *Mental Health Act 2016* and associated activities and achievements for the 2022-2023 financial year.

Annual report of the Chief Psychiatrist 2022-2023

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Letter of compliance

The Honourable Shannon Fentiman MP
Minister for Health, Mental Health and Ambulance Services and Minister for Women
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the 2022-2023 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

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Message from the Chief Psychiatrist

Welcome to the Chief Psychiatrist Annual Report for 2022-2023. Having been re-appointed as Chief Psychiatrist for the next three years, I hope to continue to participate in improvements enabling safe, effective and equitable mental health alcohol and other drugs care delivery.

This year has begun the implementation of initiatives under *Better Care Together: A plan for Queensland's State-funded mental health, alcohol and other drug services to 2027* (Better Care Together), which has refocused our efforts on quality enhancement in MHAOD care, co-designing solutions across the state and enhancing our focus on our First Nations responses.

This year has challenged us in the transition from COVID-19 responses to navigating new ways of working following Queensland Health changes. With new services and teams under Better Care Together, these have created opportunities for change and innovation within MHAOD services and encouraged collaborative approaches across the MHAOD sector.

One new team within the Office of the Chief Psychiatrist (the Office) is the Statutory Clinical Support and Integration team, responsible for specific patient rights linked initiatives arising from Better Care Together, and a focus on better integrating legislative processes within comprehensive clinical care.

Least restrictive practices continue to be a national focus as a critical strategy in trauma-informed care. Since the commencement of the *Mental Health Act 2016* (the Act) in March 2017, the Office noted an increase in the use of seclusion and restraint across the service system, and challenges for the service system in relation to patients with complex and/or higher risk presentations.

In a collective effort to review these processes statewide and work towards eliminating restrictive interventions as a priority for Queensland authorised mental health services, a collaborative and voluntary review into Seclusion and Restraint was commissioned by the Office of the Chief Psychiatrist in 2022.

The report arising from that review now provides an opportunity to build on the collaborative review process itself and to consider how improvements at a system and service level can be made to continue to reduce and, where possible, eliminate seclusion and restraint.

I am grateful to all those who contributed to the review, in particular the reviewers, led by Dr Nathan Gibson, Chief Psychiatrist, Western Australia. I also thank staff from the Children's Health Queensland, Redcliffe-Caboolture and Wide-Bay authorised mental health services for their commitment to and enthusiasm for the review and acknowledge the commitment that the leadership of these services has to patient safety and improvement as demonstrated by their active engagement with processes such as this. My thanks also to staff within the Office for their dedicated efforts in organising the review and their similarly committed openness to considering possible improvements in the practice of the Office in relation to seclusion and restraint oversight.

Finally, my thanks go to Dr Cassandra Griffin, Associate Professor John Allan, Professor Ed Heffernan and Associate Professor Balaji Motamarri for their support in assuming the functions of the Chief Psychiatrist as delegates this year. I look forward to the continuing support of staff from the Office and from MHAOD services in 2023-2024.

Dr John Reilly
Chief Psychiatrist

Safeguarding patient rights

The Mental Health Act 2016 (the Act) provides a legislative framework for the treatment and care of persons with a mental illness. The Act contains a range of safeguards to deliver treatment and care, including mechanisms to ensure the protections for those being treated involuntary.

The Act applies the following principles, which to the greatest extent practicable, authorised mental health services should adhere to:

- recognise the right of all persons to the same basic human rights and take them into account,
- assist individuals to understand their treatment and care options, by having regard to their age, culture, mental illness, ability to communicate and any disability,
- consider the individual's views, wishes and preferences in making decisions about their treatment and care, and
- involve, family, carers and other support persons in decisions about the individual's treatment and care.

Independent Patient Rights Advisers

All public sector authorised mental health services have access to *Independent Patient Rights Advisers* (IPRA's). The IPRA's ensure individuals under the Act, families, carers and other supports understand their rights and mechanisms to engage throughout the treatment and care.

As at 30 June 2023 there were 21 people delivering IPRA services.

In addition to the provision of patient rights information and education, common themes the IPRAs responded to included:

- Assisting patients to gain a better understanding of their mental health treatment and care.
- Assisting patients to link effectively with their treating team.
- Assisting patients with the Mental Health Review Tribunal (The Tribunal) processes.
- Assisting patients with understanding their discharge planning.

During 2022-2023 the IPRAs:

- Undertook 19,869 contacts with patients, with 84% of this contact occurring within inpatient settings.
- Increased the number of contacts within inpatient settings by approximately 12% compared to 2021-2022.
- Increased the initial contact of patients within the first five days by 11% compared to 2021-2022.
- Increased "patient / treating team engagement" by approximately 40% compared to 2021-2022.

Supporting victim rights

The Act recognises the benefits for victims of receiving timely information about relevant proceedings and statutory decisions relating to a person who has committed an unlawful act against them.

Information is provided by the Office to victims who are registered with the Queensland Health Victim Support Service, a free statewide service providing specialised counselling, support, and information about the forensic mental health system.

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

www.health.qld.gov.au/qhvss

Information notices

A victim of an unlawful act, a close relative of the victim and other particular persons 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 person who is a client of the Forensic Disability Service may be made to the Director of Forensic Disability.

The information notice may contain information about reviews, transfer applications, Tribunal decisions, appeals and other information about the relevant patient.

As at 30 June 2023

- 121[1] information notices were in place.
- Zero applications were pending decision.

In 2022-2023:

- The Chief Psychiatrist received and approved six applications for an information notice.
- 22 information notices were revoked by the Chief Psychiatrist, due to the relevant patient's order being revoked; on the request of the information notice recipient; or due to the death of the relevant patient or the information notice recipient.

Classified patient information

A classified patient is a person admitted to an authorised mental health service from a place of custody for assessment or treatment of a mental illness.

Under the Act, the Chief Psychiatrist may also provide information about a classified patient to a victim, a close relative of the victim, or other person affected by an unlawful act.

As at 30 June 2023:

- One applicant was registered to receive information about a classified patient.
- Zero applications were pending decision.

[1] This includes a small number of information notices managed by the Director of Forensic Disability.

In 2022-2023:

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

Mental Health Act Liaison Service

The Mental Health Act Liaison Line (Liaison Line) operates Monday to Friday from 8.30am to 4.30pm. The Liaison Line is the central point of telephone contact with the Office for authorised mental health services and members of the public. The Liaison Line can be accessed by anyone seeking clarification or further information about the administration of the Act.

In 2022-2023:

- the Office logged 295 calls.

Key themes included:

- Request for assistance with linking with the MHAOD service system.
- Assistance navigating Hospital and Health Service complaints processes.
- Advice to service providers and clinicians regarding enacting provisions of the Act.

The Mental Health Act Administration Team (MHAAT), with funding from Better Care Together, commenced an internal review of the administrative guidelines, processes and workflows that support the operationalisation of the Act. Work continues in refining processes and workflows for each position within MHAAT.

The MHAAT also continued to support greater understanding of the Act by presenting at a various statewide forums this year, namely the Court Liaison Service Statewide Forum, the Prison Mental Health Service Statewide Forum, the Statewide Forensic Mental Health Forum, and the Statewide Mental Health Act Delegates Forum. MHAAT also provided face to face education and training to authorised mental health services during the year.

Statutory Clinical Support and Integration

The Statutory Clinical Support and Integration team in the Office was established in May 2023. The team aims to protect the rights of consumers and support clinicians by:

- Supporting the integration of clinical practice and legislative processes.
- Implementing and embedding patients' rights and quality improvement initiatives arising from Better Care Together.
- Supporting continuous improvement and service development with respect to patients' rights and advocacy.
- Providing clinical advice and support on complex mental health care matters.

Complex care pathways

A function of the Statutory Clinical Support and Integration team is to coordinate the complex care referral pathways and review processes that are available to support authorised mental health services' management of patients with complex needs.

In 2022-2023:

- 18 complex care pathway meetings were held.

This included:

- Eight OCP Secondary Consultations,
- Four Complex Care Panels,
- Five ad-hoc Classified Patient Committee meetings, and
- One Forensic Disability Care Consultation meeting.

Forensic Disability Service Liaison

The Office has regular contact with the Director of Forensic Disability to provide high level oversight of systemic matters relating to individuals with an intellectual or cognitive disability who become subject to the Act or the *Forensic Disability Act 2011*. In 2022-2023 there were three transfers to and from the forensic disability service.

Legislative Amendments

On 2 May 2023 the *Health and Other Legislation Amendment Act 2023*, which included amendments to provisions of the Act, received Royal Assent.

Notably the amendments, along with amendments to the *Recording of Evidence Act 1962*, will enable the Tribunal to implement electronic recording of proceedings. The Act also amends the requirements for adult patients with capacity waiving their right to representation at a Tribunal proceeding, to allow the Tribunal to accept a verbal waiver where the Tribunal is satisfied that doing so would not cause injustice to the person.

It is envisaged that implementation of the amendments will occur by the end of 2023, with commencement to occur on a date to be set by proclamation.

Investigations and Inquests

Investigations, inquests and clinical incident analyses arising from clinical incidents involving consumers accessing MHAOD services often identify potential service quality and safety improvements through recommendations and learnings. Connecting these recommendations and learnings with quality and safety improvement programs forms part of the Investigations Governance Framework (the Framework).

The Framework was established to support the cohesive oversight and consistent management of work resulting from the review or investigation of incidents involving MHAOD services. This includes:

- investigations commissioned by the Chief Psychiatrist under section 308(1)(a) of the Act,
- investigations and clinical incident analyses conducted by Hospital and Health Services under the *Hospital and Health Boards Act 2011* (HHBA) that result in recommendations with statewide implications, and
- coronial inquests that examine treatment and care provided by MHAOD services.

The Framework includes resources to support all aspects of an investigation commissioned under the Act, responding to recommendations for improvement and promoting the inclusion of a restorative just and learning culture. A restorative approach considers how we can learn from incidents in a manner that is mindful of harm and healing and seeks to minimise the negative impacts or compounded harm experienced by participants, whilst maximising our opportunity for learning.

The Investigations Steering Committee (ISC) was established to maintain governance of the Framework and monitor progress towards the implementation of recommendations. The ISC further considers themes and system level learning opportunities and maintains resources to support the Framework.

During 2022-2023:

- The Chief Psychiatrist commissioned one new investigation. The investigation will review the treatment and care of a consumer and the support provided to the consumer's carer. This investigation is currently underway.
- The ISC monitored progress towards the implementation of recommendations from six open investigations and finalised two investigations following the completion of all resulting recommendations.
- The Chief Psychiatrist was a party to two coronial inquests. The inquests considered the mental health treatment provided by various public mental health services in Queensland and the actions taken in response. Findings from these inquests are yet to be released.
- The Office, in collaboration with authorised mental health services, undertook a review of the use of seclusion, mechanical restraint and physical restraint in Queensland mental health services to highlight themes and promote opportunities to focus on learning and improvement.

Common themes for improvement identified by open investigations includes:

- Strengthening governance processes for assessment and risk management for patient's subject to a Forensic Order, Treatment Support Order and other higher risk patients.
- Strengthening workforce capability in the treatment and care of patients with co-occurring mental illness and substance use disorders.
- Strengthening the collection and consideration of collateral information for care planning.

Review of the use of seclusion and restraint in authorised mental health services

The Office, in collaboration with authorised mental health services, participated in a review of the use of seclusion, mechanical restraint and physical restraint under the Act.

The review involved the appointment of external reviewers, who provided their expertise to identify how seclusion and restraint is used across various components of the service system (including adult, child and youth and secure mental health rehabilitation units, and the Office in its regulatory oversight role).

The collaborative approach to the review provided an opportunity to identify themes, lessons and actions that can be embedded at a system and service level to support improvement in clinical practice.

The approach taken with the review acknowledges, at a person-centred level, the trauma that the use of seclusion and restraint has on individuals, their families and staff working within mental health service settings.

It is anticipated that the publication of the report in late 2023 will inform work to support the reduction, and where possible elimination, of seclusion and restraint over time.

Monitoring and auditing compliance

Monitoring and auditing compliance with the Act is a collaborative endeavour between the Office, authorised mental health services, statutory bodies and other stakeholders that strengthens and improves the delivery of high quality and safe mental health and alcohol and other drug treatment and care.

While authorised mental health services are encouraged to self-audit and monitor trends at a local level, the Office reviews statewide trends in non-compliance in order to support staff to fulfil their obligations under the Act.

This promotes good practice and enhances collaboration with services to identify and address clinical governance and system issues for continuous improvement.

In 2021, the Department of Health introduced a Legislative Compliance Management Framework to provide an overarching policy, standard and guideline for managing compliance. The Office has continued to implement the framework in 2022-2023, with a particular focus on incorporating the principles of a restorative just and learning culture, the *Human Rights Act 2019* and First Nations considerations within existing reporting mechanisms and processes.

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

Notification is required to be made for the following types of significant events, where they are not in accordance with the Act:

1. Detention of a person.
2. Provision of regulated treatment (e.g. electroconvulsive therapy).
3. The use of seclusion, mechanical restraint, physical restraint or administration of medications.

Additionally, administrators must notify the Chief Psychiatrist of any breach of an offence provision including:

- ill-treatment of patients,
- contravention of the confidentiality obligations,
- assisting a patient to unlawfully absent themselves,
- giving false or misleading information to an official, or
- obstructing an official.

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

In 2022-2023:

- There were 90 notifications to the Chief Psychiatrist.
- 27 notifications (30 percent) involved a First Nations consumer.
- 48 per cent of these notifications involved the use of restrictive practices. Of these, the majority (93 per cent) involved seclusion. Most instances relating to seclusion occurred outside an initial authorisation period[2]. The remainder involved the use of seclusion on a person other than a relevant patient. For example, the person was subject to an assessment prior to a Treatment Authority being made. Three (3) instances related to physical restraint and the administration of medication. One related to not having an authorisation prior to physically restraining the consumer, and the other two instances were related. These concerned the use of physical restraint and medication when it was not clinically indicated.
- 35 notifications (39 percent) involved the detention of a person other than in accordance with the Act. This includes examinations and assessments conducted outside of legislated timeframes, recommendations or authorities that were deemed invalid and delays seeking approval for the release or return of classified patients.
- Four (4) notifications involved the provision of a regulated treatment other than in accordance with the Act. All instances were related and concerned a retrospective application to the Tribunal following administration of electroconvulsive therapy in an emergency.
- Two (2) notifications related to a breach of the confidentiality provisions.

[2] Generally, these occurred where it was determined that the seclusion needed to continue and there was a delay in seeking or completing a subsequent approval.

- Six (6) notifications related to suspected non-compliance. Four (4) notifications concerned the use of mechanical restraint under an alternative legislative mechanism. The remainder of instances concerned the validity of a Treatment Authority and the provision of limited community treatment.
- At a local level, the most common remedial actions undertaken were education and awareness activities.

To further support implementation of the Department of Health Legislative Compliance Management Framework, the Office has developed a *Mental Health Act 2016* Compliance Plan. The Plan focuses on strengthening and improving systemic factors to facilitate compliance and ensures accountability, fairness and transparency in addressing instances of non-compliance. Monitoring notifications of non-compliance to identify common themes and trends is one mechanism embedded within the plan to inform state-wide approaches to support compliance with the Act.

The Plan further incorporates collaboration, education and support as part of a proactive compliance strategy to successfully mitigate compliance risks. With a strong focus on promoting good practice and sharing learnings, the Office may undertake collaborative quality improvement initiatives in response to these identified trends. In addition, the Office undertakes regular data quality and auditing activities in collaboration with authorised mental health services, to identify new and emergent issues or risks.

The Office also monitors internal compliance with the Act and records all non-compliance incidents related to internal policies and procedures. These primarily relate to administrative processes that support the Chief Psychiatrist's statutory functions under the Act, including:

1. Provision of psychiatrist reports for serious offences,
2. Provision of information notices, and
3. Notifications to the public guardian regarding the treatment of minors.

In 2022-23:

- There were 290 occasions of internal non-compliance reported under the Department of Health Legislative Compliance Management Framework.
- 280 occasions (97 per cent) related to the provision of psychiatrist reports for serious offences. Generally, this occurred due to notices, decisions or reports being provided outside of legislative timeframes.
- 10 occasions related to the provision of information notices. This primarily occurred due to notices or decisions being provided outside of legislative timeframes.
- In response, the Office has developed opportunities for system and process improvements that are currently being implemented as part of ongoing quality assurance and improvement activities. Ongoing monitoring and evaluation of these changes will occur.

The Office has further established processes to share information with the Tribunal as part of an intelligence-driven compliance strategy. This information is used to support the identification of instances of non-significant non-compliance, monitor trends and address emerging issues and risks. Each quarter, the Tribunal provide information to the Chief Psychiatrist associated with their responsibilities under the Act.

In 2022-23:

- The Tribunal reported 1,766 instances of non-compliance.
- 1,748 occasions were related to reviews not heard within statutory timeframes. This represents 11.3% of all periodic matters and applications held during the financial year[3]. Most delays are 14 days or less and generally occur because matters were due over planned hearing breaks or public holidays, or because of limitations regarding the number of hearings that could be heard for a particular service each week.
- In response, the Tribunal continue to review their scheduling practices and enhanced monitoring has been implemented. The Tribunal also meets regularly with stakeholders to manage hearing lists accordingly.
- 10 occasions related to the provision of statement of reasons outside of legislated timeframes, primarily due to delays in the Tribunal office receiving the statement of reasons from its author or administrative error in processing the request. The Tribunal has reviewed and improved its internal procedures and further education has been provided to members in response.
- Four (4) occasions related to the constitution of panels. These hearings involved a minor on a Forensic Order and proceeded with a medical member who did not specialise in child and adolescent psychiatry expertise due to limited availability of medical members with the requisite expertise and scheduling oversights. Another psychiatrist with this expertise was appointed in the reporting period and further staff education was provided to prevent future occurrences. Three (3) occasions related to the disclosure of confidential information not in accordance with the Act. Confidentiality breaches noted pertain to administrative errors that were immediately rectified, education provided to staff, and measures put in place to ensure confidentiality going forward
- One (1) occasion where the provision of a notice decision occurred outside statutory timeframes. In response, internal processes have been strengthened to include an additional checking mechanism to avoid a further recurrence.

With the introduction of the *Human Rights Act 2019*, all complaints made to the Office are recorded and individually assessed to determine if human rights have been engaged or limited, regardless of whether human rights issues are raised in the complaint. To this end, the Office of the Chief Psychiatrist is currently engaging in education of OCP staff, development of assessment tools and development of a feedback management framework.

[3] The Tribunal's scheduling of hearings involves many factors including the availability of venues, treating teams and number of hearings due at a particular time. While schedules are generally prepared months in advance, the Tribunal only becomes aware of some matters after schedules have been prepared, and this may require amendments to existing hearing lists. This primarily relates to applications and matters that need to be rescheduled following an adjournment.

Safety and quality initiatives

Individuals accessing MHAOD services deserve treatment, care and support that is safe and of the highest quality. The Office strives to continually improve the safety and quality of MHAOD service provision in partnership with stakeholders. The following significant activities were undertaken in the reporting period.

Interagency collaborations

Corrective Services

During the reporting period, the Office continued to work collaboratively with Queensland Corrective Services to review the Agreement for Confidential Information Disclosure. This Information Sharing Agreement applies in correctional centres and is central to facilitating the effective delivery of health services by Queensland Health and the safe and effective management of persons in custody by Queensland Corrective Services.

The review of the Information Sharing Agreement and associated guideline responds to coronial recommendations on health-related matters in correctional centres. The redeveloped guideline is focused on ensuring that it supports frontline staff to effectively share relevant information by providing contextual guidance and practical examples.

Consultation with stakeholders and negotiation of a revised Agreement and operational guideline by Queensland Health and Queensland Corrective Services has now concluded. Commencement of the Agreement and operational guideline is subject to its prescribing in the *Hospital and Health Boards Regulation 2012.*

Efforts in 2023-2024 will focus on ensuring the revised Agreement and operational guideline is supported with dedicated training, promoting awareness of the Agreement following its anticipated commencement.

Department of Justice and Attorney-General

During the reporting period, the Office monitored the development and progression of work to facilitate access of the United Nations Subcommittee for the Prevention of Torture (UNSPT) to visit places of detention in Australia under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT).

This work resulted in the passing by Queensland Parliament of the Monitoring of Places of Detention (Optional Protocol to the Convention Against Torture) Act 2023, which commenced on 2 June 2023. This Act allows lawful physical access to places of detention by the UNSPT which, for Queensland Health, includes inpatient units of authorised mental health services.

The Act also contains necessary safeguards to enable detaining authorities to preserve privacy, security, good order, welfare, and safety in places of detention during visits by the UNSPT, while allowing access to information for the purposes of fulfilling its functions under OPCAT.

The Office will continue to work with the Department of Justice and Attorney-General and other agencies to support other jurisdictional responsibilities for full implementation of OPCAT, including the establishment of a State-based mechanism to provide a domestic body to inspect and review places of detention. This work is being led by the Department of Justice and Attorney-General and will continue throughout 2023-24.

Clinical Governance Unit

Discretionary Locking

In line with Queensland Health's intention to move toward statewide implementation of discretionary locking of adult acute inpatient units, the Office granted the Gold Coast Hospital and Health Service a six-month exemption from the *Chief Psychiatrist Policy and Practice Guideline for Hospital and Health Service Chief Executives - Securing adult acute mental health inpatient units* in August 2021.

This exemption allowed Gold Coast Hospital and Health Service to trial discretionary locking within a short-stay adult acute inpatient unit. After a successful evaluation with positive results, the trial was extended to March 2023. The evaluation feedback highlighted that discretionary locking supported a culture of trauma-informed and recovery-orientated care.

In May 2023, the Office invited further expressions of interest from other Hospital and Health Services. Cairns and Hinterland Hospital and Health Service was subsequently approved to trial discretionary locking within their adult acute mental health inpatient unit in January 2023. To further support authorised mental health services in the transition to discretionary locking from 1 July 2024, the Office is hosting a statewide forum in September 2023.

Quality Assurance Committee

The MHAOD Quality Assurance Committee was established in 2017 by the Director-General to provide quality assurance oversight and improvement of MHAOD service delivery. The committee, which has been chaired by the Chief Psychiatrist, has three subcommittees that have been progressing work as follows:

- The *Learning From Incidents Questionnaire* (LFIQ) Engagement and Improvement Sub-committee was stood up to identify barriers to participation in the LFIQ, to improve the quality of Hospital and Health Service MHAOD clinical incident management and to increase LFIQ engagement. The LFIQ is used by the Quality Assurance Committee to measure the quality of incident reports. The subcommittee has sought feedback from Hospital and Health Services and has used this feedback to propose an updated LFIQ-2 which will be circulated for consultation in the near future.
- The Data Sub-committee aims to describe and establish a program of critical incident data collection and analysis to identify themes and learning from across reported clinical and critical incidents. At present, the Data Subcommittee are analysing data relating to homicide and attempted homicide.
- The Clinical Incident Analysis Report Sub-committee is currently defining a piece of work in relation to reviewing clinical incident analysis reports relating to SAC1 incidents involving MHAOD consumers.

The MHAOD Quality Assurance Committee will publish its second Triennial Report to the Director General of Queensland Health in September 2023.

Digital Strategy

The *Mental Health Alcohol and Other Drugs Healthcare Digital Information Strategy 2022-2027* seeks to enhance digital capability and responsiveness across the service system and transform the delivery of healthcare to realise better and safer outcomes through:

- A shift to digitally enabled healthcare supporting improved continuity of care and clinical outcomes.
- Seamless care experiences for consumers via integrated digital services and technologies.
- Unlocking information potential to inform governance, planning and improvement.
- Strengthened alignment of digital priorities with the broader Queensland Health and national ecosystem.

During 2022-23, the MHAOD Branch has commenced a number of activities under the Strategy to inform our future state through better understanding of relevant information needs and priorities to inform the further development of a clinical information system that supports evidence-based care.

Delivery of projects under the strategy will enhance support for consumers to recover and stay healthy, optimise the provision of care to support recovery and further augment the management and administration of an effective MHAOD healthcare system.

Consumer Integrated Mental Health and Addiction application

In 2022-2023, the following enhancements of the Consumer Integrated Mental Health and Addiction (CIMHA) application were undertaken:

- An update to the Victim sub-module to improve and streamline the recording of information for victims registered with the Queensland Health Victim Support Service (QHVSS). Enhancements to the module included a suite of notes specifically designed for this service. This ensures that clinical interactions and relevant information are recorded within CIMHA, thereby allowing all users in QHVSS access to timely information across the State.
- New *Mental Health Act 2016* templates to streamline business processes, and to provide a consistent structure to the entry of clinical information for consumers requiring an Examination Report, or when information is requested from a prosecuting authority.

Promoting awareness and understanding of the Act

Education for authorised doctors and authorised mental health practitioners

To become authorised under the Act and comply with their obligations as an authorised doctor, authorised psychiatrist or authorised mental health practitioner, clinicians are required to successfully complete a comprehensive eLearning course. A refresher course is then required every two years.

The initial, comprehensive course was launched with the implementation of the Act and currently comprises approximately eight hours of learning, covering all obligations of authorised mental health practitioners and authorised doctors. The refresher course built on this education package and was co-designed between clinicians, consumers, carers and the Office. Since implementation in 2022, the refresher course has received positive feedback.

To ensure the comprehensive course remains fit for purpose and supports clinicians to fulfil their obligations under the Act, the Office has commenced a review of this education package. This will ensure ongoing alignment of content with legislative and policy changes and will consider ways to improve accessibility and functionality of educational material.

The content review is intended to align with the Chief Psychiatrist Policy Review and will be co-designed with key stakeholders. It is anticipated that project scoping and consultation will commence in late 2023. The comprehensive course revision will consider lessons from the refresher course.

Administrator Delegate forum and community of interest

The administrator of an authorised mental health service is declared by the Chief Psychiatrist and is responsible for ensuring the effective administration of the Act at a service level. Administrators may delegate functions to appropriate personnel within the Authorised Mental Health Service. Administrator delegates provide invaluable administrative support to Administrators to ensure functions under the Act are appropriately supported.

The Office regularly engages with administrator delegates statewide, to promote awareness and understanding of the Act. This occurs via a community of interest and a statewide delegates forum, held twice a year. The first statewide delegates forum for the year was held in person, in Brisbane. An evaluation found that attendees considered the forum invaluable for sharing of information, education on specific areas and functions of the Act, and for networking and exchange of local practices and developments.

Chief Psychiatrist policy development

Under the Act, the Chief Psychiatrist is required to make policies and practice guidelines that assist mental health clinicians, and others, with the effective administration of the Act. Each year, these are reviewed and amended in close consultation between the Office, Hospital and Health Services and other key stakeholders.

Evaluation of changes to Electroconvulsive Therapy provisions

Amendment of provisions of the Act came into force on 1 July 2022, including the following changes related to Electroconvulsive Therapy (ECT) provisions:

- Tribunal approval is required for performance of ECT for all patients subject to treatment authorities, forensic orders and treatment support orders, including for persons with capacity to give informed consent.
- Changes to the criteria applicable to Tribunal approval of ECT applications.

The Office, in collaboration with the Queensland ECT Committee, will be conducting a mixed methods evaluation of the impact and effectiveness of the amendments. The evaluation will collate qualitative data, capturing feedback from clinicians, Tribunal staff, consumers and carers through online surveys and quantitative data from the CIMHA application.

ECT decision tool

In August 2022, a new web-based interaction tool was published on the Office's website as an additional resource to support clinicians working through the regulatory requirements for the approval and performance of ECT. This tool, called the "*Regulatory requirements for the approval and performance of electroconvulsive therapy*", was developed as a quality improvement initiative to support clinicians to better understand the new requirements that came into effect from July 2022. It is available for clinicians to use on smartphones and tablets registered with Queensland Health.

Rescinded Chief Psychiatrist Policies

On 1 April 2020, the Office released two temporary Chief Psychiatrist policies in response to the COVID-19 Public Health Emergency. The purpose of these policies was to enable staff of authorised mental health services to continue to meet their obligations and requirements under the Act, whilst ensuring patients were still receiving appropriate treatment and care for their mental illness in the context of the pandemic.

With lifting of the Public Health Emergency declaration the following policies were rescinded, effective 1 November 2022:

- *Temporary amendments to Chief Psychiatrist policies – Public health emergency – COVID-19* (dated 8 April 2022)
- *Temporary modifications to the Act* (dated 8 April 2022).

Revised Guideline: *Legislative frameworks relevant to the management of COVID-19*

In response to the COVID-19 public health emergency, Queensland Health published the *Guideline: Legislative frameworks relevant to the management of COVID-19* (the Guideline). Amendments to the *Public Health Act 2005* commenced 1 November 2022, including temporary targeted powers to manage COVID-19 as a controlled notifiable condition. To reflect these amendments, the MHAOD Branch liaised with the Communicable Diseases Branch and the Office of the Chief Health Officer to update the Guideline.

The revised document provides guidance on the application of relevant powers to prevent or respond to a serious risk to the public health system or community due to COVID-19, including:

- Isolation and quarantine,
- testing and treatment of COVID-19,
- considerations for patients of mental health services, and
- managing non-compliance with a public health direction/order.

Additional considerations are underway for the application of the *Mental Health Act 2016*, *Guardianship and Administration Act 2000* and *Powers of Attorney Act 1998,* in relation to decision making for individuals with impaired capacity.

Other improvements and reviews

- In July 2022, the Office established an internal project team to lead a quality improvement initiative for the process of referral, return and release of classified patients between a place of custody (e.g. prison or watchhouse) and authorised mental health services. Under the auspices of the Classified Patient Committee, the project team set up a statewide working group with members from a range of authorised mental health services, at all levels, to engage and collaborate on the project. The working group aimed to identify and resolve issues relating to these processes and to share examples of good practice. From this, the working group identified a suite of recommendations for improvement. The internal project team is now working to review and develop resources to address these recommendations. It is anticipated that these resources will be available by June 2024.
- The Office is improving the approach to reviewing and developing Chief Psychiatrist policies, practice guidelines and other resources that support the effective operation of the Act. Commencing from July 2023, a three-year rolling review will be delivered in partnership with those stakeholders that Chief Psychiatrist policies are intended to support, including consumers and carers, First Nations people and authorised mental health service staff and other relevant agency stakeholders. This plan aligns with Better Care Together's approach to implementing actions and will ensure that the policies and practice guidelines are fit-for-purpose and effectively support delivery of high-quality mental health care into the future.

Chief Psychiatrist policies, guidelines and supporting resources are available on the Act website at

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

Responding to mental health crisis and suicidality

Suicide Prevention

The Way Back Support Service

Queensland Health currently provides assertive access to suicide aftercare services for every Queenslander following a suicide attempt and/or crisis across 10 Hospital and Health Services.

A key service improvement achieved over the last 12 months includes the clinical coordination function within each Hospital and Health Services referring to aftercare. This highlights the importance of integration between clinical services provided by MHAOD services and care provided by community-based organisations. The clinical coordination function supports the rollout of universal aftercare in respective Hospital and Health Services by establishing processes that enable people to receive community based, non-clinical suicide aftercare and complementary clinical support to aid their recovery.

In addition, the clinical coordination function oversees the establishment and implementation of governance processes that support a systems-based approach to suicide aftercare within the Hospital and Health Service. Each Hospital and Health Service will have a dedicated Clinical Coordinator function in place by 2024.

Zero Suicide in Healthcare

The Zero Suicide in Healthcare (ZSiH) Multi-site Collaborative (MSC) is a system-wide collaboration between the MHAOD Branch and Hospital and Health Services to implement the ZSiH Framework and improve care and outcomes for people at risk of suicide.

Over the past 12 months, with leadership from the MHAOD Branch, members of the ZSiH MSC have tested a range of fidelity indicators within their Hospital and Health Services to support implementation of the *Guide to Fidelity Monitoring for the Zero Suicide in Healthcare Multisite Collaborative: Suicide Prevention Pathway*.

The fidelity guide supports a consistent approach to implementation of the ZSiH Framework and measures the degree to which the intervention is being delivered as intended. The guide will facilitate improved understanding of current practices, identification of implementation gaps, monitoring of trends over time, and inform data-driven quality improvement initiatives to enhance suicide prevention practices while fostering a culture of continuous learning and improvement.

Crisis Support Spaces

The Office is leading the implementation of Crisis Support Spaces across Queensland. Crisis Support Spaces offer peer and clinical support to people in crisis as an adjunct to emergency department care. Co-designed with people with lived experience, Crisis Support Spaces are designed to reduce unnecessary stays in the emergency department while also improving people's experience of crisis care.

Crisis Support Spaces offer a calm, therapeutic, 'home-like' environment with both peer and clinical support available. Peers work alongside clinical staff, using their own lived experience to support visitors through their crisis and connect them with ongoing support. Since July 2022 to date, there have been 3416 visitors to a Crisis Support Space with 77 per cent bypassing the emergency department altogether.

As part of Better Care Together, seven existing hospital-based Crisis Support Spaces will be expanded to operate seven-days a week with four new Crisis Support Spaces to be established by the end of 2023. Up to seven more will be established by the end of 2024. An evaluation led by the Queensland Centre for Mental Health Research will examine the impact of the Crisis Support Spaces on emergency department stays and people's experience of crisis care.

National Safety Priorities in MHAOD Services

Following the development and endorsement by the *Safety and Quality Partnership Standing Committee of the National Safety Priorities in Mental Health: Second Edition*, Queensland Health is undertaking further work to ensure the applicability of the priorities to Queensland, including the alcohol and other drugs service sector, with a view to adoption of the priorities by funded and Queensland Health MHAOD services.

An external consultant has engaged key stakeholders to undertake Queensland based consultation to ensure the updated priorities are relevant and supported across the Queensland MHAOD service sector. Release of the updated Safety Priorities is anticipated late 2023.

Other significant activity

Enhanced data availability and analytics to support Mental Health and Other Drug Services

The MHAOD Branch has enhanced data availability and analytics to support MHAOD service monitoring, improvement, evaluation and research, including by:

- Implementing new or enhanced data dashboards, including for 1300 MH CALL and Crisis Support Spaces activity, care planning, and mental health consumer clinical outcomes.
- Mental Health and Addiction Portal upgrades to include ingestion of additional data items and enhance the user interface.
- Contributing data to the evaluation of the Q-MOST[4] program, review of services for culturally and linguistically diverse people and the Royal Commission into Defence and Veteran Suicide.

[4] Queensland Health, in partnership with the Children's Hospital Foundation have engaged Orygen Digital to deliver their Moderated Online Social Therapy (MOST) model and digital platform in a pilot project over two-years (Q-MOST)

Reporting on the *Mental Health Act 2016*

Under section 307 of the Act, the Chief Psychiatrist is required to provide a summary of key developments in the administration of the Act along with statistical data for each authorised mental health service for the financial year. This section provides a snapshot of key legislative processes and provisions and enables year-to-year comparisons of information under the Act.

Data relating to this activity is primarily sourced from the CIMHA application and reported through the Mental Health and Addiction Portal (MHAP).

See Appendix 1 for authorised mental health service abbreviations.

Overview of patients subject to involuntary assessment, treatment, care of detention under the Act

Each year, over 100,000 consumers access Queensland public MHAOD services. Almost half (42 per cent) of those consumers are receiving ongoing treatment and care through more than 57,000 community service episodes, almost 20,000 inpatient episodes and around 2,500 residential stays.

Of the consumers receiving ongoing treatment and care on 30 June 2023, just over a quarter (29 per cent) were receiving involuntary treatment and care in an authorised mental health service.

Under the Act, involuntary treatment and care must only be provided to a person who has a mental illness if it is appropriate for promoting and maintaining their health and wellbeing.

Table 1 provides a summary of patients subject to involuntary assessment, treatment, care or detention in Queensland, as at 30 June 2023.

This contains a unique count of patients for each authorised mental health service and a statewide total. As a small number of patients are subject to more than one involuntary stream at a time, there may be slight variations in row and column counts. Each apparent discrepancy has been reviewed to confirm data accuracy.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2023

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified patients	Total patients
Bayside	0	166	10	16	1	192
Belmont Private	0	5	0	0	0	5
Cairns	0	537	18	62	1	616
Central Queensland	0	388	7	27	0	422
Children's Health Queensland	0	11	0	0	0	11
Darling Downs	1	342	16	59	1	418
Gold Coast	2	680	11	33	2	725
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	0	541	20	42	2	603
Mackay	1	188	8	18	0	215
New Farm Clinic	0	3	0	0	0	3
Princess Alexandra Hospital	0	598	39	79	0	716
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	0	270	7	34	2	311
Royal Brisbane and Women's Hospital	0	725	31	34	3	791
Sunshine Coast	2	524	16	30	0	570
The Park	0	14	0	37	0	51
The Park High Security	0	53	2	42	21	96
The Prince Charles Hospital	1	468	20	49	1	538
Toowong Private	0	3	0	0	0	3
Townsville	3	374	19	62	2	458
West Moreton	0	415	27	54	2	496
Wide Bay	0	175	8	28	1	211
Statewide	10	6,481	259	706	39	7,451

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. In some circumstances 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[5].

The purpose of the assessment is to decide whether a treatment authority should be made to authorise involuntary treatment and care for the person[6].

Table 2 provides a summary of involuntary assessments occurring in the 2022-2023 reporting period, by entry pathway and outcome type.

[5] 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, sot that the person may receive appropriate assessment, treatment and care.
[6] An assessment may reveal that the person has an existing involuntary order or authority in which case a treatment authority is not required.

Table 2: Involuntary assessment: entry pathway and outcome (1 July 2022 – 30 June 2023)

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	313	10	0	0	323	232	85	6
Belmont Private	38	0	0	0	38	30	8	0
Cairns	650	7	105	2	764	521	241	2
Central Queensland	197	8	223	0	428	250	175	0
Children's Health Queensland	91	0	8	0	99	54	44	0
Darling Downs	761	13	5	0	779	488	286	0
Gold Coast	1357	27	35	0	1419	977	437	4
Greenslopes Private	1	0	0	0	1	1	0	0
Logan Beaudesert	941	17	44	0	1002	729	264	9
Mackay	329	5	213	0	547	280	263	1
New Farm Clinic	16	0	0	0	16	7	9	0
Princess Alexandra Hospital	760	36	58	1	855	644	208	3
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	756	14	22	0	792	493	298	1
Royal Brisbane and Women's Hospital	948	27	320	0	1295	906	377	9
Sunshine Coast	556	9	294	1	860	655	205	0
The Park	0	0	0	0	0	0	0	0
The Park High Security	1	0	0	0	1	1	0	0
The Prince Charles Hospital	809	15	310	0	1134	837	290	7
Toowong Private	14	0	0	0	14	8	6	0
Townsville	442	9	213	0	664	368	286	5
West Moreton	395	17	79	0	491	373	113	4
Wide Bay	264	12	122	0	398	282	113	2
Statewide	9639	226	2051	4	11920	8136	3708	53

Examination authorities

In circumstances where it is not possible to engage a person in assessment voluntarily, an application may be made to the 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, or other member of the community who has concerns about the person[7].

The examination authority 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 2022-2023, by outcome type. As an examination authority is not entered into the consumer's electronic health record until a decision notice is received from the tribunal, there may be a slight variation between numbers reported between entities.

Assessments following an examination authority may occur in a subsequent reporting period, or in an alternative authorised mental health service. This may lead to slight variation between numbers reported across tables 2 and 3.

[7] 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.

Table 3: Examination Authorities issued and outcome (1 July 2022 – 30 June 2023)

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	29	10	0	19	0
Belmont Private	0	0	0	0	0
Cairns	30	7	3	20	0
Central Queensland	15	8	0	7	0
Children's Health Queensland	1	0	0	1	0
Darling Downs	38	13	3	21	1
Gold Coast	63	28	9	26	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	40	21	5	14	0
Mackay	10	5	0	4	1
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	73	34	4	35	0
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	25	12	2	11	0
Royal Brisbane and Women's Hospital	60	27	12	21	0
Sunshine Coast	18	9	3	6	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	38	15	6	17	0
Toowong Private	0	0	0	0	0
Townsville	18	9	0	9	0
West Moreton	38	18	3	17	0
Wide Bay	39	12	4	22	1
Statewide	535	228	54	250	3

Persons transferred from a place of custody (classified patients)

The Act makes provision for a person to be transferred from a place of custody (e.g. prison or watch house) to an authorised mental health service for assessment or treatment of mental illness. The person is admitted as a classified patient. The Act also makes provision 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. Their consent can only be granted following consideration of the risk to the safety of the person and others.

Table 4 provides a summary of classified patient referrals and admissions in the 2022-2023 reporting period.

Table 4: Classified patient referrals and admissions (1 July 2022 – 30 June 2023)

Authorised mental health service	Total referrals	Referrals not resulting in classified patient admission		Entry pathway			Total classified admissions
				Recommendation for Assessment	Transfer Recommendation		
		Ended in reporting period	Open as at 30 June	Involuntary assessment	Involuntary treatment	Voluntary treatment	
Bayside	29	18	0	6	5	0	11
Belmont Private	0	0	0	0	0	0	0
Cairns	21	3	2	8	8	0	16
Central Queensland	29	14	0	9	5	1	15
Children's Health Queensland	1	1	0	0	0	0	0
Darling Downs	15	1	0	10	4	0	14
Gold Coast	87	42	3	22	19	1	42
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	71	36	2	12	20	1	33
Mackay	5	0	0	2	3	0	5
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	104	82	3	9	10	0	19
Redcliffe Caboolture	52	21	0	10	20	1	31
Royal Brisbane and Women's Hospital	40	28	1	6	5	0	11
Sunshine Coast	34	12	2	14	6	0	20
The Park	1	1	0	0	0	0	0
The Park High Security	53	22	1	17	13	0	30
The Prince Charles Hospital	27	13	1	7	6	0	13
Toowong Private	0	0	0	0	0	0	0
Townsville	21	0	0	12	9	0	21
West Moreton	62	22	2	12	26	0	38
Wide Bay	14	9	1	2	2	0	4
Statewide	666	325	18	158	161	4	323

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.

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 persons treatment[8].

As a key safeguard, patients subject to a treatment authority are regularly reviewed by the 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[9].

As at 30 June 2023 there were:

- 6,481 open treatment authorities in Queensland, of which 89 per cent were community category.

Table 5 demonstrates the total treatment authorities made in 2022-2023, by category and the entity that made the authority.

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

A treatment authority also ends if:

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

Table 6 demonstrates the total treatment authorities ended in 2022-2023, by end reason.

[8] 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 treatment authority ends after three days if it is not confirmed or revoked through this process.

[9] 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.

Table 5: Treatment authorities made (1 July 2022 – 30 June 2023)

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	Ended or revoked prior to second examination
Bayside	239	1	3	237	240	196	174	16	6
Belmont Private	29	0	0	29	29	0	0	0	0
Cairns	527	0	15	512	527	268	236	29	3
Central Queensland	255	2	7	250	257	185	170	10	5
Children's Health Queensland	48	0	2	46	48	30	10	8	12
Darling Downs	499	1	6	494	500	333	257	70	6
Gold Coast	1,002	1	24	979	1,003	789	701	71	17
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	744	1	11	734	745	600	533	44	23
Mackay	282	1	5	278	283	223	146	65	12
New Farm Clinic	7	0	0	7	7	4	4	0	0
Princess Alexandra Hospital	660	5	21	644	665	533	489	30	14
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	499	2	7	494	501	345	281	48	16
Royal Brisbane and Women’s Hospital	927	4	23	908	931	810	689	96	25
Sunshine Coast	668	4	32	640	672	423	346	60	17
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	23	0	0	23	23	7	7	0	0
The Prince Charles Hospital	840	1	12	829	841	709	499	183	27
Toowong Private	5	0	0	5	5	0	0	0	0
Townsville	378	2	22	358	380	203	179	15	9
West Moreton	396	1	9	388	397	354	283	58	13
Wide Bay	284	2	6	280	286	234	172	57	5
Statewide	8,312	28	205	8,135	8,340	6,246	5,176	860	210

Table 6: Treatment authorities ended (1 July 2022 – 30 June 2023)

Authorised mental health service	Pre-existing involuntary status	Treatment authority not revoked or confirmed within the timeframe	Treatment authority revoked		Appealed in the Mental Health Court	Forensic order made	Treatment support order made	Transfer interstate	Patient deceased	Total treatment authorities ended
			Authorised doctor	Mental Health Review Tribunal						
Bayside	0	6	231	2	0	0	0	0	2	241
Belmont Private	0	0	65	0	0	0	0	0	0	65
Cairns	0	3	478	10	0	1	1	0	10	503
Central Queensland	0	2	180	9	0	2	1	0	7	201
Children's Health Queensland	0	0	66	1	0	0	0	0	0	67
Darling Downs	0	2	486	10	1	0	0	0	5	504
Gold Coast	0	9	872	23	1	1	0	5	10	921
Greenslopes Private	0	0	0	0	0	0	0	0	0	0
Logan Beaudesert	0	13	652	9	0	1	1	0	5	681
Mackay	0	8	264	5	0	0	0	0	1	278
New Farm Clinic	0	0	10	0	0	0	0	0	1	11
Princess Alexandra Hospital	0	5	717	3	0	7	0	0	9	741
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	7	505	6	0	2	0	0	5	525
Royal Brisbane and Women's Hospital	1	14	758	6	0	4	2	0	4	789
Sunshine Coast	0	3	561	14	0	3	1	0	6	588
The Park	0	0	0	0	0	1	0	0	0	1
The Park High Security	0	0	10	1	0	5	0	0	0	16
The Prince Charles Hospital	0	19	807	19	0	3	0	0	12	860
Toowong Private	0	0	9	0	0	0	0	0	0	9
Townsville	0	8	322	6	0	4	2	0	1	343
West Moreton	1	11	323	8	1	0	0	0	3	347
Wide Bay	0	2	309	1	0	1	0	1	5	319
Statewide	2	112	7625	133	3	35	8	6	86	8010

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence[10]. 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.

An involuntary patient charged with a serious offence (or someone on their behalf) is entitled to request a psychiatrist report at no cost.

The Chief Psychiatrist will direct the report be prepared after 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 a 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 to the Mental Health Court is made 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 2022-2023. The sum of those referred and those not referred may not equal the total number of eligible reports as, at the time of publication, the decision regarding reference to the Mental Health Court may still be pending.

Table 7: Psychiatrist reports received and Chief Psychiatrist references to the Mental Health Court (1 July 2022 – 30 June 2023)

Total reports received in 2022-2023	Eligible for referral to Mental Health Court	Referred to Mental Health Court	Not referred to Mental Health Court
295	287	63	188

Table 8 provides a summary of the application of the psychiatrist report provisions.

[10] Serious offences include offences such as arson, grievous bodily harm, indecent treatment, robbery, rape, serious assault and manslaughter. This does not include offences such as common assault and most forms of wilful damage.

Table 8: Application of psychiatrist report provisions (1 July 2022 - 30 June 2023)

Authorised mental health service	Occasions when patient 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	21	0	6	0	3
Belmont Private	0	0	0	0	0
Cairns	94	0	34	0	16
Central Queensland	81	0	30	5	18
Children's Health Queensland	0	0	0	0	0
Darling Downs	58	1	13	0	10
Gold Coast	108	1	31	2	20
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	106	0	36	0	23
Mackay	35	0	21	0	18
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	95	1	40	0	22
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	36	0	12	1	9
Royal Brisbane and Women's Hospital	136	0	59	4	35
Sunshine Coast	58	1	34	5	17
The Park	2	0	2	0	1
The Park High Security	23	3	12	0	9
The Prince Charles Hospital	62	0	28	2	17
Toowong Private	0	0	0	0	0
Townsville	116	0	54	1	43
West Moreton	74	3	34	1	20
Wide Bay	38	0	18	0	14
Statewide	1143	10	464	21	295

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 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[11].

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

If a forensic order results from a finding of temporary unfitness for trial and the tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced. In this circumstance, the forensic order ends when the person appears before the court. A forensic order may also end when a person is absent without approval for a period of more than three years.

As at 30 June 2023, there were:

- 707 open forensic orders in Queensland.
- The majority (588) were forensic order (mental health), of which 68 per cent were community category.
- The remaining open orders (119) were forensic order (disability), of which 89 per cent were community category.[12]

[11] 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.

[12] As a small number of patients are subject to more than one involuntary stream at a time, there may be discrepancies between row and column counts. Each apparent discrepancy was investigated to confirm that the duplication was valid.

Table 9: Forensic orders made (1 July 2022 – 30 June 2023)

Authorised mental health service	Forensic Order (Disability)		Forensic Order (Mental Health)		Total forensic Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	0	0	0
Belmont Private	0	0	0	0	0
Cairns	3	1	4	0	8
Central Queensland	1	0	1	2	4
Children's Health Queensland	0	0	0	0	0
Darling Downs	1	0	1	0	2
Gold Coast	0	0	2	1	3
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	3	0	3	0	6
Mackay	2	0	0	0	2
New Farm Clinic	0	0	0	0	0
Princess Alexandra High Security	0	0	0	0	0
Princess Alexandra Hospital	1	0	7	1	9
Redcliffe Caboolture	0	0	4	0	4
Royal Brisbane and Women's Hospital	0	0	5	1	6
Sunshine Coast	0	0	2	2	4
The Park	0	0	0	1	1
The Park High Security	0	1	0	5	6
The Prince Charles Hospital	0	0	0	5	5
Toowong Private	0	0	0	0	0
Townsville	4	0	3	1	8
West Moreton	4	0	2	0	6
Wide Bay	3	0	1	0	4
Statewide	22	2	35	19	78

Table 10: Forensic orders ended (1 July 2022 – 30 June 2023)

Authorised mental health service	Forensic order revoked				Patient found fit for trial	Patient deceased	Order amended by Mental Health Court	Other[13]	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	Treatment authority made	No other order made					
Bayside	0	2	0	0	0	0	0	0	2
Belmont Private	0	0	0	0	0	0	0	0	0
Cairns	3	5	0	1	0	0	0	0	9
Central Queensland	0	0	0	2	0	0	0	0	2
Children's Health Queensland	0	0	0	0	0	0	0	0	0
Darling Downs	0	4	0	0	0	0	0	0	4
Gold Coast	0	1	0	1	0	0	1	0	3
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	1	3	0	0	0	2	0	0	6
Mackay	0	0	0	0	0	0	1	0	1
New Farm Clinic	0	0	0	0	0	0	0	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	1	9	1	0	0	0	0	0	11
Redcliffe Caboolture	0	0	0	1	0	1	0	0	2
Royal Brisbane and Women's Hospital	0	5	0	0	0	1	1	1	8
Sunshine Coast	0	2	0	0	0	1	0	0	3
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	0	2	0	0	0	0	0	0	2
The Prince Charles Hospital	1	2	0	1	0	1	1	0	6
Toowong Private	0	0	0	0	0	0	0	0	0
Townsville	1	3	0	2	0	1	1	0	8
West Moreton	1	1	0	2	0	1	0	0	5
Wide Bay	0	5	0	3	0	0	0	0	8
Statewide	8	44	1	13	0	8	5	1	80

[13] 'Other' includes patients who have been absent for 3 years or more, patients who elected to go to trial and patients seeking transfer out of Queensland who have been out of state for a continuous period of 3 years or more.

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 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.

On 30 June 2023, there were:

- 259 open treatment support orders, of which 93 per cent were community category.

Table 11 provides a summary of the types of treatment support orders made in 2022-2023, and their initial category.

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. If the Mental Health Court make a forensic order for a person who is subject to a treatment support order, the treatment support order ends. This year, no treatment support orders were ended this way.

Table 11: Treatment support orders made (1 July 2022 – 30 June 2023)

Authorised Mental Health Service	Mental Health Court		Mental Health Review Tribunal		Total Treatment Support Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	2	0	2
Belmont Private	0	0	0	0	0
Cairns	1	0	5	0	6
Central Queensland	1	0	0	0	1
Children's Health Queensland	0	0	0	0	0
Darling Downs	1	0	3	1	5
Gold Coast	0	0	1	0	1
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	2	0	3	0	5
Mackay	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	2	0	9	0	11
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	0	0	0	0	0
Royal Brisbane and Women's Hospital	3	0	5	0	8
Sunshine Coast	2	0	2	0	4
The Park	0	0	0	0	0
The Park High Security	0	0	2	0	2
The Prince Charles Hospital	1	0	2	0	3
Toowong Private	0	0	0	0	0
Townsville	3	0	3	0	6
West Moreton	2	0	1	0	3
Wide Bay	0	0	5	0	5
Statewide	18	0	43	1	62

Table 12: Treatment support orders ended (1 July 2022 – 30 June 2023)

Authorised mental health service	Treatment authority made	Found fit for trial	Order revoked	Other[14]	Patient deceased	Total treatment support orders ended
Bayside	1	0	5	0	0	6
Belmont Private	0	0	0	0	0	0
Cairns	0	0	4	0	0	4
Central Queensland	2	0	1	0	1	4
Children's Health Queensland	0	0	0	0	0	0
Darling Downs	1	0	2	0	0	3
Gold Coast	2	0	3	0	1	6
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	1	0	4	0	1	6
Mackay	1	0	2	0	0	3
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	4	0	3	0	0	7
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	2	0	2	0	0	4
Royal Brisbane and Women's Hospital	4	0	4	0	1	9
Sunshine Coast	4	0	2	0	2	8
The Park	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0
The Prince Charles Hospital	1	0	0	1	1	3
Toowong Private	0	0	0	0	0	0
Townsville	2	0	5	1	0	8
West Moreton	1	0	1	0	0	2
Wide Bay	2	0	4	0	0	6
Statewide	28	0	42	2	7	79

[14] 'Other' includes patients who have been absent for 3 years or more and patients who had their order superseded by a new treatment support order.

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 a patient's 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.

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. In 2022-2023 the Office continued to work with authorised mental health services to monitor and reduce the use of seclusion and to inform statewide and local quality improvement efforts.

Table 13 represents the statewide clinical indicators for monitoring seclusion rates under the Act, which align to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute settings[15]. Table 14 includes all authorisations made for seclusion, including those made under a reduction and elimination plan, and is not limited to acute settings.

Table 13: Seclusion indicators (five year trend[16])

Indicator	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Seclusion events per 1,000 acute bed days	7.3	10.0	9.3	7.3	7.2
Proportion of acute episodes with one or more seclusion events	2.4%	3.1%	2.7%	2.5%	2.6%
Average (mean) duration of seclusion events (hours) in acute episodes	3.2	3.7	3.5	5.3	5.0

[15] Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis.
[16] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. 2022-2023 data is preliminary and subject to change.

Table 14: Seclusion authorisation (1 July 2022 – 30 June 2023)

Authorised mental health service	Seclusion authorisations				Extension of seclusion	
	Doctor	Emergency	Total Authorisations	Total patients	Total extension authorisations	Total patients
Bayside	74	66	140	38	0	0
Belmont Private	0	0	0	0	0	0
Cairns	23	233	256	97	0	0
Central Queensland	85	22	107	32	1	1
Children's Health Queensland	10	9	19	11	0	0
Darling Downs	22	67	89	50	0	0
Gold Coast	552	69	621	80	1	1
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	376	109	485	74	0	0
Mackay	17	35	52	24	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	109	218	327	95	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	84	116	200	53	0	0
Royal Brisbane and Women's Hospital	130	276	406	119	0	0
Sunshine Coast	56	119	175	55	0	0
The Park	150	6	156	7	0	0
The Park High Security	15,884	43	15,927	47	0	0
The Prince Charles Hospital	127	75	202	71	0	0
Toowong Private	0	0	0	0	0	0
Townsville	268	52	320	42	1	1
West Moreton	909	74	983	41	0	0
Wide Bay	15	20	35	15	0	0
Statewide	18,891	1,609	20,500	951	3	3

Mechanical restraint

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

The decision to use mechanical restraint is to prevent imminent and serious harm to the patient or another person, and only after alternative strategies have been trialled or appropriately considered and excluded.

Mechanical restraint can only be used if there is no other reasonably practicable way to protect the patient or others from physical harm.

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

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

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

Table 15 summarises the total number of mechanical restraint events under the Act. This aligns to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute adult settings.

Table 15: Total mechanical restraint events per 1,000 acute bed days (five year trend[17])

Indicator	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Mechanical restraint events in acute episodes	20	19	26	55	102
Total mechanical restraint events per 1,000 bed days	0.1	0.1	0.1	0.2	0.3

Table 16 provides a summary of mechanical restraint approvals this reporting year. Due to the complex needs of a small subset of patients, high secure authorised mental health services have historically reported higher rates of mechanical restraint.

[17] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2022-2023 data is preliminary and subject to change.

Table 16: Mechanical restraint approvals and events (1 July 2022 – 30 June 2023)

Authorised mental health service	Number of approvals	Number of patients	Number of events
Bayside	2	1	5
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	0	0	0
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	1	1	1
New Farm Clinic	0	0	0
Princess Alexandra Hospital	2	2	3
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	0	0	0
Royal Brisbane and Women's Hospital	3	2	3
Sunshine Coast	2	1	3
The Park	0	0	0
The Park High Security	151	6	402
The Prince Charles Hospital	9	1	83
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	2	1	3
Statewide	173	16	504

Reduction and elimination plans

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

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

A single reduction and elimination plan may apply to either mechanical restraint, seclusion, or both, however seclusion and mechanical restraint are not permitted to be used simultaneously.

Table 17 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 may receive treatment and care across multiple authorised mental health services. Consequently, row and column counts may not align.

Table 17: Reduction and elimination plans approved (1 July 2022 – 30 June 2023)

Authorised mental health service	Mechanical restraint		Seclusion		Seclusion and mechanical restraint		Total plans approved	
	Plans	Patients	Plans	Patients	Plans	Patients	Plans	Patients
Bayside	2	1	9	6	0	0	14	9
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	7	7	0	0	8	8
Central Queensland	0	0	10	8	0	0	13	10
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	0	3	3	1	1	6	6
Gold Coast	0	0	30	25	0	0	39	32
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	31	20	0	0	40	23
Mackay	1	1	4	4	0	0	9	6
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	29	23	1	1	40	33
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	9	7	0	0	12	9
Royal Brisbane and Women’s Hospital	1	1	30	25	0	0	41	34
Sunshine Coast	0	0	11	8	0	0	24	17
The Park	0	0	7	5	0	0	7	5
The Park High Security	0	0	331	42	206	10	556	43
The Prince Charles Hospital	8	1	12	11	0	0	29	20
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	17	12	0	0	25	15
West Moreton	0	0	45	25	0	0	46	26
Wide Bay	0	0	1	1	0	0	1	1
Statewide	12	4	586	224	208	12	910	283

Physical restraint

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

Physical restraint is used where less restrictive interventions are insufficient to protect a patient, or others, from physical harm, provide necessary treatment and care to a patient, prevent serious damage to property, or prevent a patient detained in an authorised mental health service 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.

Table 18 summarises the total number of physical restraint events under the Act. This aligns to the national specifications for reporting on restrictive practices. The scope of this dataset is limited to acute adult settings.

Table 19 provides a summary of the total number physical restraint events recorded this reporting period.

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

Indicator	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Physical restraint events in acute episodes	5538	6818	9104	6650	6648
Total physical restraint events per 1,000 bed days	9.1	11.3	15.0	11.3	10.7

[18] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2022-2023 data is preliminary and subject to change. Physical restraint events were not recorded prior to July 2017. As this is a new collection, caution is required when interpreting comparisons over time as these may be reflective of differences in business processes for recording data rather than a true variation in the use of physical restraint.

Table 19: Physical restraint events (1 July 2022 – 30 June 2023)

Authorised mental health service	Total patients	Total events	Average number of events per patient
Bayside	35	125	3.6
Cairns	74	114	1.5
Central Queensland	16	27	1.7
Children's Health Queensland	61	239	3.9
Darling Downs	81	239	3.0
Gold Coast	117	235	2.0
Logan Beaudesert	67	132	2.0
Mackay	50	141	2.8
Princess Alexandra Hospital	138	360	2.6
Redcliffe Caboolture	68	158	2.3
Royal Brisbane and Women’s Hospital	144	577	4.0
Sunshine Coast	109	410	3.8
The Park	1	1	1.0
The Park High Security	12	21	1.8
The Prince Charles Hospital	78	254	3.3
Townsville	87	222	2.6
West Moreton	47	86	1.8
Wide Bay	31	74	2.4
Statewide	1181	3415	2.9

Electroconvulsive Therapy

In Queensland, ECT is a regulated treatment under the Act and may only be performed in an authorised mental health service:

- with informed consent – if the person is an adult, or
- with the approval of the Tribunal – if the person is a minor or if the person is an adult who is unable to give informed consent, or subject to a treatment authority, forensic order or treatment support order.

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 tribunal

An application for ECT must include any views, wishes and preferences the person has expressed about the therapy.

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

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

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

Further information is available in *A Guide to Electroconvulsive Therapy (ECT) for Consumers and Carers* available at

https://www.health.qld.gov.au/__data/assets/pdf_file/0027/726606/ect-guide-carers.pdf.

Table 20 provides a summary of the number of applications to perform ECT made this reporting period.

Table 20: Applications to perform ECT made to the Tribunal (1 July 2022 – 30 June 2023)

Authorised mental health service	ECT treatment applications made		
	Treatment application only	Treatment application and emergency certificate	Total treatment applications
Bayside	9	3	12
Belmont Private	20	5	25
Cairns	13	3	16
Central Queensland	13	6	19
Children's Health Queensland	0	0	0
Darling Downs	12	2	14
Gold Coast	67	5	72
Greenslopes Private	0	0	0
Logan Beaudesert	22	6	28
Mackay	2	4	6
New Farm Clinic	1	2	3
Princess Alexandra Hospital	0	0	0
Princess Alexandra Hospital High Security	32	35	67
Redcliffe Caboolture	19	10	29
Royal Brisbane and Women's Hospital	74	18	92
Sunshine Coast	31	9	40
The Park	2	0	2
The Park High Security	30	0	30
The Prince Charles Hospital	31	2	33
Toowong Private	2	2	4
Townsville	14	7	21
West Moreton	12	2	14
Wide Bay	4	3	7
Statewide	410	124	534

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 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.

Of the 3,548 forms issued in the reporting period 2,479 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 1,069 forms issued include the following categories and are represented in Table 21:

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

Reducing absences without approval is a high priority for Queensland Health. The Office monitors the rate of absence without approval on a monthly basis, and trends are addressed directly with services to explore preventative strategies where necessary.

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

Table 21: Authority to transport absent patient forms issued (1 July 2022 – 30 June 2023)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Classified	Other[19]	Total
Bayside	0	26	0	1	0	0	27
Belmont Private	0	0	0	0	0	0	0
Cairns	12	88	0	30	0	2	132
Central Queensland	20	48	0	0	0	1	69
Children's Health Queensland	1	0	0	0	0	0	1
Darling Downs	6	53	1	9	0	0	69
Gold Coast	10	90	3	3	0	0	106
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	6	94	0	12	3	2	117
Mackay	6	46	0	12	0	2	66
New Farm Clinic	1	0	0	0	0	0	1
Princess Alexandra Hospital	6	42	1	0	0	1	50
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	4	36	0	7	1	0	48
Royal Brisbane and Women's Hospital	14	66	1	1	0	2	84
Sunshine Coast	5	40	0	4	0	4	53
The Park	0	1	0	3	0	0	4
The Park High Security	0	0	0	0	0	0	0
The Prince Charles Hospital	15	66	4	8	0	3	96
Toowong Private	0	0	0	0	0	0	0
Townsville	4	39	0	61	0	3	107
West Moreton	2	10	0	2	0	0	14
Wide Bay	5	20	0	0	0	0	25
Statewide	117	765	10	153	4	20	1069

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

Appendix 1

Abbreviations – Authorised mental health services

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

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