Unite & Recover

Office of the Chief Psychiatrist

ANNUAL REPORT 2021–2022

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 2021-2022 financial year.

Annual report of the Chief Psychiatrist 2021-2022

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

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Letter of compliance

The Honourable Yvette D'Ath MP
Minister for Health and Ambulance Services
GPO Box 48
Brisbane QLD 4001

Dear Minister

I am pleased to submit for presentation to the Parliament the 2021-2022 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 2021-2022. This year marks the fifth anniversary of the commencement of the *Mental Health Act 2016* and my fifth year as Chief Psychiatrist.

Across Queensland Health mental health services and in collaboration with various stakeholders, we are continuing to focus on how to progress further significant initiatives relating to clinical care under the *Mental Health Act 2016*.

Better Care Together: A plan for Queensland's State-funded mental health, alcohol and other drug services to 2027 will enable a renewed emphasis on quality enhancement in mental health care, further building on the links with regulatory processes, where there have been a number of previous initiatives to improve outcomes for people experiencing mental illness.

I would like to express my sincere thanks to all staff working across Queensland's various Mental Health, Alcohol and Other Drug (MHAOD) services and the Office of the Chief Psychiatrist (the Office) for their hard work and dedication.

As you are no doubt aware, staff have once again effectively carried on our shared business as usual activities while responding to the ongoing challenges of the COVID-19 pandemic as we transition to 'living with COVID-19'.

The continued dedication of MHAOD service staff to high-quality care has been especially evident this year, as many Queenslanders also battled the impact of floods in 2022.

It is important that, despite these challenges, we take time to celebrate our collective achievements, reflect on lessons learnt and begin to focus on the opportunities and challenges ahead of us in 2022-2023.

This includes the findings of the Parliamentary Select Committee *Inquiry into opportunities to improve the mental health of Queenslanders,* which followed an announcement on 30 November 2021 by the Minister for Health and Ambulance Services in response to pressures on the health system.

The terms of reference for the Inquiry were broad. They included a focus on service safety and quality, improving outcomes, and the experiences and leadership of people with a lived experience of mental illness, problematic substance use and suicide.

These issues are of relevance to the Office and all MHAOD services. In our pursuit of improving safety and quality outcomes for people accessing mental health services, the Office has also considered digital health innovations and how we learn from clinical incidents.

In particular, the Office has begun incorporating the principles of restorative just and learning culture into Chief Psychiatrist investigations and recognises the need to re-engineer our approach to critical incident reviews to reduce distress and bias, emphasise accountability and improve opportunities for the MHAOD system to learn and grow.

I thank Dr Cassandra Griffin, Dr John Allan and Dr Vikas Moudgil 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 MHAOD services in 2022-2023.

Dr John Reilly

Chief Psychiatrist

Administration of the *Mental Health Act 2016*

A range of systems and processes support the effective administration of the *Mental Health Act 2016* (the Act) to ensure safe, quality, recovery-oriented mental health care. The Chief Psychiatrist has broad functions to facilitate the proper administration of the Act as well as decision-making responsibilities for individual matters. Activity relating to some of the Chief Psychiatrist's key functions is discussed below.

Safeguarding patient rights

Independent Patient Rights Advisers

Patient rights are critical to health care delivery and the use of the Act to support consumers of MHAOD services. While all service providers are expected to support engagement of these rights, Queensland's public authorised mental health services also have dedicated positions to safeguard the rights of patients in relation to the Act. Independent Patient Rights Advisers (IPRAs) play an important role in ensuring patients, families, carers, and other support persons are aware and understand their rights under the Act.

As at 30 June 2022 there were 29 people delivering IPRA services.

The IPRAs engage with a variety of stakeholders and collaborate with other agencies, including the Office of the Health Ombudsman, the Community Visitors program within the Office of the Public Guardian, and the Office of the Public Advocate, to assist patients and provide information and education.

As part of ensuring patients, carers, and other support people have access to information about their rights under the Act, the 'MyRights–QldHealth' app was created providing a mobile user-friendly way to access Act information. The easy interface within the app allows users to navigate short videos explaining patient rights information under the Act. The app is available on both the Apple App and Google Play stores.

During 2021-2022 the IPRAs:

- undertook 14,835 contacts with patients with 81 percent of this contact occurring within inpatient settings
- increased the number of contacts occurring within community settings by 16 percent compared to 2020-2021
- engaged in 3212 contacts with families, carers and other support persons
- had 45 percent of initial contact with patients within five days of referral
- maintained consistent contacts with patients and support persons despite the restrictions in place due to the COVID-19 pandemic.

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 with their treating team
- assisting patients seeking a second opinion regarding their mental health treatment and care under the Act
- assisting patients with the Mental Health Review Tribunal process.

Supporting victim rights

The Act recognises the benefits for victims of receiving timely information about relevant proceedings and treatment requirements 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, Mental Health Review Tribunal decisions, appeals and other information about the relevant patient.

As at 30 June 2022

- 137[1] information notices were in place
- zero applications were pending decision.

In 2021-2022:

- the Chief Psychiatrist received and approved 12 applications for an information notice
- 18 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.

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

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 2022:

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

In 2021-2022:

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

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 2021-2022, the Office logged 424 calls.

Key themes included:

- requests for assistance navigating complex legislative and clinical matters (32 per cent)
- feedback regarding experiences of treatment and care under the Act (18 per cent)
- assistance linking in with other areas of the MHAOD service system (40 per cent).

Legislative Amendments

Amendments to the Mental Health Act

The *Health and Other Legislation Amendment Act 2022* came into force on 8 March 2022. This legislation amended sections of the Act to strengthen existing human rights protections for patients receiving involuntary treatment and to improve the efficient operation of existing functions under the Act.

The amendments related to:

- the approval of the performance of electroconvulsive therapy by the Mental Health Review Tribunal
- apprehension and transport of interstate patients
- interstate and international transfer of forensic patients
- confidentiality of personal information
- information and support for victims of unlawful acts.

The amendments also recognise the mental health legislation of Norfolk Island as corresponding law allowing involuntary treatment and care to be provided to Norfolk Island residents when in Queensland.

With the exception of amendments related to Norfolk Island which commenced on 8 March 2022, the amended provisions commenced on 1 July 2022.

Investigations and Inquests

Under section 308 (1) (a) of the Act, the Chief Psychiatrist may investigate or commission an investigation into any matter in an authorised mental health service relevant to the Chief Psychiatrist's functions. Generally, investigations are commenced only for an incident which resulted in an adverse patient outcome or other serious matter relating to a person's care. The primary purpose of investigations under the Act (Chief Psychiatrist investigations) is to identify opportunities for statewide learning and continuous improvement across the MHAOD system.

To strengthen accountability, healing and learning of all those involved in an incident, the Office is more systematically incorporating principles of a restorative just and learning culture within our Investigations Framework and broader quality and safety initiatives. A restorative approach acknowledges the complexity of our MHAOD service system and recognises the need for rebuilding trust and healing relationships harmed in the wake of an incident. Where possible, this approach works collaboratively with parties affected by the incident including consumers, family, carers and clinicians so that multiple perspectives can be shared and considered. This provides the opportunity for healing in addition to system learning.

Restorative just culture has a strong focus on learning and improvement, and those involved in an incident are invited to actively participate, share their reflections, and contribute to the identification of robust lessons. A restorative approach acknowledges that a positive learning culture should also learn from examples of good practice and that the MHAOD system is responsible for ongoing improvement of our systems of care. However, incorporating the principles of a restorative just and learning culture into critical incident analysis can improve the quality of recommendations and support their implementation. This approach also recognises and increases the engagement and capability of the MHAOD workforce in the learning process to contribute to higher quality, safe treatment and care for people accessing MHAOD services.

Chief Psychiatrist investigations are just one of the mechanisms that operate within the Queensland health system to review or investigate incidents in MHAOD services. Other mechanisms include local clinical reviews, root cause analyses, investigations under the *Hospital and Health Boards Act 2011* (health service investigations), investigations conducted

by the Health Ombudsman and inquests conducted by the Coroner's Court of Queensland. A Chief Psychiatrist investigation considers other review processes that may be occurring, and where appropriate, the Office liaises with the relevant entity to understand the findings, recommendations and remedial actions.

An internal Investigations Steering Committee (ISC) within the Office monitors the service improvement programs that result from the various review mechanisms and provides a consistent approach to the management of these work programs. The scope of investigations outcomes and recommendations that fall under the oversight of the ISC includes Chief Psychiatrist investigations, coronial inquests, clinical incident reviews and health service investigations.

During 2021-2022:

- the Chief Psychiatrist conducted one new investigation resulting in recommendations relating to the management of diagnostic re-classification and the treatment and care of higher risk patients
- the ISC monitored progress towards the implementation of recommendations from five open investigations
- the ISC finalised one investigation following successful implementation of all resulting recommendations
- the Office supported the Chief Psychiatrist who was a party to one coronial inquest.

Common themes for improvement identified by open investigations includes:

- strengthening the governance of routine clinical processes such as risk assessment, care review and diagnostic re-classification
- strengthening workforce capability
- promoting awareness and understanding of key aspects of MHAOD service delivery across other government sectors.

Monitoring and auditing compliance

Monitoring and auditing compliance with the Act is a collaborative endeavour between the Office and authorised mental health services that strengthens and improves the delivery of high quality and safe mental health 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.

Last year, the Department of Health introduced a new Legislative Compliance Management Framework to provide an overarching policy, standard and guideline for managing compliance. The Office has been implementing the framework in 2021-2022 and will continue to expand its existing resources to manage compliance in alignment with this framework and the principles of a restorative just and learning culture in 2022-2023.

This will promote good practice and enhance collaboration with services to identify and address clinical governance and system issues for continuous quality improvement.

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:

1. detention of a person other than in accordance with the Act,
2. provision of regulated treatment (e.g. electroconvulsive therapy) other than in accordance with the Act,
3. the use of seclusion, mechanical restraint, physical restraint or administration of medications other than in accordance with the Act,
4. a breach of any offence provision of the Act (e.g. ill-treatment of patients, contravention of the confidentiality obligations, assisting a patient to unlawfully absent themselves, giving false or misleading information to an official, and 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 2021-2022:

- There were 68 notifications to the Chief Psychiatrist.
- Of these 36 (53 per cent) related to the detention of a person other than in accordance with the Act. This includes examinations and assessments conducted outside of legislated timeframes and recommendations or authorities that were deemed invalid.
- 30 (44 per cent) notifications related to the use of restrictive practices. Of these, the majority (77 per cent) were instances of seclusion or mechanical restraint that occurred outside an authorised period. Generally, these occurred where it was determined that the seclusion or mechanical restraint needed to continue and there was a delay in seeking or completing a subsequent approval. The remainder involved the use of seclusion or mechanical restraint on a person other than a relevant patient. For example, the person was subject to involuntary assessment prior to a Treatment Authority being made.
- One notification related to the provision of a regulated treatment, specifically electroconvulsive therapy, outside the parameters of a Mental Health Review Tribunal approval.
- One notification related to a breach of the confidentiality provisions.
- The targeted remedial actions undertaken in response to these events included further staff education, monitoring and enhanced communication strategies as well as localised process improvements.

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,
3. notifications to the public guardian regarding the treatment of minors.

In 2021-2022:

- There were 154 occasions of internal non-compliance reported under the Department of Health Legislative Compliance Management Framework
- Of these, 120 (78 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.
- 19 occasions (12 per cent) related to the provision of information notices. This primarily occurred due to notices or decisions being provided outside of legislative timeframes.
- The remaining 15 (10 per cent) pertained to a missed opportunity to have a psychiatrist report completed by the public sector mental health system[2]. These missed opportunities account for less than one per cent of all possible requests that could have been made at the time.
- In response, the Office completed an audit of historical records and reviewed internal business processes, roles, and responsibilities to prevent further breaches of this nature.

[2] Under the *Mental Health Act 2016*, patients who have received involuntary treatment are eligible for a psychiatrist report which provides advice, for the purposes of determining criminal charges, regarding their soundness of mind at the time of the offence, or current fitness for trial.

Safety and quality initiatives

The Office strives to improve the safety and quality of mental health, alcohol and other drug 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 and the Office of Prisoner Health and Wellbeing to review the Agreement for Confidential Information Disclosure. The 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 has been undertaken by Queensland Corrective Services and Queensland Health on the draft Information Sharing Agreement and operational guideline which are anticipated to replace the current Agreement.

Forensic Disability Services

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 2021-2022 there were five transfers to and from the forensic disability service (three transfers to the forensic disability service, and two transfers from the forensic disability service to an authorised mental health service). Transfers and referral processes have highlighted opportunities for collaborative work between the Office, Director of Forensic Disability, the forensic disability service and authorised mental health services to deliver improved outcomes for consumers. Work will continue in 2022-2023 to strengthen processes for referral and transfer across the service systems.

Complex care discussions

The Office developed guidelines for referral pathways and review processes to support authorised mental health services' management of patients with complex needs:

1. Complex care panels for individuals referred to the Mental Health Court who require systemic and coordinated responses across Government and other sectors
2. Secondary consultations for advice on the Act processes
3. Forensic disability care consultations to provide advice regarding referrals to the forensic disability service, and

4. Classified patient committee (ad hoc meetings) which create an escalation pathway for referrals to authorised mental health services relating to persons in custody.

Public Advocate

The Chief Psychiatrist welcomed Queensland's new Public Advocate, Dr John Chesterman. They jointly established regular meetings to provide a forum to consider system-wide matters relating to the rights of people accessing MHAOD services including people who receive treatment under the Act.

Office of the Health Ombudsman

In 2021-2022 the Office liaised with the Office of the Health Ombudsman to review our approach to complaints management and ensure that feedback from consumers, support persons and services is responded to in a timely, person-centred and sensitive manner.

Mental Health Court

The Office is responsible for ensuring eligible individuals charged with a serious offence are able to have a psychiatrist report prepared which considers issues relating to unsoundness of mind and fitness for trial (Chapter 4 Psychiatrist Report). When a reference to the Mental Health Court is made for a serious offence, the Office is also responsible for supporting the Chief Psychiatrist who is a party to the Court proceedings.

In exercising its responsibilities relating to the Mental Health Court, the Office liaises with multiple stakeholders including barristers representing the Chief Psychiatrist, the Mental Health Court registry, authorised mental health services, Director of Public Prosecutions, Legal Aid and other legal representatives. The Office carries out a range of administrative support functions, for example ensuring that up to date clinical and patient information is available from authorised mental health services, to ensure that the Court is able to exercise its powers under the Act.

Comprehensive care project

The provision of comprehensive care for consumers of MHAOD services continues to be a priority area. The Comprehensive Care: Partnerships in Care and Communication initiative describes key elements in the care journey and provides resources to support clinicians to standardise approaches to the delivery of comprehensive care.

The Comprehensive Care: Partnerships in Care and Communication intranet page is the central source for staff resources to support the delivery of coordinated, holistic and individualised care for consumers. This year there has been a focus on developing resources to address the challenges of multimorbidity, including education and information to improve screening for physical health concerns.

Further work is underway to develop additional resources. These include fact sheets for consumers to support consumer and carer engagement, and a resource package for clinicians to improve diagnostic decision making.

National Safety Priorities in Mental Health

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 now 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 during the second part of 2022.

Least Restrictive Practices

The Act requires treatment and care to be provided in the way that is least restrictive of an individual's rights and liberties, and there continues to be a national focus on this as a critical strategy in trauma-informed care. Despite this, there has been an increase in the use of restrictive interventions since the commencement of the Act, and of involuntary treatment rates more generally.

Working towards eliminating restrictive interventions will remain a major focus of quality improvement work by the Office as part of implementation of *Better Care Together, A plan for Queensland's State-funded mental health, alcohol and other drug services to 2027*.

Locked wards

In August 2021 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,* to trial discretionary locking of the doors within a short-stay acute adult inpatient unit. After a successful evaluation with positive results from qualitative examinations of consumers' and staff experiences of and attitudes towards discretionary locking, and a reduction in rates of absence without approval at the pilot site compared to other acute mental health inpatient units within the Hospital and Health Service, the trial has been extended to March 2023. The evaluation feedback highlighted that discretionary locking supported a culture of trauma-informed and recovery-orientated care.

The Office also invited expressions of interest from other Hospital and Health Services, and plans to approve a limited number of services to trial discretionary locking within generic adult acute mental health inpatient units. Findings from the trials will inform ongoing consideration of safe, less restrictive approaches to care in adult acute mental health inpatient units across Queensland.

Promoting awareness and understanding of the Act

To ensure authorised doctors (ADs) and authorised mental health practitioners (AMHPs) maintain their knowledge of the Act, the Office developed and released an eLearning refresher course. This course builds on existing eLearning courses that doctors and other clinicians must successfully complete to become ADs and AMHPs under the Act.

The content of the course was co-designed with authorised mental health service staff, consumers, carers, and staff from the Office. All ADs and AMHPs are expected to undertake the course and successfully complete the refresher course assessment every two years. This course can also be accessed by people not employed within public or private authorised mental health services, to increase awareness and understanding of the Act. Since the course was made available in late January 2022, 2,762 people have completed the course.

Transporting involuntary mental health consumers

Together with various Hospital and Health Services, the Office developed internal resources that provide guidance on the legislative pathways and obligations for transporting involuntary mental health patients, as well as outline the instances where they can seek assistance from police officers if appropriate and necessary.

These resources were developed in consultation with the Queensland Police Service and intend to ensure least restrictive responses to transport and improve the management of involuntary patient absences. They complement existing interagency resources, including the *Queensland interagency agreement for the safe transport of people accessing mental health assessment, treatment and care (2019)*.

The Office will continue to work in collaboration with the Queensland Police Service and the Queensland Ambulance Service over the next financial year to further improve interagency responses to transport, particularly where patients become absent without approval.

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.

During 2021-2022, in addition to the regular review, there were a range of amendments made to support continued responses to the COVID-19 pandemic and to reflect amendments to the Act made by the *Health and Other Legislation Amendment Act 2022*.

Improvements and review

Developments to Chief Psychiatrist policies and supporting resources (such as flow charts and factsheets) which were progressed in 2021-2022 to ensure they remain relevant, transparent and responsive to the needs of MHAOD services related to:

- examination authorities
- psychiatrist reports
- seclusion
- court liaison services.

Extension of COVID-19 amendments

The Chief Psychiatrist extended the operation of the following temporary Chief Psychiatrist policies due to the continued COVID-19 pandemic:

- *temporary amendments to Chief Psychiatrist policies*, which amends certain policy requirements to allow authorised mental health services to continue meeting their obligations under the Act in a way that does not conflict with emergency measures under the *Public Health Act 2005* (to prevent and limit the spread of COVID-19).
- *temporary modifications to the Mental Health Act 2016*, which outlines temporary provisions in the Act that operate as a last resort when statutory requirements would also result in a breach of directions and measures made under the *Public Health Act 2005*.

Development of guideline and flowcharts: legislative frameworks relevant to the management of COVID-19

In response to the public health emergency for COVID-19, Queensland Health published a guideline for *Legislative frameworks relevant to the management of COVID-19* (Legislative frameworks guideline). The guideline was developed by the MHAOD Branch in conjunction with the Incident Management Team, COVID Public Health Response Division. The document provides guidance for MHAOD services on the application of relevant powers under the *Public Health Act 2005* to issue directions, enforcement and detention orders to reduce and contain the spread of COVID-19, including:

- isolation and quarantine
- testing and treatment
- escalation pathways for breaches of public health order or direction.

The guideline also highlights considerations for the application of the Act, *Guardianship and Administration Act 2000* and *Powers of Attorney Act 1998* in relation to decision making for individuals with impaired capacity.

Two flowcharts were also developed to support the Legislative frameworks guideline:

- pathways for patients with impaired capacity to consent
- managing non-compliance with directions given under the *Public Health Act 2005*.

The legislative frameworks guideline was informed by resources developed by the Gold Coast Hospital and Health Service and Sydney Local Health District Mental Health Service in New South Wales. A Queensland advisory group of senior mental health clinicians and public health experts was established and provided advice throughout the drafting process. Acknowledgements are owed to these groups for their contributions to this important work.

Amendments to the *Mental Health Act 2016*

In preparation for the introduction of amendments to the Act on 1 July 2022, the Office conducted a review process to update relevant Chief Psychiatrist policies and associated resources to align with the incoming amendments. The review also provided an opportunity to incorporate other minor updates to ensure that Chief Psychiatrist resources remain effective in supporting service delivery and the administration of the Act.

In total 32 resources were updated as part of this process which included the following Chief Psychiatrist policies:

- electroconvulsive therapy
- forensic orders and treatment support orders – amending category, conditions and limited community treatment
- judicial orders
- patient records
- treatment authorities
- transfers and transport.

All amended resources were updated in consultation with Hospital and Health Services and other key stakeholder groups.

The revised policies and associated resources were implemented on 1 July 2022.

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

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

Other significant activity

Mental Health Alcohol and Other Drugs Quality Assurance Committee

The MHAOD Quality Assurance Committee, chaired by the Chief Psychiatrist, formed two subcommittees to support its key functions including:

- The *Learning From Incidents Engagement and Improvement sub-committee*. This sub-committee aims to identify barriers to participation in the Learning from Incidents questionnaire, which commenced in 2019. The sub-committee will inform future programs of work to increase engagement with the Learning From Incidents questionnaire. The questionnaire is used by Hospital and Health Services and the Quality Assurance Committee to measure the quality of clinical incident reports.
- The *Data sub-committee* which aims to establish and define a standardised program of incident data collection and analysis. This will support the identification of themes and learning from across reported clinical incidents.

Mental Health Alcohol and Other Drugs Statewide Clinical Network

The Clinical Network continued to oversee the delivery of the Brief Breakthrough Collaborative (BBC) service improvement program in partnership with Hospital and Health Services. The BBC is a quality improvement model which combines evidence-informed improvement methods with team-based collaborative learning and support.

BBC service improvement initiatives align with the Comprehensive Care initiative. Following an initial focus on the care planning process, BBC data for 2021-22 showed sustained improvement at 12-month follow up for clinical teams that participated in the Care Planning BBC with respect to the proportion of open service episodes with a documented care plan.

An ongoing BBC Community of Practice has been established to assist in sustaining, and encouraging new uptake, of improvement initiatives. The Community of Practice is designed to provide clinicians with peer support, opportunities for shared learning, and access to resources and expertise in service improvement.

Digital enablers

The availability of reliable information is critical to clinical care and promotes more accountable and transparent administration of the Act. The MHAOD Branch continues to work with stakeholders to improve data capture, quality and completeness in the Consumer Integrated Mental Health and Addictions Application (CIMHA).

Ongoing CIMHA enhancements continue to support MHAOD service delivery.

In 2021-2022 the following enhancements were undertaken:

- an update to improve use of the Non Consumer Related Activity (NCRA) module and recording of information for victims registered with the Queensland Health Victim Support Service
- new and improved *Mental Health Act 2016* form templates to streamline business processes including court proceedings
- an update to the way Forensic Orders, Treatment Support Orders and Electroconvulsive Therapy are recorded within the system to align with amendments to the Act.

Reporting on the Mental Health Act 2016

This section provides a summary of the statistical data for each authorised mental health service that is required to be reported under section 307 of the Act. It outlines how key legislative processes and provisions have been applied. To enable year-to-year comparisons and ensure continuity, the figures and tables provided are consistent with those reported previously, unless otherwise specified.

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 or detention under the *Mental Health Act 2016*

Table 1 provides a summary of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2022.

The total number of patients reported per service provides a unique count of patients for each authorised mental health service. The statewide total provides a unique count of patients subject to involuntary assessment, treatment, care or detention in Queensland as at 30 June 2022.

As a small number of patients are subject to more than one involuntary stream at a time, there may be differences in row and column counts in Table 1. Each apparent discrepancy has been investigated to confirm that the duplication was valid.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2022

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified patients	Total patients
Bayside	0	157	13	18	3	189
Belmont Private	0	11	0	0	0	11
Cairns	0	521	14	60	0	593
Central Queensland	2	369	9	25	0	405
Children's Health Queensland	0	20	0	0	0	20
Darling Downs	0	326	14	63	1	403
Gold Coast	6	643	18	36	2	703
Greenslopes Private	0	1	0	0	0	1
Logan Beaudesert	1	484	20	48	1	553
Mackay	1	180	10	16	0	207
New Farm Clinic	0	3	0	0	0	3
Princess Alexandra Hospital	2	605	38	76	1	721
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	1	278	10	32	1	321
Royal Brisbane and Women’s Hospital	3	725	32	36	3	796
Sunshine Coast	3	434	19	27	0	481
The Park	0	15	0	35	0	50
The Park High Security	0	55	1	44	22	99
The Prince Charles Hospital	0	481	19	50	1	548
Toowong Private	0	5	0	0	0	5
Townsville	0	314	23	62	0	399
West Moreton	3	352	26	48	3	431
Wide Bay	0	173	10	31	0	214
Statewide	22	6,152	276	707	38	7,153

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[3].

The purpose of the assessment is to decide whether a treatment authority should be made. 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 provides a summary of occasions when a recommendation for assessment was made which resulted in an assessment in the 2021-2022 reporting period.

[3] 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.

Table 2: Involuntary assessment: entry pathway and outcome (1 July 2021 – 30 June 2022)

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	291	16	3	0	310	217	90	3
Belmont Private	40	0	0	0	40	35	4	0
Cairns	604	5	146	0	755	522	224	9
Central Queensland	168	4	142	0	314	208	106	0
Children's Health Queensland	78	0	5	0	83	56	27	0
Darling Downs	754	20	19	0	793	483	307	1
Gold Coast	1274	30	139	0	1443	1001	432	6
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	969	14	13	0	996	688	305	3
Mackay	304	3	241	0	548	304	234	9
New Farm Clinic	13	0	0	0	13	11	2	0
Princess Alexandra Hospital	688	37	53	0	778	597	178	2
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	818	9	10	0	837	566	269	2
Royal Brisbane and Women's Hospital	920	23	377	0	1320	953	356	11
Sunshine Coast	539	5	224	0	768	556	211	1
The Park	0	0	0	0	0	0	0	0
The Park High Security	9	0	0	0	9	9	0	0
The Prince Charles Hospital	669	12	371	0	1052	832	220	0
Toowong Private	16	0	0	0	16	14	2	0
Townsville	386	14	246	0	646	330	307	2
West Moreton	357	11	139	0	507	413	89	5
Wide Bay	263	12	74	0	349	232	114	3
Statewide	9160	215	2202	0	11577	8027	3477	57

Examination authorities

In circumstances where it is not possible to engage a person in assessment voluntarily, an application may be made to the Mental Health Review Tribunal for an examination authority. Examination authorities can be made in circumstances where there is, or may be, serious risk of harm or worsening health and all reasonable efforts have been made to engage the person in a voluntary examination.

An application to the tribunal may be made by an authorised person at an authorised mental health service or a family member, friend, colleague or other member of the community who has concerns about the person. If made by a concerned person, a written statement by a doctor (e.g. general practitioner) or authorised mental health practitioner must be provided with the application.

The examination authority 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 2021-2022, by outcome type. As an examination authority is not entered into the consumer's electronic medical record until a decision notice is received from the tribunal, there may be 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.

Table 3: Examination Authorities issued and outcomes (1 July 2021 – 30 June 2022)

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	30	14	2	14	0
Belmont Private	0	0	0	0	0
Cairns	10	5	2	3	0
Central Queensland	11	4	1	6	0
Children's Health Queensland	1	0	0	1	0
Darling Downs	39	20	3	16	0
Gold Coast	54	28	6	20	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	31	16	6	9	0
Mackay	5	2	1	2	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	72	38	5	29	0
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	21	10	2	9	0
Royal Brisbane and Women's Hospital	36	21	6	8	1
Sunshine Coast	13	6	4	3	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	33	13	9	10	1
Toowong Private	0	0	0	0	0
Townsville	29	14	3	11	1
West Moreton	36	11	10	15	0
Wide Bay	28	11	7	10	0
Statewide	449	213	67	166	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 provisions for the person's return to custody when they no longer require inpatient treatment and care.

A classified patient admission can only occur on the recommendation of an authorised doctor or authorised mental health practitioner. Different documents apply depending on the circumstances:

- a transfer recommendation is made when a person in custody:
    - is consenting to treatment and care in an authorised mental health service (i.e. the transfer is for voluntary treatment) or
    - is already subject to an order or authority under the Act (i.e. the transfer is for involuntary treatment)
- a recommendation for assessment is made when the person is not able to consent to the transfer and is not subject to an order or authority under the Act (i.e. the transfer is for assessment).

In all circumstances, the person's transfer to an authorised mental health service requires the consent of both the authorised mental health service administrator at the receiving service and the person's custodian. 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 2021-2022 reporting period.

Table 4: Classified patient referrals and admissions (1 July 2021 – 30 June 2022)

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	18	7	0	7	4	0	11
Belmont Private	0	0	0	0	0	0	0
Cairns	15	0	0	8	3	4	15
Central Queensland	18	7	3	4	4	0	8
Children's Health Queensland	0	0	0	0	0	0	0
Darling Downs	11	0	0	7	4	0	11
Gold Coast	62	37	1	18	6	0	24
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	43	20	2	11	10	0	21
Mackay	6	1	0	3	2	0	5
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	66	42	2	13	9	0	22
Redcliffe Caboolture	27	14	0	7	6	0	13
Royal Brisbane and Women’s Hospital	30	11	0	3	15	1	19
Sunshine Coast	22	12	0	5	5	0	10
The Park	1	1	0	0	0	0	0
The Park High Security	64	22	4	20	17	1	38
The Prince Charles Hospital	18	8	1	3	6	0	9
Toowong Private	0	0	0	0	0	0	0
Townsville	14	0	0	9	5	0	14
West Moreton	42	18	0	4	19	1	24
Wide Bay	12	4	0	4	4	0	8
Statewide	469	204	13	126	119	7	252

Treatment authorities

If a person is not able to consent to treatment of their mental illness, an authorised doctor may make a treatment authority to authorise involuntary treatment for the person. The doctor must be satisfied that the treatment criteria apply and that there is no less restrictive way of providing treatment and care for the person. The person's views, wishes and preferences are considered.

If the authorised doctor who made the treatment authority is not a psychiatrist, an authorised psychiatrist must complete a second examination and decide whether to confirm or revoke the treatment authority. The treatment authority ends after three days if it is not confirmed or revoked through this process.

When a treatment authority is made, the authorised doctor must determine whether the patient is to receive treatment as an inpatient or in the community. An authorised doctor may change the category of the treatment authority at any time during the person's treatment.

As a key safeguard, patients subject to a treatment authority are regularly reviewed by the Mental Health Review Tribunal. The tribunal must confirm or revoke the treatment authority and may change the category of the authority, limited community treatment arrangements or any other conditions of the authority.

The tribunal is also responsible for reviewing patients on a forensic order or treatment support order. Subject to the Act's requirements, the tribunal may revoke the order and make a treatment authority for the person.

As at 30 June 2022, there were 6,152 open treatment authorities in Queensland, of which 89 per cent were community category.

Table 5 demonstrates the total treatment authorities made in 2021-2022, by category and the entity that made the authority.

Table 5: Treatment authorities made (1 July 2021 – 30 June 2022)

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	224	1	3	222	225	176	139	37	0
Belmont Private	33	0	0	33	33	3	2	0	1
Cairns	524	2	14	512	526	279	232	35	12
Central Queensland	206	0	14	192	206	135	120	15	0
Children's Health Queensland	57	0	3	54	57	34	14	9	11
Darling Downs	491	0	8	483	491	307	228	77	2
Gold Coast	1,014	0	11	1,003	1,014	793	694	92	7
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	701	1	13	689	702	499	433	57	9
Mackay	309	1	8	302	310	266	178	85	3
New Farm Clinic	10	0	0	10	10	5	5	0	0
Princess Alexandra Hospital	617	2	19	600	619	491	457	32	2
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	568	1	4	565	569	400	319	73	8
Royal Brisbane and Women’s Hospital	961	2	11	952	963	841	680	146	15
Sunshine Coast	558	1	20	539	559	308	248	57	3
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	29	0	0	29	29	4	4	0	0
The Prince Charles Hospital	839	3	21	821	842	684	487	191	6
Toowong Private	10	0	0	10	10	1	1	0	0
Townsville	340	4	17	327	344	148	118	26	4
West Moreton	426	1	8	419	427	386	291	85	10
Wide Bay	236	1	5	232	237	185	139	44	2
Statewide	8,153	20	179	7,994	8,173	5,945	4,789	1,061	95

Treatment authorities (continued)

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

As identified above, a treatment authority also ends if:

- a second examination by an authorised psychiatrist is required, and the treatment authority is not confirmed or revoked by the psychiatrist within the three-day period,
- 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, and
- if the Mental Health Court makes a forensic order (mental health) or treatment support order for the patient or if the patient is transferred interstate or is deceased.

Table 6 demonstrates the total treatment authorities ended in 2021-2022, by end reason.

Table 6: Treatment authorities ended (1 July 2021 – 30 June 2022)

Authorised mental health service	Pre-existing involuntary status	Treatment authority not revoked or confirmed within the timeframe	Treatment authority revoked		Forensic order made	Treatment support order made	Transfer interstate	Patient deceased	Total treatment authorities ended
			Authorised doctor	Mental Health Review Tribunal					
Bayside	0	0	242	4	1	1	0	4	252
Belmont Private	0	0	50	0	0	0	0	0	50
Cairns	0	11	467	10	5	0	0	6	499
Central Queensland	0	0	168	10	1	2	0	2	183
Children's Health Queensland	0	2	73	1	0	0	0	0	76
Darling Downs	0	2	482	7	3	0	0	3	497
Gold Coast	1	7	918	21	3	0	6	7	963
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	0	8	692	12	2	1	0	3	718
Mackay	0	2	301	6	0	0	0	2	311
New Farm Clinic	0	0	18	0	0	0	0	0	18
Princess Alexandra Hospital	0	1	652	7	4	2	0	5	671
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	5	578	11	0	1	0	4	599
Royal Brisbane and Women's Hospital	0	7	740	10	2	4	0	9	772
Sunshine Coast	0	3	525	15	3	0	0	11	557
The Park	0	0	0	0	0	0	0	1	1
The Park High Security	0	0	17	0	9	0	0	0	26
The Prince Charles Hospital	0	9	766	14	3	0	0	6	798
Toowong Private	0	0	14	0	0	0	0	0	14
Townsville	0	4	340	4	2	0	0	2	352
West Moreton	1	7	388	3	2	0	0	4	405
Wide Bay	0	2	250	3	2	0	0	3	260
Statewide	2	70	7681	138	42	11	6	72	8022

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence[4]. 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 psychiatrist report may be revoked by the relevant authorised mental health service administrator if the person does not participate in the reporting process in good faith.

On receiving the psychiatrist report, the person or the person's lawyer may refer the matter to the Mental Health Court. The Chief Psychiatrist may also make a reference to the Mental Health Court if the Chief Psychiatrist is satisfied the person may have been of unsound mind or is unfit for trial and there is a compelling reason in the public interest to refer the matter.

If no reference is made to the Mental Health Court within the timeframes specified in the Act, the criminal proceedings cease to be suspended.

Table 7 shows a summary of Chief Psychiatrist references to Mental Health Court for psychiatrist reports received in 2021-2022. 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 2021 – 30 June 2022)[5]

Total reports received in 2021-2022	Eligible for referral to Mental Health Court	Referred to Mental Health Court	Not referred to Mental Health Court
243	237	52	165

[4] 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.

[5] This table has been amended to reflect evolving changes in information recording over time. Data is not comparable to previous versions of the annual report.

Table 8 reports on the application of the psychiatrist report provisions.

Table 8: Application of psychiatrist report provisions (1 July 2021 – 30 June 2022)

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	22	0	13	0	12
Belmont Private	0	0	0	0	0
Cairns	71	0	29	2	18
Central Queensland	61	3	29	3	25
Children's Health Queensland	0	0	0	0	0
Darling Downs	39	0	12	1	8
Gold Coast	95	0	34	3	15
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	66	1	27	3	17
Mackay	30	0	16	2	9
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	61	0	15	1	8
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	31	0	15	1	8
Royal Brisbane and Women's Hospital	110	0	56	7	31
Sunshine Coast	36	0	23	0	22
The Park	3	0	0	0	0
The Park High Security	27	3	18	0	9
The Prince Charles Hospital	52	0	28	4	14
Toowong Private	0	0	0	0	0
Townsville	64	0	31	1	24
West Moreton	44	0	21	0	16
Wide Bay	22	0	12	1	7
Statewide	834	7	379	29	243

Forensic orders

If the Mental Health Court finds a person was of unsound mind at the time of an alleged offence or is unfit for trial, the Court must make a forensic order if it considers the order is necessary to protect the safety of the community.

The Court also determines the order type:

- **a forensic order (mental health)** is made if the person's unsoundness of mind or unfitness for trial is due to a mental condition other than an intellectual disability, or if the person has a dual disability (a mental illness and an intellectual disability) and needs involuntary treatment and care for mental illness as well as care for the person's intellectual disability
- **a forensic order (disability)** is made if the person's unsoundness of mind or unfitness for trial is due to an intellectual disability and the person needs care for the person's intellectual disability but does not need treatment and care for mental illness.

In addition, the Court must decide if the category of the order is inpatient or community. The Court may decide the category is community only if there is not an unacceptable risk to the safety of the community because of the person's mental condition.

Forensic orders (criminal code) are made by the Supreme Court or District Court. Within 21 days of the order being made, the Mental Health Review Tribunal must review the forensic order (criminal code) to decide whether to make a forensic order (disability) or forensic order (mental health). In this instance, the forensic order (criminal code) is ended and superseded by the new order.

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.

As at 30 June 2022, there were 709 open forensic orders in Queensland. The majority (598) were forensic order (mental health), of which 69 per cent were community category. The remaining open orders (111) were forensic order (disability), of which 85 per cent were community category.[6]

Table 9 shows total forensic orders made in 2021-2022 including the initial category of the order.

[6] 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 2021 – 30 June 2022)

Authorised mental health service	Forensic order (disability)		Forensic order (mental health)		Total forensic orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	0	1	1
Belmont Private	0	0	0	0	0
Cairns	1	0	4	2	7
Central Queensland	1	0	3	0	4
Children's Health Queensland	0	0	0	0	0
Darling Downs	1	0	4	0	5
Gold Coast	1	0	4	0	5
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	0	0	4	0	4
Mackay	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0
Princess Alexandra Hospital	0	0	6	1	7
Redcliffe Caboolture	1	0	1	0	2
Royal Brisbane and Women's Hospital	0	0	1	1	2
Sunshine Coast	1	0	3	0	4
The Park	0	0	0	1	1
The Park High Security	0	1	3	11	15
The Prince Charles Hospital	0	0	3	1	4
Toowong Private	0	0	0	0	0
Townsville	1	0	3	1	5
West Moreton	0	0	2	2	4
Wide Bay	1	0	4	0	5
Statewide	8	1	45	21	75

Forensic orders (continued)

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

If a forensic order results from a finding of temporary unfitness for trial and the tribunal subsequently finds that the person is fit for trial, the criminal proceedings against the person are recommenced. In this circumstance, the forensic order ends when the person appears before the court.

A forensic order may also end when a person is absent without approval for a period of more than three years.

Table 10 demonstrates the total forensic orders ended in 2021-2022 by end reason.

Table 10: Forensic orders ended (1 July 2021 – 30 June 2022)

Authorised mental health service	Forensic order revoked				Patient found fit for trial	Patient deceased	Other[7]	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	Treatment authority made	No other order made				
Bayside	0	3	0	0	0	0	1	4
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	4	0	2	1	1	0	8
Central Queensland	0	2	0	1	0	1	0	4
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	0	3	0	2	0	1	0	6
Gold Coast	0	5	0	1	0	1	1	8
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	3	0	0	0	1	0	4
Mackay	0	1	0	0	0	0	0	1
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	6	0	0	0	1	0	7
Redcliffe Caboolture	1	3	0	1	0	1	0	6
Royal Brisbane and Women's Hospital	0	7	0	3	0	0	1	11
Sunshine Coast	2	3	0	2	1	0	0	8
The Park	1	0	0	0	0	1	1	3
The Park High Security	2	0	0	2	0	0	2	6
The Prince Charles Hospital	1	4	0	0	0	0	0	5
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	9	1	3	1	0	0	14
West Moreton	1	5	0	2	0	0	0	8
Wide Bay	0	3	0	0	0	0	0	3
Statewide	8	61	1	19	3	8	6	106

[7] '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 Mental Health Review Tribunal when it revokes a patient's forensic order.

The category of a treatment support order must be a community category, unless it is necessary for the person to be an inpatient as a result of their treatment and care needs or to protect the safety of the person or others.

On 30 June 2022, there were 276 open treatment support orders (94 per cent community, 6 per cent inpatient) in Queensland.

Table 11 provides a summary of the types of treatment support orders made in 2021-2022, and their initial category.

Table 11: Treatment support orders made (1 July 2021 – 30 June 2022)

Authorised mental health service	Mental Health Court		Mental Health Review Tribunal		Total treatment support orders made
	Community	Inpatient	Community	Inpatient	
Bayside	2	0	3	0	5
Belmont Private	0	0	0	0	0
Cairns	1	0	4	0	5
Central Queensland	3	0	2	0	5
Children's Health Queensland	0	0	0	0	0
Darling Downs	0	0	3	0	3
Gold Coast	0	0	5	0	5
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	3	0	3	0	6
Mackay	0	0	1	0	1
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	3	0	6	0	9
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	1	0	3	0	4
Royal Brisbane and Women's Hospital	3	0	7	0	10
Sunshine Coast	0	0	3	0	3
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	0	1	4	0	5
Toowong Private	0	0	0	0	0
Townsville	1	0	9	0	10
West Moreton	2	0	5	0	7
Wide Bay	1	0	2	0	3
Statewide	20	1	60	0	81

Treatment support orders (continued)

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.

Table 12: Treatment support orders ended (1 July 2021 – 30 June 2022)

Authorised mental health service	Order revoked - treatment authority made	Order ended - forensic order made	Found fit for trial	Order revoked	Patient deceased	Total orders ended
Bayside	1	0	0	2	0	3
Belmont Private	0	0	0	0	0	0
Cairns	2	0	0	0	2	4
Central Queensland	0	0	0	1	0	1
Children's Health Queensland	0	0	0	0	0	0
Darling Downs	0	0	0	7	0	7
Gold Coast	0	1	0	2	0	3
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	1	0	0	3	0	4
Mackay	1	0	0	3	0	4
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	1	0	0	11	0	12
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	1	0	0	2	0	3
Royal Brisbane and Women's Hospital	2	0	0	1	0	3
Sunshine Coast	1	0	0	1	1	3
The Park	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0
The Prince Charles Hospital	3	0	0	6	1	10
Toowong Private	0	0	0	0	0	0
Townsville	2	0	0	3	1	6
West Moreton	1	0	0	3	0	4
Wide Bay	1	1	0	3	0	5
Statewide	17	2	0	48	5	72

Seclusion

Seclusion is the confinement of a person, at any time of the day or night, in a room or area from which free exit is prevented. Seclusion significantly affects patient rights and liberty and therefore can only be authorised when there is no other reasonably practicable way to protect the patient and others from physical harm.

Under the Act, seclusion may only be used on an involuntary patient in an authorised mental health service who is subject to a treatment authority, forensic order or treatment support order, or a person absent without permission from interstate who is detained in an authorised mental health service.

The Office monitors the use of restrictive practices 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. Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis.

Table 13: Seclusion indicators (five year trend[8])

Indicator	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Seclusion events per 1,000 acute bed days	6.1	7.3	10.0	9.3	7.3
Proportion of acute episodes with one or more seclusion events	2.1	2.4	3.1	2.7	2.5
Average (mean) duration of seclusion events (hours) in acute episodes	2.8	3.2	3.7	3.5	5.3

[8] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. 2021-2022 data is preliminary and subject to change.

Seclusion (continued)

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 2021-2022 the Office continued to work with authorised mental health services to monitor and reduce the use of seclusion.

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 14: Seclusion authorisation (1 July 2021 – 30 June 2022)

Authorised mental health service	Seclusion Authorisations				Extension of seclusion	
	Doctor	Emergency	Total authorisations	Total patients	Total extension authorisations	Total patients
Bayside	41	25	66	23	0	0
Belmont Private	0	0	0	0	0	0
Cairns	44	143	187	48	0	0
Central Queensland	431	35	466	30	3	3
Children's Health Queensland	18	4	22	8	0	0
Darling Downs	40	56	96	43	1	1
Gold Coast	477	69	546	89	0	0
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	355	102	457	84	1	1
Mackay	14	31	45	26	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	122	218	340	96	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	89	84	173	54	0	0
Royal Brisbane and Women's Hospital	160	296	456	112	0	0
Sunshine Coast	42	107	149	39	0	0
The Park	181	6	187	9	0	0
The Park High Security	15,217	81	15,298	48	0	0
The Prince Charles Hospital	210	67	277	67	1	1
Toowong Private	0	0	0	0	0	0
Townsville	595	79	674	45	3	3
West Moreton	588	78	666	50	0	0
Wide Bay	25	44	69	20	0	0
Statewide	18,649	1,525	20,174	891	9	9

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. Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis.

Table 15: Total mechanical restraint events per 1,000 acute bed days (five year trend[9])

Indicator	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Mechanical restraint events in acute episodes	20	20	19	26	55
Total mechanical restraint events per 1,000 bed days	0.1	0.1	0.1	0.1	0.2

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.

[9] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2021-2022 data is preliminary and subject to change.

Table 16: Mechanical restraint approvals and events (1 July 2021 – 30 June 2022)

Authorised mental health service	Number of approvals	Number of patients	Number of events
Bayside	1	1	2
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	1	1	1
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beaudesert	0	0	0
Mackay	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	4	4	5
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	0	0	0
Royal Brisbane and Women's Hospital	0	0	0
Sunshine Coast	3	2	5
The Park	22	1	24
The Park High Security	153	7	407
The Prince Charles Hospital	8	1	39
Toowong Private	0	0	0
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	2	1	3
Statewide	194	18	486

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 2021 – 30 June 2022)

Authorised mental health service	Mechanical restraint		Seclusion		Seclusion and mechanical restraint		Total plans approved	
	Plans	Patients	Plans	Patients	Plans	Patients	Plans	Patients
Bayside	1	1	6	6	0	0	8	8
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	5	2	0	0	7	4
Central Queensland	0	0	21	11	0	0	23	12
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	1	1	5	5	0	0	9	6
Gold Coast	0	0	28	24	0	0	33	29
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beaudesert	0	0	21	15	0	0	28	22
Mackay	0	0	1	1	0	0	5	5
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	5	5	20	17	0	0	41	33
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	14	10	0	0	21	14
Royal Brisbane and Women's Hospital	0	0	30	26	0	0	49	36
Sunshine Coast	0	0	10	8	1	1	14	11
The Park	21	1	10	4	0	0	41	5
The Park High Security	1	1	280	42	222	8	528	45
The Prince Charles Hospital	7	1	19	16	0	0	37	20
Toowong Private	0	0	0	0	0	0	0	0
Townsville	0	0	27	20	0	0	39	26
West Moreton	0	0	34	26	0	0	38	28
Wide Bay	0	0	0	0	2	1	2	1
Statewide	36	10	531	225	225	10	923	296

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. Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis.

Table 19 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[10])

Indicator	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Physical restraint events in acute episodes	1,835	2,703	3,503	4,601	3,345
Total physical restraint events per 1,000 bed days	6.4	9.2	11.7	15.2	11.3

[10] Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2021-2022 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 2021 – 30 June 2022)

Authorised mental health service	Total patients	Total events	Average number of events per patient
Bayside	25	104	4.2
Cairns	42	80	1.9
Central Queensland	21	38	1.8
Children's Health Queensland	50	193	3.9
Darling Downs	74	211	2.9
Gold Coast	132	284	2.2
Logan Beaudesert	51	131	2.6
Mackay	39	72	1.8
Princess Alexandra Hospital	119	258	2.2
Redcliffe Caboolture	80	179	2.2
Royal Brisbane and Women’s Hospital	170	951	5.6
Sunshine Coast	109	358	3.3
The Park	5	30	6.0
The Park High Security	20	48	2.4
The Prince Charles Hospital	75	221	2.9
Townsville	77	231	3.0
West Moreton	41	77	1.9
Wide Bay	27	72	2.7
Statewide	1126	3538	3.1

Electroconvulsive Therapy

In Queensland, electroconvulsive therapy (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 Mental Health Review 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[11].

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.

[11] Changes to the role of the Mental Health Review Tribunal in approving ECT came into effect on 1 July 2022. These changes broadened the cohort of patients who require the Tribunal's approval to include all involuntary patients.

Table 20: Applications to perform ECT made to the Mental Health Review Tribunal (1 July 2021 – 30 June 2022)

Authorised mental health service	ECT treatment applications made		
	Treatment application only	Treatment application and emergency certificate	Total treatment applications
Bayside	6	4	10
Belmont Private	20	3	23
Cairns	16	11	27
Central Queensland	10	3	13
Children's Health Queensland	0	0	0
Darling Downs	17	8	25
Gold Coast	43	9	52
Greenslopes Private	0	0	0
Logan Beaudesert	30	6	36
Mackay	6	2	8
New Farm Clinic	1	1	2
Princess Alexandra Hospital	37	34	71
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	20	20	40
Royal Brisbane and Women's Hospital	89	19	108
Sunshine Coast	44	8	52
The Park	5	0	5
The Park High Security	25	0	25
The Prince Charles Hospital	26	3	29
Toowong Private	0	3	3
Townsville	5	11	16
West Moreton	9	2	11
Wide Bay	9	3	12
Statewide	418	150	568

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 3,067 forms issued in the reporting period, 2,198 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 869 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 2021 – 30 June 2022)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Classified	Other[12]	Total
Bayside	1	16	0	0	0	1	18
Belmont Private	0	0	0	0	0	0	0
Cairns	18	78	0	33	0	0	129
Central Queensland	10	32	0	1	0	0	43
Children's Health Queensland	2	5	0	0	0	1	8
Darling Downs	10	40	2	6	0	0	58
Gold Coast	7	87	1	13	1	0	109
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	6	46	0	13	0	2	67
Mackay	2	31	0	11	0	0	44
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	2	37	1	6	0	1	47
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	5	29	0	3	0	0	37
Royal Brisbane and Women's Hospital	10	35	0	0	0	1	46
Sunshine Coast	1	26	0	3	0	3	33
The Park	0	0	0	0	0	0	0
The Park High Security	0	0	0	1	0	0	1
The Prince Charles Hospital	17	48	0	4	0	1	70
Toowong Private	0	1	0	0	0	0	1
Townsville	4	48	0	55	0	0	107
West Moreton	1	32	0	5	1	0	39
Wide Bay	0	12	0	0	0	0	12
Statewide	96	603	4	154	2	10	869

[12] '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
RBWH	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