

Chief Psychiatrist

Annual Report

2025 – 2026

Annual report of the Chief Psychiatrist 2025-2026

The aim of this annual report is to inform the Minister for Health and Ambulance Services, the Queensland Parliament, mental health consumers, carers, service providers and members of the public about the administration of the *Mental Health Act 2016* and associated activities and achievements for the 2025-2026 financial year. It has been prepared in accordance with the *Mental Health Act 2016*.

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Letter of compliance

1 September 2026

The Honourable Timothy Nicholls 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 Annual Report 2025-2026 of the Chief Psychiatrist.

I certify that this Annual Report complies with section 307 of the *Mental Health Act 2016*.

Yours sincerely

Dr Thomas John
Chief Psychiatrist

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Message from the Chief Psychiatrist

Welcome to the Chief Psychiatrist Annual Report for 2025-2026.

I wish to thank all mental health, alcohol and other drugs (MHAOD) service staff for their ongoing commitment to delivering person-centred care and facilitating access to specialist treatment and care for over 110,000 people across Queensland this year.

I would like to recognise the professionalism and compassion demonstrated across the service system and express my appreciation for the important work undertaken every day, often in complex circumstances. In situations where involuntary treatment is necessary, I recognise that staff consistently work to ensure care is delivered in a way that upholds a person's rights, dignity and wellbeing, in line with the principles of the *Mental Health Act 2016* (the Act).

Improving the health and wellbeing of people with mental illness is at the heart of our work, as well as collaborating with families and carers to ensure care is matched to the person's needs and preferences. Lived experience insights, and feedback provide invaluable perspectives that help shape person-centred, recovery-oriented care. Throughout the year, services have continued to strengthen opportunities for patients, families, and carers to participate in care planning, recognising the important role this has in recovery, wellbeing and positive mental health outcomes.

There have been changes in the structure of the Office of the Chief Psychiatrist (the Office) this year, with the Legislative Projects and Clinical Governance Units no longer sitting within the Office, instead forming part of the broader MHAOD Branch in Clinical Excellence Queensland. The former Legislation Unit has

transitioned to being the Office and will continue to focus on delivering its statutory and strategic responsibilities and supporting services to provide treatment and care in accordance with the Act. I am fortunate to work alongside a team of committed, skilled and compassionate professionals who are dedicated to improving Queensland's MHAOD service system. I acknowledge and thank Office staff for their efforts in supporting services across the state through the year.

As is outlined in this report, the Office delivered a number of achievements which aim to foster a strong and safe foundation for the MHAOD service system to deliver high-quality, person-centred care for Queenslanders. Key developments this year have included the implementation of a seclusion clinical escalation pathway to support least restrictive care, review and investigative functions to identify opportunities for improvement, and continued involvement in the Mental Health Court.

I would also like to thank everyone for their warm welcome as I commenced in the departmental role of Chief Mental Health Alcohol and Other Drugs Officer and the statutory role as Chief Psychiatrist. I would also like to sincerely thank the senior psychiatrists who acted in the role of Chief Psychiatrist this year until my appointment, and express gratitude to Dr John Reilly for his eight years of service in the Chief Psychiatrist position. I look forward to continued collaboration with him in his role as Executive Director, MHAOD Branch as we progress activities focussed on the delivery of quality improvement initiatives and ensuring the appropriate and safe administration of the Act.

Dr Thomas John

2025–2026

Administration of the *Mental Health Act 2016*

The *Mental Health Act 2016* (the Act) provides a legislative framework for the involuntary treatment and care of persons with a mental illness. The Act contains extensive safeguards to ensure the safe, effective and recovery-oriented treatment and care of the person with a mental illness, including provisions to ensure the protection of the person's rights. A range of systems and processes are in place to support the effective administration of the Act, and the Chief Psychiatrist has broad functions and decision-making responsibilities for both system and individual patient matters. Activities relating to some of the Chief Psychiatrist's key functions are outlined below.

Safeguarding patient rights

Authorised mental health services need to adhere to principles which are outlined under the Act in their engagement with patients and in decision-making about treatment and care:

- Human rights of all persons must be recognised and taken into account.
- People must be provided with the necessary support and information to enable them to exercise their rights under the Act.
- A person's views, wishes and preferences are to be taken into account in decision making.
- Families, carers and other support persons should be included in decision making.

A statement of rights for involuntary patients and other patients of authorised mental health services is also issued under the Act.

Independent Patient Rights Advisers

All public sector authorised mental health services provide access to Independent Patient Rights Advisers (IPRAs). The IPRAs have a role in ensuring patients, families, carers and other support persons are advised of their rights and responsibilities under the Act. The IPRAs also assist patients, families, carers and other support persons to communicate with treating teams about a person's views, wishes and preferences for treatment and care.

As at 30 June 2026

There were 28 people employed in IPRA positions across Queensland.

In addition to providing patient rights information and education, common matters IPRA's assisted with included supporting individuals to:

- engage effectively with their treating team and understand their treatment,
- understand and participate in Mental Health Review Tribunal (the Tribunal) processes, and
- understand what involuntary treatment is, including key matters such as capacity to consent and the treatment criteria.

In 2025-2026 the IPRA's had:

- 23,830 total contacts
- 83 per cent of contacts occurred in the inpatient setting, a decrease of one per cent compared to 2024-2025.
- 17 per cent of contacts occurred in the community setting, an increase of one per cent when compared to 2024-2025

Collaborating with People with Lived Experience

This year, the Office has continued its commitment to strengthening relationships and partnerships with people with a lived experience of mental illness, and families, carers and support persons. This commitment has resulted in the inclusion of lived experience expertise within all levels of work undertaken by the Office.

In 2025-2026, lived experience expertise has been embedded within investigative functions and independent reviews, in oversight committees for strategic, policy and operational projects related to the Act, and in subject matter expert groups and steering committees for projects focused on patient rights.

Mental Health Act Liaison Line

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 2025-2026:

The Office logged 626 calls on the Liaison Line.

Key themes included:

- Enquiries about psychiatrist reports and Mental Health Court proceedings
- Advice to service providers and clinicians regarding provisions of the Act
- Clinical advice requiring escalation to the Chief Psychiatrist
- Authorised mental health service notifications required under Chief Psychiatrist policies
- Assistance with navigating Hospital and Health Service systems and complaints processes.

Interface with the criminal justice system

The Office continues to work collaboratively with authorised mental health services and authorised Psychiatrists to support the operation of the Act where it applies to consumers with mental illness who are charged with offences.

A key function of the Office is to support and oversee psychiatrist reporting processes under the Act, including monitoring compliance with statutory reporting requirements and assisting services and reporting psychiatrists to meet their legislative obligations. These reports provide advice about issues relating to the state of mind and fitness for trial of a person charged with an offence.

Throughout 2025-2026, the Office has continued to provide advice and support to authorised mental health services and authorised psychiatrists regarding psychiatrist report processes, legislative requirements and best-practice approaches to report preparation.

This work has included the provision of practical advice and guidance to authorised mental health services regarding psychiatrist report requirements and associated processes, as well as the delivery of in-service education sessions for clinical and administrative staff. The Office has also provided individualised support to reporting psychiatrists, including assistance with questions relating to report preparation, legal and legislative requirements.

Working with Authorised Mental Health Services

Throughout 2025-2026, the Chief Psychiatrist collaborated with public authorised mental health services to continue to support system wide improvement opportunities. This collaboration includes forums to bring together leadership expertise and site visits across the State.

The site visits provided the Office with an important opportunity to meaningfully engage with clinical teams, peer (lived experience) workforce, IPRA's, authorised mental health service administrator-delegates and service leaders on the administration of the Act. The visits are particularly valuable to understand local service needs and collectively consider matters relating to the Act. Through these visits, areas of leading practice relating to least restrictive practices, partnering with families and carers and streamlining administrative processes to support clinical care have been identified. Additionally, opportunities to collaborate on areas requiring improvement have been identified, as well as local initiatives which can be shared statewide to support system-wide improvements.

Additionally, forums for authorised mental health service administrators and separately for administrator-delegates have been held this year to support consistent application of legislative requirements and strengthen compliance with the Act. These forums provided a valuable opportunity for administrators and delegates to share insights and discuss emerging issues.

Supporting victim rights

The Act has a specific set of principles intended to support victims of unlawful acts where the person charged with the unlawful act/s is assessed as having a mental illness or intellectual disability.

The Act enables victims of unlawful acts, and other persons affected by an unlawful act, to receive specific information about particular patients subject to the Act. Information is provided by the Chief Psychiatrist to registered victims via the Queensland Health Victim Support Service, a free statewide service providing specialised counselling, support and information to victims.

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 who is receiving treatment and care from an authorised mental health service.

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

As at 30 June 2026

- 119 information notices were in place.
- Zero applications were pending decision.

In 2025-2026:

- The Chief Psychiatrist received and approved 17 applications for an information notice.
- Eight 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

Under the Act, the Chief Psychiatrist may also provide particular information about a classified patient to a victim, a close relative of the victim, or other person affected by an offence. A classified patient is a person admitted to an authorised mental health service from a place of custody for assessment or treatment of a mental illness.

As at 30 June 2026:

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

In 2025-2026:

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

Monitoring and auditing compliance

Monitoring and auditing compliance with the Act is important for upholding and strengthening the delivery of high quality and safe MHAOD treatment and care, and the rights of patients and victims. The Office's compliance plan is aligned with the Department of Health's Legislative Compliance Management Framework (LCMF) which provides an overarching policy, standard and guideline for managing compliance.

With a strong focus on promoting good practice and sharing lessons learnt, the Office undertakes regular data quality and audit activities, in collaboration with authorised mental health services, statutory bodies and other stakeholders to identify novel or emergent issues or risks. This proactive and supportive approach has led to an enhanced reporting culture enabling staff to be more comfortable and confident in reporting issues regarding compliance with the Act.

Under 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. Notifications are expected to occur as soon as practicable and must identify local remedial actions that have been, or will be, taken to minimise the potential for recurrence.

During 2025-2026:

There were 212 notifications to the Chief Psychiatrist.

- 128 notifications (58 per cent) involved the use of restrictive practices. Of these, the majority involved seclusion authorisations, and patients being secluded longer than permitted in the authorisation, or without an approved Reduction and Elimination Plan. Other instances involved:
 - seclusion or mechanical restraint on a person other than a relevant patient,
 - the use of mechanical restraint without prior approval from the Chief Psychiatrist, and
 - the use of handcuffs by staff of another government agency on a classified patient contrary to the Act.
- 78 notifications (35 per cent) involved the detention of a person other than in accordance with the Act. Most instances related to examinations and assessments

conducted outside of legislative timeframes, and recommendations and authorities that were deemed invalid. Other instances included the transport of a person other than a relevant patient and classified patients being transferred back to custody without prior approval from the Chief Psychiatrist.

- Four notifications involved a breach of an offence provision including the wrongful disclosure of confidential information.
- Two notifications involve suspected non-compliance. These matters are subject to ongoing review and relate to the use of mechanical restraint on a patient and the alleged ill-treatment of a patient.
- 96 notifications (43 per cent) involved a First Nations patient.

As part of the Department of Health's LCMF, the Office also monitors the administrative processes associated with the Chief Psychiatrist's functions for compliance with the Act and records and responds to non-compliance matters as required.

During 2025-2026:

There were 325 instances of non-compliance relating to the Chief Psychiatrist's administrative functions:

- 305 instances (94 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.
- 20 instances related to the provision of information notices. These instances related to the notices or decisions being provided to information holders outside of legislative timeframes.

The timely completion of psychiatrist reports is important for ensuring there are no unnecessary delays to judicial proceedings. In 2025-2026 there was a five per cent decrease in the instances of non-compliance associated with the provision of psychiatrist reports when compared to 2024-2025. The Office continues to work with authorised mental health services and authorised psychiatrist to support compliance with these obligations.

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

During 2025–2026:

The Tribunal reported 1158 instances of non-compliance.

- 1129 instances (97 per cent) were related to matters not heard within legislative timeframes¹. This represents six per cent of all periodic reviews and applications held during the financial year. Most delays were 14 days or less with the majority occurring because matters were due over planned hearing breaks and public holidays.
- Eight instances related to the provision of statement of reasons outside legislated timeframes. These were primarily due to an increase in the number of requests received which require the involvement of individual panel members to finalise.
- Nine instances related to the provision of a hearing or decision notice outside the legislative timeframe. All instances related to postal information being incorrect or nominated support person information being received after hearing notices had been issued.
- Seven occasions related to the disclosure of confidential information not in accordance with the Act. Four involved the provision of a notice to the incorrect person either through paper or email errors and three involved information being provided to the incorrect tribunal members. All were immediately rectified, education provided to staff, and measures put in place to ensure confidentiality in similar situations.
- Five occasions related to processes involving the incorrect constitutions of panel hearings, an information notice holder not being advised of information they were intitled to, a person's fitness for trial not reviewed within the legislated timeframes and a hearing which was held for a person on an invalid Treatment Authority. These matters were addressed by the Tribunal through remedial and system-level actions including advice to affected parties.

¹ 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 receives notice of the need to schedule some matters after these schedules have been prepared and the hearing day lists are full. This primarily relates to applications and matters that need to be rescheduled following an adjournment.

Feedback Management

Feedback from patients, families, carers, support persons, services and other interested parties is central to supporting the safety and quality of mental health services and provides an opportunity to review practices and respond appropriately.

The Feedback Management Framework used by the Office ensures transparent and consistent recording, management and governance of feedback pertaining to the operation and application of the Act. In accordance with the *Human Rights Act 2019*, this process includes the assessment of possible engagement of human rights.

During 2025-2026:

The Office received 19 complaints:

- Two complaints engaged human rights under the *Human Rights Act 2019*. These matters were investigated, and the engagement of human rights was found to be justified. The Office responded to both complaints.
- Zero complaints related to the Charter of Victims' Rights.
- Nine complaints were referred on for management by an external body, such as another Queensland government agency or with an interstate mental health service.
- Eight complaints were responded to directly by the Office.

In addition, 95 complaints were referred to an authorised mental health service for management via local Hospital and Health Service complaint pathways.

Safety and quality initiatives

Assessment, treatment and care provided by MHAOD services should be of a standard that is safe, evidence-informed 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.

Learning from incidents

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 that is relevant to the Chief Psychiatrist's functions. Investigations commissioned under the Act aim to improve the quality of care received and/or experienced by patients, families, carers and other support persons.

The primary purpose of an investigation under the Act is to identify opportunities for learning and continuous improvement across the MHAOD service system. As such, recommendations may be directed at a local or statewide level. All inspectors appointed by the Chief Psychiatrist are independent and are selected and appointed to apply their diverse and unique areas of expertise to shape the process of an investigation. Inspectors are encouraged to adopt a systems-thinking and restorative approach, which considers the patient, family and carer perspectives as well as clinical, workforce and system factors. Investigations commenced under the Act aim to improve reporting and safety culture, and identify, prevent or reduce actual or potential harm in the delivery of mental health treatment and care in Queensland.

An internal Investigations Steering Committee (ISC) within the Office monitors the programs of work that arise from Chief Psychiatrist investigations and other review mechanisms, such as inquests, to support a consistent approach to considering statewide improvement opportunities.

During 2025–2026:

- The Chief Psychiatrist commissioned one investigation under the Act.
- The ISC monitored progress towards the implementation of recommendations from four open investigations.

- The ISC finalised one investigation with all 20 recommendations being successfully implemented across authorised mental health services and within the MHAOD Branch.
- The Chief Psychiatrist provided submissions to 12 coronial inquests where the mental health treatment provided by various public sector mental health services in Queensland was being considered by the Coroner.

Common themes for improvement identified by open investigations include:

- Strengthening the participation of the Lived Experience workforce alongside families, carers, and kin throughout the care journey, harnessing their expertise, strength and resources to support recovery.
- Enhancing partnerships and oversight between authorised mental health services and specialist services to support cohesive care.
- Embedding culturally safe, trauma-informed approaches to care planning and identification for First Nations patients.
- Enhancing risk assessment and management practices and ensuring statewide adoption of complex care review pathways.

Complex Care Pathways

Complex Care Pathways support authorised mental health services to provide treatment and care to patients with complex care needs. The pathways enable senior clinical review, as well as systemic responses to be considered for people who require coordinated support services across mental health, disability and other sectors to support access, treatment, care, rehabilitation and recovery.

The Office has four Complex Care Pathways, including secondary and forensic disability care consultations which focus on specific clinical care matters, the Complex Care Panel which supports systemic responses in matters before the Mental Health Court, and ad-hoc classified patient committees to resolve care matters related to people in custody.

A review of the four Complex Care Pathways was finalised in December 2025. The review considered the operation of the pathways from May 2022 to December 2024 and determined that, overall, the pathways are meeting their objectives. Opportunities to strengthen elements of the pathways were identified including to enable broader engagement with disability services and to streamline referral processes. Additionally, changes were made to the Chief Psychiatrist's policy

for Seclusion to embed a mandatory requirement for a Secondary Consultation led by the Office to occur for patients experiencing extended seclusion.

In 2025-2026:

54 referrals were accepted into a Complex Care Pathway.

This included:

- 35 Secondary Consultations
- 19 Ad-hoc Classified Patient Committee meetings

Chief Psychiatrist policy development

During 2025-2026, the Office continued its rolling review of the Chief Psychiatrist's statutory policies, guidelines and resources. To date, 15 policies have been reviewed in partnership with key stakeholders to ensure that these resources reflect evidence-informed practice and support the delivery of high-quality, rights-based mental health care.

In this reporting period, the Office commenced reviewing Chief Psychiatrist policies focussed on delivering treatment and care under the Act. This includes policies and resources for examination and assessment, judicial orders, patient records, treatment and care, less restrictive way and alternatives to involuntary treatment.

Strong engagement with stakeholders in 2025-2026 has continued for the project this year, with over 60 stakeholders directly participating, including Lived Experience and carer representatives, clinicians, IPRA's, and representatives from across the service system. Stakeholder contributions continue to shape the revised policies. The approach to the review continues the Office's commitment to collaboration and meaningful engagement with stakeholders, with positive feedback being received.

"The project was generally well done and subject matter expert groups went well. Happy with the updates and felt heard throughout" – member of subject matter expert group.

"The subject matter expert group was highly organised, with clear agendas and structure. The discussions were facilitated effectively, resulting in a comprehensive review of the policy" – member of subject matter expert group.

“The Commission is very pleased to see that each policy now has a specific section on Human Rights. We trust this will increase awareness and support strengthened human rights protections for people with lived-living experience in mental health” – Queensland Mental Health Commission.

Responding to the needs of classified patients and higher risk consumers

Implementation of the December 2024 *Responding to the Needs of Classified Patients and Higher Risk Consumers (RNCPHRC) Action and Implementation Plan* continued this year with a number of significant milestones achieved. These include:

- Mapping current and planned beds against demand to identify additional operational capacity across various settings
- Enhancing treatment and care through policy and training updates and increased guidance on the assessment and management of risk
- Updating the Chief Psychiatrist Classified Patient policy to include more comprehensive guidance to support the care for classified patients
- Reviewing the Office’s Complex Care Pathways, and
- Engagement in cross-government initiatives and projects related to the diversion of people from the criminal justice system.

Implementation of the remaining actions in the coming year will continue to support ongoing high standards of effective and responsive mental health assessment, treatment and care, and the safety of patients and staff.

Access and Equity Project

During the reporting period, substantial progress was achieved toward implementation of a legal advocacy pilot within the Darling Downs Network Authorised Mental Health Service through the Access and Equity Project. This project aims to increase support and access to legal and non-legal advocacy services for people receiving involuntary treatment and appearing for review before the Tribunal, and in appeal matters before the Mental Health Court.

Informed by extensive consultation undertaken with people with a lived experience of mental illness, carers, clinicians, IPRAs, advocacy organisations, Legal Aid Queensland, the Tribunal, and

the Mental Health Court, the pilot advocacy model focuses on improving access to legal advice and representation for eligible patients.

The pilot is being delivered in partnership with Legal Aid Queensland for up to 12 months commencing 1 July 2026, and will provide important information regarding patient experiences, service demand, and operational considerations for patients subject to involuntary treatment and care under the Act.

Interagency collaborations

Forensic Disability

The Office has regular contact with the Director of Forensic Disability (DFD) 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*.

During 2025-2026 the Office has supported the DFD by providing input into the review of Forensic Disability Service (FDS) policies focused on referral and admission of patients on a Forensic Order (disability) engaged with the MHAOD system who may benefit from the rehabilitation programs offered within the FDS.

Department of Families, Seniors, Disability Services and Child Safety

Engagement with the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) is critical to supporting patients who interact with the disability and mental health service systems. Strengthened collaboration between the Office and the DFSDSCS has occurred during 2025-2026 with a particular focus on identifying long-term accommodation options for patients with disability care needs.

The Office has also worked closely with the Child Safety Chief Practitioner during this reporting period. A key focus has been to update communication pathways for children and young people involved with child protection who may require treatment and care from MHAOD services. This pathway supports local services to use collaborative decision making and a strengths-based, safety-orientated approach to support children and young people experiencing mental health crises in the community.

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, the figures and tables provided are consistent with those reported previously, unless otherwise specified. Where changes have been made, this has occurred in line with continuous improvement activities within the Office to clarify datasets and accuracy of reporting.

Data relating to this activity is primarily sourced from the Consumer Integrated Mental Health and Addiction (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*

Each year, over 110,000 patients access Queensland public mental health services. Forty per cent of those patients received ongoing treatment and care. This was facilitated through more than 60,000 community service episodes, over 22,000 inpatient episodes and over 1,800 residential episodes.

Of the patients receiving ongoing treatment and care on 30 June 2026, 31 per cent were receiving involuntary treatment and care from 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 necessary 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 2026. Column counts indicate the involuntary authority or order types open in Queensland as at 30 June 2026. The total patient column indicates, by authorised mental health service, the distinct patient count for these involuntary authorities or orders. A small number of patients are subject to more than one authority or order type at a time; each count has been investigated to confirm that these patients had multiple authority or order types open as at 30 June 2026 resulting in differences between row and column counts.

Table 1: Patients subject to involuntary assessment, treatment, care or detention as at 30 June 2026

Authorised mental health service	Involuntary assessment	Treatment authorities	Treatment support order	Forensic order	Classified patients	Total patients
Bayside	5	231	9	15	0	260
Belmont Private	0	3	0	0	0	3
Cairns	5	667	25	75	2	772
Central Queensland	4	476	9	32	0	521
Children's Health Queensland	1	19	0	0	1	20
Darling Downs	1	503	19	51	3	572
Gold Coast	5	717	16	57	3	794
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	0	647	19	61	2	728
Mackay	3	222	6	13	0	243
Mater Misericordiae	0	2	0	0	0	2
New Farm Clinic	0	1	0	0	0	1
Princess Alexandra Hospital	0	623	46	64	4	732
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	0	337	8	40	3	385
Royal Brisbane and Women's Hospital	1	760	29	31	3	822
Sunshine Coast	2	601	11	35	3	648
The Park	0	16	2	32	0	49
The Park High Security	0	53	2	52	15	108
The Prince Charles Hospital	2	623	26	48	4	699
Townsville	1	390	25	80	1	496
West Moreton	0	513	30	74	4	617
Wide Bay	0	247	8	23	1	278
Statewide	30	7,651	290	783	49	8,749

Involuntary assessment

The Act promotes the voluntary engagement of people in mental health assessment, treatment, and care wherever possible. The involuntary processes in the Act may be applied when it is not possible to provide the required assessment or treatment with the consent of the person or another person authorised to consent on their behalf.

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 authority².

The purpose of the assessment is to decide whether a treatment authority should be made to authorise involuntary treatment and care for the person³.

Table 2 provides a summary of involuntary assessments occurring in the 2025-2026 reporting period, by entry pathway and outcome type.

² An emergency examination authority is issued under *the Public Health Act 2005* by police and ambulance officers who are empowered to detain and transport a person to a public sector health service facility in emergency circumstances without their consent, so that the person may receive an examination.

³ 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 2025 – 30 June 2026)

Authorised mental health service	Involuntary assessment entry pathway					Assessment Outcome			
	Recommendation alone	Recommendation preceded by examination authority	Recommendation preceded by emergency examination authority	Other ⁴	Total assessments	Treatment authority made	Treatment authority not made	Pre-existing involuntary status	Other ⁵
Bayside	418	9	16	0	443	285	146	12	0
Belmont Private	16	0	1	0	17	12	5	0	0
Cairns	974	19	41	0	1,034	684	338	1	8
Central Queensland	327	7	298	0	632	310	295	0	27
Children's Health Queensland	77	0	5	0	82	38	44	0	0
Darling Downs	778	9	91	0	878	576	299	1	2
Gold Coast	1,301	27	141	1	1,470	1,052	414	4	0
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	848	13	112	0	973	709	252	12	0
Mackay	395	6	164	0	565	318	238	8	1
Mater Misericordiae	9	0	0	0	9	4	5	0	0
New Farm Clinic	20	0	0	0	20	13	7	0	0
Princess Alexandra Hospital	800	25	160	0	985	764	213	8	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	674	10	284	0	968	590	371	7	0
Royal Brisbane and Women's Hospital	838	16	321	0	1,175	856	307	12	0
Sunshine Coast	633	7	421	0	1,061	871	182	1	7
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	1	0	0	0	1	1	0	0	0
The Prince Charles Hospital	955	13	258	0	1,226	788	390	48	0
Townsville	584	14	238	0	836	457	365	13	1
West Moreton	568	10	70	0	648	509	120	19	0
Wide Bay	514	8	105	0	627	401	212	5	9
Statewide	10,730	193	2,726	1	13,650	9,238	4,203	151	55

⁴ Involuntary assessment entry pathway 'other' relates to the assessment of a person from interstate (1)

⁵ Assessment Outcome 'other' relates to matters deemed invalid by the relevant administrator (55)

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, imminent risk of serious harm or serious mental or physical health deterioration due to the person's mental illness 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 person⁶.

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 2025-2026, by outcome type. As an examination authority is not entered into the patient's electronic health record until a decision notice is received from the Tribunal, there may be a slight variation between numbers reported between the Office and the Tribunal.

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.

⁶ If made by a concerned person, a written statement by a doctor (for example, general practitioner) or authorised mental health practitioner must be provided with the application.

Table 3: Examination Authorities issued and outcome (1 July 2025 – 30 June 2026)

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	28	10	1	17	0
Belmont Private	0	0	0	0	0
Cairns	48	19	11	18	0
Central Queensland	15	7	2	6	0
Children's Health Queensland	0	0	0	0	0
Darling Downs	38	10	7	21	0
Gold Coast	118	27	52	39	0
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	49	14	17	16	2
Mackay	10	6	0	4	0
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	68	24	9	34	1
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	16	9	2	5	0
Royal Brisbane and Women's Hospital	45	15	15	15	0
Sunshine Coast	25	6	8	11	0
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	21	14	0	4	3
Townsville	27	13	3	11	0
West Moreton	21	9	2	9	1
Wide Bay	25	9	6	10	0
Statewide	554	192	135	220	7

Persons transferred from a place of custody (classified patients)

The Act provides for a person to be transferred from a place of custody (for example, 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 provides 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 (the transfer is for voluntary treatment) or
 - is already subject to an order or authority under the Act (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 (the transfer is for involuntary 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.

Referral data reflects which authorised mental health service received the initial recommendation for the classified patient admission, however the authorised mental health service where the admission occurred may not correspond to the initial service, noting that service system responses may result in admission to an alternate authorised mental health service and/or a clinical decision may result in redirection of the referral.

Additionally, not all referrals result in a classified patient admission for various reasons, including that the person is released from custody prior to an admission, or the person's mental state improves and they no longer require an admission.

Table 4 provides a summary of classified patient referrals and admissions in the 2025-2026 reporting period.

Table 4: Classified patient referrals and admissions (1 July 2025 - 30 June 2026)

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	41	16	1	8	16	0	24
Belmont Private	0	0	0	0	0	0	0
Cairns	37	6	0	15	16	0	31
Central Queensland	40	20	2	8	10	0	18
Children's Health Queensland	3	0	0	1	2	0	3
Darling Downs	37	6	0	21	10	0	31
Gold Coast	97	48	1	10	38	0	48
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	88	45	2	16	25	0	41
Mackay	10	1	0	2	7	0	9
Mater Misericordiae	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	136	100	5	11	20	0	31
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	69	45	2	7	14	1	22
Royal Brisbane and Women's Hospital	97	40	2	14	41	0	55
Sunshine Coast	38	14	3	13	8	0	21
The Park	2	2	0	0	0	0	0
The Park High Security	68	29	5	23	11	0	34
The Prince Charles Hospital	36	14	1	7	14	0	21
Townsville	50	13	1	18	18	0	36
West Moreton	62	19	1	14	27	0	41
Wide Bay	59	39	5	5	9	0	14
Statewide	970	457	31	193	286	1	480

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. To the greatest extent practicable, the person's views, wishes and preferences must be taken into account.

When a treatment authority is made, the authorised doctor must determine whether the patient requires treatment as an inpatient (treatment authority inpatient category) or if their treatment needs can be met in the community (treatment authority community category). An authorised doctor may change the category of the treatment authority during the person's treatment⁷.

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 authority⁸.

As at 30 June 2026 there were:

7,651 open treatment authorities in Queensland, of which 91 per cent were community category.

Table 5 provides the total treatment authorities made in 2025-2026, by category and the entity that made the authority.

⁷ 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.

⁸ The Tribunal is also responsible for reviewing patients on a forensic order or treatment support order. Subject to the Act requirements, the Tribunal may revoke the order and make a treatment authority for the person.

Table 5: Treatment authorities made (1 July 2025 – 30 June 2026)

Authorised mental health service	Treatment authority made by		Category of initial order		Total treatment authorities made	Treatment authority made by doctor			
	Authorised doctor	Mental Health Review Tribunal	Community	Inpatient		Second examination required	Outcome		
							Treatment authority confirmed	Treatment authority revoked	Ended or revoked prior to second examination
Bayside	294	0	2	292	294	219	192	26	1
Belmont Private	11	0	0	11	11	0	0	0	0
Cairns	706	4	25	685	710	309	265	29	15
Central Queensland	316	1	17	300	317	249	208	30	11
Children's Health Queensland	34	0	0	34	34	19	15	2	2
Darling Downs	601	2	12	591	603	375	302	71	2
Gold Coast	1,084	1	21	1,064	1,085	915	813	95	7
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beaudesert	732	4	11	725	736	618	559	51	8
Mackay	325	1	4	322	326	275	220	51	4
Mater Misericordiae	4	0	0	4	4	1	1	0	0
New Farm Clinic	6	0	0	6	6	4	4	0	0
Princess Alexandra Hospital	785	5	12	778	790	649	590	50	9
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	593	0	9	584	593	473	365	82	26
Royal Brisbane and Women's Hospital	896	2	17	881	898	783	675	94	14
Sunshine Coast	882	1	22	861	883	694	568	113	13
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	24	0	0	24	24	5	5	0	0
The Prince Charles Hospital	798	0	7	791	798	677	536	84	57
Townsville	475	0	9	466	475	320	280	38	2
West Moreton	529	1	10	520	530	487	403	62	22
Wide Bay	413	1	20	394	414	297	224	61	12
Statewide	9,508	23	198	9,333	9,531	7,369	6,225	939	205

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, an event that usually occurs in emergency situations,
- the Mental Health Court ends the authority on an appeal,
- the Mental Health Court makes a forensic order (mental health) or treatment support order for the patient, or
- the patient is transferred interstate or is deceased.

Table 6 provides the total treatment authorities ended in 2025-2026, by end reason.

Table 6: Treatment authorities ended (1 July 2025 - 30 June 2026)

Authorised mental health service	Treatment authority not revoked or confirmed within the timeframe	Treatment authority revoked		Forensic order made	Treatment support order made	Other ⁹	Patient deceased	Total treatment authorities ended
		Authorised doctor	Mental Health Review Tribunal					
Bayside	1	246	9	5	0	0	1	262
Belmont Private	0	30	0	0	0	0	0	30
Cairns	8	643	21	5	1	1	10	689
Central Queensland	6	228	17	1	0	0	4	256
Children's Health Queensland	0	44	2	0	0	0	0	46
Darling Downs	3	495	18	4	0	0	7	527
Gold Coast	6	1,063	17	5	0	5	9	1,105
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beautesert	6	677	26	7	0	1	8	725
Mackay	3	275	8	0	0	0	1	287
Mater Misericordiae	0	4	0	0	0	0	0	4
New Farm Clinic	1	6	0	0	0	0	0	7
Princess Alexandra Hospital	9	748	14	0	1	0	15	787
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	16	595	8	3	0	0	5	627
Royal Brisbane and Women's Hospital	7	746	35	9	2	0	16	815
Sunshine Coast	7	781	16	6	0	0	9	819
The Park	0	0	0	0	0	0	0	0
The Park High Security	0	7	1	8	0	0	1	17
The Prince Charles Hospital	9	681	25	5	0	2	10	732
Townsville	2	424	14	6	1	0	8	455
West Moreton	21	491	10	7	0	0	5	534
Wide Bay	8	367	3	2	0	1	5	386
Statewide	113	8,551	244	73	5	10	114	9,110

⁹ 'Other' includes reasons such as pre-existing involuntary status (3), ended due to appeal in the Mental Health Court (1), and patients transferred interstate (6).

Psychiatrist reports

The Chief Psychiatrist can direct that a psychiatrist report be prepared for a person charged with a serious offence¹⁰ if they were subject to a treatment authority, forensic order or treatment support order at the time of the alleged offence or any later time. 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.

If a report is requested, 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 is of the opinion that 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 suspension ends and the criminal proceedings resume.

As part of continual improvement efforts to provide comprehensive and transparent data, the Office has made a change to the way in which the psychiatrist report data is reported this year. Previous annual reports have reported a count of psychiatrist reports that were deemed eligible, requested, and returned within the reporting period. That is, all stages associated with the psychiatrist report process had to occur within the same reporting period. As a result, psychiatrist reports which were

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.

deemed eligible or requested in one reporting period but returned in a subsequent period were not included in the reported data. A review of this approach has identified that reporting all data within the same period results in an undercount of activity.

This year, the data reported for psychiatrist reports includes all activity that occurred within the reporting period, regardless of whether all stages of the process were commenced or finalised in the reporting period. This revised approach provides a more complete and accurate representation of activity during the reporting period. However, due to the change in methodology, the data presented in this report are not directly comparable with previous annual reports.

Table 7 provides a summary of the application of the psychiatrist report provisions during the reporting period. The data in each column relates to independent activity which occurred in the reporting period. Therefore, row count totals do not align.

Table 7: Application of psychiatrist report provisions (1 July 2025 - 30 June 2026)

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	51	1	19	1	14
Belmont Private	0	0	0	0	0
Cairns	156	0	72	4	46
Central Queensland	129	1	73	15	47
Children's Health Queensland	2	0	1	0	0
Darling Downs	60	0	33	2	26
Gold Coast	152	0	45	7	36
Greenslopes Private	0	0	0	0	0
Logan Beautesert	103	0	52	3	50
Mackay	58	0	25	1	22
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	138	1	69	9	46
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	61	1	28	2	26
Royal Brisbane and Women's Hospital	231	1	112	26	64
Sunshine Coast	90	0	38	4	33
The Park	1	0	0	0	0
The Park High Security	20	4	16	0	20
The Prince Charles Hospital	96	2	48	6	29
Townsville	142	0	82	9	57
West Moreton	66	0	41	3	37
Wide Bay	48	1	30	2	22
Statewide	1604	12	784	94	575

Table 8 shows a summary of Chief Psychiatrist references to the Mental Health Court for psychiatrist reports during the reporting period.

The total number of reports referred and not referred may not correspond to the total number of eligible reports. This may occur as a single psychiatrist report can result in some charges being referred to the Mental Health Court and others not being referred, or because a referral decision is still pending at the end of the reporting period.

Table 8: Chief Psychiatrist references to the Mental Health Court in the reporting period (1 July 2025 - 30 June 2026)

Total reports received in 2025–2026	Eligible for referral to Mental Health Court	Referred to Mental Health Court	Not referred to Mental Health Court
575	571	157	415

In 2025-2026:

The Chief Psychiatrist made a total of 157 references to the Mental Health Court for 153¹¹ patients.

¹¹ Distinct count of patients referred to the Mental Health Court during 2025-2026. There may be variation between these figures and those reported by the Mental Health Court due to differences in how referrals are counted and captured. All variations have been investigated and verified.

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 or cognitive disability, or if the person has a dual disability (a mental illness and an intellectual or cognitive disability) and needs involuntary treatment and care for mental illness as well as care for the person's intellectual or cognitive disability,
- a forensic order (disability) is made if the person's unsoundness of mind or unfitness for trial is due to an intellectual or cognitive disability and the person needs care for the person's intellectual or cognitive 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 or intellectual or cognitive disability.

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. For 2025-2026, there were no forensic orders (criminal code) made.

As at 30 June 2026, there were:

- 783 open forensic orders in Queensland¹².
- The majority (659) were forensic order (mental health), of which 68 per cent were community category.
- The remaining open orders (124) were forensic order (disability), of which 90 per cent were community category.

Table 9 shows the number and types of forensic orders made in 2025-2026.

¹² This report does not include orders made for clients of the Forensic Disability Service. Provision of services under the *Forensic Disability Act 2011* are reported in the annual report of the Director of Forensic Disability.

Table 9: Forensic orders made (1 July 2025 - 30 June 2026)¹³

Authorised mental health service	Forensic order (Disability)		Forensic order (Mental Health)		Total forensic orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	5	0	5
Belmont Private	0	0	0	0	0
Cairns	1	0	7	1	9
Central Queensland	0	0	2	0	2
Children's Health Queensland	0	0	0	0	0
Darling Downs	0	0	4	1	5
Gold Coast	0	0	7	2	9
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	1	0	7	1	9
Mackay	0	0	0	0	0
Mater Misericordiae	0	0	0	0	0
New Farm Clinic	0	0	0	0	0
Princess Alexandra Hospital	1	1	4	0	6
Princess Alexandra Hospital High Security	0	0	0	0	0
Redcliffe Caboolture	3	0	3	2	8
Royal Brisbane and Women's Hospital	0	0	7	2	9
Sunshine Coast	0	0	8	1	9
The Park	0	0	0	0	0
The Park High Security	0	0	2	7	9
The Prince Charles Hospital	1	0	4	1	6
Townsville	1	0	7	3	11
West Moreton	1	0	4	3	8
Wide Bay	2	0	3	0	5
Statewide	11	1	74	24	110

¹³ These figures include all forensic orders made for the financial year 2025-2026 including those made as a result of an appeal to the Mental Health Court. There may be variations between these figures and those reported by the Mental Health Court due to differences in how appeal matters are reported across the entities. All variations have been investigated and verified.

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.

Table 10 shows the number and reason for ending of forensic orders in 2025-2026.

Table 10: Forensic orders ended (1 July 2025 - 30 June 2026)

Authorised mental health service	Forensic order revoked				Patient found fit for trial	Patient deceased	Order amended by Mental Health Court	Other ¹⁴	Total forensic orders ended
	Superseded by new forensic order	Treatment support order made	Treatment authority made	No other order made					
Bayside	0	1	0	1	0	0	0	0	2
Belmont Private	0	0	0	0	0	0	0	0	0
Cairns	0	2	0	3	0	2	2	0	9
Central Queensland	0	4	0	0	1	1	0	1	7
Children's Health Queensland	0	0	0	0	0	0	0	0	0
Darling Downs	0	3	0	1	0	4	0	0	8
Gold Coast	0	2	0	1	0	1	0	0	4
Greenslopes Private	0	0	0	0	0	0	0	0	0
Logan Beautesert	0	3	0	0	0	1	1	0	5
Mackay	0	3	0	1	0	0	0	0	4
Mater Misericordiae	0	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	9	0	2	0	2	0	0	13
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0	0
Redcliffe Caboolture	1	1	0	1	0	2	0	0	5
Royal Brisbane and Women's Hospital	0	5	0	0	0	1	0	0	6
Sunshine Coast	0	5	0	0	0	2	0	0	7
The Park	0	0	0	0	0	0	0	0	0
The Park High Security	0	0	0	1	0	1	2	0	4
The Prince Charles Hospital	0	3	0	0	0	0	0	0	3
Townsville	0	3	0	1	0	3	0	0	7
West Moreton	0	2	0	1	0	1	0	0	4
Wide Bay	0	4	0	0	0	0	1	0	5
Statewide	1	50	0	13	1	21	6	1	93

¹⁴ 'Other' relates to a patient who have been absent for 3 years or more (1).

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 due to mental illness.

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. Treatment support orders generally involve less oversight than forensic orders.

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 2026, there were:

290 open treatment support orders, of which 94 per cent were community category.

Table 11 provides a summary of the types of treatment support orders made in 2025-2026, and their initial category.

Table 11: Treatment support orders made (1 July 2025 - 30 June 2026)¹⁵

Authorised Mental Health Service	Mental Health Court		Mental Health Review Tribunal		Total Treatment Support Orders made
	Community	Inpatient	Community	Inpatient	
Bayside	0	0	1	0	1
Belmont Private	0	0	0	0	0
Cairns	3	0	2	0	5
Central Queensland	0	0	4	0	4
Children's Health Queensland	0	0	0	0	0
Darling Downs	0	0	3	0	3
Gold Coast	1	0	2	0	3
Greenslopes Private	0	0	0	0	0
Logan Beaudesert	0	0	3	0	3
Mackay	0	0	2	1	3
Mater Misericordiae	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	1	0	1
Royal Brisbane and Women's Hospital	4	0	5	0	9
Sunshine Coast	1	0	5	0	6
The Park	0	0	0	0	0
The Park High Security	0	0	0	0	0
The Prince Charles Hospital	0	0	4	0	4
Townsville	2	0	3	1	6
West Moreton	2	0	2	0	4
Wide Bay	0	0	4	0	4
Statewide	15	0	50	2	67

¹⁵ These figures include all treatment support orders made for the financial year 2025-2026 including those made as a result of an appeal to the Mental Health Court. There may be variations between these figures and those reported by the Mental Health Court due to differences in how appeal matters are reported across the entities. All variations have been investigated and verified.

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 makes a forensic order for a person who is subject to a treatment support order, the treatment support order ends. In 2025-2026, two treatment support orders ended this way.

Table 12 shows the number and reason for ending of treatment support orders in 2025-2026.

Table 12: Treatment support orders ended (1 July 2025 - 30 June 2026)

Authorised mental health service	Treatment authority made	Forensic order made	Patient found fit for trial	Order amended by Mental Health Court	Order revoked	Other	Patient deceased	Total treatment support orders ended
Bayside	0	0	0	0	0	0	0	0
Belmont Private	0	0	0	0	0	0	0	0
Cairns	4	0	0	0	2	0	0	6
Central Queensland	1	0	0	0	0	0	0	1
Children's Health Queensland	0	0	0	0	0	0	0	0
Darling Downs	2	0	0	1	3	0	0	6
Gold Coast	1	0	0	0	2	0	0	3
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beautesert	4	0	0	0	1	0	0	5
Mackay	1	0	0	0	1	0	0	2
Mater Misericordiae	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	5	0	0	0	8	0	0	13
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	1	0	0	0	2	0	0	3
Royal Brisbane and Women's Hospital	2	0	0	0	1	0	0	3
Sunshine Coast	1	1	0	0	3	0	0	5
The Park	0	0	0	0	0	0	0	0
The Park High Security	0	0	0	0	0	0	0	0
The Prince Charles Hospital	0	1	0	1	0	0	0	2
Townsville	0	0	0	3	1	0	1	5
West Moreton	1	0	0	0	2	0	1	4
Wide Bay	1	0	0	0	1	0	0	2
Statewide	24	2	0	5	27	0	2	60

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 in an authorised mental health service for a patient who is subject to a treatment authority, forensic order or treatment support order, or a person who is detained while absent without permission from an interstate 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, seclusion may be approved under a reduction and elimination plan.

An extension of seclusion may be authorised up to 12 hours, to allow a reduction and elimination plan to be prepared and approved 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.

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 settings¹⁶.

Table 14 includes all authorisations made for seclusion, including those made under a reduction and elimination plan, and is not limited to acute settings.

¹⁶ Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis. This does not include treatment and care delivered at a high security unit or extended treatment rehabilitation units.

Table 13: Seclusion indicators (five year trend.¹⁷)

Indicator	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Seclusion events per 1,000 acute bed days	7.3	7.2	7.0	7.9	8.5
Proportion of acute episodes with one or more seclusion events	2.5%	2.6%	2.6%	2.9%	3.0%
Average (mean) duration of seclusion events (hours) in acute episodes	5.3	5.0	6.0	4.9	5.0

¹⁷ Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. 2025-2026 data is preliminary and subject to change.

Table 14: Seclusion authorisation (1 July 2025 - 30 June 2026)

Authorised mental health service	Seclusion authorisations				Extension of seclusion	
	Doctor	Emergency	Total authorisations	Total patients	Total extension authorisations	Total patients
Bayside	23	29	52	19	0	0
Belmont Private	0	0	0	0	0	0
Cairns	131	355	486	95	0	0
Central Queensland	256	40	296	50	0	0
Children's Health Queensland	10	13	23	7	0	0
Darling Downs	4	59	63	33	0	0
Gold Coast	490	230	720	127	0	0
Greenslopes Private	0	0	0	0	0	0
Logan Beaudesert	242	194	436	79	0	0
Mackay	6	13	19	9	0	0
Mater Misericordiae	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0
Princess Alexandra Hospital	201	179	380	86	0	0
Princess Alexandra Hospital High Security	0	0	0	0	0	0
Redcliffe Caboolture	64	137	201	60	0	0
Royal Brisbane and Women's Hospital	186	324	510	178	0	0
Sunshine Coast	248	280	528	114	0	0
The Park	416	8	424	9	0	0
The Park High Security	12,620	50	12,670	47	0	0
The Prince Charles Hospital	227	182	409	96	0	0
Townsville	489	35	524	33	0	0
West Moreton	919	140	1,059	58	0	0
Wide Bay	103	49	152	32	0	0
Statewide	16,635	2,317	18,952	1,132	0	0

Mechanical restraint

Mechanical restraint is the restraint of a person by the application of a device to the body or a limb of a 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.

Mechanical restraint may only be used if it is necessary 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.

All mechanical restraint use under the Act must be approved by the Chief Psychiatrist and may only then be authorised by an authorised doctor for up to three hours.

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. In total, mechanical restraint may occur for no more than nine hours in a 24-hour period, unless there is an approved reduction and elimination plan in place which must outline considerations for how the treatment can be provided with least restrictive means.

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 settings¹⁸.

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.

¹⁸ Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis. This does not include treatment and care delivered at a high security unit or extended treatment rehabilitation units.

Table 15: Total mechanical restraint events per 1,000 acute bed days (five year trend¹⁹)

Indicator	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Mechanical restraint events in acute episodes	55	102	26	24	31
Total mechanical restraint events per 1,000 bed days	0.2	0.3	0.1	0.1	0.1

¹⁹ Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2025-2026 data is preliminary and subject to change.

Table 16: Mechanical restraint approvals and events (1 July 2025 - 30 June 2026)

Authorised mental health service	Number of approvals	Number of patients	Number of events
Bayside	3	2	4
Belmont Private	0	0	0
Cairns	0	0	0
Central Queensland	0	0	0
Children's Health Queensland	0	0	0
Darling Downs	2	1	2
Gold Coast	0	0	0
Greenslopes Private	0	0	0
Logan Beautesert	0	0	0
Mackay	0	0	0
Mater Misericordiae	0	0	0
New Farm Clinic	0	0	0
Princess Alexandra Hospital	3	2	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	4	4	6
The Park	0	0	0
The Park High Security	50	5	104
The Prince Charles Hospital	1	1	2
Townsville	0	0	0
West Moreton	0	0	0
Wide Bay	5	1	12
Statewide	68	16	135

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 senior clinical oversight, multidisciplinary review, 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.

This year, the Chief Psychiatrist policy also introduced clinical escalation processes for patients in longer term seclusion. These processes mandate senior clinical review, including by the Chief Psychiatrist if a person has a reduction and elimination plan which is in place for eight weeks.

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 (mechanical restraint, seclusion or both) is limited to plans that have an associated authorisation and event. Additionally, a patient may receive treatment and care across multiple authorised mental health services. Consequently, row and column counts for patients and plans may not align.

Table 17: Reduction and elimination plans approved (1 July 2025 - 30 June 2026)

Authorised mental health service	Mechanical restraint		Seclusion		Seclusion and mechanical restraint		Total plans approved	
	Plans	Patients	Plans	Patients	Plans	Patients	Plans	Patients
Bayside	2	2	3	2	1	1	6	3
Belmont Private	0	0	0	0	0	0	0	0
Cairns	0	0	31	15	0	0	45	23
Central Queensland	0	0	16	12	0	0	20	13
Children's Health Queensland	0	0	3	3	0	0	3	3
Darling Downs	2	1	2	1	0	0	5	2
Gold Coast	0	0	76	54	0	0	110	67
Greenslopes Private	0	0	0	0	0	0	0	0
Logan Beautesert	0	0	32	22	0	0	48	29
Mackay	0	0	1	1	0	0	1	1
Mater Misericordiae	0	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0	0
Princess Alexandra Hospital	0	0	23	21	3	2	42	32
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0	0
Redcliffe Caboolture	0	0	7	5	0	0	9	7
Royal Brisbane and Women's Hospital	0	0	27	24	0	0	45	37
Sunshine Coast	1	1	67	48	0	0	114	75
The Park	0	0	15	7	0	0	19	7
The Park High Security	0	0	325	37	98	7	427	38
The Prince Charles Hospital	1	1	16	11	0	0	21	13
Townsville	0	0	28	22	0	0	29	22
West Moreton	0	0	56	34	0	0	57	35
Wide Bay	4	1	3	3	5	1	15	5
Statewide	10	6	731	319	107	11	1016	407

Physical restraint

Physical restraint refers to the use by a person of their body to restrict another 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 adult²⁰ public authorised mental health services.

Table 19 provides a summary of the total number of physical restraint events recorded this reporting period. A patient may receive treatment and care across multiple authorised mental health services. Consequently, total patient row and column counts may not align. The scope of this dataset is limited to public authorised mental health services.

Table 18: Total physical restraint events per 1,000 acute bed days (five-year trend²¹)

Indicator	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Physical restraint events in acute episode	3320	3327	2892	3345	3569
Total physical restraint events per 1000 bed days	11.3	10.8	9.0	9.9	10.3

²⁰ Acute settings include authorised mental health services delivering mental health care to admitted patients, usually on a short to medium-term and intermittent basis. This does not include treatment and care delivered at a high security unit or extended treatment rehabilitation units.

²¹ Changes to meet evolving national requirements may lead to discrepancies between public reporting of these measures over time. The 2025-2026 data is preliminary and subject to change.

Table 19: Physical restraint events (1 July 2025 - 30 June 2026)

Authorised mental health service	Total patients	Total events	Average number of events per patient
Bayside	32	83	2.6
Cairns	86	218	2.5
Central Queensland	22	29	1.3
Children's Health Queensland	69	251	3.6
Darling Downs	88	175	2.0
Gold Coast	143	316	2.2
Logan Beaudesert	88	234	2.7
Mackay	39	74	1.9
Mater Misericordiae ²²	0	0	0
Princess Alexandra Hospital	118	279	2.4
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	80	261	3.3
Royal Brisbane and Women's Hospital	196	434	2.2
Sunshine Coast	160	553	3.5
The Park	5	7	1.4
The Park High Security	21	61	2.9
The Prince Charles Hospital	124	360	2.9
Townsville	58	131	2.3
West Moreton	72	188	2.6
Wide Bay	47	65	1.4
Statewide	1,404	3,719	2.6

²² Mater Misericordiae public authorised mental health service

Electroconvulsive Therapy

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

In certain circumstances, if a doctor and the senior medical administrator for an authorised mental health service certify in writing that ECT is necessary to save the person's life or to prevent the person from suffering irreparable harm, emergency ECT may be administered without consent and prior to the matter being determined by the Tribunal.

An application to the Tribunal for approval to use 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 authorised mental health service local governance processes and the Office in its oversight role.

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 2025 - 30 June 2026)

Authorised mental health service	ECT treatment applications made		
	Treatment application only	Treatment application and emergency certificate	Total treatment applications
Bayside	9	7	16
Belmont Private	7	3	10
Cairns	24	10	34
Central Queensland	17	3	20
Children's Health Queensland	1	0	1
Darling Downs	14	2	16
Gold Coast	53	12	65
Greenslopes Private	0	0	0
Logan Beaudesert	28	8	36
Mackay	9	8	17
Mater Misericordiae	4	0	4
New Farm Clinic	0	0	0
Princess Alexandra Hospital	59	21	80
Princess Alexandra Hospital High Security	0	0	0
Redcliffe Caboolture	30	2	32
Royal Brisbane and Women's Hospital	61	7	68
Sunshine Coast	64	10	74
The Park	9	0	9
The Park High Security	36	2	38
The Prince Charles Hospital	55	3	58
Townsville	13	4	17
West Moreton	20	4	24
Wide Bay	10	5	15
Statewide	523	111	634

Patients absent 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 Authority to Transport Absent Person 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 4,310 forms issued in the reporting period, 3,105 were in relation to patients residing in the community who were required to return to an authorised mental health service. This includes patients who became unwell or failed to attend a scheduled appointment.

The remaining 1205 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 (leave) or a temporary absence.
- Absconded from mental health unit – A patient absconded from an inpatient mental health unit.
- Absconded – Other – A patient absconded from another unit (for example, emergency department, community mental health facility) or while being transported between authorised mental health services.

Supporting engagement in treatment is fundamental to good patient outcomes. The Office monitors the rate of absence without approval on a regular basis at individual, service and statewide levels. Issues are addressed directly by the Office with services if identified, and there is a joint focus on proactive engagement strategies to reduce absences where possible.

The data provided in Table 21 is summarised by patient order type.

Table 21: Authority to transport absent patient forms issued (1 July 2025– 30 June 2026)

Authorised mental health service	Involuntary assessment	Treatment authority	Treatment support order	Forensic order	Classified patient	Other ²³	Total
Bayside	1	19	0	0	0	0	20
Belmont Private	0	0	0	0	0	0	0
Cairns	20	56	7	64	0	2	149
Central Queensland	25	72	0	8	2	1	108
Children's Health Queensland	2	1	0	0	0	1	4
Darling Downs	9	43	1	0	0	1	54
Gold Coast	5	134	3	4	0	0	146
Greenslopes Private	0	0	0	0	0	0	0
Logan Beaudesert	9	66	1	3	1	0	80
Mackay	8	31	0	0	0	1	40
Mater Misericordiae	0	0	0	0	0	0	0
New Farm Clinic	0	0	0	0	0	0	0
Princess Alexandra Hospital	5	53	0	6	1	1	66
Princess Alexandra Hospital High Security	0	0	0	0	0	0	0
Redcliffe Caboolture	4	46	0	15	0	0	65
Royal Brisbane and Women's Hospital	14	59	0	2	2	4	81
Sunshine Coast	5	49	0	0	0	0	54
The Park	0	0	0	2	0	0	2
The Park High Security	0	3	0	3	0	0	6
The Prince Charles Hospital	11	67	1	6	0	4	89
Townsville	13	35	1	55	0	0	104
West Moreton	5	56	0	15	2	2	80
Wide Bay	11	45	0	0	0	1	57
Statewide	147	835	14	183	8	18	1205

²³ 'Other' refers to persons detained for the purposes of making a recommendation for assessment (15) and consumers on both a forensic order (disability) inpatient category and treatment authority (3)

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
Mater Misericordiae	Mater Misericordiae 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
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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Chief Psychiatrist

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