Annual Report
2013–2014

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Queensland Government

Communication objective

This annual report aims to describe the administration of the *Mental Health Act 2000* and associated activities and achievements for the 2013–2014 financial year in an open and transparent manner to inform the Minister for Health, the Queensland Parliament and members of the public.

2013–2014 Annual Report of the Director of Mental Health

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An electronic version of this document is available at:
http://www.health.qld.gov.au/mha2000/annual_reports.asp

Queensland Government

To:
The Honourable Lawrence Springborg MP
Minister for Health

Dear Minister

It is with much pleasure that I present the 2013–2014 Annual Report of the Director of Mental Health. This report is provided in accordance with section 494 of the *Mental Health Act 2000* (Queensland).

Yours sincerely

Dr William Kingswell
Director of Mental Health

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Message from the Director of Mental Health

I am pleased to present the 13th annual report of the Director of Mental Health in accordance with my appointment on 28 September 2013 to the position of the Director of Mental Health.

This report provides an overview of the administration of the *Mental Health Act 2000* (the Act) and key developments which have occurred during the reporting period. The report also outlines some of the key initiatives to progress mental health legislative reform within Queensland.

Ongoing legislative reform

While the Act has been subject to ongoing evaluation and review since its commencement in 2002, it is now in need of a more comprehensive review. It is necessary to ensure that the legislation continues to support contemporary clinical practice and mental health service delivery, and that it effectively protects and promotes patient interests while ensuring patient and community safety.

I am pleased to report that a comprehensive review of the Act is being undertaken by a dedicated review team, informed by research and broad consultation with stakeholders, including mental health services, government and non-government organisations, consumers, carers and families.

I look forward to the outcomes of this review.

Safety and quality improvement initiatives

A number of quality and safety initiatives have been progressed during the 2013–2014 reporting period, with the aim of better providing for the needs of involuntary patients and safeguarding community interests.

A significant focus has been the implementation of strategies to reduce patient absent without permission events, particularly from inpatient mental health facilities. A critical element in reducing these events is improved clinical management, including strategies to prevent and/or respond to absence without permission and the involvement of senior clinicians in decision making. Significant work has been undertaken by my office, in collaboration with Hospital and Health Services (HHSs) in the development and implementation of Director of Mental Health policy to support these initiatives.

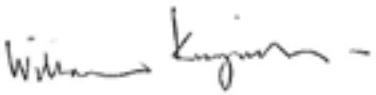
A key strategy is securing all adult acute mental health facilities from 15 December 2013, given effect by a Director of Mental Health directive under the Act and associated policy and guidelines. All HHSs are now operating their adult acute mental health facilities as locked units and have implemented processes to manage entry and egress and ensure that patients and visitors are aware of these procedures and their rights.

I am pleased to report that there has been a significant reduction in absence without permission events in the current reporting period. In the coming year, further work will be undertaken with HHSs to examine the impact of absence without permission reduction strategies and to consider ongoing strategies which maintain a focus on clinical quality improvement in relation to absence without permission.

The year ahead

In 2014–2015, my office will continue to work in close collaboration with HHSs and other key stakeholders including consumers, carers, specialist mental health services, primary care services, government and non-government agencies and the Queensland Mental Health Commission, to promote strategic reforms and improvements within mental health services in Queensland.

Finally, administration of the Act involves many staff at corporate and service levels and I thank them for their dedication and invaluable contribution to providing quality mental health care and enhancing Queensland's mental health system.



Dr William Kingswell
Director of Mental Health

Statutory roles and facilities

Director of Mental Health

On 26 September 2013, Her Excellency (then) Governor of Queensland, Ms Penelope Wensley AC, approved the appointment of Dr William Kingswell MBBS, FRANZCP, MPH to the position of Director of Mental Health, from 28 September 2013.

Powers and functions

The Department of Health administers the Act. The Act establishes broad monitoring and oversight functions for the Director of Mental Health including:

- ensuring the protection of rights of involuntary patients
- ensuring that involuntary admission, assessment and treatment and care of persons complies with the Act
- facilitating the proper and efficient administration of the Act
- promoting community awareness and understanding of the administration of the Act
- advising and reporting to the Minister on any matter relating to the administration of the Act.

More specific powers and functions of the Director of Mental Health relating to the administration of the Act include:

- powers to issue policies and practice guidelines
- declaring authorised mental health services (AMHSs) and high security units to provide treatment and care for persons with mental illness
- declaring administrators of AMHSs and high security units
- appointing authorised mental health practitioners (AMHPs)
- appointing approved officers to conduct investigations under the Act
- developing a Statement of Rights for involuntary patients and their allied persons
- approving forms used under the Act, excluding those required by the Mental Health Review Tribunal (the Tribunal) or the Mental Health Court.

The Director of Mental Health also has powers and functions in relation to involuntary patients who are, or have been, subject to criminal justice system processes. These include:

- receiving expert psychiatric reports in relation to involuntary patients charged with an offence and referring these matters to the Director of Public Prosecutions or the Mental Health Court for determination
- ordering the transfer of classified patients (patients admitted to a health service from a court or place of custody) and forensic patients (patients found to be of unsound mind or unfit for trial in relation to a criminal offence)
- facilitating return to court or custody for classified patients who no longer need to be detained for assessment/treatment of a mental illness
- approving limited community treatment (LCT) for classified patients
- determining the need for a monitoring condition to be applied to certain patients detained under the Act who are undertaking LCT.

Delegation of Director of Mental Health's powers

The Director of Mental Health can delegate certain powers under the Act to an appropriately qualified public service or health service employee. This delegation may include all the Director of Mental Health's powers except those relating to the declaration of AMHS, high security units and administrators.

During 2013–2014, the Director of Mental Health was assisted by a number of psychiatrists who performed duties as delegate.

In addition, amendments to the Act by the *Queensland Mental Health Commission Act 2013* included power for the Director of Mental Health to authorise the publication of information about a patient who is, or has been subject to proceedings under the Act if the publication:

- is necessary to lessen or prevent a serious risk to a person's life, health or safety, or the public's safety

  or
- is in the public interest.

In order to enable decision making at service level, the Director of Mental Health delegated this power to Chief Executives of HSSs in March 2013. This power aligns, and may be used in conjunction with, the power of Chief Executives to disclose information under the *Hospital and Health Boards Act 2011*.

A list of delegates and delegated powers and functions as at 30 June 2014 is set out in Appendix 1.

Authorised doctors

Under the Act, certain decisions relating to involuntary patients must be made by an authorised doctor.

Authorised doctors are appointed by the administrator of an AMHS. In appointing an authorised doctor, the administrator must believe that the doctor has the experience and expertise needed to undertake this specialist role. Most authorised doctors are psychiatrists or psychiatric registrars.

The functions performed by an authorised doctor require a good understanding of the provisions of the Act. The Director of Mental Health has established a policy[1] to standardise procedures in relation to the appointment of authorised doctors. This policy sets out the skills and training required to undertake statutory responsibilities under the Act.

The functions and powers of an authorised doctor include assessing a patient to determine whether the involuntary treatment criteria apply and, if so:

- making an involuntary treatment order (ITO)
- determining where a patient subject to an ITO is to receive treatment in an inpatient facility or in the community
- ensuring a treatment plan is prepared for an involuntary patient
- requiring a patient to be taken to an AMHS when the patient is receiving treatment in the community and has not complied with the requirements of their ITO
- authorising LCT for an involuntary patient receiving treatment in an inpatient facility
- documenting the requirement to return a patient who is absent without permission
- revoking a patient's ITO, if satisfied that the treatment criteria no longer apply.

1 See Chapter 2 of the *Mental Health Act 2000* Resource Guide 2014 and Appendix 2 of this report for further information.

The Act also requires that an authorised doctor, who is a psychiatrist, (an authorised psychiatrist) undertakes certain functions. For example, an ITO must be made or confirmed by an authorised psychiatrist and all involuntary patients are required to be examined by an authorised psychiatrist at regular intervals, as specified in the patient's treatment plan.

The number of authorised doctors (including authorised psychiatrists) as at 30 June 2014 is set out in Appendix 2.

Authorised mental health practitioners

AMHPs play an important role in initiating involuntary assessment.

An AMHP may, if satisfied that the assessment criteria apply to a person, make a recommendation for assessment. The recommendation, together with a request for assessment, authorises the taking of the person to an AMHS for assessment.

The Director of Mental Health appoints AMHPs. Nominations are made by the administrator of the relevant AMHS.

The Director of Mental Health has established a policy[2] for appointment of AMHPs. This policy outlines the minimum requirements for appointment as an AMHP, including:

- being a health practitioner, as defined under the Act
- being a health service employee of an AMHS or another officer or employee of the Department of Health
- having the requisite knowledge of the Act and ability to communicate this knowledge to others—demonstration of knowledge includes completion of specified training
- a minimum of two years' experience working in mental health service provision, including training and expertise required to assess persons believed to have a mental illness
- participating in regular clinical supervision
- awareness of potential conflicts of interest and the importance of not exercising powers in circumstances where such conflicts exist.

In addition, the policy provides for annual renewal of appointments. The renewal process is intended to ensure practitioners maintain up-to-date knowledge of legislative changes and associated policies and procedures.

The number of AMHPs as at 30 June 2014, is set out in Appendix 3.

2 See Chapter 2 of the *Mental Health Act 2000* Resource Guide 2014 and Appendix 3 of this report for further information.

Administrators of authorised mental health services and high security units

The Act provides that the Director of Mental Health may, by gazette notice, declare a person or the holder of a stated office to be the administrator of an AMHS or high security unit.

The administrator of an AMHS, including a high security unit, is responsible for a range of administrative responsibilities relating to involuntary patients under the Act. This position plays a critical role in coordinating and overseeing the operation of the Act at the service delivery level.

Powers and functions of the administrator include:

- giving notice to patients and other parties, e.g. an allied person or the Tribunal, of various matters relating to the patient's involuntary status or changes to their involuntary status
- ensuring that patients receive treatment in accordance with their treatment plan, including regular assessment by an authorised psychiatrist
- choosing an allied person for patients who do not have capacity to choose their own allied person
- ensuring the Statement of Rights is prominently displayed in the AMHS or high security unit and is provided to all involuntary patients and their allied person
- ensuring policies and practice guidelines about the treatment and care of patients are given effect
- giving notice of various matters to the Director of Mental Health in relation to an involuntary patient charged with an offence
- refusing a visitor's access to a patient if the administrator is satisfied that such a visit would adversely affect the person's treatment
- giving agreement to the admission of a person who is in custody or before a court
- assuming responsibility for the legal custody of classified patients, forensic patients who are found temporarily unfit for trial and patients for whom a court order has been made for the person's detention, treatment or care in an AMHS
- appointing authorised doctors for an AMHS or high security unit
- maintaining records and registers and providing information on involuntary patients to the Director of Mental Health.

The schedule of administrators was revised in accordance with changes to the title of some positions declared as administrator of an AMHS and published in the Queensland Government Gazette on 20 June 2014.

The schedule of AMHS administrators as at 30 June 2014 is set out in Appendix 4.

Authorised mental health services

AMHSs are health services authorised under the Act to provide involuntary examination, assessment, treatment and care for persons with mental illness. AMHSs include both public and private sector health services.

In authorising an AMHS, the Director of Mental Health takes account of the professional expertise required in the assessment and treatment of people with a mental illness, as well as the need to ensure appropriate access to services across the state. In most instances, AMHSs comprise inpatient and community components. Inpatient facilities are generally based in metropolitan and regional centres, while community components are established in rural and remote locations as well as major centres.

In addition, section 15 of the Act provides that a public hospital may be an AMHS for the purpose of a person's examination or assessment under the Act if there is no AMHS readily accessible, e.g. in a remote or rural area of the state.

During the 2013–2014 reporting period, the schedule of AMHSs was revised to reflect the addition of new facilities within some AMHSs and change of address of some facilities. In addition, the names of some services were updated in line with HHS service agreements and to provide consistency across AMHSs. The revised schedule was published in the Queensland Government Gazette on 20 June 2014.

Appendix 5 sets out AMHS abbreviations. The schedule of AMHSs as at 30 June 2014 is set out in Appendix 6.

High security units

High security units are AMHSs that provide the highest level of security and containment. The Act applies special requirements to these units to protect the rights of patients and the interests of the wider community, including those related to admission and discharge of patients and security of the facility.

The two facilities declared as high security units are set out in Appendix 7.

Authorised mental health services administering electroconvulsive therapy

A small number of private sector health services have been declared as AMHSs for the specific purpose of administering electroconvulsive therapy (ECT) to patients who have given informed consent, see Appendix 8. This declaration ensures that private sector patients continue to have appropriate access to ECT. The private sector facilities established for this purpose are licensed under the *Private Health Facilities Act 1999* and have demonstrated that their practices comply with legislative requirements.

Authorised mental health services administering psychosurgery

St Andrew's War Memorial Hospital has been declared an AMHS for the purpose of performing psychosurgery on a person who has given informed consent, and the Tribunal has given approval to the treatment. This declaration was made by Queensland Government Gazette notice published on 21 February 2014, see Appendix 9.

St Andrew's War Memorial Hospital has been licenced by the Chief Health Officer under the *Private Health Facilities Act 1999* at Level 3 of the Clinical Services Capability Framework to provide deep brain stimulation as a treatment for obsessive compulsive disorder to patients aged 18 years and over. Deep brain stimulation comes within the definition of psychosurgery under the Act. Psychosurgery is a regulated treatment under the Act and it is an offence to perform psychosurgery for treatment of a mental illness other than in accordance with the Act.

Reporting on the *Mental Health Act 2000*

Most people with a mental illness are able to make decisions about their treatment. However, there are times when a person is unable to make these decisions due to the nature of their illness. In these circumstances, involuntary treatment may be required. The Act provides the legislative framework for the involuntary assessment, treatment and protection of people with a mental illness, under both civil and forensic systems, while safeguarding their rights and freedoms and balancing these with the rights of others.

Civil involuntary provisions may apply if a person is believed to represent a risk to their own safety or that of others, or is likely to suffer serious mental or physical deterioration due to a mental illness.

Classified patient provisions provide for the secure management of a person brought to an AMHS from court or custody for assessment and/or treatment.

Forensic patient provisions provide for the diversion of offenders with a mental illness and/or intellectual or cognitive disability who are charged with an indictable offence to an AMHS as well as decisions about criminal responsibility. The Act also enables information orders to be made for victims of mentally ill offenders and non-contact orders for family members, victims and other interested persons, and contains provisions addressing community safety.

A fundamental human rights principle underpinning the Act is that a person's liberty and rights should only be adversely affected if there is no less restrictive way to protect their health and safety or to protect others.

Approximately 24,000 people have an open patient record at a public mental health service on any given day. Involuntary patients comprise less than 20 per cent of the total number of people receiving public mental health services.

This chapter details the involuntary provisions and related legislative processes that applied between 1 July 2013 and 30 June 2014. Data on these activities was recorded in the Consumer Integrated Mental Health Application (CIMHA) and records maintained by the Mental Health Alcohol and Other Drugs Branch (MHAODB).

Overview of examination and assessment activity

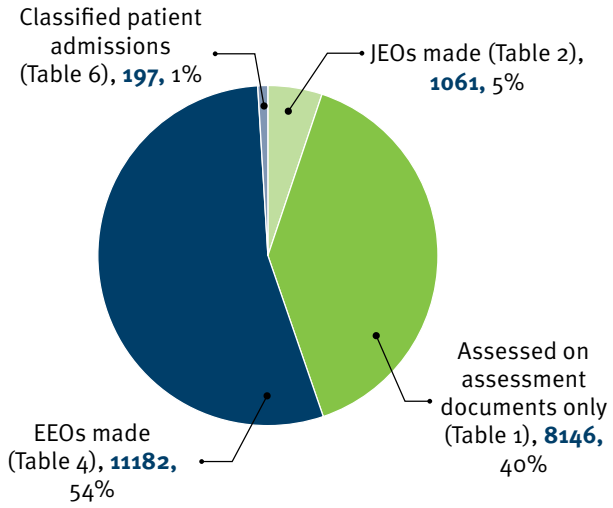
The following four sections focus on the involuntary examination and assessment processes under the Act and associated activity during the 2013–2014 reporting period.

There are four avenues to commence the involuntary examination and assessment processes. These are:

- assessment documents alone—request for assessment and recommendation for assessment
- justices examination order (JEO)
- emergency examination order (EEO)
- classified patient admission from custody or court.

Figure 1 displays the percentage of activity across the four processes.

Figure 1: Breakdown of involuntary examination and assessment processes 2013–2014



Involuntary assessment

The Act allows for the involuntary assessment[3] of a person who may have a mental illness. Two forms must be completed to initiate an involuntary assessment. A 'request for assessment' must be completed by an adult; usually a family member or health professional. A 'recommendation for assessment' must be completed by a doctor or AMHP. The Act sets out specific criteria to determine that an involuntary assessment of the person is required. Together, these forms are known as the 'assessment documents'.

If the person is not already at an AMHS, the assessment documents authorise a health practitioner or ambulance officer to take the person to an AMHS. This must occur within seven days of the recommendation for assessment form being completed.

For the purposes of assessment, a public hospital may be considered an AMHS where no other AMHS is readily available.

A person who is subject to involuntary assessment may be detained for a period of 24 hours. The person must be assessed by an authorised doctor to determine if an involuntary treatment order should be made. The Act sets out strict criteria for the authorised doctor's decision.

If the authorised doctor's assessment cannot be completed during the initial 24 hours, the assessment period can be extended by 24 hours. The total assessment period must not exceed 72 hours.

A total of 8146 involuntary assessments were conducted during the 2013–2014 reporting period, representing a three per cent increase from the previous year. Of these assessments, 5069 (62 per cent) resulted in an ITO being made, and 3000 (37 per cent) did not result in an ITO being made in the assessment period[4].

In some circumstances an ITO is not made because the person is already subject to involuntary provisions at another AMHS. The existing involuntary status becomes apparent when CIMHA records are checked by mental health practitioners. The patient's ongoing treatment may be provided at the original AMHS or the AMHS where they have presented. In 2013–2014, this occurred in 77 instances, representing one per cent of the total assessments.

The data in Table 1 and Figure 2 does not include instances where involuntary assessment was preceded by other processes such as an EEO or JEO.

3 See Chapter 2 of the Act and Chapter 3 of the *Mental Health Act 2000* Resource Guide 2014 for further information.
4 See Chapter 2 of the Act for further information.

Table 1: Involuntary assessment: involuntary processes commenced with assessment documents 2013–2014*

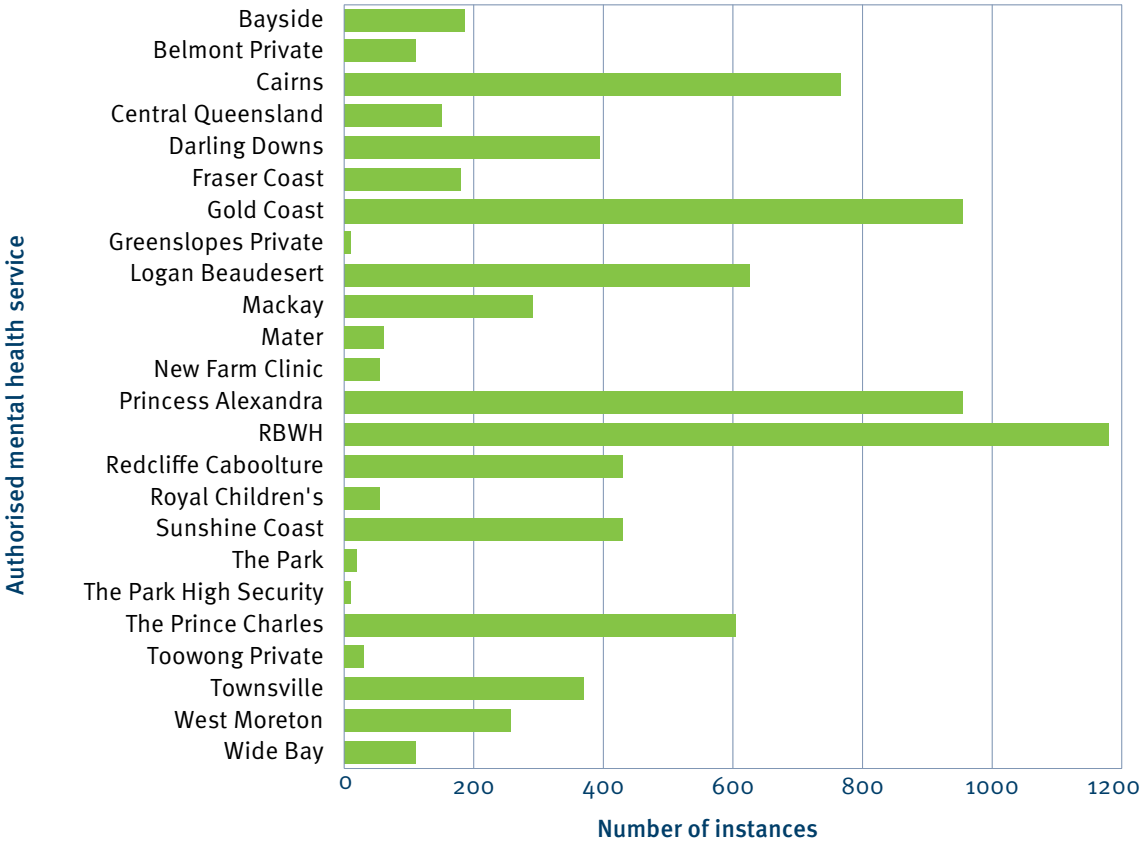
Authorised mental health service**	Assessed on assessment documents only	ITO made		ITO not made		Pre-existing involuntary status	
Bayside	192	144	75%	47	25%	1	1%
Belmont Private	94	75	80%	19	20%	0	0%
Cairns	763	464	61%	279	37%	20	3%
Central Queensland	133	76	57%	57	43%	0	0%
Darling Downs	398	242	61%	155	39%	1	0%
Fraser Coast	180	94	52%	85	47%	1	1%
Gold Coast	961	671	70%	281	29%	9	1%
Greenslopes Private	3	3	100%	0	0%	0	0%
Logan Beaudesert	620	430	69%	188	30%	2	0%
Mackay	287	135	47%	148	52%	4	1%
Mater	48	25	52%	22	46%	1	2%
New Farm Clinic	47	38	81%	9	19%	0	0%
Princess Alexandra	964	569	59%	392	41%	3	0%
RBWH	1191	629	53%	530	45%	32	3%
Redcliffe Caboolture	438	269	61%	169	39%	0	0%
Royal Children's	51	18	35%	33	65%	0	0%
Sunshine Coast	428	350	82%	76	18%	2	1%
The Park	5	5	100%	0	0%	0	0%
The Park High Security	2	2	100%	0	0%	0	0%
The Prince Charles	601	410	68%	190	32%	1	0%
Toowong Private	23	20	87%	3	13%	0	0%
Townsville	371	184	50%	187	50%	0	0%
West Moreton	244	159	65%	85	35%	0	0%
Wide Bay	102	57	56%	45	44%	0	0%
Total	**8146**	**5069**	**62%**	**3000**	**37%**	**77**	**1%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

** See Appendix 5 for full AMHS title.

Figure 2 is a graphical representation of the number of instances in which patients were assessed on assessment documents only at each AMHS in the reporting period.

Figure 2: Total number of instances in which patients were assessed on assessment documents only 2013–2014



Processes leading to involuntary assessment

In some instances, the involuntary assessment provisions cannot be applied because the person cannot be examined by a doctor or AMHP. In these instances, the JEO or EEO provisions may be used to enable this examination.

Justices examination orders

A member of the community who believes a person requires involuntary assessment may apply for a JEO[5]. The application must detail the grounds for seeking the order and be sworn under oath. A Magistrate or Justice of the Peace may make the order if they reasonably believe that the person subject to the application has a mental illness and the order is necessary to ensure the person is examined by a doctor or AMHP.

The JEO is sent to the administrator of an AMHS who must arrange for a doctor or AMHP to examine the person to determine if involuntary assessment is required.

5 See Chapter 2 of the Act and Chapter 3 of the *Mental Health Act 2000* Resource Guide 2014 for further information.

Table 2 identifies that 1046 (99 per cent) of the 1061 JEOs made in 2013–2014 were made by a Justice of the Peace and 15 (one per cent) were made by a Magistrate.

Table 2: Justices examination orders made 2013–2014

Authorised mental health service*	Total	Justice of the Peace	Magistrate
Bayside	32	32	0
Belmont Private	0	0	0
Cairns	47	35	12
Central Queensland	50	50	0
Darling Downs	88	87	1
Fraser Coast	68	68	0
Gold Coast	67	67	0
Greenslopes Private	0	0	0
Logan Beaudesert	72	72	0
Mackay	73	73	0
Mater	1	1	0
New Farm Clinic	0	0	0
Princess Alexandra	117	117	0
RBWH	36	35	1
Redcliffe Caboolture	75	75	0
Royal Children's	13	13	0
Sunshine Coast	66	66	0
The Park	0	0	0
The Park High Security	0	0	0
The Prince Charles	70	70	0
Toowong Private	0	0	0
Townsville	76	75	1
West Moreton	88	88	0
Wide Bay	22	22	0
Total	**1061**	**1046**	**15**

* See Appendix 5 for full AMHS title.

Table 3 illustrates the outcomes of JEOs made in the reporting period. A total of 1061 JEOs were made during 2013–2014. This represents a 2 per cent increase from the 2012–2013 reporting period.

Table 3: Justices examination orders and outcomes 2013–2014*

Authorised mental health service**	Total	Assessment documents made				Assessment documents not made					
		ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met		JEO ended before examination		Pre-existing involuntary status	
Bayside	32	6	19%	1	3%	20	63%	5	16%	0	0%
Belmont Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	47	12	26%	2	4%	29	62%	4	9%	0	0%
Central Queensland	50	8	16%	3	6%	29	58%	9	18%	1	2%
Darling Downs	88	18	21%	3	3%	63	72%	4	5%	0	0%
Fraser Coast	68	4	6%	5	7%	50	74%	7	10%	2	3%
Gold Coast	67	14	21%	4	6%	36	54%	13	19%	0	0%
Greenslopes Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	72	14	19%	0	0%	47	65%	11	15%	0	0%
Mackay	73	17	23%	4	6%	45	62%	7	10%	0	0%
Mater	1	0	0%	0	0%	1	100%	0	0%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%	0	0%	0	0%
Princess Alexandra	117	51	44%	9	8%	53	45%	3	3%	1	1%
RBWH	36	21	58%	2	6%	12	33%	0	0%	1	3%
Redcliffe Caboolture	75	19	25%	5	7%	35	47%	15	20%	1	1%
Royal Children's	13	0	0%	2	15%	10	77%	1	8%	0	0%
Sunshine Coast	66	15	23%	0	0%	37	56%	14	21%	0	0%
The Park	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Park High Security	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Prince Charles	70	24	34%	2	3%	38	54%	6	9%	0	0%
Toowong Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Townsville	76	15	20%	4	5%	51	67%	5	7%	1	1%
West Moreton	88	18	21%	4	5%	48	55%	16	18%	2	2%
Wide Bay	22	4	18%	2	9%	14	64%	1	5%	1	5%
Total	**1061**	**260**	**25%**	**52**	**5%**	**618**	**58%**	**121**	**11%**	**10**	**1%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

** See Appendix 5 for full AMHS title.

Of the 1061 JEOs made, 312 (30 per cent) resulted in assessment documents being made. Of these, 260 resulted in an ITO being made following assessment and 52 did not result in an ITO being made.

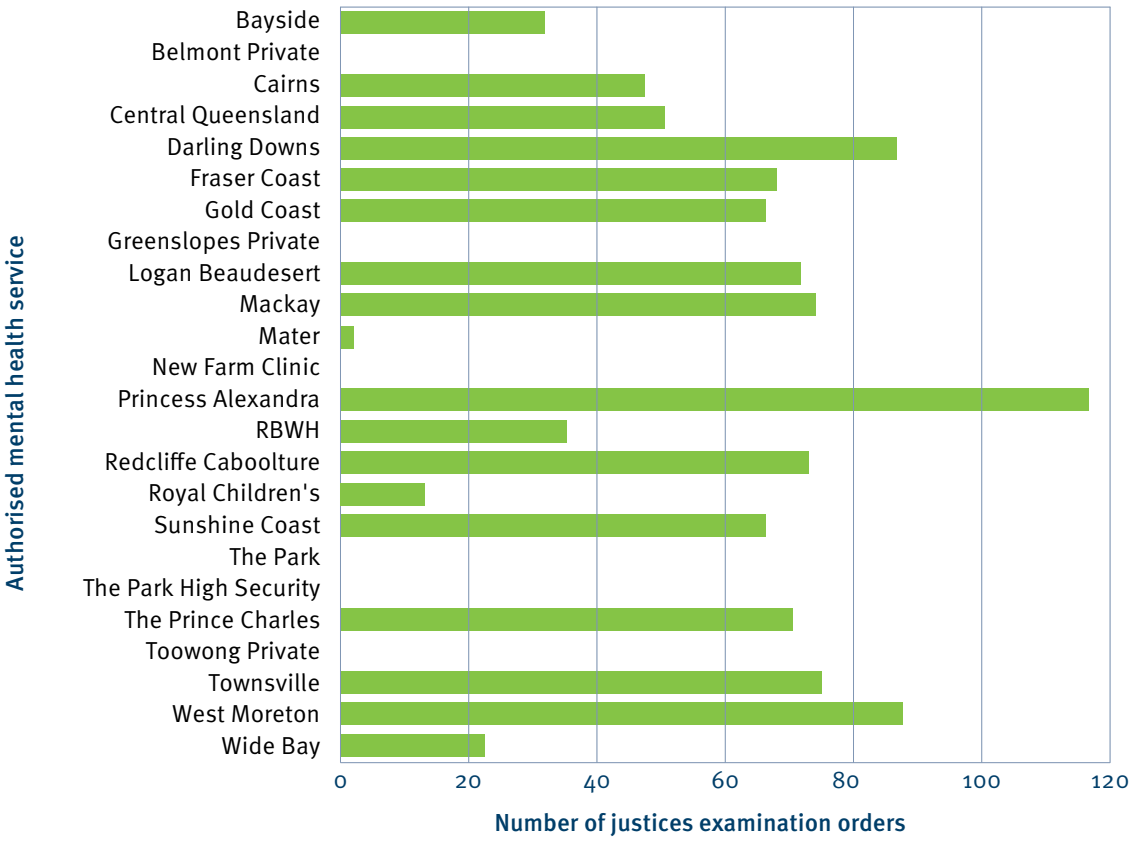
Of the total JEOs made in 2013–2014, 749 (70 per cent) did not result in assessment documents being made. Of these, 618 (58 per cent) were found to not meet the assessment criteria. This may occur, for example, if the doctor or AMHP found that the person did not appear to have a mental illness, or the person agrees to engage voluntarily with the mental health service.

In some instances, a JEO expires prior to an examination being conducted. This may occur when the person is unable to be located, or voluntarily attends an AMHS within the seven day period covered by the order. In 2013–2014, 121 (11 per cent) of JEOs ended before an examination was conducted.

In 2013–2014, 10 (one per cent) of JEOs were made for people already subject to the involuntary provisions of the Act, that is, an ITO or forensic order (FO). An existing involuntary status is usually identified from CIMHA records prior to examining the person.

Figure 3 shows the number of JEOs received at each AMHS in the reporting period.

Figure 3: Total number of justices examination orders 2013–2014



Emergency examination orders

Ambulance officers, police officers and psychiatrists are empowered to act in emergency circumstances to take a person to an AMHS for examination under an EEO[6]. The purpose of the examination is to determine if involuntary assessment is required.

Table 4 sets out the details of EEOs made in 2013–2014. A total of 11,182 EEOs were made during the reporting period. This represents a five per cent increase from 2012–2013.

Ambulance officers made 4961 (44 per cent) of the total number of EEOs in 2013–2014. This figure represents a four per cent increase on the total number of EEOs made by ambulance officers in the 2012–2013 reporting period.

Police officers made 6196 (55 per cent) of the total number of EEOs in 2013–2014. This figure represents a five per cent increase on the total number of EEOs made by police officers in the 2012–2013 reporting period.

Psychiatrists made less than one per cent of the EEOs in 2013–2014. This figure is comparable to 2012–2013 results.

Table 5 illustrates the outcomes of EEOs made in 2013–2014.

Of the 11,182 EEOs made in the reporting period, 3012 (27 per cent) resulted in assessment documents being made and 8170 (73 per cent) did not result in assessment documents being made.

Of the 3012 assessment documents made, 1192 resulted in an ITO being made following assessment, while 1820 did not result in an ITO being made.

6 See Chapter 2 of the Act and Chapter 3 of the *Mental Health Act 2000* Resource Guide 2014 for further information.

Table 4: Emergency examination orders made 2013–2014 *

Authorised mental health service**	Total	Ambulance Officer		Police Officer		Psychiatrist	
Bayside	519	237	46%	279	54%	3	1%
Belmont Private	0	0	0%	0	0%	0	0%
Cairns	715	242	34%	472	66%	1	0%
Central Queensland	524	244	47%	279	53%	1	0%
Darling Downs	894	357	40%	537	60%	0	0%
Fraser Coast	194	60	31%	134	69%	0	0%
Gold Coast	1179	489	42%	683	58%	7	1%
Greenslopes Private	0	0	0%	0	0%	0	0%
Logan Beaudesert	877	531	61%	346	40%	0	0%
Mackay	396	190	48%	206	52%	0	0%
Mater	224	111	50%	113	50%	0	0%
New Farm Clinic	0	0	0%	0	0%	0	0%
Princess Alexandra	1194	602	50%	591	50%	1	0%
RBWH	940	419	45%	512	55%	9	1%
Redcliffe Caboolture	666	338	51%	328	49%	0	0%
Royal Children's	6	2	33%	4	67%	0	0%
Sunshine Coast	391	169	43%	221	57%	1	0%
The Park	0	0	0%	0	0%	0	0%
The Park High Security	0	0	0%	0	0%	0	0%
The Prince Charles	790	333	42%	456	58%	1	0%
Toowong Private	0	0	0%	0	0%	0	0%
Townsville	796	214	27%	582	73%	0	0%
West Moreton	693	323	47%	369	53%	1	0%
Wide Bay	184	100	54%	84	46%	0	0%
Total	**11182**	**4961**	**44%**	**6196**	**55%**	**25**	**0%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

** See Appendix 5 for full AMHS title.

Table 5: Emergency examination orders and outcomes 2013–2014*

Authorised mental health service**	Total	Assessment documents made				Assessment documents not made					
		ITO made as a result of involuntary assessment		ITO not made as a result of involuntary assessment		Assessment criteria not met		EEO ended before examination		Pre-existing involuntary status	
Bayside	519	43	8%	22	4%	438	84%	9	2%	7	1%
Belmont Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Cairns	715	108	15%	211	30%	350	49%	6	1%	40	6%
Central Queensland	524	23	4%	49	9%	418	80%	26	5%	8	2%
Darling Downs	894	92	10%	104	12%	672	75%	8	1%	18	2%
Fraser Coast	194	19	10%	52	27%	118	61%	2	1%	3	2%
Gold Coast	1179	161	14%	111	9%	821	70%	63	5%	23	2%
Greenslopes Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	877	84	10%	62	7%	585	67%	123	14%	23	3%
Mackay	396	56	14%	115	29%	211	53%	3	1%	11	3%
Mater	224	4	2%	16	7%	202	90%	1	0%	1	0%
New Farm Clinic	0	0	0%	0	0%	0	0%	0	0%	0	0%
Princess Alexandra	1194	126	11%	103	9%	532	45%	398	33%	35	3%
RBWH	940	142	15%	517	55%	242	26%	11	1%	28	3%
Redcliffe Caboolture	666	62	9%	96	14%	470	71%	30	5%	8	1%
Royal Children's	6	0	0%	4	67%	1	17%	0	0%	1	17%
Sunshine Coast	391	58	15%	41	11%	263	67%	18	5%	11	3%
The Park	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Park High Security	0	0	0%	0	0%	0	0%	0	0%	0	0%
The Prince Charles	790	87	11%	124	16%	549	70%	12	2%	18	2%
Toowong Private	0	0	0%	0	0%	0	0%	0	0%	0	0%
Townsville	796	60	8%	124	16%	563	71%	35	4%	14	2%
West Moreton	693	57	8%	54	8%	563	81%	12	2%	7	1%
Wide Bay	184	10	5%	15	8%	137	75%	19	10%	3	2%
Total	**11182**	**1192**	**11%**	**1820**	**16%**	**7135**	**64%**	**776**	**7%**	**259**	**2%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

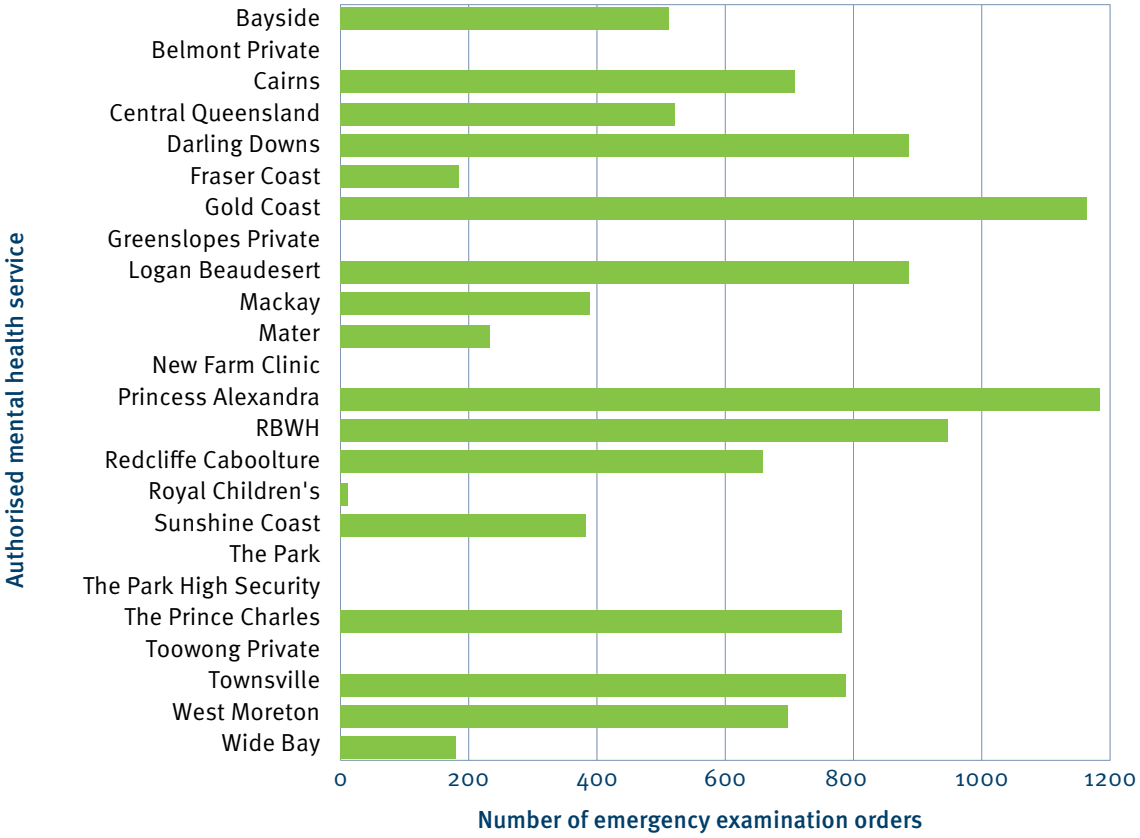
** See Appendix 5 for full AMHS title.

The EEO expires six hours after the person arrives at the AMHS. In some instances, the person cannot be examined within this period; e.g. due to alcohol intoxication or other substance use. In 776 instances (seven per cent of all EEOs), the EEO expired before a doctor or AMHP was able to examine the person. However, the person may voluntarily remain at the service until they can be appropriately examined.

In 259 instances (two per cent of all EEOs) the person was already subject to the involuntary provisions of the Act. The person's existing involuntary status is identified when CIMHA records are checked after the person's presentation at the AMHS.

Figure 4 is a graphical representation of the number of EEOs made at each AMHS in the reporting period.

Figure 4: Total number of emergency examination orders 2013–2014



Classified patient admissions

The Act contains provisions that allow for the involuntary assessment of a person detained in custody or appearing before a court[7]. A person becomes a classified patient if they are brought to an AMHS from court or custody. The classified patient provisions enable secure management of the person while they receive assessment and/or treatment.

The patient can be treated voluntarily if they consent to treatment, or under an ITO if the requirements for involuntary treatment are satisfied.

Table 6 sets out the details of classified patient admissions during the 2013–2014 reporting period.

During the reporting period, 197 classified patients were admitted to an AMHS. This figure represents a 12 per cent increase from the previous reporting period.

Of the 197 classified patient admissions, two (one per cent) were transferred from a court, 41 (21 per cent) were transferred from a watch-house, and 154 (78 per cent) were transferred from a correctional centre.

7 See Chapter 3 of the Act and Chapter 5 of the *Mental Health Act 2000* Resource Guide 2014 for further information.

Table 6: Classified patient admissions 2013–2014*

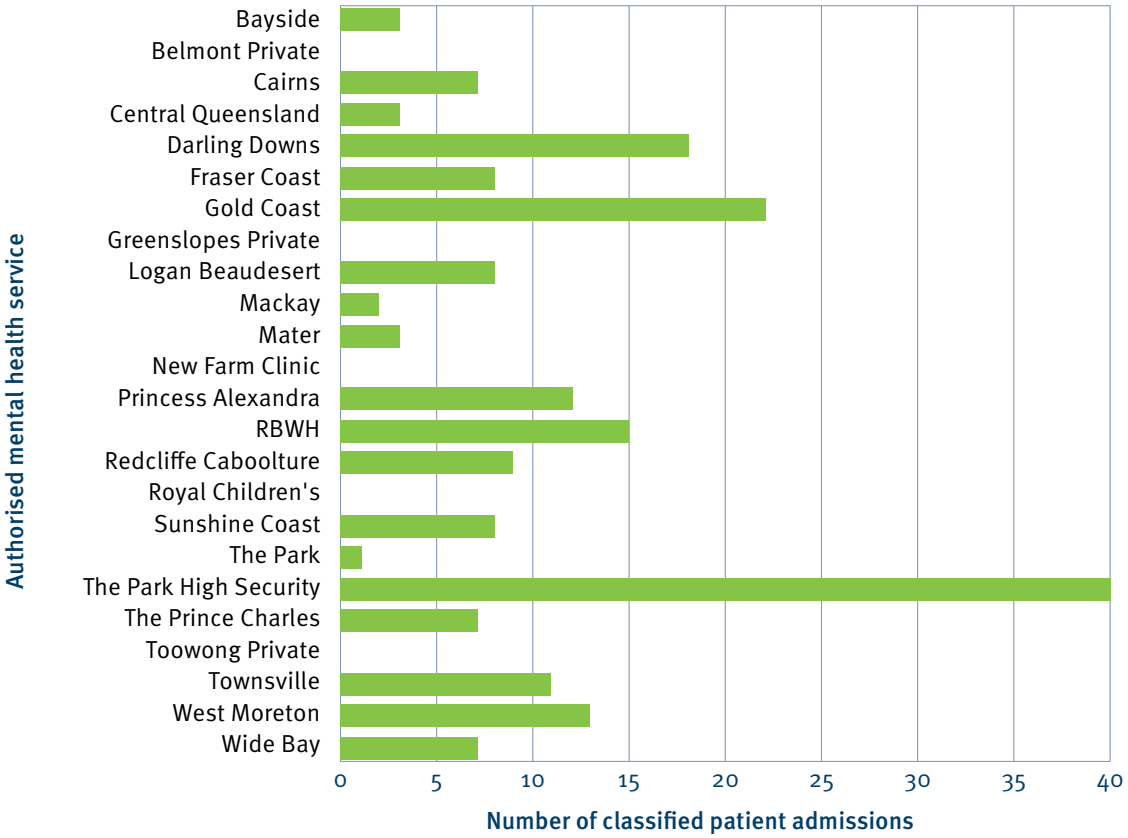
Authorised mental health service**	Total	Court		Watch-house		Queensland Correctional Centres	
Bayside	3	0	0%	1	33%	2	67%
Belmont Private	0	0	0%	0	0%	0	0%
Cairns	7	0	0%	0	0%	7	100%
Central Queensland	3	0	0%	1	33%	2	67%
Darling Downs	18	0	0%	6	33%	12	67%
Fraser Coast	8	0	0%	1	13%	7	88%
Gold Coast	22	1	5%	9	41%	12	55%
Greenslopes Private	0	0	0%	0	0%	0	0%
Logan Beaudesert	8	0	0%	2	25%	6	75%
Mackay	2	0	0%	2	100%	0	0%
Mater	3	0	0%	0	0%	3	100%
New Farm Clinic	0	0	0%	0	0%	0	0%
Princess Alexandra	12	0	0%	0	0%	12	100%
RBWH	15	0	0%	0	0%	15	100%
Redcliffe Caboolture	9	0	0%	0	0%	9	100%
Royal Children's	0	0	0%	0	0%	0	0%
Sunshine Coast	8	0	0%	3	38%	5	63%
The Park	1	0	0%	0	0%	1	100%
The Park High Security	40	1	3%	5	13%	34	85%
The Prince Charles	7	0	0%	0	0%	7	100%
Toowong Private	0	0	0%	0	0%	0	0%
Townsville	11	0	0%	4	36%	7	64%
West Moreton	13	0	0%	3	23%	10	77%
Wide Bay	7	0	0%	4	57%	3	43%
Total	**197**	**2**	**1%**	**41**	**21%**	**154**	**78%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

** See Appendix 5 for full AMHS title.

Figure 5 sets out the total number of classified patient admissions by AMHSs in the 2013–2014 reporting period.

Figure 5: Total number of classified patient admissions 2013–2014



Overview of involuntary status

Figure 6 and Table 7 provide a summary of patients with involuntary status as at 30 June 2014. The total number of involuntary patients, as at 30 June 2014 is 4628, which represents a five per cent increase from the previous reporting period. The percentage across each of the streams is consistent with the previous reporting period.

At 30 June 2014, 3828 people were subject to an ITO under the Act, 751 were subject to a FO and 49 were classified patients.

Figure 6: Breakdown of involuntary status as at 30 June 2014

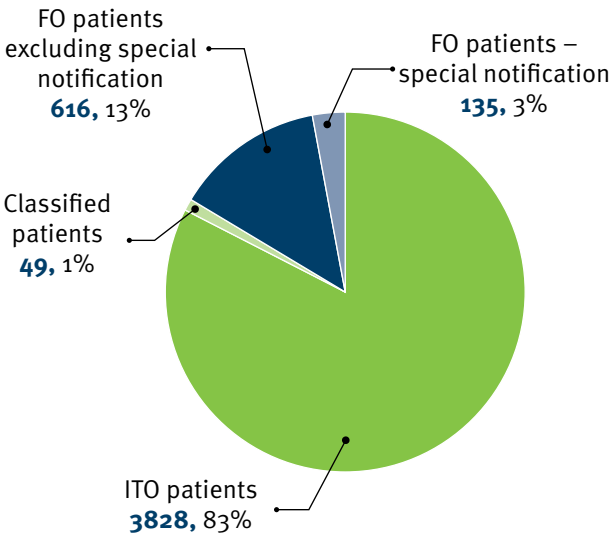


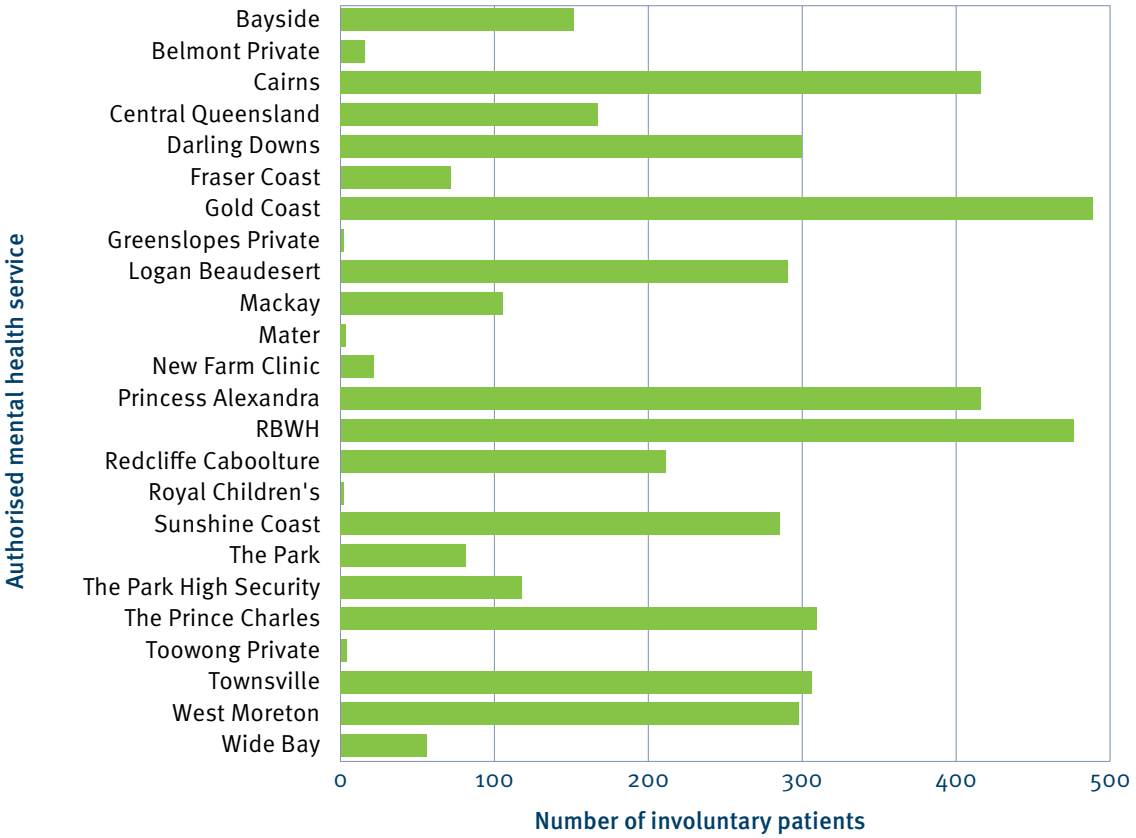
Table 7: Number of involuntary patients as at 30 June 2014

Authorised mental health service*	Total	ITO patients	Classified patients	FO patients excluding special notification	FO patients – special notification
Bayside	159	140	0	15	4
Belmont Private	19	19	0	0	0
Cairns	424	379	2	41	2
Central Queensland	170	144	0	25	1
Darling Downs	299	231	3	59	6
Fraser Coast	71	57	0	14	0
Gold Coast	481	422	4	48	7
Greenslopes Private	1	1	0	0	0
Logan Beaudesert	294	245	2	37	10
Mackay	104	84	0	17	3
Mater	3	3	0	0	0
New Farm Clinic	27	27	0	0	0
Princess Alexandra	424	343	2	67	12
RBWH	470	409	3	49	9
Redcliffe Caboolture	206	176	1	25	4
Royal Children's	3	3	0	0	0
Sunshine Coast	285	249	2	31	3
The Park	72	25	2	29	16
The Park High Security	126	52	24	19	31
The Prince Charles	328	277	1	40	10
Toowong Private	6	6	0	0	0
Townsville	305	244	1	50	10
West Moreton	299	251	1	40	7
Wide Bay	52	41	1	10	0
Total	**4628**	**3828**	**49**	**616**	**135**

* See Appendix 5 for full AMHS title.

Figure 7 is a graphical representation of the total number of involuntary patients by AMHS as at 30 June 2014.

Figure 7: Total number of involuntary patients as at 30 June 2014



Involuntary treatment orders

An ITO authorises treatment of a person's mental illness[8] without the person's consent. Under an ITO, a patient can receive treatment as an inpatient or in the community.

The Act allows an authorised doctor to make an ITO for a patient who is subject to involuntary assessment, or for a classified patient. In making an ITO, the authorised doctor must be satisfied that all treatment criteria are met.

The treatment criteria are as follows:

- the person has a mental illness – mental illness is defined in Chapter 1 of the Act as a condition characterised by a clinically significant disturbance of thought, mood, perception or memory
  - the person's illness requires immediate treatment
  - the proposed treatment is available at an AMHS
- because of the person's illness:
  - there is an imminent risk that the person may cause harm to himself or herself or someone else

    or
  - the person is likely to suffer serious mental or physical deterioration
- there is no less restrictive restrictive way of ensuring the person receives appropriate treatment or care for the illness
- the person:
  - lacks capacity to consent to be treated for the illness

    or
  - has unreasonably refused proposed treatment for the illness.

As a safeguard, a second examination by a psychiatrist is required if the authorised doctor making the ITO is not a psychiatrist, or if the initial examination was conducted by audio-visual link. If a second examination is required, it must be conducted within 72 hours of the first examination. The psychiatrist undertaking the second examination must determine whether the treatment criteria apply and confirm or revoke the ITO accordingly.

The Act requires that a psychiatrist must regularly review the patient to assess whether the criteria for involuntary treatment continue to apply. If any of the criteria no longer apply, the ITO must be revoked.

Patients subject to an ITO must also be regularly reviewed by the Tribunal. A patient must be reviewed within six weeks of making the order and thereafter at intervals of not longer than six months.

Patients can also apply for review within these statutory time frames. When reviewing the patient's ITO, the Tribunal must consider whether the treatment criteria apply, and confirm or revoke the order accordingly.

The total number of ITOs made in the 2013–2014 reporting period, and the means by which they were made, is set out in Table 8.

8 See Chapter 1 of the Act for the definition of 'mental illness'.

Table 8: Number of involuntary treatment orders made 2013–2014*

Authorised mental health service**	Total ITO made	Category of initial order				Second examination required		Second examination details			
		Community		Inpatient				ITO confirmed		ITO not confirmed	
Bayside	200	6	3%	194	97%	136	68%	107	79%	29	21%
Belmont Private	88	0	0%	88	100%	23	26%	22	96%	1	4%
Cairns	583	8	1%	575	99%	200	34%	183	92%	17	9%
Central Queensland	106	4	4%	102	96%	62	59%	58	94%	4	7%
Darling Downs	351	3	1%	348	99%	232	66%	182	78%	50	22%
Fraser Coast	120	1	1%	119	99%	70	58%	49	70%	21	30%
Gold Coast	857	10	1%	847	99%	708	83%	531	75%	177	25%
Greenslopes Private	3	0	0%	3	100%	0	0%	0	0%	0	0%
Logan Beaudesert	539	13	2%	526	98%	391	73%	264	68%	127	33%
Mackay	213	6	3%	207	97%	103	48%	79	77%	24	23%
Mater	33	1	3%	32	97%	18	55%	11	61%	7	39%
New Farm Clinic	39	0	0%	39	100%	17	44%	17	100%	0	0%
Princess Alexandra	737	7	1%	730	99%	552	75%	391	71%	161	29%
RBWH	771	9	1%	762	99%	672	87%	540	80%	132	20%
Redcliffe Caboolture	358	1	0%	357	100%	261	73%	173	66%	88	34%
Royal Children's	17	0	0%	17	100%	4	24%	1	25%	3	75%
Sunshine Coast	427	16	4%	411	96%	315	74%	262	83%	53	17%
The Park	5	0	0%	5	100%	3	60%	1	33%	2	67%
The Park High Security	18	0	0%	18	100%	10	56%	10	100%	0	0%
The Prince Charles	533	1	0%	532	100%	419	79%	308	74%	111	27%
Toowong Private	20	0	0%	20	100%	4	20%	4	100%	0	0%
Townsville	265	15	6%	250	94%	100	38%	78	78%	22	22%
West Moreton	244	4	2%	240	98%	182	75%	151	83%	31	17%
Wide Bay	74	1	1%	73	99%	42	57%	27	64%	15	36%
Total	**6601**	**106**	**2%**	**6495**	**98%**	**4524**	**69%**	**3449**	**76%**	**1075**	**24%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

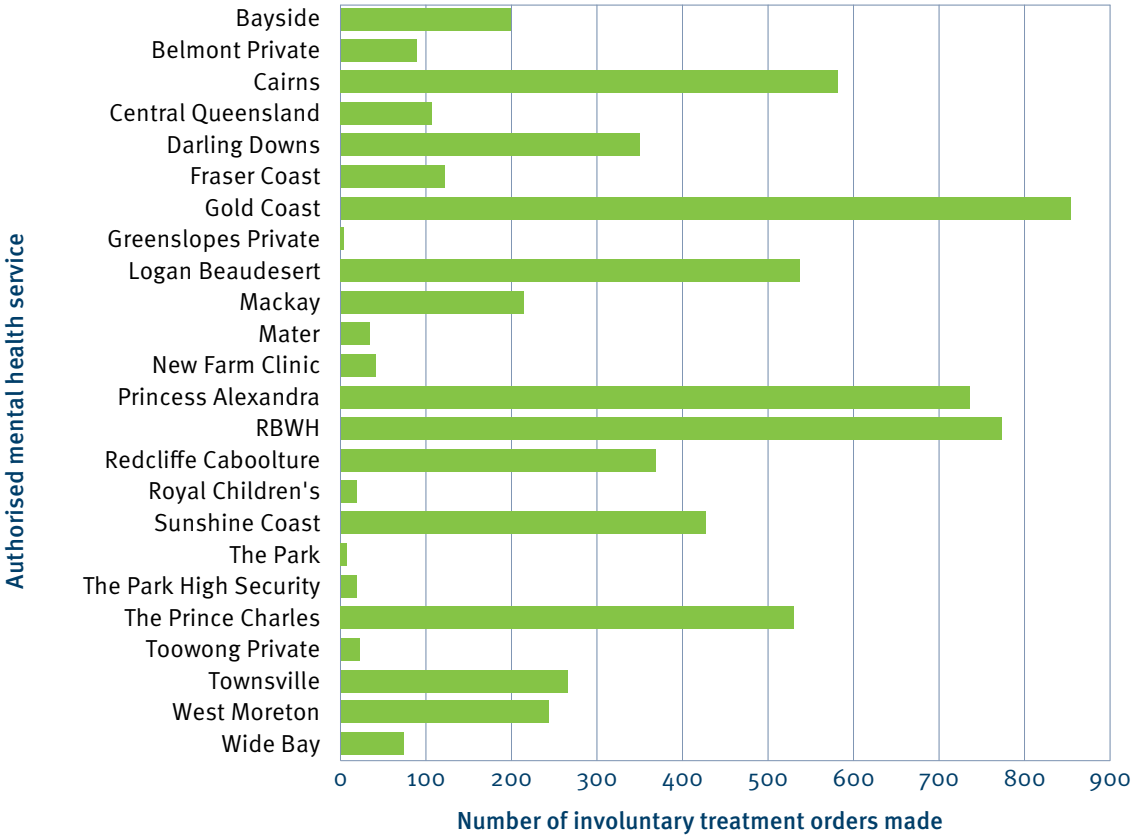
** See Appendix 5 for full AMHS title.

A total of 6601 ITOs were made in 2013–2014. This figure represents a one per cent increase from the 2012–2013 reporting period. The majority of ITOs, 6495 or 98 per cent, were initiated as inpatient category as opposed to community category.

Of the 6601 ITOs made, 4524 (69 per cent) required a second examination, of which 3449 (76 per cent) were confirmed and 1075 (24 per cent) were revoked.

Figure 8 is a graphical representation of the total number of ITOs made at each AMHS in the reporting period.

Figure 8: Total number of involuntary treatment orders made 2013–2014



An ITO ceases in the following circumstances:

- the ITO is revoked by an authorised doctor, the Tribunal or the Mental Health Court
- the ITO ceases to have effect because the person did not receive involuntary treatment for a period of at least six months e.g. the patient was absent without permission
- a FO is made
- an ITO already exists
- the person is transferred interstate
- the patient is deceased
- the ITO is revoked or not confirmed when the second examination is conducted.

The number of ITOs ending in the reporting period and the ways in which they were ended are detailed in Table 9.

A total of 6423 ITOs ended in the reporting period. Of these, 6016 (94 per cent) were revoked, either by an authorised doctor, the Tribunal or through an appeal to the Mental Health Court. This proportion is consistent with the previous reporting period.

A total of 47 ITOs (less than one per cent) ended because the patient did not receive treatment within a six-month period, resulting in the order ceasing to have effect. This outcome is usually the result of a patient being absent without permission for an extended period.

A total of 31 (less than one per cent) patients were already subject to an ITO when a subsequent order was made. This may arise from a patient's use of an alias, or when a patient is already receiving treatment at another AMHS.

A total of 52 ITOs (less than one per cent) ended when a FO was made by the Mental Health Court.

A total of two ITOs (less than one per cent) were ended due to the patient being transferred interstate, e.g. to be closer to family or other support systems.

During the reporting period, 236 ITOs (four per cent) ended in circumstances where a second examination was required, and the order was not confirmed.

Of the total ITOs ended, 39 (less than one per cent) were the result of a patient death. The death of any patient of a mental health service is reported by a number of mechanisms. Any suspected suicide or unexplained death of a patient who is either an inpatient or residing in the community is a reportable death under the *Coroners Act 2003* and is referred to the Coroner by the Queensland Police Service. The treating team also reports the death to the Department of Health Patient Safety Unit through the PRIME Clinical Incident (PRIME CI) electronic system.

Table 9: Involuntary treatment orders ended 2013–2014*

Authorised mental health service**	Total	ITO revoked by authorised doctor, the Tribunal or Mental Health Court		ITO ceased to have effect		ITO already exists		FO made		Transferred interstate		Patient deceased		ITO revoked or not confirmed within the assessment period	
Bayside	200	184	92%	0	0%	1	1%	2	1%	0	0%	1	1%	12	6%
Belmont Private	104	101	97%	0	0%	0	0%	0	0%	0	0%	1	1%	2	2%
Cairns	535	523	98%	3	1%	0	0%	2	0%	0	0%	2	0%	5	1%
Central Queensland	99	97	98%	0	0%	0	0%	1	1%	0	0%	1	1%	0	0%
Darling Downs	341	321	94%	2	1%	0	0%	3	1%	0	0%	5	2%	10	3%
Fraser Coast	114	101	89%	2	2%	1	1%	1	1%	0	0%	1	1%	8	7%
Gold Coast	839	781	93%	12	1%	4	1%	5	1%	1	0%	2	0%	34	4%
Greenslopes Private	4	4	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Logan Beaudesert	543	515	95%	2	0%	3	1%	1	0%	0	0%	2	0%	20	4%
Mackay	235	224	95%	3	1%	0	0%	3	1%	1	0%	1	0%	3	1%
Mater	41	41	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
New Farm Clinic	45	44	98%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%
Princess Alexandra	745	685	92%	6	1%	5	1%	4	1%	0	0%	4	1%	41	6%
RBWH	674	628	93%	9	1%	6	1%	3	0%	0	0%	6	1%	22	3%
Redcliffe Caboolture	363	334	92%	1	0%	3	1%	5	1%	0	0%	1	0%	19	5%
Royal Children's	23	21	91%	1	4%	0	0%	0	0%	0	0%	0	0%	1	4%
Sunshine Coast	391	367	94%	4	1%	0	0%	1	0%	0	0%	3	1%	16	4%
The Park	10	7	70%	0	0%	0	0%	3	30%	0	0%	0	0%	0	0%
The Park High Security	7	3	43%	0	0%	0	0%	3	43%	0	0%	1	14%	0	0%
The Prince Charles	509	468	92%	1	0%	5	1%	6	1%	0	0%	4	1%	25	5%
Toowong Private	27	25	93%	0	0%	1	4%	0	0%	0	0%	0	0%	1	4%
Townsville	253	237	94%	1	0%	1	0%	6	2%	0	0%	1	0%	7	3%
West Moreton	228	215	94%	0	0%	1	0%	2	1%	0	0%	2	1%	8	4%
Wide Bay	93	90	97%	0	0%	0	0%	1	1%	0	0%	1	1%	1	1%
Total	**6423**	**6016**	**94%**	**47**	**1%**	**31**	**1%**	**52**	**1%**	**2**	**0%**	**39**	**1%**	**236**	**4%**

* Percentages in tables have been rounded up or down as required to be presented as whole numbers.

** See Appendix 5 for full AMHS title.

Forensic orders

The Act contains provisions for making a FO. The FO is usually made by the Mental Health Court following a finding that the person was of unsound mind at the time of the offence for which they are charged or is unfit for trial. A person on a FO is a forensic patient under the Act.

Activity relating to FOs for the reporting period is represented in Table 10. Figure 9 is a graphical representation of the number of new FOs made in respect of each AMHS in the reporting period. The total number of FOs made during 2013–2014 was 104, which was 33 less than 2012–2013 and represents a 24 per cent decrease on the previous year's total.

The number of patients on FOs as at 30 June 2014 was 741, and represents a one per cent increase on the previous year's total.

Special notification forensic patients

A special sub-category of FO was introduced in 2008 in implementing recommendations of *Promoting balance in the forensic mental health system – Final Report – Review of the Queensland Mental Health Act 2000*. The special notification forensic patient (SNFP) category refers to patients who have been charged with unlawful homicide, attempted murder, dangerous operation of a motor vehicle involving the death of another person, rape or assault with the intent to commit rape.

As at 30 June 2014, there was a total of 139 SNFPs in Queensland compared to 138 in 2012–2013, representing a one per cent increase from the previous reporting period.

Figure 9: Total number of forensic orders made 2013–2014

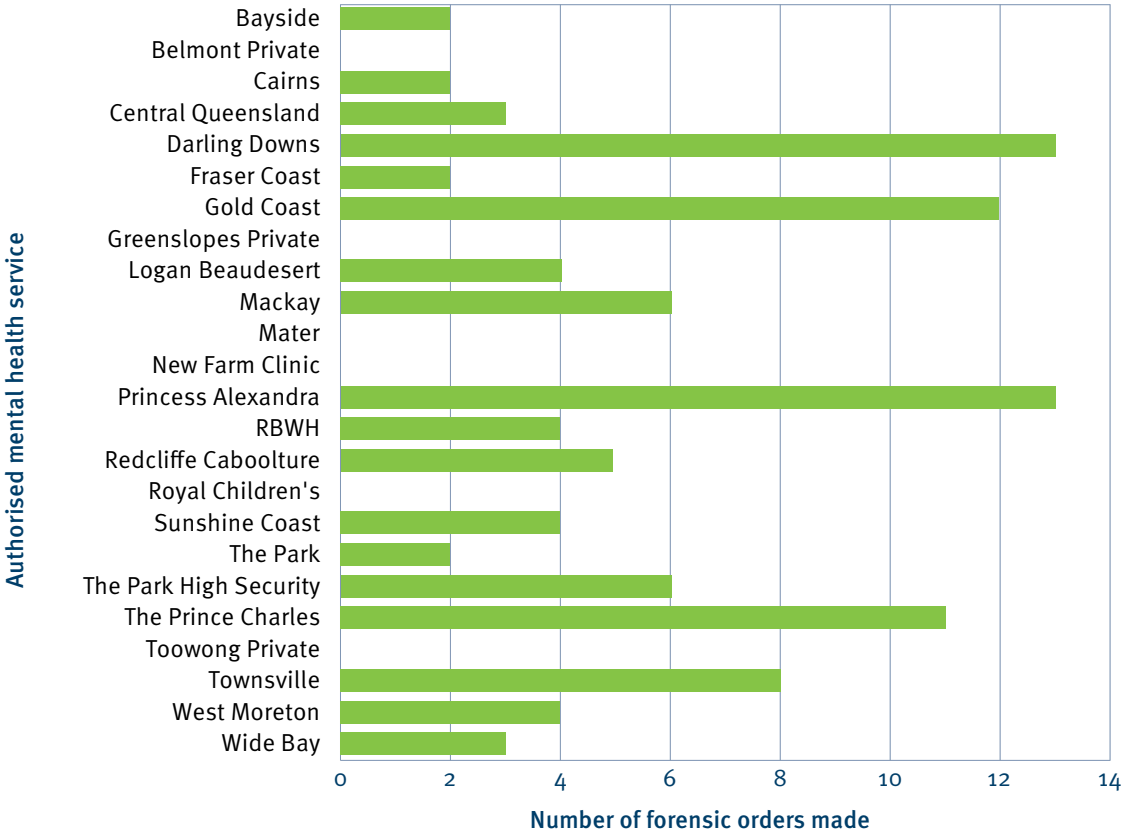


Table 10: Forensic orders made and ended in 2013–2014 and number of forensic orders and special notification forensic patients as at 30 June 2014

Authorised mental health service*	FOs made	FOs ended	Number of FO patients	Number of SNFPs**
Bayside	2	8	18	4
Belmont Private	0	0	0	0
Cairns	2	8	43	2
Central Queensland	3	5	26	1
Darling Downs	13	8	65	6
Fraser Coast	2	2	14	0
Gold Coast	12	11	54	7
Greenslopes Private	0	0	0	0
Logan Beaudesert	4	4	47	10
Mackay	6	1	20	3
Mater	0	0	0	0
New Farm Clinic	0	1	0	0
Princess Alexandra	13	4	79	12
RBWH	4	7	58	9
Redcliffe Caboolture	5	5	29	4
Royal Children's	0	0	0	0
Sunshine Coast	4	2	34	3
The Park	2	1	44	18
The Park High Security	6	0	45	31
The Prince Charles	11	2	50	10
Toowong Private	0	0	0	0
Townsville	8	4	58	11
West Moreton	4	6	47	8
Wide Bay	3	3	10	0
Total	**104**	**82**	**741**	**139**

* See Appendix 5 for full AMHS title.

** Patients represented in this column are also in column four, 'Number of FO patients'.

Forensic Order–Disability

Amendments to the Act which commenced on 1 July 2011 enable the Mental Health Court to make a new type of FO for people with an intellectual or cognitive disability.

A forensic order (Mental Health Court–Disability) authorises a person to be detained for care in an AMHS or the Forensic Disability Service at Wacol, Brisbane (administered under the *Forensic Disability Act 2011* by the Department of Communities, Child Safety and Disability Services).

A forensic order (Mental Health Court–Disability) enables a person to receive care appropriate to their individual needs, including rehabilitation, habilitation, support and other services.

As at 30 June 2014, there were 36 people on a forensic order (Mental Health Court–Disability) who were receiving care at an AMHS.

Patient information orders

A person who is the victim of an offence committed or allegedly committed by a classified patient may apply to the Director of Mental Health to receive certain information about the detention of the classified patient. After reviewing the application, the Director of Mental Health may make a classified patient information order (CPIO) which enables specified information to be provided to the victim. A parallel scheme exists for forensic patients, enabling victims or other interested persons to apply to the Tribunal for a forensic information order (FIO)[9].

The Director of Mental Health administers the victim information registers for classified and forensic patients and is responsible for providing information to registered persons. The system allows victims to receive certain information[10] about a patient's status under the Act which is relevant to the victim's safety and well-being.

In practice, information is provided to holders of FIOs and CPIOs through the Queensland Health Victim Support Service (QHVSS). The QHVSS provides support and information to victims and their families.

As at 30 June 2014:

- no CPIOs were in effect for classified patients
- 115 FIOs were in effect for forensic patients.

The Director of Mental Health is responsible for determining CPIO applications. In 2013-2014, one application was made for a CPIO which remained outstanding at the end of the reporting period. This is a decrease from four CPIOs approved by the Director of Mental Health in the previous reporting period.

9 For further information relating to the FIO application process, contact the Mental Health Review Tribunal, www.mhrt.qld.gov.au.

10 See Chapter 7A of the Act for further information.

Patients charged with an offence

When a person who is subject to an ITO or a FO is charged with an offence, the provisions under Chapter 7, Part 2 of the Act apply. These provisions aim to ensure that due consideration is given to issues of culpability and fitness for trial.

Table 11 sets out activity under Chapter 7, Part 2 of the Act for the 2013–2014 reporting period and identifies that these provisions applied to 1077 patients. This figure represents a two per cent decrease from the previous reporting period.

Table 11: Actions taken under Chapter 7, Part 2 (patients charged with an offence) 2013–2014

Authorised mental health service*	Number of patients for whom Chapter 7 provisions were commenced	Number of occasions in which activity under the Chapter 7 provisions commenced
Bayside	23	29
Belmont Private	1	1
Cairns	125	208
Central Queensland	60	113
Darling Downs	63	98
Fraser Coast	18	20
Gold Coast	104	157
Greenslopes Private	0	0
Logan Beaudesert	94	173
Mackay	25	38
Mater	1	2
New Farm Clinic	0	0
Princess Alexandra	98	165
RBWH	110	185
Redcliffe Caboolture	51	76
Royal Children's	1	1
Sunshine Coast	47	66
The Park	6	6
The Park High Security	33	42
The Prince Charles	70	125
Toowong Private	0	0
Townsville	80	123
West Moreton	53	82
Wide Bay	14	18
Total	**1077**	**1728**

* See Appendix 5 for full AMHS title.

A patient may come under the Chapter 7, Part 2 provisions on more than one occasion. This is reflected in the difference between the number of patients (1077) and the number of occasions in which activity under these provisions commenced (1728).

To help decide the matters for a patient subject to these provisions, the Act provides that a psychiatrist must examine the patient for the purposes of preparing a report, referred to as a section 238 report[11]. The administrator of the AMHS must provide the section 238 report to the Director of Mental Health within 21 days of Chapter 7, Part 2 being applied.

The Director of Mental Health cannot make a reference to the Director of Public Prosecutions (DPP) or the Mental Health Court until the section 238 report is completed to the standard required under the Act. Delays in receiving section 238 reports increase delays in court processes and consequently may have adverse impacts on patients, families and victims.

11 See section 238 of the Act and the Chapter 6 of the *Mental Health Act 2000* Resource Guide 2014 for further information.

Timeframes for completion of section 238 reports may be impacted by a number of factors including:

- the nature of the offence, with additional time being required for more serious offences or where there is a complex relationship between the patient's mental illness and their offending behaviour
- delays in receiving material from other agencies
- delays in being able to interview the patient about the changes e.g. in circumstances where the patient is unwell for an extended period of time.

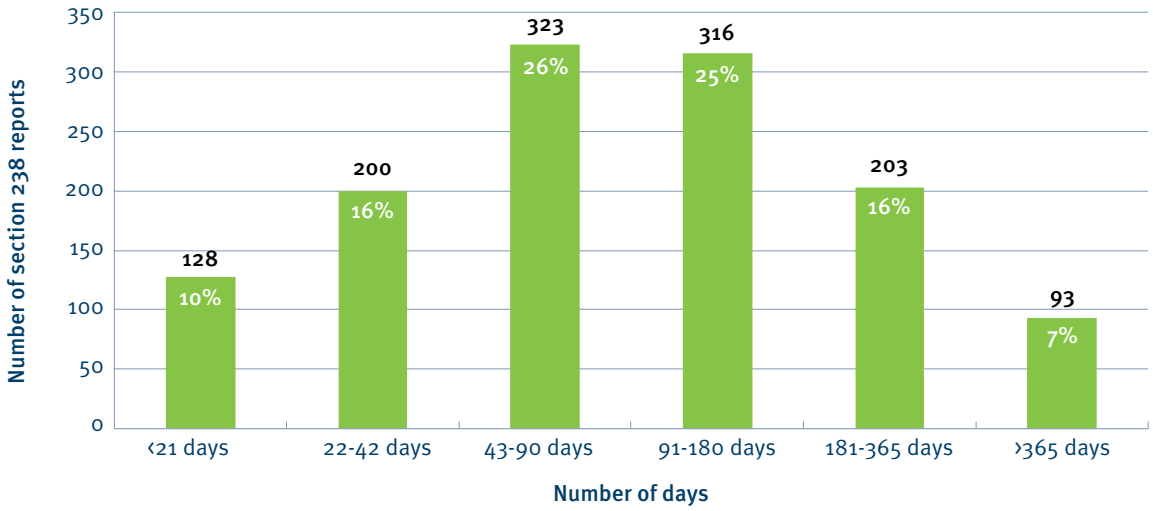
The total number of section 238 reports received in the reporting period (1263) represents a five per cent decrease from the previous reporting period (1334).

Figure 10 provides a breakdown of timeframes for the receipt of section 238 reports in 2013–2014.

These range from the statutory timeframe of up to 21 days, to more than 365 days.

This graph demonstrates that there has been no significant improvement in the timeliness of providing these reports in the 2013–2014 reporting period. The mandatory nature and time frame for preparation of these reports has been highlighted in the current review of the Act.

Figure 10: Timeframes for receipt of section 238 reports 2013–2014



On receiving the section 238 report, the Director of Mental Health is required to refer the matter within 14 days to the DPP or the Mental Health Court.

A copy of the psychiatrist's report is provided with the Director of Mental Health's reference. The Director of Mental Health may elect to defer the reference on the grounds that the patient is unfit for trial but is likely to become fit for trial.

Matters that the Director of Mental Health may refer to the DPP are:

- offences the Director of Mental Health considers not to be of a serious nature

  or

- offences of a serious nature where the psychiatrist reports that the person was not of unsound mind at the time of the offence and is fit for trial.

Matters referred to the Mental Health Court must include indictable offences.

During 2013–2014, the Director of Mental Health referred 1178 matters to the DPP or Mental Health Court, which represents a decrease of 13 per cent from 2012–2013. Of these references, 1007 were made to the DPP, which represents a decrease of 15 per cent from 2012–2013. The remaining 171 matters were referred to the Mental Health Court, which was an increase of two per cent from 2012–2013.

Table 12 details all references made by the Director of the Mental Health to the DPP and the Mental Health Court for the reporting period.

Table 12: References made by the Director of Mental Health 2013–2014

Authorised mental health service*	Total number of references made by the Director of Mental Health	Number of Chapter 7 references to the DPP	Number of Chapter 7 references to the Mental Health Court
Bayside	16	11	5
Belmont Private	1	1	0
Cairns	151	140	11
Central Queensland	81	77	4
Darling Downs	95	74	21
Fraser Coast	18	15	3
Gold Coast	114	99	15
Greenslopes Private	0	0	0
Logan Beaudesert	52	39	13
Mackay	29	20	9
Mater	1	1	0
New Farm Clinic	1	1	0
Princess Alexandra	77	68	9
RBWH	137	125	12
Redcliffe Caboolture	46	37	9
Royal Children's	1	1	0
Sunshine Coast	42	36	6
The Park	5	3	2
The Park High Security	34	19	15
The Prince Charles	108	97	11
Toowong Private	0	0	0
Townsville	93	74	19
West Moreton	65	58	7
Wide Bay	11	11	0
Total	**1178**	**1007**	**171**

* See Appendix 5 for full AMHS title.

As previously identified, the Director of Mental Health is required to refer the matter to the DPP or Mental Health Court within 14 days of receiving the section 238 report.

Table 13 indicates that in the 2013–2014 reporting period, there was an average of 4.7 days for a matter to be referred to the DPP, and an average of 8.7 days for a matter to be referred to the Mental Health Court. These figures represent a significant improvement from 2012–2013, in which the average number of days for a matter to be referred to the DPP was 7.9, and the average number of days for a matter to be referred to the Mental Health Court was nine days.

Table 13: Reference timeframes for section 238 reports received by the Director of Mental Health 2013–2014

Referred to	Average length in days	Median in days
Director of Public Prosecutions	4.7	4
Mental Health Court	8.7	4

Patients absent without permission

The Act contains provisions to enable a patient to be returned to an inpatient facility of an AMHS for assessment, treatment or care. For example, this may occur if:

- the patient leaves an inpatient facility of an AMHS without the required authority
- the patient is authorised to be in the community on LCT or on a community category of an ITO, but is required to return to the inpatient facility because of their mental health needs
- the patient is authorised to be in the community on LCT, but fails to return to an inpatient facility at the conclusion of the authorised leave.

An authorised doctor may issue an authority to return, which is provided to police to assist in the patient's return to the AMHS. Data on absent without permission events is based on instances where an authority to return is issued.

Table 14 sets out the number of authorities to return issued at each AMHS for the reporting period.

The number of authorities to return issued has decreased from the previous reporting period, with 2961 authorities issued for a total of 1702 patients in 2013–2014, compared to 3700 authorities issued for a total of 1919 patients in 2012–2013.

Of the 2961 authorities to return issued in 2013–2014, 62 per cent of patients were returned to the AMHS within one day and 85 per cent were returned within seven days. The median length of time an authority to return was in force during the reporting period was one day.

Table 15 sets out data on authorities to return issued following patient absence without permission from inpatient and community facilities from 1 September 2013 to 30 June 2014. Data recorded prior to 1 September 2013 does not reliably differentiate between inpatient and community absence without permission events.

During the period 1 September 2013 to 30 June 2014 there has been 1263 authorities to return issued for patients recorded under an inpatient category in CIMHA. Inpatient categories include patients admitted to an acute mental health inpatient facility, patients accessing escorted or unescorted LCT within the grounds of the AMHS and patients with approval for temporary absence from the AMHS.

During the 2013–2014 reporting period, there has been a significant focus on reducing absence without permission events, particularly from inpatient mental health services, in response to concerns about the upward trend in the number of these events over recent years. For further information, refer to the chapter, Supporting quality improvements in mental health service delivery, in this report.

Table 14: Authority to return activity 2013–2014

Authorised mental health service*	Number of patients	Number of authorities to return issued
Bayside	60	83
Belmont Private	2	2
Cairns	148	248
Central Queensland	63	107
Darling Downs	72	104
Fraser Coast	42	47
Gold Coast	180	302
Greenslopes Private	0	0
Logan Beaudesert	143	259
Mackay	42	102
Mater	3	3
New Farm Clinic	9	15
Princess Alexandra	223	444
RBWH	168	286
Redcliffe Caboolture	73	120
Royal Children's	1	1
Sunshine Coast	74	134
The Park	25	65
The Park High Security	1	1
The Prince Charles	138	219
Toowong Private	1	1
Townsville	123	229
West Moreton	92	161
Wide Bay	19	28
Total	**1702**	**2961**

* See Appendix 5 for full AMHS title.

Table 15: Number of authorities to return issued from 1 September 2013 to 30 June 2014*

Authorised mental health service**	Total	Authorities to return – inpatient	Authorities to return – community
Bayside	60	38	22
Belmont Private	1	1	0
Cairns	186	96	90
Central Queensland	91	34	57
Darling Downs	85	36	49
Fraser Coast	34	19	15
Gold Coast	214	113	101
Greenslopes Private	0	0	0
Logan Beaudesert	211	113	98
Mackay	76	47	29
Mater	2	1	1
New Farm Clinic	13	12	1
Princess Alexandra	355	220	135
RBWH	233	82	151
Redcliffe Caboolture	100	80	20
Royal Children's	0	0	0
Sunshine Coast	107	55	52
The Park	41	40	1
The Park High Security	1	1	0
The Prince Charles	163	104	59
Toowong Private	1	1	0
Townsville	182	92	90
West Moreton	139	69	70
Wide Bay	18	9	9
Total	**2313**	**1263**	**1050**

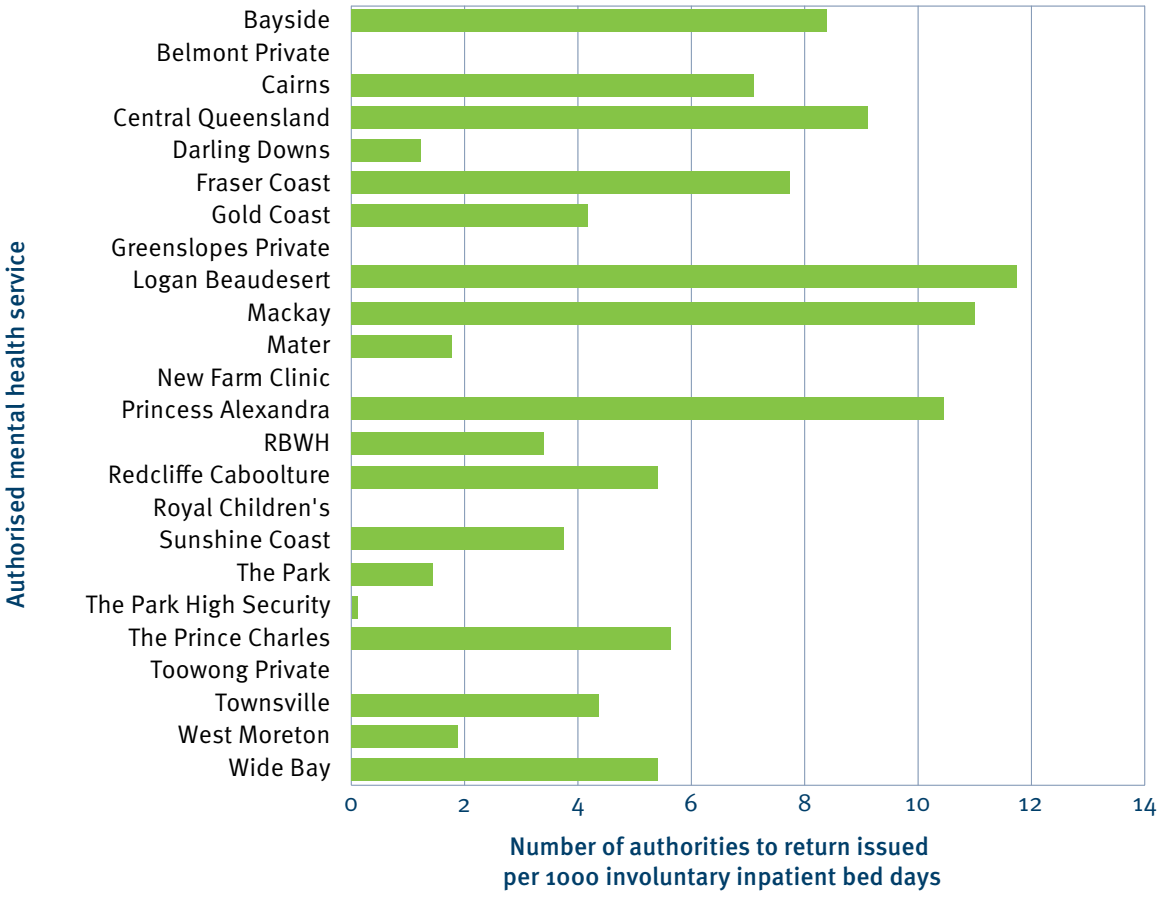
* Data recorded prior to 1 September 2013 does not reliably differentiate between inpatient and community absence without permission events.

** See Appendix 5 for full AMHS title.

In early May 2014, the Director of Mental Health implemented standardised reporting requirements from AMHSs on absence without permission events per 1000 involuntary inpatient days. This approach contextualizes the level of patient absence activity in terms of involuntary inpatient activity. It allows for more accurate comparison between AMHSs, irrespective of the size of their involuntary inpatient population.

Involuntary inpatient bed days are the total number of days of stay that were accrued for all admitted patients who were recorded in CIMHA with an ITO, FO or detained on a court order, assessment documents or as a classified patient. Days are only counted where the patient is both admitted (and not on leave) and an authority to return is recorded. Figure 11 provides a comparison of AMHS patient absence activity per 1000 involuntary inpatient bed days. Private AMHSs have not been reported as data recorded for patient days in private AMHSs is not comparable.

Figure 11: Number of authorities to return issued per 1000 involuntary inpatient bed days from 1 September 2013 to 30 June 2014*



* Data recorded prior to 1 September 2013 does not reliably differentiate between inpatient and community absence without permission events.

Monitoring conditions

Amendments to the Act in 2013 established new mechanisms to assist with identifying and/or responding to risk that may arise in relation to involuntary patients.

These mechanisms include power for the Director of Mental Health to apply a monitoring condition when certain patients are undertaking LCT. Specifically, the Director of Mental Health may apply a monitoring condition to a forensic patient, classified patient or a patient detained to an AMHS under a court order.

However, a monitoring condition cannot be applied to a young patient.

On review of a forensic patient, the Tribunal may order or approve LCT subject to conditions the Tribunal considers appropriate, or make an order amending or revoking a monitoring condition included in the patient's treatment plan.

In the 2013–2014 reporting period, the Director of Mental Health applied a monitoring condition requiring the use of a global positioning system (GPS) device to four patients. Other monitoring conditions e.g. requiring the patient to carry a mobile phone, be accompanied, and/or to report at specified times, were applied to a further eight patients.

In addition, in 2013–2014, the Tribunal applied a monitoring condition requiring the use of a GPS device to one patient. The Tribunal also revoked a condition applied by the Director of Mental Health to one patient who had been required to wear a GPS monitoring device.

Seclusion and mechanical restraint

Reducing and, where possible, eliminating the use of seclusion and restraint is one of the four priority areas of the National Safety Priorities in Mental Health: a national plan for reducing harm. To support this priority, seclusion and mechanical restraint activity is monitored by the office of the Director of Mental Health and reported annually.

Seclusion

Table 16 sets out the data for 2013–2014 from three clinical indicators relating to the use of seclusion in both acute and extended treatment settings.

Table 16: Statewide clinical indicators of seclusion 2013–2014

Indicator	2013–2014
Seclusion events per 1000 accrued patients days (acute)	11.1
Proportion of acute inpatient episodes with one or more seclusion events	5.0%
Average (mean) duration of acute seclusion events (hours)	3.8
Seclusion events per 1000 accrued patients days (extended treatment)	23.9
Proportion of extended treatment inpatient episodes with one or more seclusion events	6.1%
Average (mean) duration of extended treatment seclusion events (hours)	7.2

When compared with 2012–2013, the data demonstrates a reduction in seclusion events and the proportion of inpatient episodes with one or more seclusion event, as well as a decrease in the mean duration of seclusion events in acute units.

In the extended treatment setting, seclusion events and the proportion of inpatient episodes with one or more seclusion events have increased, however the mean duration of seclusion events has decreased compared to the 2012–2013 period.

Mechanical restraint

Mechanical restraint is the use of an appliance to prevent free movement of a person's body or a limb. The Act provides that mechanical restraint can only be applied if a doctor is satisfied that it is the most clinically appropriate way of preventing injury to the person or someone else[12].

Only an appliance that secures a person's wrists to a band around their waist has been approved by the Director of Mental Health. A doctor cannot authorise the use of any other appliance without approval from the Director of Mental Health.

In the current reporting period, mechanical restraint was applied to 11 patients. Six of the 11 patients were part of a specific program which aims to reduce the use and duration of seclusion for certain patients in The Park High Security AMHS. In the previous reporting period, mechanical restraints were applied to a total of 14 patients, of which nine patients were involved in the program. Mechanical restraints are used with these patients to increase their access to the open ward, which in turn increases their opportunity for socialisation and access to activities. Mechanical restraints are applied when the patient leaves their room to enter the open ward environment.

Of the 1286 instances of mechanical restraint in the reporting period, 1243 (97 per cent) pertain to patients in this program. This is a significant reduction from 2197 instances of mechanical restraint in the previous reporting period of which 2158 were applied to patients in the program.

Electroconvulsive therapy

ECT is a regulated treatment under the Act and may only be performed in a facility that has been authorised by the Director of Mental Health. It is an offence to perform ECT other than in accordance with the Act. The authorised facilities in 2013–2014 include all AMHSs and those private facilities as set out in Appendix 8.

ECT may be performed on a patient at an AMHS only if informed consent[13] has been given by the patient, or the Tribunal has given approval for the treatment[14].

A psychiatrist may make an application to the Tribunal if the psychiatrist is satisfied that:

- ECT is the most clinically appropriate treatment for the patient having regard to the patient's clinical condition and treatment history

  and

- the patient is incapable of giving informed consent to the treatment.

The Tribunal must hear and decide the treatment application within a reasonable time after it is made. If the Tribunal approves the application, its decision must state the number of treatments that may be given and the period in which the treatments may be given.

ECT may be performed on an involuntary patient in emergency circumstances without prior approval of the Tribunal if:

- a psychiatrist has made a treatment application to the Tribunal

  and

- the psychiatrist and the medical superintendent at the AMHS where the treatment is to be given have certified in writing that it is necessary to perform emergency ECT to save the patient's life, or prevent the patient from suffering irreparable harm.

12 See Chapter 4A of the Act.
13 See Chapter 4 of the Act.
14 See Chapter 4 of the Act.

Table 17 sets out the number of Tribunal applications approved and the number of emergency ECT treatment applications made at each AMHS during 2013–2014. There was a total of 494 Tribunal approvals for ECT and 139 emergency ECT applications.

Table 17: Number of Tribunal applications approved and number of emergency ECT treatment applications made 2013–2014

Authorised mental health service*	Number of Tribunal applications approved	Number of emergency ECT applications
Bayside	16	2
Belmont Private	17	6
Cairns	24	9
Central Queensland	9	0
Darling Downs	17	0
Fraser Coast	2	0
Gold Coast	54	15
Greenslopes Private	0	0
Logan Beaudesert	14	3
Mackay	7	7
Mater	0	0
New Farm Clinic	6	4
Princess Alexandra	71	33
RBWH	67	13
Redcliffe Caboolture	18	5
Royal Children's	0	0
Sunshine Coast	13	6
The Park	9	0
The Park High Security	15	0
The Prince Charles	69	19
Toowong Private	4	0
Townsville	33	9
West Moreton	25	6
Wide Bay	4	2
Total	**494**	**139**

* See Appendix 5 for full AMHS title.

Monitoring and compliance

Under section 489 of the Act, the Director of Mental Health is responsible for monitoring and auditing legislative compliance and has established formal mechanisms for monitoring all AMHSs compliance with the Act and associated policy requirements, as part of an ongoing quality improvement process.

These mechanisms examine whether patient assessment, treatment and care is consistent with the requirements of the Act and associated policies issued by the Director of Mental Health. They also aim to identify processes that are working well and processes that need to be improved.

The Director of Mental Health maintains a compliance register to assist in monitoring and auditing compliance, quality improvement activities and associated reporting processes. In addition, regular automated reports are provided to AMHS administrators to facilitate local and statewide monitoring, and to inform self monitoring and review processes.

During the last financial year, it came to the attention of the Director of Mental Health that minor breaches of the Act had occurred. These breaches were typically the result of processes not being followed (policy or procedure), administrative error (a form not being completed or not completed correctly), or non-compliance with statutory timeframes (an examination not conducted within the specified time or a report not provided within the required timeframe).

In all cases of non-compliance, the Director of Mental Health raised the matter with the relevant service and where appropriate, action was taken to identify and implement corrective measures, e.g. changes to local procedures or staff training. In addition, these matters have assisted in identifying opportunities for broader statewide improvements, e.g. policy or system development.

During the 2013–2014 reporting year, there has been a significant focus on compliance with policy and notification processes in relation to patients absent without permission. The Director of Mental Health is developing a regular reporting process to provide services with an overview of absence without permission compliance issues at the service and statewide level. This report will highlight common areas of non-compliance with the relevant provisions in the Act and associated policy, and monitor actions undertaken by the Director of Mental Health and the service to remedy the issue and reduce the risk of further instances.

Long standing concerns continue regarding compliance with the 21 day statutory timeframe for psychiatrist reports required when an involuntary patient is charged with an offence. Delays in receiving these reports increase delays in court processes and consequently have adverse impacts on patients, families and victims. Concerns relating to these reports have been highlighted in the context of the review of the Act which commenced in June 2013.

Investigations

The Director of Mental Health has statutory powers to commission investigations under the Act into the assessment, treatment and detention of patients in AMHSs. Investigations under the Act aim to identify, prevent or reduce actual or potential harm in mental health care delivery.

The decision to conduct an investigation under the Act rests with the Director of Mental Health. Such an investigation is conducted as an impartial systematic process to examine certain complaints or the occurrence of an incident to determine what occurred, and to identify any actions necessary to prevent future incidents. Not all complaints or issues will trigger an investigation. Should an investigation highlight potential breaches of legislation other than the Act, the Director of Mental Health will refer the matter to the appropriate agency.

During the 2013–2014 reporting period, three investigations were undertaken under the Act.

- The first investigation examined the administration of search provisions for a male patient in an inpatient facility. The investigation found that there were breaches of requirements set out in the Act and local work instructions at service level. A number of recommendations were made and are being implemented at service level to ensure future compliance.
- The second investigation examined the making of a JEO after a complaint was made. The investigation concluded that despite the JEO process being distressing for the patient, the criteria for a JEO were met and the legislation had been complied with. The investigation made a number of recommendations, including examining the legislative provisions in the context of the current review of the Act.
- The third investigation examined the management of an event in which a forensic inpatient became absent without permission. The investigation report made a number of recommendations regarding clinical management and system improvement which are being implemented at service level to minimise opportunity for recurrence.

Supporting quality improvements in mental health service delivery

Absence without permission reduction strategies

Absence without permission occurs when an involuntary patient leaves a facility without authorisation, or fails to return from authorised leave when required. Absence without permission can involve risks to patients, their families and the community, and also organisational risks for the health service system. When a patient becomes absent without permission, an authorised doctor may issue an authority to return which is provided to police to assist in the patient's return to the AMHS.

In the 2013–2014 reporting period, a range of strategies were introduced across Queensland public mental health services to reduce the occurrence of absence without permission events, with a key focus on inpatient absence without permission. As previously discussed, data on absence without permission events is based on instances where an authority to return is issued.

The absence without permission reduction strategies include:

- clinical practice improvement to prevent or respond to absence without permission
- improved environmental security, e.g. securing wards and capital works improvements
- monitoring conditions, including the use of GPS monitoring devices
- Director of Mental Health policy development
- benchmarking across services and review of absence without permission reduction strategies.

Securing adult acute mental health inpatient units

A key strategy in reducing absence without permission is securing all adult acute mental health services from 15 December 2013. This strategy was given effect through a Director of Mental Health directive under section 493AE(2)(e) of the Act requiring that, subject to certain specified matters, all adult acute mental health inpatient units be locked from this date. These matters include that voluntary patients, visitors and involuntary patients with a valid basis for departing the unit be allowed to move freely in and out of the unit. In addition, the directive should not apply if it resulted in non-compliance with legislative requirements such as the *Fire and Rescue Service Act 1990 (Qld)* and the *Building Fire Safety Regulation 2008 (Qld)*.

The Director of Mental Health also released policy and practice guidelines to assist HHSs in securing acute units and reducing the risk of absence without permission.

All adult acute mental health units have implemented the directive and now operate as locked units. In addition, all units have processes in place to manage patient/visitor entry and egress, and to ensure patients/visitors are aware of procedures and their rights. Capital and other works required by some HHSs to improve security and ensure the safety of patients and staff, e.g. improved perimeter fencing and installation of closed circuit television at entry points, are ongoing. It is anticipated that these works will be completed by the end of 2014.

Monitoring conditions for mental health patients

Monitoring of a patient may take a number of forms including the use of a GPS device. Two pilot sites (Townsville HHS and West Moreton HHS) have been established to more fully assess operational and system requirements of GPS devices. Queensland Health is working collaboratively with Queensland Corrective Services for the operation of the pilot.

In addition, options for expanding the use of GPS monitoring technology systems across the state are being scoped, with a range of devices being investigated.

The section titled 'Monitoring conditions' on page 43 of this report, outlines the mechanisms by which a monitoring condition may be applied to an involuntary patient.

Absence without permission reporting and review

Since January 2014, the MHAODB has communicated regularly with HHSs about their absence without permission data. HHSs provide a fortnightly report to MHAODB relating to absence without permission. A monthly statewide report showing the number of authority to returns per 1000 involuntary patient days is generated by the MHAODB for the purposes of benchmarking between services[15].

The absence without permission reduction strategies are yielding positive results, with a 47 per cent decrease in number of inpatient absence without permission events, including absence without permission from escorted and unescorted leave, from 1 September 2013 to 30 June 2014[16].

In addition, the department is undertaking a review of absence without permission reduction strategies to examine their impact to date and consider ongoing strategies to maintain a focus on clinical quality improvement in relation to absence without permission.

15 Refer to Figure 11 of this report for further information.
16 Data prior to September 2013 does not reliably differentiate between inpatient and community absence without permission events.

Absence Without Permission Checklists

In March 2014, the Director of Mental Health issued Absence Without Permission Checklists, replacing the Patients Absent Without Permission Flipchart.

The Checklists set out the Director of Mental Health policy requirements and notification procedures for AMHSs in responding to patient absence without permission. They provide a step by step guide for managing the return of patients absent without permission and aim to assist compliance with legislative and policy requirements.

Mental Health Act 2000 Resource Guide

The Resource Guide is issued by the Director of Mental Health under sections 309A and 493A of the Act. It provides explanatory information about the Act and related legislation, and sets out the Director of Mental Health's policies and guidelines.

During the reporting period, relevant chapters of the Resource Guide were amended and reissued in line with Director of Mental Health policy development. In particular, changes to the procedures for managing patients who are absent without permission and new notification requirements for certain patients undertaking unescorted LCT. The Resource Guide was revised and reissued in its entirety in April 2014.

The Resource Guide can be accessed at:
www.health.qld.gov.au/mha2000/resource_guide.asp

Safe transport of people with a mental illness

The MHAODB is leading the development of a statewide interagency agreement regarding safe transport of people with a mental illness through negotiation with key contacts in the Queensland Police Service (QPS), Queensland Ambulance Service (QAS), and Queensland Health, including an interagency working group comprised of representatives of the MHAODB, rural and metropolitan HHSs, QAS districts and QPS districts.

There are a number of significant challenges in ensuring the safe transportation of people with a mental illness. Of particular importance is the need for consistent decision making pathways and communication processes between agencies. In rural and remote areas, transport issues are further complicated by large travel distances and limited resource availability across agencies.

The agreement, *Safe transport of people with a mental illness: a Queensland interagency agreement*, was released in August 2014. The agreement will clarify each agency's role and responsibilities, and provide a framework for the development and review of local agreements and protocols to support interagency collaboration in ensuring safe mental health patient transport.

Mental Health Act 2000 online training

The Act online training system was developed to provide mental health professionals with information about key components of the Act. Completion of the training is also a requirement for appointment as an authorised doctor or AMHP under the Act.

A new e-learning package was released in November 2013 following a collaborative review of the previous learning package undertaken by the Queensland Centre for Mental Health Learning and the MHAODB. The new resource is an interactive scenario-based program which includes a formal assessment for each scenario.

The online training system will be further refined in the coming months to include a competency assessment for AMHPs and authorised doctors seeking renewal of their statutory appointments.

Administrator Delegate Work Instructions

New Administrator Delegate Work Instructions have been developed to assist administrator delegates in the day to day administration of the Act. This document, issued in April 2014, replaced the Administrator Delegates' Manual. Like its predecessor, it provides instruction on the various duties and responsibilities of administrator delegates with the aim of facilitating compliance with the Act across all AMHSs. The redevelopment of this resource incorporates legislative, policy and system developments in an abridged format to reduce duplication with related documents. The instructions operate in conjunction with the Act, the Resource Guide, the Absence Without Permission Checklists and relevant local workplace documents.

Administrator delegates forum

Approximately 25 administrator delegates from AMHSs across Queensland participated in administrator delegates forum meetings in August 2013 and March 2014. These events, hosted by the Director of Mental Health, provided an opportunity for discussion and information sharing on issues in relation to the administration of the Act and policy and process developments.

Mental Health Act 2000 Recordkeeping Guideline

In May 2014, a working group was formed to develop a guideline for recordkeeping in relation to forms issued under the Act.

The intent of the guideline is to:

- set out the relevant legislation and policy documents that enforce and support good recordkeeping
- standardise record management practice
- reduce the risk of clinical and administrative errors or omissions.

It is anticipated that the *Mental Health Act 2000* recordkeeping guideline will be finalised by October 2014.

Review of the *Mental Health Act 2000*

Commencing on 11 June 2013, an extensive review of the Act is being undertaken with the aim of ensuring that the legislation better provides for the needs of people with a mental illness and to assist health professionals and others in carrying out their statutory responsibilities.

In addition, reforms to the legislation are required to ensure consistency with international instruments to which Australia is a signatory, such as the United Nations Convention on the Rights of Disabled Persons, and to reflect national and international policy directions and developments in mental health service delivery, e.g. recovery oriented services and carer recognition.

Improvements to the Act are being considered in collaboration with a diverse range of key stakeholders including:

- patients and carers
- Queensland Mental Health Commission
- those administering the legislation, including the MHAODB, AMHS, the Mental Health Court and the Tribunal
- government agencies, including QPS, QAS, QCS, Department of Justice and Attorney-General
- legal and advocacy groups
- peak bodies
- individuals with specific interest such as victims
- the general public.

Two rounds of consultation have been included as part of the review of the Act, recognising the diverse range of stakeholders and the complex range of issues to be considered. The first round of consultation was completed in mid-2013. Based on a detailed examination of the Act and feedback from the first round of consultation, a discussion paper on proposed changes to the Act was released for public comment on 22 May 2014 with a closing date of 25 July 2014. Feedback will be used to inform the development of legislation for approval by the Minister and Cabinet.

Appendix 1

Director of Mental Health delegations

as at 30 June 2014

Power delegated	Delegate
Chapters 2, 3, 4, 4A, 5, 6, 7 (except section 309A), 7A, 8, 12, sections 493B and 499 of Chapter 13 and section 526 of Chapter 14	Associate Professor, David Crompton
	Dr Curtis Gray
All the powers of the Director of Mental Health with the exclusion of powers under sections 493AD, 493AE, 493AF, 493AG, 500 and 503 of Chapter 13 and those powers which cannot be delegated under Chapter 13, Part 2	Associate Professor William Brett Emmerson
All the powers of the Director of Mental Health with the exclusion of powers under Chapter 13, Part 2	Dr Cassandra Griffin
	Dr Edward Heffernan
	Dr Darren Neillie
	Dr Jacinta Powell
	Dr Terry Stedman
Chapter 13, Part 1, Division 1A and Chapter 14, Part 5, section 526	Executive Director, Mental Health Alcohol and Other Drugs Branch
Sections 184, 185, 186(2)(a) and 186(2)(b) (The Park–Centre for Mental Health Authorised Mental Health Service and The Park High Security Program Authorised Mental Health Service)	Director of Clinical Services and Clinical Director, High Security Inpatient Service
Sections 184, 165, 186(2)(a) (The Park–Centre for Mental Health Authorised Mental Health Service and The Park High Security Program Authorised Mental Health Service)	Psychiatrist On Call, The Park–Centre for Mental Health
Chapter 14, Part 5, section 526	Chief Executives, Hospital and Health Services

Appendix 2

Number of authorised doctors (including authorised psychiatrists)

as at 30 June 2014

Authorised mental health service*	Total**	Authorised psychiatrist	Other
Bayside	44	15	29
Belmont Private	37	33	4
Cairns	37	20	17
Central Queensland	28	10	18
Darling Downs	64	33	31
Fraser Coast	10	5	5
Gold Coast	86	37	49
Greenslopes Private	6	6	0
Logan Beaudesert	46	25	21
Mackay	13	5	8
Mater	34	15	19
New Farm Clinic	55	43	12
Princess Alexandra	72	36	36
RBWH	91	34	57
Redcliffe Caboolture	50	16	34
Royal Children's	16	7	9
Sunshine Coast	38	17	21
The Park	43	30	13
The Park High Security	43	30	13
The Prince Charles	46	22	24
Toowong Private	44	42	2
Townsville	37	22	15
West Moreton	27	14	13
Wide Bay	10	3	7
Total	**809**	**430**	**391**

* See Appendix 5 for full AMHS title.

** Doctors may be appointed as an authorised doctor at more than one AMHS.

Appendix 3

Number of authorised mental health practitioners

as at 30 June 2014

Authorised mental health service*	Total authorised mental health practitioners**
Bayside	53
Belmont Private	28
Cairns	90
Central Queensland	45
Darling Downs	64
Fraser Coast	25
Gold Coast	98
Greenslopes Private	7
Logan Beaudesert	80
Mackay	27
Mater	24
New Farm Clinic	22
Princess Alexandra	82
RBWH	117
Redcliffe Caboolture	75
Royal Children's	30
Sunshine Coast	106
The Park	18
The Park High Security	0
The Prince Charles	86
Toowong Private	14
Townsville	83
West Moreton	61
Wide Bay	39
Total	**1253**

* See Appendix 5 for full AMHS title.

** Authorised mental health practitioners may be appointed at more than one AMHS.

Appendix 4

Administrators of authorised mental health services

as at 30 June 2014

Authorised mental health service	Administrator
Bayside	Executive Director Mental Health
Belmont Private	Director, Belmont Private Hospital
Cairns	Clinical Director of Mental Health
Central Queensland	Director CQ Mental Health and Alcohol and Other Drugs Service
Darling Downs	Executive Director of Mental Health Services
Gold Coast	Clinical Director of Mental Health and Integrated Care
Greenslopes Private	Director of Psychiatry
Logan-Beaudesert	Executive Director Mental Health
Mackay	Operations Director
Mater	Director of Mater Health Services, Child & Youth Mental Health Services
New Farm Clinic	Director of Clinical Services
Princess Alexandra	Executive Director Mental Health
Princess Alexandra High Security	Executive Director Mental Health
RBWH	Clinical Director, Metro North Mental Health – Royal Brisbane and Women's Hospital
Redcliffe Caboolture	Clinical Director Mental Health Services
Royal Children's	Divisional Director Child and Youth Mental Health Service
Sunshine Coast	Executive Director, Mental Health Service
The Park	Executive Director Mental Health and Specialised Services
The Park High Security	Executive Director Mental Health and Specialised Services
The Prince Charles	Clinical Director, Metro North Mental Health Service
Toowong Private	Chief Executive Officer
Townsville	Medical Director Mental Health Services Group
West Moreton	Clinical Director
Wide Bay	Executive Director Wide Bay Fraser Coast

Appendix 5

Authorised mental health service abbreviations

Authorised mental health service (abbreviated)	Authorised mental health service (full title)
Bayside	Bayside 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
Darling Downs	Darling Downs Network Authorised Mental Health Service
Fraser Coast	Fraser Coast 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	Mater Health Services Child and Youth Authorised Mental Health Service
New Farm Clinic	New Farm Clinic Authorised Mental Health Service
Princess Alexandra	Princess Alexandra Hospital Authorised Mental Health Service
Princess Alexandra High Security	Princess Alexandra Hospital High Security Program Authorised Mental Health Service
RBWH	Royal Brisbane & Women's Hospital Authorised Mental Health Service
Redcliffe Caboolture	Redcliffe Caboolture Authorised Mental Health Service
Royal Children's	Royal Children'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	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

Appendix 6

Schedule of authorised mental health services

as at 30 June 2014

Cairns and Hinterland, Cape York and Torres Strait – Northern Peninsula Hospital and Health Services	
Cairns Network Authorised Mental Health Service	
Inpatient facilities	**Community components**
Cairns Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): The Esplanade, Cairns Qld 4870 Cairns Mental Health Unit Annexe, Cairns Private Clinic (excluding the grounds of the hospital and other facilities on the hospital campus): The Cairns Clinic, 253-257 Sheridan Street, Cairns Qld 4870	Cairns Community Mental Health Service: ▶ 165 Sheridan Street, Cairns Qld 4870 ▶ 16 Danbulah Street, Smithfield Qld 4870 ▶ 130 McLeod Street, Cairns Qld 4870 ▶ 10-12 Robert Road, Edmonton Qld 4869
	Innisfail Community Mental Health Service: ▶ Innisfail Hospital, Innisfail Qld 4860 ▶ Tully Community Health Centre, Tully Qld 4854
	Tablelands Community Mental Health Service: ▶ Atherton Health Centre, Louise Street, Atherton Qld 4883 ▶ Lloyd Street, Mareeba Qld 4880
	Cape York Community Mental Health Service, Weipa Hospital Lot 407, John Evans Drive, Weipa Qld 4874
	Cooktown Community Mental Health Service, Hope Street, Cooktown Qld 4871
	Thursday Island Community Mental Health Service, Thursday Island Community Health Centre, Thursday Island Qld 4875
	Bamaga Community Mental Health Service, Bamaga Health Centre, Bamaga Qld 4876
	Mossman Community Mental Health Service, Mossman Hospital, 9 Hospital Street, Mossman Qld 4873

Central Queensland and Central West Hospital and Health Services	
Central Queensland Network Authorised Mental Health Service	
Inpatient facilities	**Community components**
Rockhampton Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Canning Street, Rockhampton Qld 4700 Eventide Psychogeriatric inpatient unit, Corner North and Campbell Streets, Rockhampton Qld 4700	Rockhampton Community Mental Health Service: ▶ Rockhampton Hospital, Quarry Street, Rockhampton Qld 4700 ▶ Sterling Place, 156 Bolsover Street, Rockhampton Qld 4700
	Capricorn Coast Community Mental Health Service, Capricorn Coast Hospital, 8 Hoskyn Drive, Yeppoon Qld 4703
	Gladstone Community Mental Health Service, Gladstone Hospital, Flinders Street, Gladstone Qld 4680
	Biloela Community Mental Health Service, Outpatients Department, Biloela Hospital, 2 Hospital Road, Biloela Qld 4715
	Central Highlands Community Mental Health Service, Emerald Hospital, Hospital Road, Emerald Qld 4720

Children's Health Queensland Hospital and Health Service	
Mater Health Services Child and Youth Authorised Mental Health Service	
Inpatient facilities	**Community components**
Mater Children's Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Raymond Terrace, South Brisbane Qld 4101	Mater Child and Youth Community Mental Health Services: ▶ Mater Children's Hospital, Raymond Terrace, South Brisbane Qld 4101 ▶ 34 Curd Street, Greenslopes Qld 4120 ▶ 7 Kittyhawk Avenue, Inala Qld 4077 ▶ 51 Park Road, Yeronga Qld 4104
	Evolve Therapeutic Services, Ground Floor, Block C, Garden Square, 643 Kessels Road, Mount Gravatt Qld 4122
Royal Children's Hospital Authorised Mental Health Service	
Inpatient facilities	**Community components**
Royal Children's Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Bramston Terrace, Herston Qld 4029	The Royal Children's Hospital Child and Youth Mental Health Service, Corner Rogers and Waters Streets, Spring Hill Qld 4000
	Evolve Therapeutic Services, 289 Wardell Street, Enoggera Qld 4051
	Nundah Child and Youth Mental Health Service, Nundah Community Health Centre, 10 Nellie Street, Nundah Qld 4012
	Pine Rivers Child and Youth Mental Health Service, Pine Rivers Community Health Centre, 568 Gympie Road, Strathpine Qld 4500
	North West Child and Youth Mental Health Service, North West Community Health Centre, 49 Corrigan Street, Keperra Qld 4054
	Future Families Infant Mental Health Service, Nundah Cottages, 31-33 Robinson Road, Nundah Qld 4012

Darling Downs and South West Hospital and Health Services	
Darling Downs Network Authorised Mental Health Service	
Inpatient facilities	**Community components**
Toowoomba Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Pechey Street, Toowoomba Qld 4350 Baillie Henderson Hospital inpatient and specialist health units (excluding the intellectual disability beds, the grounds of the hospital and non-treatment facilities on the hospital campus): Hogg Street, Toowoomba Qld 4350	Toowoomba Community Mental Health Services: ▶ Fountain House, Toowoomba Hospital, (access via) 220 James Street, Toowoomba Qld 4350 ▶ Toowoomba Hospital, Pechey Street, Toowoomba Qld 4350
	Dalby Community Mental Health Service, Dalby Hospital, Hospital Road, Dalby Qld 4405
	Chinchilla Community Mental Health Service, Cnr Heeney and Hypatia Street, Chinchilla Qld 4413
	Inglewood Community Mental Health Service, Inglewood Hospital, Cunningham Highway, Inglewood Qld 4387
	Goondiwindi Community Mental Health Service, 122 Marshall Street, Goondiwindi Qld 4390
	Stanthorpe Community Mental Health Service, "The Boulders" Stanthorpe Hospital, McGregor Terrace, Stanthorpe Qld 4380
	Warwick Community Mental Health Service, Locke Street Specialist Clinic, 56 Locke Street, Warwick Qld 4370
	Roma Community Mental Health Service, 59-61 Arthur Street, Roma Qld 4455
	St George Community Mental Health Service, St George Hospital, 1 Victoria Street, St George Qld 4487
	Charleville Community Mental Health Service, 2 Eyre Street, Charleville Qld 4470
	Kingaroy Community Mental Health Service, Kingaroy Hospital, 166 Youngman Street, Kingaroy Qld 4610
	Cherbourg Community Mental Health Service, 2 Baranbah Avenue, Cherbourg Qld 4605

Gold Coast Hospital and Health Service	
Gold Coast Authorised Mental Health Service	
Inpatient facilities	**Community components**
Gold Coast University Hospital, inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): 1 Hospital Boulevard, Southport Qld 4215 Robina Hospital, inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): 2 Bayberry Lane, Robina Qld 4226	Southport Child and Youth Community Mental Health Service, 60 High Street, Southport Qld 4215
	Evolve Therapeutic Services, Level 1, 67 Davenport Street, Southport Qld 4215
	Robina Community Mental Health Service, Robina Health Precinct, Level 3, 2 Campus Drive, Robina Qld 4226
	Palm Beach Community Mental Health Service, 9 Fifth Avenue, Palm Beach Qld 4221
	Ashmore Community Mental Health Service, Suite 10, Ashmore Commercial Centre, 207 Currumburra Road, Ashmore Qld 4214

Mackay Hospital and Health Service	
Mackay Authorised Mental Health Service	
Inpatient facilities	**Community components**
Mackay Base Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Bridge Road, Mackay QLD 4740	Mackay Community Mental Health Service, 12-14 Nelson Street, Mackay Qld 4870
	Whitsunday Community Mental Health Service, 12 Altmann Avenue, Cannonvale Qld 4802
	Moranbah Community Mental Health Service, 142 Mills Avenue, Moranbah Qld 4744
	Bowen Community Mental Health Service, Gregory Street, Bowen Qld 4805
	Whitsunday Community Mental Health Service, 26-32 Taylor Street, Proserpine Qld 4800

Metro North Hospital and Health Service	
The Prince Charles Hospital Authorised Mental Health Service	
Inpatient facilities	**Community components**
The Prince Charles Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Rode Road, Chermside Qld 4032 Jacana Acquired Brain Injury inpatient unit, 19th Avenue, Brighton Qld 4017	Nundah Community Mental Health Service, Corner Nellie Street and Melton Road, Nundah Qld 4012
	Pine Rivers Community Mental Health Service, 568 Gympie Road, Strathpine Qld 4500
	Chermside Community Mental Health Service, The Prince Charles Hospital, Rode Road, Chermside Qld 4032
Redcliffe Caboolture Authorised Mental Health Service	
Inpatient facilities	**Community components**
Caboolture Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): 9 McKean Street, Caboolture Qld 4510 Redcliffe Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Anzac Avenue, Redcliffe Qld 4020 Cooinda House, Psychogeriatric inpatient unit, 60 George Street, Kippa-Ring Qld 4021	Redcliffe-Caboolture Child and Youth Mental Health Service, 12 King Street, Caboolture Qld 4510
	Caboolture Adult Mental Health Service, Caboolture Hospital, 9 McKean Street, Caboolture Qld 4510
	Redcliffe Adult Mental Health Service, Redcliffe Health Campus, 181 Anzac Avenue, Kippa Ring Qld 4021
Royal Brisbane & Women's Hospital Authorised Mental Health Service	
Inpatient facilities	**Community components**
Royal Brisbane and Women's Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Herston Road, Herston Qld 4029	Inner North Brisbane Mental Health Service, 162 Alfred Street, Fortitude Valley Qld 4006

Metro South Hospital and Health Service	
Bayside Authorised Mental Health Service	
Inpatient facilities	**Community components**
Redland Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Weippin Street, Cleveland Qld 4163 Daintree Psychogeriatric inpatient unit, 3 Weippin Street, Cleveland Qld 4163 Casuarina Lodge, 48 New Lindum Road, Wynnum West Qld 4178	Bayside Community Mental Health Service, 2 Weippin Street, Cleveland Qld 4163
Logan Beaudesert Authorised Mental Health Service	
Inpatient facilities	**Community components**
Logan Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Armstrong and Loganlea Roads, Meadowbrook Qld 4131	Beenleigh Community Mental Health Service, 10-18 Mount Warren Boulevard, Mount Warren Park Qld 4207
	Logan Central Community Mental Health Service, 51 Wembley Road, Logan Central Qld 4114
	Logan Acute Care Community Mental Health Service, Logan Hospital, Corner Armstrong and Loganlea Roads, Meadowbrook Qld 4131
	Evolve Therapeutic Services, Unit 12, 3-19 University Drive, Meadowbrook Qld 4131
	Beaudesert Community Mental Health Service, Beaudesert Hospital, Tina Street, Beaudesert Qld 4285
	Browns Plains Community Mental Health Service, Corner Middle Road and Wineglass Drive, Hillcrest Qld 4118

Metro South Hospital and Health Service	
Princess Alexandra Hospital Authorised Mental Health Service	
Inpatient facilities	**Community components**
Princess Alexandra Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Ipswich Road, Woolloongabba Qld 4102 Mater Misericordiae Hospital (Adult and Mothers) inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Raymond Terrace, South Brisbane Qld 4101 Queen Elizabeth II Jubilee Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Kessels Road, Coopers Plains Qld 4108 Princess Alexandra Hospital High Security Program Authorised Mental Health Service: Ipswich Road, Woolloongabba Qld 4102	Woolloongabba Community Mental Health Service, 2 Burke Street, Woolloongabba Qld 4102 Inala Community Mental Health Service, 64 Wirraway Parade, Inala Qld 4077 Mount Gravatt Community Mental Health Service, 519 Kessels Road, Macgregor Qld 4109

Sunshine Coast Hospital and Health Services	
Sunshine Coast Network Authorised Mental Health Service	
Inpatient facilities	**Community components**
Nambour Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Hospital Road, Nambour Qld 4650	Gympie Community Mental Health Service, 20 Alfred Street, Gympie Qld 4570
	Glenbrook Community Mental Health Service, 4 Jack Street, Nambour Qld 4560
	Nambour Community Mental Health Service, Ground Floor, Centenary Square, Nambour Qld 4560
	Maroochydore Community Mental Health Service, 100 Sixth Avenue, Maroochydore Qld 4558
	Maroochydore Child and Youth Community Mental Health Service, 15 Beach Road, Maroochydore Qld 4558
	Evolve Therapeutic Services, 108 Brisbane Road, Mooloolaba Qld 4557

Townsville and North West Hospital and Health Services	
Townsville Network Authorised Mental Health Service	
Inpatient facilities	**Community components**
Townsville Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): 100 Angus Smith Drive, Douglas Qld 4814 Kirwan Rehabilitation Unit and Acquired Brain Injury Unit, 138 Thuringowa Drive, Kirwan Qld 4817 Josephine Sailor Adolescent Inpatient Unit, 138 Thuringowa Drive, Kirwan Qld 4817 Pandanus Special Care Unit , Eventide, 54-78 Dalrymple Road, Charters Towers Qld 4820 Charters Towers Rehabilitation Unit, 35 Gladstone Road, Charters Towers Qld 4820	Burdekin Community Mental Health Service, Ayr Hospital, 2 Chippendale Street, Ayr Qld 4807
	Palm Island Community Mental Health Service, Joyce Palmer Hospital, Palm Island Qld 4816
	Ingham Community Mental Health Service, 2-16 McIlwraith Street, Ingham Qld 4850
	Charters Towers Community Mental Health Service, Charters Towers Hospital, 137-139 Gill Street, Charters Towers Qld 4820
	North Ward Community Mental Health Service, 35 Gregory Street, North Ward Qld 4810
	Kirwan Community Mental Health Service, 138 Thuringowa Drive, Kirwan Qld 4817
	Josephine Sailor Adolescent Day Service, 138 Thuringowa Drive, Kirwan Qld 4817
	Mount Isa Community Mental Health Service, 30 Camooweal Street, Mount Isa Qld 4825

West Moreton Hospital and Health Service	
The Park – Centre for Mental Health Authorised Mental Health Service	
Inpatient facilities	**Community components**
The Park – Centre for Mental Health inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Ellerton Drive and Wolston Park Road, Wacol Qld 4076	
The Park High Security Program Authorised Mental Health Service	
Inpatient facilities	**Community components**
The Park High Security Program (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Corner Ellerton Drive and Wolston Park Road, Wacol Qld 4076	
West Moreton Authorised Mental Health Service	
Inpatient facilities	**Community components**
Ipswich Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus): Chelmsford Street, Ipswich Qld 4305	West Moreton Community Mental Health Service, Ipswich Health Plaza, 12 Bell Street, Ipswich Qld 4305 ▶ West Moreton Integrated Mental Health Service ▶ Evolve Therapeutic Services
	Goodna Community Mental Health Service, 81 Queens Street, Goodna Qld 4300

<table>
<tr><th colspan="2">Wide Bay Hospital and Health Service</th></tr>
<tr><td colspan="2">Fraser Coast Authorised Mental Health Service</td></tr>
<tr><td>Inpatient facilities</td><td>Community components</td></tr>
<tr><td>Hervey Bay Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus):
Corner Nissan and Urraween Roads, Pialba Qld 4655

Maryborough Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus):
185 Walker Street, Maryborough Qld 4650</td><td>Fraser Coast Community Mental Health Services:
Village Community Mental Health Service, 28 Torquay Road, Pialba Hervey Bay Qld 4655
Bauer Wiles Community Mental Health Service, 167 Neptune Street, Maryborough Qld 4650</td></tr>
<tr><td colspan="2">Wide Bay Authorised Mental Health Service</td></tr>
<tr><td>Inpatient facilities</td><td>Community components</td></tr>
<tr><td rowspan="2">Bundaberg Hospital inpatient and specialist health units (excluding the grounds of the hospital and non-treatment facilities on the hospital campus):
Bourbong Street, Bundaberg Qld 4670</td><td>Bundaberg Community Mental Health Service, Bundaberg Hospital, Bourbong Street, Bundaberg Qld 4670</td></tr>
<tr><td>Wide Bay Community Mental Health Services:
Gayndah Hospital, 69 Warton Street, Gayndah Qld 4625
Monto Hospital, Flinders Street, Monto Qld 4630
Childers Hospital, 44 Broadhurst Street, Childers QLD 4660
Gin Gin Hospital, 5 King Street, Gin Gin Qld 4671</td></tr>
</table>

Private Sector Services	
Belmont Private Hospital Authorised Mental Health Service	
Inpatient facility	**Address**
Belmont Private Hospital inpatient and specialist health units, and grounds as approved by the Director of Mental Health and published on: **www.health.qld.gov.au/mha2000/documents/amhs_schedule.pdf**	1220 Creek Road, Carina Qld 4152
Greenslopes Private Hospital Authorised Mental Health Service	
Inpatient facility	**Address**
Greenslopes Private Hospital inpatient and specialist health units, and grounds as approved by the Director of Mental Health and published on: **www.health.qld.gov.au/mha2000/documents/amhs_schedule.pdf**	Newdegate Street, Greenslopes Qld 4120
New Farm Clinic Authorised Mental Health Service	
Inpatient facility	**Address**
New Farm Clinic inpatient and specialist health units, and grounds as approved by the Director of Mental Health and published on: **www.health.qld.gov.au/mha2000/documents/amhs_schedule.pdf**	22 Sargent Street, New Farm Qld 4005
Toowong Private Hospital Authorised Mental Health Service	
Inpatient facility	**Address**
Toowong Private Hospital inpatient and specialist health units, and grounds as approved by the Director of Mental Health and published on: **www.health.qld.gov.au/mha2000/documents/amhs_schedule.pdf**	496 Milton Road, Toowong Qld 4066

Appendix 7

High security units

as at 30 June 2014

The Park High Security Program Authorised Mental Health Service

Address

The Park – Centre for Mental Health Treatment, Education and Research
Cnr Ellerton Drive and Wolston Park Road, Wacol Qld 4076

Administrator

Executive Director of Mental Health Services

Princess Alexandra Hospital High Security Program Authorised Mental Health Service

Address

Ipswich Road, Woolloongabba Qld 4102

Administrator

Executive Director Mental Health and Specialised Services

Appendix 8

Facilities established as authorised mental health services

for the purpose of administering electroconvulsive therapy to patients who have given informed consent as at 30 June 2014

Archerview Clinic, Hillcrest Rockhampton Private Hospital Authorised Mental Health Service

Address

Hillcrest Rockhampton
Private Hospital
4 Talford Street,
Rockhampton Qld 4700

Administrator

Chief Executive Officer
Archerview Clinic
Hillcrest Rockhampton Private Hospital

The Cairns Clinic Authorised Mental Health Service

Address

The Cairns Clinic
253 Sheridan Street,
Cairns Qld 4870

Administrator

Chief Executive Officer
Ramsay Cairns, 1 Upward Street,
Cairns Qld 4870

Caloundra Private Clinic Authorised Mental Health Service

Address

Caloundra Private Clinic
96 Beerburrum Street,
Caloundra Qld 4551

Administrator

Chief Executive Officer
Caloundra Private Clinic

Pine Rivers Private Hospital Authorised Mental Health Service

Address

Pine Rivers Private Hospital
Dixon Street,
Strathpine Qld 4500

Administrator

Director of Nursing
Pine Rivers Private Hospital

St Andrew's Toowoomba Hospital Authorised Mental Health Service

Address

St Andrew's Toowoomba Hospital
280–288 North Street,
Toowoomba Qld 4350

Administrator

Chief Executive Officer
St Andrew's Toowoomba Hospital

Sunshine Coast Private Hospital Authorised Mental Health Service

Address

Sunshine Coast Private Hospital
Syd Lingard Drive,
Buderim Qld 4556

Administrator

General Manager
Sunshine Coast Private Hospital

Appendix 9

Facilities established as authorised mental health services

for the purpose of administering psychosurgery to patients who have given informed consent

as at 30 June 2014

St Andrew's War Memorial Hospital Authorised Mental Health Service

Address

St Andrew's War Memorial Hospital
457 Wickham Terrace, Spring Hill Qld 4000

Administrator

General Manager
St Andrew's War Memorial Hospital

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Appendix 12

Abbreviations and acronyms

Acronym	Full title
AMHP	authorised mental health practitioner
AMHS	authorised mental health service
CIMHA	Consumer Integrated Mental Health Application
CPIO	classified patient information order
DPP	Director of Public Prosecutions
ECT	electroconvulsive therapy
EEO	emergency examination order
FIO	forensic information order
FO	forensic order
HHS	hospital and health service
ITO	involuntary treatment order
JEO	justices examination order
LCT	limited community treatment
MHAODB	Mental Health Alcohol and Other Drugs Branch
PRIME CI	Prime clinical incident
QAS	Queensland Ambulance Service
QPS	Queensland Police Service
SNFP	special notification forensic patient
the Act	*Mental Health Act 2000*
the Tribunal	Mental Health Review Tribunal

Your feedback is welcome

We welcome your feedback on this annual report.

We have included a feedback form on the final page for you to complete and return to us.

How you can contact us

Contact us to obtain further information about the *Mental Health Act 2000* or information in this report:

Phone: 1800 989 451

Email: **mha2000@health.qld.gov.au**

Post: Office of the Chief Psychiatrist
Mental Health Alcohol and Other Drugs Branch
Department of Health
GPO Box 2368
Fortitude Valley BC QLD 4006

Feedback form

Please fill out this form and return it via:

Fax: 07 3328 9619
Email: mha2000@health.qld.gov.au

Post: Office of the Chief Psychiatrist
Mental Health Alcohol and Other Drugs Branch
Department of Health
GPO Box 2368
Fortitude Valley BC QLD 4006

1. Overall how effectively do you think our annual report communicates our activities?

   - ☐ Very effectively
   - ☐ Effectively
   - ☐ Average
   - ☐ Poor
   - ☐ Very poorly

2. Please rate the following elements of the annual report according to the rating scale below:

   1=Very poor 2=Poor 3=Average 4=Good 5=Excellent

   - ☐ Information/content
   - ☐ Layout of information
   - ☐ Ease of finding information
   - ☐ Readability
   - ☐ Ease of comprehension

3. Do you have any comments you would like to make about the annual report?

   _____

   _____

   _____

   _____

   _____

4. In your opinion, how could our next annual report be improved?

   _____

   _____

   _____

   _____

   _____

5. Please indicate the group that best describes you.

   - ☐ Consumer or carer
   - ☐ Non-government organisation
   - ☐ Private sector
   - ☐ Private individual
   - ☐ Professional association
   - ☐ Queensland Health staff member
   - ☐ Queensland Government employee
   - ☐ Other government employee
   - ☐ Other (please specify)

Please note: Personal details will not be added to a mailing list or stored, nor will Queensland Health disclose these details to third parties without your consent or unless it is required by law.

QH287 09/14

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